

Attachment H

Optional Template for a Tribal Child and Family Services Plan / Annual Progress and Services Report For Federal Fiscal Years 2015 - 2019

Name of Tribe: __Little River Band of Ottawa Indians__

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:

The Family Services Department will be the title IV- B administering agency within the Little River Band of Ottawa Indians. The Family Services Department also administers child welfare and prevention, self-sufficiency, elder services, family/individual services, juvenile justice and domestic violence programs. These programs focus on children and their families with the goal of maintaining, supporting, and strengthening the community through its members. The department assists families in finding and maintaining balance and harmony through the integration of Tribal culture and traditions in its programs. Utilizing a holistic approach, the department hopes to maintain the integrity of the family and to promote self-sufficiency.

In addition to these programs, the Family Services Department receives recommendations on Child Welfare matters through the LRBOI Binojeeuk Commission (Indian Child Welfare Commission). This Commission is comprised of Tribal members that have completed an application process and have been appointed by the Ogema and confirmed by the Tribal Council. The Binojeeuk Commission serves in accordance with the LRBOI Children’s Code.

The Family Services Department includes specialized services for victims of domestic violence, sexual assault, and stalking. One of the departments Case Managers has been trained as a victim’s advocate who assists in the development safety planning for individuals and their children who may be at-risk of abuse or exposed to abusive relationships. Individual and family services are intended to assist individuals and families in their efforts in reaching and maintaining self-sufficiency through different avenues such as advocacy with outside service providers and educational pieces that focus on challenges such as unemployment, budgeting and family dynamics. Family and individual services include family counseling, trauma assessments and therapy, case management, information and referral services. Case Managers assigned to child welfare cases will provide direct supportive services, information and referrals, and/or advocacy services. Prevention services are provided to families that access programs through Michigan’s Department of Human Services and by individual requests for assistance. These services are designed to address the challenges of families from a cultural perspective and to insure that the “active efforts’ required under the ICWA and MIFPA are provided prior to the removal of children from the home or when cases are referred to either Tribal or State Court.

APSR - 2016:

APSR - 2017:

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| 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: To strengthen and preserve the Little River Band of Ottawa Indians community by providing services to children and families that focus on prevention, protection, and permanency. |
| 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. <i>(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.”)</i> |
| 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

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| <p>CFSP – 2015 Goal #1: Create and implement a LRBOI foster care system.</p> | <p>Objective(s):</p> <ol style="list-style-type: none"> 1. Create strategic plan to aid in the development of the foster care system by 9/2015. 2. Identify resources in the Tribal community and foster care field to engage in collaboration on project by 4/2015. 3. Enroll in the State of Michigan Child Care Fund by 10/2015. 4. Develop and implement foster care training program for all Family Services staff and | <p>Measures of Progress:</p> <p>The measures related to this goal are not numerical in nature, but are organizational steps that can easily be observed. Some of the objectives will contain numerical data that can be included in future ASPR narratives such as numbers of potential foster parents and a child care fund budget.</p> |
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| | <p>Binojeeuk Commissioners by 3/2016.</p> <ol style="list-style-type: none"> 5. Create and implement foster parent training program by 6/2016. 6. Identify and recruit potential foster parents 1/2015. | |
| <p>Goal #2: Increase family self-sufficiency and safety/security through the implementation of the Zoongaadiziwin program.</p> | <p>Objective(s):</p> <ol style="list-style-type: none"> 1. Create and implement developmental programs & services to promote/support self-sufficiency by 11/2015. 2. Utilize case managers as system navigators to coordinate with internal and external agencies to increase results by 6/2015. 3. Develop volunteer academy to build individual and family self-esteem by 1/2016. 4. Implement the Tribal Data Exchange by 2016. | <p>Measures of Progress:</p> <p>Ancillary programs will be developed collaboratively with other LRBOI departments. These programs will be documented by originating department. Information regarding program participation will be reported in future ASPR submissions. The goal of the system navigator component of this goal is 100% compliance by 2016. This data will be measured through the use of standard Excel spreadsheets until the Tribal Data Exchange is operational. The volunteer academy will be coordinated by the LRBOI Human Resources department in cooperation with the Family Services Department. Participants will have individual files which can be audited for compliance. Overall self-sufficiency will be measured through household income, educational level, and BDI-II depression scale.</p> |

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| <p>Goal #3: Reduce the time in care for out of home placement of Tribal children over the duration of this plan.</p> | <ol style="list-style-type: none"> 1. Increase services to the parents of children in care using a holistic approach to address all areas of need by 4/2015. 2. Implement educational classes focusing on alcohol/drug and domestic violence issues by 9/2015. 3. Develop a Victims Group for domestic violence victims 4/2015. 4. Develop a Batterer's Intervention Program by 4/2015. | <p>Initial baseline measurement will be taken at the end of calendar year 2014 to be compared with future years to determine effectiveness of objectives contained in this goal. Services, classes, and groups will be documented for each family of a child in care to measure individual success rates.</p> |
| <p>Goal #4: Prevent the removal of Tribal children from their homes.</p> | <ol style="list-style-type: none"> 1. Collaborate with the Michigan Department of Human Services to respond within 48 hours to all reported allegations of child abuse or neglect within the nine county service area by 9/2015. 2. Work with non-tribal service agencies to offer culturally competent preventative services to families in need by 6/2015. 3. Attend Tribal State Partnership meetings on a quarterly basis to improve compliance with the ICWA/MIFPA by 9/2015. | <p>The primary measurement will be the reduction of children in out of home placements. A baseline measurement will be taken at the end of calendar year 2014. All future measurements will be compared to this baseline. Individual objectives will be measured through the use of standard Excel spreadsheets until the implementation of the Tribal data Exchange. Monthly narrative reports submitted by individual workers will also serve as data for ICWA/MIFPA compliance.</p> |
| <p>Goal #5: Improve the overall mental health of LRBOI children and families.</p> | <ol style="list-style-type: none"> 1. Offer complete psychological evaluations to children and parents as needed by 6/2015. 2. Offer individual and family counseling as needed by 3/2015. | <p>An increased focus on mental health diagnosis and treatment will be measured through the use of standard Excel spreadsheets until the Tribal Data Exchange is implemented by the LRBOI.</p> |

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| | 3. Collaborate with Tribal, local and state agencies to provide increased services 1/2015. | |
| APSR - 2016: | | |
| APSR - 2017: | | |
| APSR - 2018: | | |
| APSR - 2019: | | |
| <p>Consultation and Coordination (45 CFR 1357.15(l) and (m))</p> <ul style="list-style-type: none"> • 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. | | |
| <p>CFSP - 2015: The Family Services Department continues to develop a range of collaborative efforts within the Tribal services area that are directed to enhance the services for Tribal families and children. The following are a number of the agencies with whom we</p> | | |

have working relationships: Michigan Department of Human Services in the counties of Manistee, Lake, Wexford, Mason, Ottawa, Kent, Muskegon, Newaygo, and Oceana. We work collectively to actively address child protective services and foster care services to tribal member families and children in these counties.

The Family Services Department works with State courts to actively provide services in cases within the (9) nine county service area. The Family Services Department collaborates with Tribal and State courts to monitor ICWA/MIFPA cases outside the nine county service area. The department is also active in providing services to those youth who are currently involved in the Tribal/State juvenile justice system. We assist families in accessing needed services for the family and youth via proactive case management efforts with court workers and/or probation officers.

The Family Services Department is active in providing domestic violence and family violence services to Tribal members and their families. We have developed and supported working relationships with the following domestic violence programs; Every Women’s Place in Muskegon County, The Cove in Mason County, CHOICES in Manistee County, YWCA of Kent County, and OASIS of Wexford County. These county-based programs have sheltered families and children during crisis while the LRBOI victims advocate provides needed safety plans and advocacy within the legal systems as needed. Our Case Managers provide case management and advocacy with other outside agencies in an effort to support self-sufficiency. Lead staff has been recruited and secured for this effort and will be program specific to this area. The Family Services Department was funded by the Department of Justice, Office of Violence Against Women for a three year period. This grant by design assisted us in working with women and their children who were victims of domestic violence, stalking, and/or sexual assault. Services were inclusive of victims advocate training for Family Services staff, legal assistance, and assistance with emergency and transitional housing that may be necessary. The Family Services Department has submitted another grant application.

The Family Services Department is active in the Human Services Collaborative Body (HSCB) which assists in directing and coordinating service development within the County of Manistee. Currently, the HSCB members are assessing the development of a Children’s Resource Center to serve the Counties of Manistee and Benzie.

We will continue our collaborative relationship with the Manistee County Children Advocacy Center. We utilize the center for supervised visits for families and children within our child welfare services as needed. The center is also gearing to do Safe Exchange for families when needed. The Family Services Department has a staff member that sits on the Board of Directors of the center.

APSR - 2016:

APSR - 2017:

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| 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. |
| <ul style="list-style-type: none"> 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. |
| <p>CFSP - 2015:</p> <p>Services to be provided under the Stephanie Tubbs Jones Child Welfare Services Program (Subpart 1)</p> <ul style="list-style-type: none"> Foster Care Maintenance Payments made to assist foster parents, group homes, or other institutions that provide daily care, support, and living space for children in foster care. Funds will be used to cover the cost of providing food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to a child, and reasonable travel to the child's home for visitation. Family Preservation Services offered to prevent removal of a child from the home (biological, adoptive, or extended) or to permit a child to return to a family from which he/she was removed. Funds will be used to cover the cost of homemaker services, respite care, parenting training or development, day care, family or individual counseling, or any service identified by the Tribe as necessary to prevent removal or permit reunification. Family Support Community based services provided to children or families that are intended to promote safety, well-being, stability, competence, confidence, and development. These services include parenting training, developmental screening of children, counseling, support groups, center-based activities, mentoring, tutoring, youth health education, and respite care. Time-Limited Family Reunification Services Services designed to permit reunification of a child with his/her family where the child has been in foster care for less than fifteen (15) months. These services include individual, group, and family counseling; mentoring and support groups; services or activities designed to facilitate visits between children and their parents and siblings; substance abuse treatment; mental health services; assistance to address domestic violence; temporary or crisis child care; and transportation to and from any of these services or activities. |

Services to be provided under the Promoting Safe and Stable Families Program (Subpart 2)

- **Family Preservation**
Services offered to prevent removal of a child from the home (biological, adoptive, or extended) or to permit a child to return to a family from which he/she was removed. These funds may also be used to assist children in foster care to be placed for adoption or legal guardianship. These services include day care, respite services, homemaker services, parenting training, family budgeting, stress management, health and nutrition training, family or individual counseling, and follow up care.
- **Family Support**
Services designed to promote the safety, well-being, stability, competence, confidence, and development of children and families. These services include parenting training, developmental screening of children, counseling, support groups, center-based activities, mentoring, tutoring, youth health education, and respite care.
- **Time-Limited family Reunification**
Services designed to permit reunification of a child with his/her family where the child has been in foster care for less than fifteen (15) months. These services include individual, group, and family counseling; mentoring and support groups; services or activities designed to facilitate visits between children and their parents and siblings; substance abuse treatment; mental health services; assistance to address domestic violence; temporary or crisis child care; and transportation to and from any of these services or activities
- **Adoption Promotion and Support Services**
Funds will be used to encourage more adoptions out of the foster care system as long as the adoptions promote the best interests of children and the Tribe. Services include pre and post-adoptive services, activities to expedite the adoption process, and activities that support adoptive families.

APSR - 2016:

APSR - 2017:

APSR - 2018:

APSR - 2019:

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

CFSP - 2015:

The Family Services Department's Child Welfare services are conducted by two (2) case managers that are trained to provide Child Welfare Services. The services provided are Child Welfare and Prevention services to families having Protective Service cases. Our ICWA cases are placed under the care and supervision of DHS/Contracting Agency by the State, County or LRBOI

Tribal Courts. Family Services coordinates these services and monitors that active efforts are being done and that culturally based services are available. The Tribal Case Manager's ultimate goal is reunification with the parents/family whenever possible.

Prevention Services provided are by design as an early intervention process focused at keeping at-risk children within their home if at all possible. The case managers are supervised by the Family Services Social Worker who has an MSW and is licensed within the state of Michigan and the Interim Director of Family Services who is currently the LRBOI Tribal Manager. The case managers are all cross trained via the Bureau of Indian Affairs (ICWA), the State of Michigan, as well as in Foster Care and/or Child Protective Services (Child Welfare Institute). All Case Management staff has a BSW MSW and is licensable through the State of Michigan. The tribe believes that this early intervention model enhances the probability that children will not be removed from their homes. If removed the early involvement of the tribe will provide a better compliance process with the Indian Child Welfare Act and the Tribal Children's code.

Case Management Services are provided within the nine-county area (Manistee, Mason, Lake, Wexford, Kent, Ottawa, Newaygo, Muskegon and Oceana) serviced by the tribe. Our case management is comprised of ICWA clients/families, Information and Referral and Services Only. These services are provided for Tribal members inside the nine county area and often for our Tribal members outside the 9 county area and across the United States.

The Zoongaadiziwin self-sufficiency program is a model of care that treats poverty as a condition that can be treated. This model is designed to move poor youth, families and adults to economic self-sufficiency. Zoongaadiziwin transitions individuals and families from dependency to self-sufficiency through a structured, comprehensive, integrated, scientifically driven system of care that engages an existing already funded human services delivery system. This system of care incorporates care managers to identify and coordinate all resources and services essential for the citizen to achieve self-sufficiency. The model promotes volunteerism at every stage and citizens are engaged as life coaches to support those entering the system of care. The Zoongaadiziwin curriculum will incorporate the culture and teachings of the LRBOI by engaging the Historic Preservation department.

Individual and Family Counseling is provided for Tribal Members and Family counseling is also available. This counseling focuses on mental health issues and dual diagnosis when indicated. This counseling process also supports and promotes self-sufficiency through emotional wellness.

LRBOI has developed an Elder's Circle of Care Program. This program consists of a multidisciplinary team approach for

elder's who are struggling with issues in their life. This team can consist of internal Tribal departments, external agencies, physicians, caregivers, etc. This team approach works well to provide holistic care to our Tribal Elders.

Foster Care Services are provided if removal occurs, all efforts are made to first place a child with an immediate relative, then a LRBOI family that is approved by the Indian Child Welfare (Binojeeuk) Commission. If not licensed as a foster care placement, every effort is made to do so. All required back ground checks are provided in advance of any placement and coordination with local DHS offices. If a kinship or familial placement is not possible then placement is made through a licensed child welfare services agency with a family of Indian tribal heritage and membership providing Foster Care, or any other suitable placement which meets the standards for shelter care facilities established by the Tribe and as stated within the LRBOI Children's Code.

The Little River Band of Ottawa Indians Family Services Domestic Violence/Sexual Assault Program provides victims and their families a path to freedom from a life of violence. We provide resources for safety and advocacy to ensure the physical, mental, spiritual, and emotional well-being of Native Americans involved in domestic violence, sexual assault, stalking, and dating violence situations. The LRBOI DV/SA Program is dedicated to providing an effective coordinated community response, which promotes the prevention of domestic violence, sexual assault, stalking, and dating violence, enhances victim safety and well-being, and holds offenders accountable and to make these crimes socially and culturally unacceptable.

Victim services offered:

- Counseling Services (Internal and External)
- Civil Legal advocacy (not legal advice) Assisting with legal issues including preparing paperwork for protection orders; accompaniment to court for all civil proceedings (divorce, child custody, protection order, etc.)
- Crisis Intervention – Assisting with immediate victim crisis to identify, assess, and intervene to restore balance to reduce stress and other adverse effects that may in other situations cause the victim not to report the abuse
- Cultural Advocacy- Find local sweat lodges, talking circles, traditional healers, and other cultural ceremonies to assist with spiritual healing and balance
- Criminal Justice Advocacy – Assisting with the notification of their assailant(s) court status, hearing dates, plea agreements, and sentencing terms. Assisting victims with their victim impact statements, accompanying victims to court hearing and law enforcement interviews
- Medical Advocacy – Accompanying a victim or meeting them at the hospital or clinic for forensic exams or doctor appointments
- Victim/Survivor Advocacy – Assisting victims in obtaining support, resources, or service including employment, housing, health care, etc.

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| <ul style="list-style-type: none"> Indirect Victim Services – Including education, awareness and prevention programs/events, media campaigns/articles/brochures | |
| 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: | LRBOI does not currently operate a foster care program. |
| 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.) | |
| Complete this section if the tribe operates a foster care program. 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. | Complete this section if the tribe does not directly operate a foster care program. 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 |

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| <p>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>requirements reliant to meeting the needs of young children in foster care.</p> |
| <p>CFSP - 2015:</p> | <p>All of our ICWA/MIFPA children are under the care and supervision of the Michigan Department of Human Services or another external agency who works collaboratively with our Family Services Case Managers. Our Case Managers work collaboratively with the external agency to ensure active efforts are applied to each case and service plans are created in a collaborative manner. LRBOI Positive Indian Parenting classes are offered to the biological and foster parents of all children in care. These classes are scheduled in Manistee and Muskegon. The PIP class is also offered on an individual basis within the home when participants are unable to attend the scheduled meetings. According to our BIA child abuse/neglect data over 90% come from alcohol/drug and/or domestic violence backgrounds. Due to this high percentage, we plan to implement educational classes focusing on alcohol/drug and domestic violence issues. These topics will be presented by staff from LRBOI Behavioral Health Program and our Domestic Violence Program. Our Family Service Program’s Domestic Violence Coordinator also plans to develop a Victims Group for domestic violence victims to focus on many of the issues of victims and their children, such as safety, self- esteem, problem solving, self-sufficiency, etc. Family Services will collaborate with the LRBOI Behavioral Health Program to develop a Batterer’s Intervention Program. Addressing the above issues would hopefully shorten the length of time children from the ages of 0 to 5 years of age are in care.</p> |

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| 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:</p> <p>The identification of our high risk populations for maltreatment is accomplished through our assessment process, the data collected and documented on our BIA Abuse/Neglect data form. Our Intake forms often capture information that identifies our high risk population for maltreatment. We also identify our high risk population for maltreatment through our referrals from Behavioral Health Department, CPS, DHS, Tribal Police/law enforcement and our clinic and local physicians.</p> <p>Services Targeted to the above at risk populations</p> <ul style="list-style-type: none"> Parenting Classes for biological/foster parents Domestic Violence Victim Group Domestic Violence Perpetrator Group CANS Assessment/reassessment by DHS Referral to Early On Program for developmental deficits Supervised visitation and safe exchange program through the Manistee Child Advocacy Center) We currently have a MOU with CAC Peacekeeping Tribal and local probation departments <p>LRBOI Family Services has identified our highest population for children at risk are children with family backgrounds with a history or current alcohol/drug problems and/or domestic violence issues.</p> | |
| APSR - 2016: | |
| APSR - 2017: | |
| APSR - 2018: | |
| APSR - 2019: | |

- 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.

CFSP - 2015:

Based on calendar year 2013 data gathered from department Excel spreadsheets, the rate of departmental involvement with children who are either in danger of removal or who have been removed from the home by a State or Tribal agency is 7.46%. Assuming this rate remains stable for at least the calendar years of 2014 & 2015, an estimated number of children the department will be assisting can be extrapolated. As of 6/20/2014 the number of children residing within the nine county service area of; Manistee, Wexford, Mason, Lake, Ottawa, Muskegon, Oceana, Newaygo, and Kent is 220. 7.46% of this number is 16.42 children and their families who will require department services. The remaining 249 children and their families who reside outside the nine county service area can access departmental resources on a limited basis. 7.46% of 249 is equal to 18.58 children and their families who will require limited services.

APSR - 2016:

APSR - 2017:

APSR - 2018:

APSR - 2019:

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 Tribal-State Consultation Agreement remains in place; the need for this agreement has changed since the State Legislature has codified ICWA with the creation of the Michigan Indian Family Preservation Act (MIFPA). The new agreement is currently in legal review. The State of Michigan is in the process of the implementation of the Family Engagement Model within the State of Michigan. This is a state specific initiative; Tribes are ancillary to the implementation. LRBOI will be developing Tribal Community specific models of service delivery in our self-governance initiative.

We continue to engage on a limited basis with the State Court Administrators Office and with local county courts, including the use of the ICWA Handbook formally adopted in 2011.

In collaboration with local DHS offices we have been successful in development of a consultation process that has improved the local response from the DHS regarding ICWA cases. A number of the counties we work with are very good in contacting the tribe prior to the removal of children, this also results in a much better collaborative effort overall. We are able to address services in a collaborative fashion which in some cases means doing joint follow up on CPS reports, development of joint and collaborative services, utilization the ICWA Case Management team process which is used to address needed services.

LRBOI is an active member of the Tribal State Partnership with State of Michigan Department of Humans Service; this collaborative meets on a quarterly basis. The Tribal State Partnership is directed to improve responses to the Indian Child Welfare Act within the state and better overall coordinated services for children at risk or impacted by neglect and abuse. This effort is attended regularly by the other tribes within the state to also share concerns and to address ongoing needs for tribal children coming into care with the State of Michigan DHS, Child Protection and Foster Care Services. The Michigan Tribal Social Services Directors are actively meeting periodically to address the questions of effective collaboration and consultation with the State of Michigan.

The Tribe is looking at the development of Tribal Community specific quality assurance indicators as part of our self-governance service delivery for social work/services related activity. These indicators will tie back to BIA Social Work related Government Performance Rating Assessment data and be reported directly to Congress as measures of appropriate clinical case management 'model practice outcomes. We are also considering the use of the National Resource Centers to assist with QA development.

APSR - 2016:

APSR - 2017:

APSR - 2018:

APSR - 2019:

- Provide a description of the understanding, gathered from discussions between the state and tribe, as to who is responsible for providing the child welfare services and protections for tribal children delineated at Section 422(b)(8) of the Act, whether they are under state or tribal jurisdiction. These services and protections include operation of a case review system for children in foster care; a pre-placement preventive services program; and a service program for children in foster care to facilitate reunification with their families, when safe and appropriate, or to place a child in an adoptive home, legal guardianship or other planned, permanent living arrangement. In describing roles with respect to the case review system, please discuss whether and how the state and tribe have addressed the requirement to obtain credit reports for tribal children ages 16 and older in foster care, as required by section 475(5)(I) of the Act, and any challenges that have been encountered in this process (45 CFR 1357.15 (q)).

CFSP - 2015:

When a child has been identified to be at risk of removal, the LRBOI Family Services Department assigns a Case Manager and begins collaboration with the local DHS office within 48 hours. Preventive services, order of placement, and jurisdiction are addressed in accordance with the LRBOI Children's Code and State law.

The Michigan Department of Human Services is responsible for investigating these allegations and collaborating with the assigned Case Manager. The assigned Tribal Case Manager collects information on cases involving allegations of abuse and neglect. This is done through home visits with the family, collaboration with the DHS agency, and review of the filed petition. The Case Manager is required to present a report containing this information to the Child Welfare (Binojeeuk) Commission as stated in the LRBOI Children's Code. This information allows the Commission to make recommendations regarding services and case planning as required in the LRBOI Children's Code.

The assigned Tribal Case Manager will develop recommendations for services to the family and the children in a collaborative effort with the agency responsible for the Foster Care supervision. The Tribal Case Manager completes an in-depth social work assessment with the family and the child from which specific areas of concern will be identified and services developed to address those needs. All recommendations and services will take into consideration the cultural needs of the family and be designed to meet the "active efforts" requirement as stated in the ICWA and the MIFPA. The assigned Tribal Case Manager then becomes an active participant in the service delivery to Tribal Families, performing a key role in the implementation of the service plan created with the family. The case progress will be actively supported via a minimum of monthly face-to-face meetings with the family, children and collateral consultations with the individuals and/or agencies providing services to the family. Appropriate referrals will be made within the tribe and with external agencies based upon the assessed needs and with input from the family and age appropriate children.

When removal from the home is necessary, the Michigan Department of Human Services is responsible for the care and supervision of the child regardless of court jurisdiction. This includes the requirement of obtaining a credit report of all children ages 16 and older. Foster care cases are presented at case review every 90 days, or more often if an emergency situation arises. These reviews allow for Case Managers to provide updated reports on the status of the case, address changes that may be needed in the service plan and obtain recommendations from the ICWA Case Review Team. Cases may be reviewed more often but that is based on the activities and the assessed needs of the family and/or children. As service plans are developed every ninety days, the case review meetings are scheduled to coincide with that time frame. These ICWA Case Review Team meetings are expanded to include service providers, attorneys and the client themselves, if appropriate. The Review process includes the presentation of the case by the staff member providing case management services for that particular case and follows the process as outlined above. The review of the ICWA Foster Care cases results in ICWA Case Review Team recommendations to the Binojeeuk Commission for further consideration and recommendations as outlined by the LRBOI Children's Code.

The Tribal Case Manager is responsible for preparing a written case presentation for the Binojeeuk Commission every ninety days or when there are major changes regarding the status of the cases. The Tribal Case Manager provides a brief historical review and information of the most immediate individual service and/or family plan and proposed changes within the plan for the next quarter of service along with the recommendations of the ICWA Case Review Team. Foster Care case managers from DHS or the contracted agencies, Attorneys, including the GAL and/or the children's attorney are included in the meetings if necessary.

The Binojeeuk Commission is responsible for providing recommendations to the State and/or the Tribal Court as provided under the LRBOI Children's Code. The Commission meets twice monthly to review cases of tribal children placed outside their home within the foster care system. The assigned Tribal Case Manager provides a case review to the Commission along with ICWA Case Review Team recommendations for consideration in the case.

After a review of all the information the Commission provides recommendations for consideration by Tribal and State courts. These recommendations are provided via court appearance by the Tribal Prosecutor and are included in the court report from the Tribal Case Manager presented to the court. The Tribal Court oversees the State DHS workers who are assigned to all ICWA cases that are under the Tribal Court jurisdiction. The Tribal Court Prosecutor oversees all LRBOI ICWA cases both within Tribal Court jurisdiction and/or State/county courts.

APSR - 2016:

APSR - 2017:

APSR - 2018:

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| <p>APSR - 2019:</p> <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). |
| <p>CFSP - 2015:</p> <p>Chaffee Foster Care Independence, Education and Training Programs: For the LRBOI the accessing of the CFCIP through the State Program is accessed via each case where we have youth that are potentially going to age out of the system and have reached 14 years of age. These youth are reviewed at least quarterly by the Tribal ICWA Case Review Team as long as they reside in foster care. The Tribal ICWA Team will make recommendations to DHS Foster Care workers to access the Tribal Child to CFCIP at age (14) years of age. Over the next six month period the Tribal Case Manager is required to follow up to insure that the appropriate referrals are made. The ICWA Case Review team requires documentation in writing that the referrals have been made and the Status of eligibility for the Tribal Youth. We have had success with this program assisting our youth in transition.</p> |
| <p>APSR - 2016:</p> |
| <p>APSR - 2017:</p> |
| <p>APSR - 2018:</p> |
| <p>APSR - 2019:</p> |
| <p>Diligent Recruitment of Potential Foster and Adoptive Parents</p> |
| <p>For tribes that operate foster care programs:</p> <ul style="list-style-type: none"> 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. <p>For tribes that do not directly operate a foster care program and whose children are served by the state agency:</p> |

- 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:

Joint Foster Care Home Recruitment: We have requested that State of Michigan assist in recruitment efforts to establish Indian Foster Care homes; the state requests these homes meet state licensing standards under the state’s ICWA regulations. Tribes have suggested that ICWA homes could be licensed by the State of Michigan; LRBOI is exploring the potential of creating foster care regulations to support licensing and monitoring of Tribally identified homes.

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.

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| <p>Tribes that previously developed a Health Care Oversight and Coordination Plan are required to review the previously submitted plan, make any needed changes, and submit the plan with the CFSP, whether or not changes were made from the previously submitted version.</p> | |
| <p>For Tribes applying for title IV-B, subpart 1, who have Tribal children in foster care:</p> <p>Either insert the plan here or include as an attachment.</p> | <p>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.</p> |
| <p>CFSP - 2015:</p> | <p>All Little River Band of Ottawa Indians Children in Foster Care are under the care and supervision of the Department of Human Services. We will proactively monitor these matters to insure that tribal children are served in accordance with this policy. The state policy doctrines are specific to state placed/managed cases and the Tribe is measuring their relevance to the Tribe’s laws to ensure that the state measures are consistent with our statutory outcomes and community specific needs. Examples of these are listed here and our present Tribal Community based practices are indicated where applicable to our laws and regulations.</p> <p>State Policy: Current foster care (CFF 722-6) and juvenile justice (JJ2 230) policies and licensing rules provide general health requirements for DHS and private CPAs to ensure that each child has:</p> <ul style="list-style-type: none"> • A physical examination within 30 days of initial foster care placement. • A dental exam within 90 days of placement if the child is 4 years old or older. • Current immunizations. |

There are also requirements to document medical, dental and mental health care received, including information regarding prescriptions. Workers must complete a medical passport for each child. Copies of the medical and dental examinations and medical passport must be provided to foster parent/relative caregivers, and to the legal parents if the child is a temporary court ward. If the child is supervised by a private child placing agency, the agency must also send a copy of the medical passport to DHS.

A child's present health status and medical needs are required at the child's placement into foster care. CPS workers make every effort to obtain the medical information outlined in the "MiSACWIS Transfer to Foster Care Module, Medical and Transfer Needs/Services", in preparation for placement. If the information is not available, it is the responsibility of the foster care worker to obtain the medical information. LRBOI has the capacity to perform these examinations and provide relevant health assessment for our localized Tribal Community and for any child that is ICWA eligible as the need arises.

CPS and foster care workers also use the Child Assessment of Needs and Strengths (CANS) to identify and prioritize the needs and strengths of each child in care on each child on a CPS case. We have found that there can often be a delay in this process and have had to specifically request via court proceedings to ensure that the assessment is completed. The juvenile justice service plans include an assessment of risk, and the youth's strengths and needs, which are then incorporated. Once the worker identifies the areas of needs, the top three priority needs are incorporated into the treatment plan and services. (Reference Item 17, Needs and Services of Child, Parents, Foster Parents for additional information on the CANS.)

Foster care policy, CFF 722-6, states that the FC worker may conduct a fetal alcohol spectrum disorder pre-screening by observing the child and reviewing the child's medical history. If the results of a pre-screening for fetal alcohol spectrum disorder contain two or more of the five identifiers, the worker must refer the child for a full diagnostic screen.

Finally, the foster care worker must review the child's service plan with the child's primary care physician or the attending physician if the child is hospitalized or the child is diagnosed with any of the following conditions:

- Failure to thrive.
- Munchausen syndrome by proxy.
- Shaken baby syndrome.
- A bone fracture that is diagnosed by a physician as being the result of abuse or neglect.
- Drug exposure in utero.

This is to ensure that the service plan addresses the child's specific medical needs due to the abuse and neglect. The court of jurisdiction must notify that physician of the time and place of a hearing where consideration is given to returning the child to his/her home.

When a juvenile justice youth enters a residential program they are screened for outstanding health issues and suicide risk. If the youth has any health conditions which require immediate attention and/or pose a health risk to other youths, an initial screening occurs within 24 hours by a nurse or physician (policy JR 3 310). While in a residential facility, if a youth has a health care need which cannot be met at the facility, the youth will be referred to an off-site location (policy JR 3 300). If a youth is pregnant while placed in a residential facility, the youth is provided with

appropriate pre-natal care as directed by a physician. All youth, with their parent/legal guardian's permission, will receive age appropriate information on family planning (policy JR 3 370).

Only the child's parents may consent to non-emergency elective surgery unless the court has terminated parental rights. If the parent's whereabouts are unknown, the supervising agency must obtain a court order. For Michigan Children's Institute (MCI) and state wards only the MCI Superintendent has the authority to consent to non-emergency elective surgery. Only the Family Division of the Tribal Court and likewise, reciprocating with the State Family Division of Circuit Court has authority to consent for permanent court wards. The foster parent, relative caregiver and unrelated caregivers is authorized to secure routine, non-surgical medical care and emergency medical or surgical treatment for the child while in care using the DHS-3762, Consent to Emergency Treatment. LRBOI Tribal court judges routinely order such monitoring within our own system.

Practice

Children receive adequate services to meet their physical and mental health needs. These items include:

- Timeliness of required medical and dental examinations.
- Maintenance of Medical Passport.
- Compliance with medical and/or mental health treatment plan.
- Determination of care (DOC) payments levels.

In Michigan, the Settlement Agreement emphasizes the importance of DHS monitoring the provision of health services to foster children to determine whether they are of appropriate quality and are having the intended effect. The Tribe's laws and regulations stipulate outcomes beyond the State's minimal

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| | <p>measures, including access to benefits for services payment and direct provision of services through our Health System.</p> <p>The Michigan Child Immunization Registry (MCIR) is a data tracking tool made available to Tribal Health, local county and private practice providers to track the immunizations of all children in the State of Michigan. LRBOI presently tracks immunizations via the MCIR system, and makes immunizations available to ICWA eligible children. The availability of immunizations is a performance measure for health care provision outcomes at LRBOI.</p> <p>Tribal Initiative Youth who are aging out of the Foster Care system are provided informational services and assistance in applying for Tribal Contract Health and Extended Health Services. This information is directly available at LRBOI through our Health Services division, including advocacy when patients are denied services at IHS facilities. LRBOI also has employment training, education and cultural specific programs in full operation to enhance the potential success of youth moving out of foster care into self-determination. All of these programs maintain the tie to the Tribal community and Tribal identity once the youth become independent adults. These efforts are ongoing and change as the needs and service priorities change. Tribal youth aging out of the foster care system are given a referral to our legal department to discuss the option of a health care power of attorney, health care proxy, etc.</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:

Introduction

Our tribes and community recognizes that any disaster, of a natural origin, manmade crisis's and medical emergencies can have a devastating impact upon children. We recognize that any form of these events will indeed impact the child and family service system that are in place and there is a great potential for program and service disruption. With this plan we at LRBOI Family Services we hope to minimize the disruption and the overall impact on those programs and the children and families we serve. The LRBOI Family Services Disaster Plan is developed to meet the required planning process under the Child and Family Services Improvement Act of 2006 by adhering to the criteria outlined in P.L. 109-288 and listed below.

A. Identify, locate and continue the availability of services for the children under tribal care or supervision who are

- displaced or adversely affected by disaster.
- B. Respond to new child cases in the areas adversely affected by disasters.
- C. Remain in communication with case workers and other residential child welfare personnel who are displaced because of the disaster.
- D. Preserve essential program records.
- E. Coordinate services and share information with states and other tribes.

The following represents the Indian Child Welfare Disaster Plan for LRBOI Family Services. The plan incorporates the five key elements of disaster planning as outlined in the recommendations of National Child Welfare Resource Center for Organizational Improvement. Those elements are processed in the context of before, during, and after the disaster occurs.

The elements represented are:

1. Management
2. Critical Infrastructure
3. Coordination
4. Communication, and
5. Information Systems

Authority

The Family Services Director has the authority to activate the disaster plan upon notice from the Little River Band of Ottawa Indians Director of Emergency Response. In addition the Program Director is responsible for performance of the following essential functions of the plan;

1. Establishment of a Program Emergency Management Team
 2. To establish and maintain the communication process and protocols within the Little River Band of Ottawa Indians Master Disaster Plan.
 3. Develop and maintenance of the infrastructure within the LRBOI Disaster Plan
 4. Assures the Foster Homes with LRBOI children in placement have emergency disaster plans in place, either state or tribal.
 5. Information systems development, planning and monitoring.
 6. Assures the child welfare disaster plan is updated. Current information on the status and placement of children and worker contact information must be maintained.
 7. On-going monitoring and coordination and communication with LRBOI Disaster Team and master plan process.
- Plan Priorities

The LRBOI Family Services disaster plan priorities are consistent with Title V-B subparts 1 and subpart 2 services goals.

- I. The Tribal Child is protected from abuse and neglect.
- II. Support of at risk families via services that allow children to remain safely with their families
- III. At risk children and their families are strengthened via services that will assist in meeting their physical, educational and mental health needs.
- IV. Ongoing training and support for Family Services staff regarding disaster readiness.

Conducting of Drills and Readiness Activities

The Family Services Department staff will participate with and cooperate in all Tribal Disaster Plan activities designed to test the components of the Tribes Disaster readiness. Activities will include Fire drills, emergency evacuation tests and drills, drills specific to the family services program, tribal wide, state wide, regional and local drills as requested by the tribe's emergency management services. This will allow the Family Service Program staff to be actively involved in testing the components of the programs staff as well as being part of the overall effort of the tribes to meet the goals of emergency and disaster management.

I. BEFORE A DISASTER

A. Management

1. The Program Director will coordinate with the LRBOI disaster preparedness team while serving as the lead for the Family Services Department Team. The Program Director will nominate two to three other Family Services staff members to serve as part of the Disaster Management Team for the department. The staff members will serve as Team Lead or Manager in charge if the Program Director is not available.
2. The Department team will be charged to address the child welfare matters during time of disaster. They will establish and facilitate the disaster plan team, provide regular review of the plan on a semi-annual basis. They will modify and update the Child Welfare Disaster plan as needed

B. Identification of Critical Roles

The Family Services Team has identified some key roles, subject areas and continue to explore further during work sessions and annual reviews.

- a) Location of tribal children in Foster Care, either with the state or tribe.
- b) Vital records preservation and recovery
- c) Workload planning and development
- d) Communications systems establishment and maintenance
- e) Worker safety
- f) Information systems
- g) Staff support services

h) Issues of secondary trauma, children, families and staff

i) On-going training

C. Coordination

The Family Services Department will coordinate with key tribal partners that include a broad range of emergency responders with the tribe including the tribal police, medical service providers, tribal court personnel. The team will also develop as systems approach in working with the local and regional foster care providers to address tribal children in other systems.

D. Communication

1. The Family Services Director or FSD Disaster Team manager designated will attend all Tribal Disaster Planning meeting to insure that on-going communication and information systems collaboration.
2. All Family Services Staff will attend disaster training provided by the tribe and internal disaster planning training as it is developed.
3. Tribal Foster Parents will receive training on the programs disaster plan and procedures. Family Services staff will be encouraged to have a disaster supply kit. Foster parents will be required to prepare a disaster supply kit and have it available within the home. Support for this will be developed by the Family Services Department.

E. Critical Infrastructure

- a) Proactive coordination with key partners will be established and maintained through the Family Services Department program involvement with the overall Tribal Disaster Planning Committee/Team.
- b) The information systems will be monitored via ongoing communication with the tribe's Information Technology Department and consistent with the I.T. Departments Disaster recovery Plan.
- c) Communication systems process will be developed to include a plan that is inclusive of Foster Care and other primary service providers delegated by the tribal court for the care and supervision of tribal youth.
- d) Caseworkers will assist foster care and other primary care givers in the development of a family disaster/emergency plan that will be reviewed and updated annually. This plan will include such things as a designated meeting place for the family. Emergency telephone numbers, a disaster supply kit, and a plan for the children that are in school that is specific as to what will happen, or if the foster care family is away from the residence.
- e) Vital Records protections includes the following:
 - I. The FSD disaster team and staff will provide an assessment of the crucial nature of records and the time frames for maintaining hard copy
 - II. Maintenance of paper records care will be secured in fire- proof metal filing cabinets.
 - III. Conversation to electronic recording will be planned and carried out in cooperation with the I.T.

- Department.
- IV. All critical case information will be entered into a secured data base housed by the tribes I.T. Department with access provided only via pass word authorized by the department heads of Family Services and the I.T. Department.
 - V. Maintain a case/child information data base that provides tracking that clearly indicates current case information including residence, primary caregiver and emergency contact information, location and the tracking of tribal children.
 - VI. Workload plans will be reviewed at a minimum twice annually by the programs disaster planning team. This will be done to make sure the services available for the children in care and under the supervision of the tribal court who may be impacted in an adverse fashion by disaster.
 - VII. An established Tribal Master Plan will serve to direct the internal communications systems and protocols which will be followed in the following areas: reporting to work, foster care parent and foster child communications, tribal police contacts and tribal court contacts.
 - VIII. Upon the Tribe officially calling a disaster support services previously identified by the Family Services Disaster Team will go into immediate effect. This will include, but, is not limited to adjusted work schedules, work rotations, work at home and access to counseling and supportive services via the Tribes Employee Assistance Program.

II. During A Disaster

MANAGEMENT

Workload Management

- a. The Program Director will contact and coordinate as needed to meet the demands of the disaster.
- b. Steps for the management of the workload will be as follows:
 - Appraise the availability of staff, including those that may be directly affected by the disaster, and their locations.
 - Retain a record of information regarding staff and their home locations.
- c. Conduct work function deemed as crucial.
- d. Alternate Family Services staff and other Tribal departmental staff to answer calls coming into the Tribe's designated disaster response line.

ASSESSMENT AND RESPONSE TO CLIENT NEEDS

- a. The main focus during disasters is to be in contact with clients, providers, and youth on the Family Services Department caseload. A record of all emergency contacts will be used to make contact with those individuals and agencies.
- b. The Family Services Department will provide support services and information in a coordinated effort with other services providers when as needed based on conditions.
- c. Emergency and additional services will be provided to Tribal children and their families who have been affected by the disaster by these methods:
 1. Immediate Emergency Services.
 2. Crucial aid for medically fragile children and their families.
 3. Additional time allotted for home visits.
 4. Assist in accessing emergency housing or temporary housing.
 5. Identify, find and contribute where requested, to local disaster relief centers.

SUPPORT STAFF

It is understood that Staff from the Family Services Department may be affected by a disaster and be victims also. The Family Services Department will aid staff allowing them to debrief and process traumatic situations, work adjusted schedules or site locations including in meeting their basic needs are met.

VOLUNTEERS

- a. During times of need the community has shown to be very active in providing services to those in need, but it is the Family Services Department job to ensure the safety and well-being of children during times of crisis and disaster. To make certain that we are in compliance under the Indian Child Welfare Act and the Family Violence Prevention Act, a Volunteer administrator will assure that any volunteers have fulfilled the requirements of application, reference check and criminal background check are completed under the P.L. 101-630. The above requirements must be achieved prior to any volunteer being assigned to tasks.
- b. Any individual whom will volunteer that provides supervision of children must successfully pass a criminal background check.

COORDINATION

All elements of the established protocols within the Tribe's master disaster plan will be implemented.

COMMUNICATION

All elements of the Tribe’s established communication plan will be implemented.

INFORMATION SYSTEMS

Access to the Family Services Department shared drive that contains all critical client and emergency contact information will be assessed for accessibility. Should access be denied, communication with the Tribe’s Information Technology Director will occur as directed in the Tribe’s Disaster Plan protocol.

III. AFTER A DISASTER

The Tribe and the Family Services Department recognizes that the aftermath of the experience of a disaster provides us all with the lessons learn during that experience. The lessons will be reviewed and discussed by the overall tribal community utilizing The Coping with Disasters Guide checklists as the focus for our community discussion groups. Included in this effort will be clients, foster parents, staff and other stakeholders in the tribes Family Services Departments. The FSD staff will use the traditional process of the talking circle format to address this process due to the positive fit within our communities.

The LRBOI Tribe has determined no changes to our Disaster Plan are currently necessary.

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:

The LRBOI Family Services Department will utilize National Indian Child Welfare Association (NICWA) as a training resource because it focuses on ICWA and other topics specific to Tribal social services. The Tribe will also utilize available State of Michigan's Child Welfare Training Institute resources where applicable to enhance collaborative efforts between the Tribe and State. Case Managers handling child welfare cases will be trained in the areas of adoption, child protective services, foster care, family preservation, permanency planning, and prevention. The Department will re-engage with Western Michigan University to access trauma related training to enhance efforts to provide trauma related services including efforts to assess the impact to children following exposure to traumatic events within our ICWA/MIFPA population. The Family Services Department utilizes the trauma based assessment and cognitive behavioral therapy process. This training allows staff to recognize that exposure to potentially traumatic events can affect child functioning within the cognitive, affective, behavioral, and physiological domains. The local DHS and Mental Health Services agency has been very supportive in working with the Trauma Based Services with children and LRBOI will continue to enhance our working relationships locally and externally. Western Michigan University recently trained a staff member on the TFCBT updates. This training is to prepare this staff member to test for a TFCBT.

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:

The Family Services Department will implement the Tribal Data Exchange (TDE) to support data collection efforts that support

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| <p>BIA related social work activity; the basis for this service provision. The Tribe, through the department will utilize this data to report to Congress on social work issues directly, including ICWA related activity. The Tribe will continue collaborative efforts with other Tribes in Michigan and the Inter-Tribal Council of Michigan to address mutual technical assistance areas. The Tribe has identified the Tribal Court as a resource for technical assistance to the Department, and has also identified resources available through our Self-Governance initiative research that were underutilized, including the BIA Regional Office and the TDE. The Tribe also anticipates requesting technical assistance from the National Resource Centers to assist with the development of LRBOI’s Licensing and Foster Parent Recruitment and Retention Program. The Tribe participates with the Tribal Social Services Collaborative of Michigan; this is specific to Tribal-State relationship building.</p> |
| APSR - 2016: |
| APSR - 2017: |
| APSR - 2018: |
| APSR - 2019: |
| <p>Plan Availability</p> |
| <p>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.</p> |
| <p>CFSP - 2015: LRBOI’s 2014 APSR will be made available to interested parties through the Tribal web site at https://www.lrboi-nsn.gov/</p> |
| APSR - 2016: |
| APSR - 2017: |
| APSR - 2018: |
| APSR - 2019: |

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