

**Optional Template for a Tribal Child and Family Services Plan / Annual Progress and Services Report  
For Federal Fiscal Years 2025 – 2029**

**Name of Tribe/State where located:** Eastern Band of Cherokee Indians/ North Carolina

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 major 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-24-03 so that one can fill in the information starting with the CFSP that is due by June 30, 2024. If your Tribe chooses to use the template, complete the “2025 CFSP” section for each requirement providing as much detail as necessary. For the submission due June 30, 2024, leave all the APSR sections blank as each one will be completed in each of the upcoming years in the five-year cycle to report Tribal progress in implementing the CFSP. Any additional instructions necessary to complete those sections will be provided in future years. As a reminder, the schedule of submissions for this CFSP cycle is as follows:

**June 30, 2024: 2025-2029 Child and Services Plan**

**June 30, 2025: “2026 APSR.”** Tribes will submit the first APSR, referred to as the “2026 APSR.” The 2026 APSR covers the activities completed during the period of time since the submission of the 2025–2029 CFSP and the prospective activities for FY 2026.

**June 30, 2026: “2027 APSR.”** Tribes will submit the second APSR, referred to as the “2027 APSR.” The 2027 APSR covers the activities completed during the period of time since the last APSR submission and the prospective activities for FY 2027.

**June 30, 2027: “2028 APSR.”** Tribes will submit the third APSR, referred to as the “2028 APSR.” The 2028 APSR is to cover the activities completed since the last APSR submission and the prospective activities for FY 2028.

**June 30, 2028: “2029 APSR.”** On June 30, 2028, Tribes will submit the fourth APSR, referred to as the “2029 APSR.” The 2029 APSR covers the activities completed since the last APSR submission and the prospective activities for FY 2029.

**June 30, 2029: “2025-2029 Final Report.”** On June 30, 2029, Tribes will submit their Final Report for the 2025-2029 CFSP, referred to as the “2025-2029 Final Report.” Tribes will also submit their new CFSP for fiscal year 2030-2034, referred to as the “2030-2035 CFSP.”

Note: The APSR/Final Report for Fiscal Years 2020-2024 is to be submitted separate from this template.

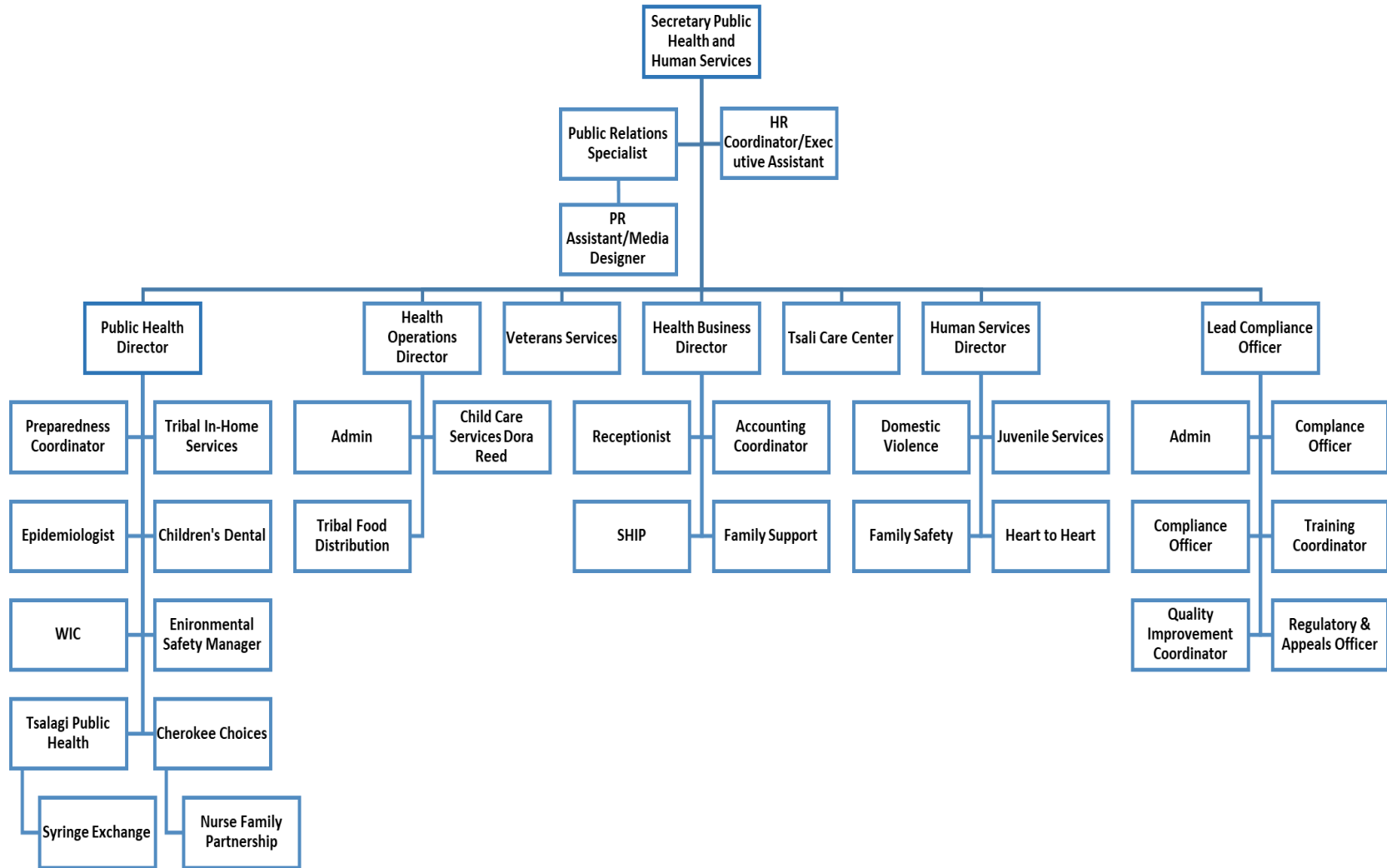
**Tribal agency administering the programs (45 CFR 1357.15(f)(1) and (2))**

The Eastern Band of Cherokee Indians (EBCI) Public Health and Human Services is the designated Tribal Agency with authority to prepare and submit the CFSP. The Agency is responsible for the administration and supervision of the Child Welfare Service program within the Eastern Band of Cherokee.

On October 1, 2015, with the approval of the Administration of Children and Families of the Title IV-E State Plan, EBCI initiated their unique child welfare system as part of the Integrated Child Welfare Model that includes behavioral health specialists and mental health support. Children and their families who come to the attention of the Family Safety Program, because of an allegation of child maltreatment, receive prompt attention to the needs of the family unit. The development of this program has considered barriers and challenges experienced over the years from working with five counties on the Qualla Boundary as well as the native children and their families who may live in the surrounding area. The opportunity of completing investigations and assessments, providing in-home services and foster care services, and eventually adoption services are a huge transition from the level of services previously provided through the receipt of Title IV-B, subpart 1 and 2 funding.

The continuum of services required upon becoming a Title IV-E agency is inclusive of not just foster care and adoption services, but also preplacement services that address ways in which prevention of removal from the home is available, reunification services to ensure that adequate and appropriate services are provided to rapidly return the child to the home of the parents. Other permanency services provided on behalf of children that may not be allowed to return to the parents include adoption, legal guardianship, or other permanent placement options.

Organizational Chart:



<p>2025-2029 CFSP</p> <p>Annual updates are not required for this section, but any needed updates to the information in the 2025-2029 CFSP may be addressed in this section should there be relevant updates in upcoming APSR years.</p>
<p><b>Vision Statement</b> (45 CFR 1357.15(g)): Provide a vision statement that articulates the Tribe’s philosophy in providing child and family services and developing or improving a coordinated service-delivery system. The vision should reflect the service principles which appear in federal regulations at 45 CFR 1355.25.</p>
<p>2025-2029 CFSP</p> <p><b><u>Mission and Vision:</u></b></p> <p>The mission of EBCI PHHS is: HONORING, our Cherokee community by PROVIDING excellent care, PROMOTING health and SERVING families in a culturally respectful way.</p> <p>The vision of EBCI PHHS is: Seven generations of wellness with families strong in mind, body and spirit.</p> <p>EBCI PHHS Family Safety program promotes interventions that encourage families to have ownership in their protective capacities, address immediate safety concerns and on-going risks, and develop plans for the safety and well-being of the family. Families which have input into their plans create sustainable long-term safety and well-being plans which are initially approved and monitored by the tribe, but ultimately owned entirely by the family.</p>
<p>Annual updates are not required for this section, but any needed updates to the information in the 2025-2029 CFSP may be addressed in this section should there be relevant updates in upcoming APSR years.</p>

**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. The CB encourages Tribes to identify several broad goals that address priority concerns and focus on a few significant areas of improvement to be addressed during the five-year period.

*(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, “Strengthen families by providing early prevention and family preservation services.”)*

*NOTE: “Goal #2” cells below were added as an example of how to add additional goals. Tribes are not limited to 2 goals.*

**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 examples of objectives for the goal of strengthening families by providing early prevention and family preservation services might be “increase the number of referrals of youth and their families to family support services” and “implement home-based services to families.” 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*

<p><i>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.)</i></p>		
<p>2025-2029 CFSP Goal #1: Increase preventative services for in-home cases to prevent the removal of children by continuing to expand Agatiyidi where in-home services will utilize the Signs of Safety Practice Model and building cultural resilience.</p>	<p>Objective(s):</p> <ol style="list-style-type: none"> <li>1. Utilize Positive Indian Parenting or Circle of Security curriculums in conjunction with Analenisgi Behavioral Health for a culturally sensitive approach to teaching parenting skills.</li> <li>2. Establish stronger partnerships with Nurse Family Partnership and FACE to provide more in-home services to families.</li> <li>3. Integrate behavioral health services into the in-home work to address trauma and ACES</li> <li>4. The Family Needs Assessment tool will be utilized to determine any potential service gaps and ensure the family needs are being met to prevent removal of children.</li> </ol>	<p>Measure of progress: The Evidence Based Intervention Specialist, or assigned program staff, will assist in identifying any additional interventions, expanding services based on needs stated in the assessment tool, and perform quarterly assessments of the interventions. These assessments will be presented to the Family Safety Advisory Board quarterly meetings.</p>
<p>2025-2029 CFSP Goal #2: Increase the number of children staying in Cherokee by licensing therapeutic foster homes, traditional foster homes, and kinship foster homes.</p>	<p>Objective(s):</p> <ol style="list-style-type: none"> <li>1. Provide a culturally appropriate and behavioral health supported curriculum for licensing foster homes.</li> <li>2. Recruit potential foster parents through community events where information on curriculum, requirements and contact information are distributed to potential candidates for licensure.</li> <li>3. Ensure a program is in place for continuing education and behavioral</li> </ol>	<p>Measures of progress: Staff will monitor and document the number of applications received for therapeutic foster home, traditional license foster home, and kinship homes through completion of the licensing requirements. An Assessment tool will be utilized to determine any additional needs families may need which may be barriers to licensure.</p>

	health support for therapeutically licensed foster homes.	
<p>2025-2029 CFSP Goal #3: Increase the knowledge base of all staff to ensure a continuum of care is maintained for families involved with the program.</p>	<p>Objective(s):</p> <ol style="list-style-type: none"> <li>1. Provide comprehensive training through in-person and virtual means by an approved contractor certified in the Signs of Safety curriculum.</li> <li>2. Staff will attend trainings of the Family Group Decision Making Model which ensures culturally sensitive interventions are provided to families for cultural resilience and support.</li> <li>3. Utilize community programs to provide comprehensive training on the heritage, customs, and culture of the Eastern Band of Cherokee Indians community.</li> </ol>	<p>Measures of progress: Utilization of practices in the trainings, curriculums and cultural sensitivity that are documented through use of forms and model specific topics discussed with families and will be included in the case reviews with staff that occur monthly. Staff will be given pre- and post-tests or questionnaires, where applicable, in a training.</p>
<p>FY 2026 APSR Update on Goals/Objective/Progress and/or additional Goals:</p>		
<p>FY 2027 APSR Update on Goals/Objectives/Progress and/or additional Goals:</p>		
<p>FY 2028 APSR Update on Goals/Objectives/Progress and/or additional Goals:</p>		
<p>FY 2029 APSR Update on Goals/Objectives/Progress:</p>		

2025-2029 Final Report – Final Review of Progress on Goals/Objectives:

**Consultation and Service Coordination (45 CFR 1357.15(l) and (m)):**

- Describe the consultation process the Tribe uses 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 legal and judicial communities and court improvement programs in the CFSP plan development.
- Discuss how the Tribe has engaged families and youth, the state child welfare agency and other state or Tribal partners involved in serving children and families in the development of the CFSP.
- In the FY2025 – 2029 CFSP field, 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. Examples of programs with which to consult and coordinate include: Temporary Assistance for Needy Families (TANF), Medicaid, Child Care, Head Start, Supplemental Nutrition Assistance Program (SNAP), and the Bureau of Indian Affairs 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. In the upcoming APSR years/fields, provide annual updates.

2025-2029 CFSP

The Eastern Band of Cherokee Indians Public Health and Human Services programs are supported by management and executive offices to increase cooperation between the programs under the PHHS division. These programs include the Human Services programs of Family Safety Program, Domestic Violence and Sexual Assault, Juvenile Services, and Heart to Heart Child Advocacy Center. Monthly Multidisciplinary Team meetings are held between multiple programs. Also, coordination of services and referrals are becoming more streamlined with programs such as Temporary Assistance for Needy Families (TANF), WIC, Cherokee

<p>Choices, and Children’s Dental program, just to name a few. Monthly managers meetings are held by the Division Secretary to ensure programs within the PHHS are maintaining contact, giving program updates, and ensuring there is no lapse in services to families and members of the community.</p>
<p>EBCI Cherokee Tribal Court system has a supportive role for the EBCI Family Safety program. Tribal Court individuals which include judges, magistrates, and clerks, are kept apprised of any program changes, new initiatives or other information that is shared as needed. Tribal attorneys are encouraged to provide feedback on new initiatives, referral forms, confidentiality forms, or other documents. Tribal attorneys also provide informational trainings to staff on court procedural processes, requirements for petitions, or the duties of court personnel.</p>
<p>State and County social service departments join EBCI quarterly to ensure communication between local departments and the EBCI are remaining open and building a strong working relationship. EBCI also attends a yearly joint planning meeting with leaders from multiple state and county partners to continue to support and encourage collaboration and cooperation. Previous discussions on an MOU have been progressing, but an administrative letter was written to begin the process of cooperation and defining the requirements of programs. MOU discussions will continue but there is no set date for completion at this time.</p>
FY 2026 APSR
FY 2027 APSR
FY 2028 APSR
FY 2029 APSR
2025-2029 Final Report
<p><b>Service Description</b> (45 CFR 1357.15(n)) – complete for each program for which funding is being requested (title IV-B subpart 1 and/or subpart 2)</p>
<p><b><i>For Tribes applying for title IV-B, subpart 1:</i></b></p> <ul style="list-style-type: none"> <li>• Describe the services the Tribe plans to provide under title IV-B, subpart 1.</li> <li>• Provide the estimated expenditures for all described services on the CFS-101 (see Attachment B of the PI).</li> <li>• Present information on the estimated number of individuals and families to be served; the population to be served; and the geographic areas where the services will be available for each described service. This information may be recorded on the CFS-101 part II or in the narrative.</li> </ul>

- In the CFSP, 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) of the Act). In an APSR, provide an update as needed.

\_\_\_\_\_ Check here if the Tribe does not operate its own foster care program.

- In the CFSP, describe the activities the Tribe plans to undertake over the next five years to reduce the length of time young children under the age of five are in foster care without a permanent family, and to address the developmental needs of all vulnerable children under five years of age. For Tribes 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 relating to meeting the developmental needs of young children both in foster care and in the community (section 422(b)(18) of the Act). In an APSR, provide an update.

2025-2029 CFSP

EBCI PHHS provides services for families through providing prevention interventions, investigative assessments, the in-home program of Agatiyidi – which is still in the draft phase - and foster care services with the main goal of reunification. These services are offered in conjunction with behavioral health interventions provided by Analenisgi to support and further extend the Integrated Child Welfare model. Each interaction with a family allows for a plan to be developed specifically for the family, their unique needs, while utilizing their specific strengths to reduce safety concerns and improving parenting/protective capacities. Workers will utilize the Signs of Safety model approach and tools to work closely with the families. The integrated care model incorporates behavioral health services which include comprehensive clinical assessments, therapy – both individual and family, parenting education curriculum, case management, drug and alcohol services, and more. Additional services include family support networks, health services for children and families, concrete goods such as TANF payments to families, housing and job education and training.

For children in Foster Care, they must be visited by a member of the integrated team every month. For a child in licensed placements, a home visit is required every calendar month, not to exceed forty days between visits. For children that were placed because of sexual abuse or for children with severe behavioral health needs placed in a licensed foster home, a member of the integrated team must visit every twenty-one days. For children placed with a relative in a home not licensed by the Tribe but

approved for placement, a member of the integrated team must see the child every month and visit the home every other month. In addition, the integrated team must host child and family team meeting each month where the parents, support system, and attorneys are invited. The team also can include the children in the meeting if it is felt it would be therapeutically safe for them to be participate.

The Tribal Code sets forth timeframes that must be followed for children in care. In particular, C.C. 7B-906 sets forth the timeframe for permanency. The code requires that a permanency planning hearing will occur within six months of the original order for children six years of age or younger. To help, with this, all families with children in custody of the Family Safety Program are provided with a behavioral health worker. This worker evaluates each member of the family via a Comprehensive Clinical Assessment (CCA). This CCA helps guide the needs of the family. Services that benefit children under the age of 5 include but not limited to a) parenting classes: these classes help parents develop skills in the best ways to interact with, discipline, and handle outbursts from their children (as noted above these classes are being updated with more trauma informed and evidence-based curriculums such as Positive Indian Parenting), b) Child-Parent Psychotherapy: specifically for children ages 0-3 to help address attachment issues that may arise from being removed from a biological parent, c) individual therapy: this is offered to both parents and children to help deal with individualized behavioral and mental health needs, d) family therapy: an opportunity for the family unit to interact in a therapeutic setting and address conflicts and behavioral issues that may arise, e) substance abuse support: this addresses an array of substance abuse issues in individual, group, and peer support settings. It should also be noted that these services can be modified or expanded as needed. Also, these services are provided to relatives caring for children, foster parents, and future placements for children.

FY 2026 APSR

FY 2027 APSR

FY 2028 APSR

FY 2029 APSR

2025-2029 Final Report

***For Tribes applying to receive funding under title IV-B, subpart 2:***

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

- Provide the estimated expenditures for all described services on the CFS-101.
- 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 may be recorded on the CFS-101 part II or in the narrative portion of the plan.

2025-2029 CFSP

**Investigative Assessment:** This service includes assessment of child safety and family needs on calls received by intake social workers, which includes a home visit, safety planning with the family, referrals for needed services and implementing interventions to stabilize the family home. Family Safety utilizes the Signs of Safety practice model to work with families throughout the Family Safety continuum of services. The investigative unit also utilizes services provided through Analenisgi, such as targeted behavioral health, individual therapy, and substance abuse support to help families and children address the issues that lead to maltreatment.

**Family Integrity Preservation Services:** Social Workers provide services in the home to address needs of at-risk children and families to strengthen and stabilize the family home, with the ultimate goal of assisting families in keeping children out of foster care. Services include providing client transportation, home safety inspection, home maker services and referrals for services to address identified needs. This unit utilizes a Signs of Safety approach when working with families to develop person centered, time limited case plans. The unit also utilizes parenting classes, behavioral health, and substance abuse services through Analenisgi, and the EBCI child advocacy center to help address the needs of the family.

**Time-Limited Family Reunification Services:** When safety cannot be remediated while the children are still in the home with their family, children are removed and placed in foster care. Family Reunification Services, assists families in addressing safety and risk issues, to return the child safely as soon as possible. All possible kin are explored as placement options before children are placed in a foster home. Family reunification services include developing a court ordered case plan in partnership with the family to address safety issues, visitation between the child and parents, visiting the child where they are living, working with the parents to refer them to services and evaluating progress on services. This unit is integrated with behavioral health services from Analenisgi. Children taken into custody receive a comprehensive clinical assessment within 5 days of petition, children are provided individual therapy, family therapy is offered to the family unit, child parent psychotherapy is provided to children ages 0-3, and all families with children in custody have access to recovery services. In addition, social workers report to and make recommendations to the Court, to ensure that reunification occurs as soon as it is safe for children to return to their homes. The combination of these services helps to decrease the time children are in foster care and out of their own homes.

**Guardianship:** When reunifying with their family is not an option for children, due to safety issues, EBCI staff pursue identifying a family within EBCI, either related or unrelated to the child that will allow the child a safe, permanent home. This is one of the most important resources of EBCI Family Safety, since the Tribe, PHHS and the Cherokee Courts have a special interest in all guardianships and adoptions involving children who are members or descendants of members. The primary purpose of guardianship is to help children who would not otherwise have a nurturing family of lifelong relationships to become a permanent member of a family that can give them the long term and legally grounded care, protection and opportunities essential to personal growth and development. The social worker provides supports and services that allows the best match to be made and makes recommendations to the Court related to a permanency plan. EBCI offers Guardianship Assistance Payments (GAP) when adoption and reunification may not be appropriate. Qualification for GAP is defined in the EBCI Administrative Rules [10A CAR 70I.0301](#).

**Adoption:** From a cultural perspective, the EBCI do not strive to terminate or suspend parental rights. The goal is to create a healthy, safe, intact Cherokee family that will still include the parents and not sever an important tie for children. The adoption costs are paid as needed. As part of this work with families the EBCI has potential adoptive placements participate in therapy with the child, take part in individual sessions, and when needed complete Child Parent Psychotherapy to help with bonding.

**Foster Home Recruitment:** PHHS staff recruit, train, and license their own resource families within the Tribe to help take care of children when they must be removed from their homes. The foster care recruitment occurs in several ways, 1) community outreach by attending community club and community council meetings, 2) informational meetings held after work hours and advertised weeks ahead of time to allow families time to plan to attend and ask any questions they may have about becoming a foster parent, 3) advertising by having staff produce information videos, fliers, and handouts that are distributed community-wide via social media and the Tribal television station and 4) hosting foster care licensing classes in multiple communities in the Tribe to give families more opportunities to participate. The specifics of this program are outlined in the Family Safety Manual, Section 7000. The Family Safety Program is engaging in efforts to increase engagement with kinship families to become licensed foster placements when they are eligible to do so. This is part of the Improving Child Welfare through Investing in Family grant implementation.

**Integrated Child Welfare Model:** PHHS has a continuum of services that address the complex needs of families served within Family Safety, that are designed to individually address what the family needs. All services are oriented toward the reduction of safety concerns and improvement of parenting/protective capacities and utilize the Signs of Safety model approach and tools. The integrated care model also includes the System of Care framework that assists in coordinating services for children to better meet safety, permanence, and well-being needs. Within integrated care, are several components. Behavioral health services include comprehensive clinical assessment, therapy – both individual and family, parenting educational curriculum (see specifics below) case management, and drug & alcohol services, among others. Additional services include family support networks, health services for children and families, concrete goods such as TANF payments to families, housing, and job education and training. Families are

<p>being engaged in a number of therapeutic services, one of which is Circle of Security which is administered by Analenisgi staff to families involved with PHHS.</p> <p>For children in Foster Care, they must be visited by a member of the integrated team every month. For a child in licensed placements, a home visit is required every calendar month, not to exceed forty days between visits. For children that were placed because of sexual abuse or for children with severe behavioral health needs placed in a licensed foster home, a member of the integrated team must visit every twenty-one days. For children placed with a relative in a home not licensed by the Tribe but approved for placement, a member of the integrated team must see the child every month and visit the home every other month. In addition, the integrated team must host child and family team meeting each month where the parents, support system, and attorneys are invited. The team also can include the children in the meeting if it is felt it would be therapeutically safe for them to be participate.</p>
FY 2026 APSR
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FY 2028 APSR
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<p><b>Program Support</b> (For Tribes applying to receive funding under title IV-B, subparts 1 and/or 2)</p> <ul style="list-style-type: none"> <li>• In the CFSP, discuss the Tribe’s child welfare services staff development and training plans in support of the goals and objectives of the CFSP which addresses the title IV-B programs covered by the plan. In an APSR, provide an update.</li> <li>• In the CFSP, describe any planned activities for developing, implementing or improving the Tribe’s child and family services program’s research and evaluation activities, management information system or quality assurances system. In an APSR, provide an update.</li> <li>• In the CFSP, discuss any technical assistance or capacity building needs that the Tribe anticipates requesting from CB’s technical assistance providers in support of the Tribes’ CFSP goals and objectives. Information about this can be found at this link: <a href="https://capacity.childwelfare.gov/">https://capacity.childwelfare.gov/</a>. In an APSR, provide an update.</li> </ul>
2025-2029 CFSP

**Program Support:** PHHS has completed a comprehensive training plan to address requirements of specific federal programming and funding, as well as to address needs specific to EBCI. Trainings are being held and continually developed and scheduled for staff through a variety of methods. Trainings are being facilitated by both EBCI members and outside contractors. In addition, there are plans to ensure the community understands what Family Safety is utilizing in its work with families. Quality assurance comes from the PHHS Regulatory & Compliance Department (RCD). RCD provides oversight for the program via file reviews, complaint management, and overseeing all appeals of program decisions. RCD also serves as the licensing authority for foster homes: approving, denying, and revoking licenses as needed. The program is fully operational with its custom-built data system. Updates to the system are anticipated to collect data related to the prevention plan. Ongoing continuous quality improvement efforts take place, with staff documenting needed changes for optimal productivity in documentation efforts and data utility.

**Staff Training:** PHHS has partnered with the Quality Improvement Center for Workforce Development (QIC-WD) to create a comprehensive onboarding program for new staff to increase consistency in staff knowledge of their role in the organization and the operation of the division. In addition, all new and existing staff members will receive required training and EBCI is providing a continuum of training (as noted in the Title IV-B State Plan Attachment A) that is offered to all staff as well as community members and partner agencies. These trainings are provided in person and via online courses. Workshops cover a range of topics including, but not limited to, Trauma Informed Care, ICWA, identifying and documenting abuse, proper investigation of sexual and physical abuse cases, Signs of Safety, family preservation, professional writing, considerations with cases that involve substance use, childhood development, and a myriad of other relevant topics. Program supervisors and manager have been reviewing the current onboarding manual to adjust as needed to updated evidence-based information, program policies and procedures, and updated curriculums used in interventions with families.

FY 2026 APSR

FY 2027 APSR

FY 2028 APSR

FY 2029 APSR

2025-2029 Final Report

**Consultation Between States and Tribes:**

Federal law and regulations require consultation between states and Tribes on several key child welfare issues, including describing state compliance with the Indian Child Welfare Act (ICWA); 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 Chafee Program. In the CFSP, Tribes are to address the following:

- Section 422(b)(9) of the Act requires states to consult with Tribes in describing the specific measures taken to comply with 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. Describe any concerns with respect to the states' consultation process.

2025-2029 CFSP

EBCI has been able to bring in key partners and stakeholders to date to ensure that the most vulnerable children and families receive the services that are needed to support their family. The EBCI collaborates internally with the Tribal Court, the Cherokee Indian Police Department, EBCI Legal Services, the Office of the Attorney General, Tribal Government, Tribal Housing, Public Health & Human Services Programs, the Cherokee Indian Hospital, the Cherokee Boys Club, and any other program or service within the EBCI that may impact the families that we serve.

The EBCI has also sought community feedback on our foster care classes, the IV-E prevention plan, and attend local community club meetings seeking feedback and guidance for improving the program. Family Safety Program leadership reports monthly to the EBCI tribal legislative board on programmatic operations, needs, and progress, these reports are also televised and available to the community.

In addition to this collaboration, EBCI also works to have open communication with the five county DSS Directors and the NC DHHS. The Attorney General's Office of the EBCI also maintains a relationship with the NC Office of Attorney General to help work through any legal issues that may arise. The EBCI also actively participates in the NC CFSR reviews as they occur.

The Family Safety Program has collaborated with Cherokee Tribal Courts and the Legal Assistance Office to participate in the Judicial, Court, and Attorney Measures of Performance (JCAMP) project through the Capacity Building Center for Courts. These efforts have continued through the Tribal Court Improvement Project this year.

The Family Safety Program, in partnership with several universities, the Administration for Children and Families, local stakeholders and nonprofit agencies, and community members, is in the process of implementing the Improving Child Welfare through Investing in Family Grant, locally titled The Gadugi Project. This project includes an advisory board comprised of Elders and individuals with lived experience.

FY 2026 APSR
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<ul style="list-style-type: none"> <li>Describe the arrangements, jointly developed with the state(s) in which the Tribe is located, about who is responsible for providing the child welfare services and protections identified in section 422(b)(8)) of the Act to Tribal children, whether 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 addressing this requirement, please describe whether the Tribe operates its own foster care program, whether the Tribe has its own court overseeing child welfare cases, and whether the Tribe has entered into any state-Tribe agreements relating to child welfare services and the nature of those agreements. (45 CFR 1357.40(c)(1)).</li> </ul> <p><input checked="" type="checkbox"/> Check here if the Tribe operates its own foster care program.</p> <p><input checked="" type="checkbox"/> Check here if the Tribe has its own court overseeing child welfare cases</p> <p><input type="checkbox"/> Check here if the Tribe has entered into any state-Tribe agreement relating to child welfare services and describe below.</p>
2025-2029 CFSP
<p><b>ICWA:</b> Family Safety offers support in training DHHS and county DSS offices and the courts on ICWA and notice requirements associated with ICWA. Family Safety completed a presentation for the NC guardian ad litem program that was recorded and is available for training. The EBCI also works each year to offer a CLE for attorneys that provides information on ICWA. Family Safety ICWA workers also attend the NICWA conference each year to make connections with representatives from other states.</p> <p><b>Child Welfare Services/CPS:</b> The EBCI assumed jurisdiction of all services delivery related to the provision of child protective services and foster care to children residing on Tribal Trust Lands. EBCI has its own court system that handles all child welfare cases initiated by the Family Safety Program. In 2020, an updated County Administrative Letter was issued that addresses many of the jurisdictional and case transfer issues.</p>

This letter is reviewed annually by Family Safety, the five surrounding counties and NC DHHS DSS. EBCI participates in consultation calls with DHHS and county directors as needed. EBCI and DHHS have a strong working relationship and can address any issues as they arise.
FY 2026 APSR
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<ul style="list-style-type: none"> <li>Describe how the Tribe has been consulted about the programs to be carried out by the state under the Chafee Program 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 Chafee Program (Section 477(b)(3)(G) of the Act).</li> </ul>
2025-2029 CFSP
FY 2026 APSR
FY 2027 APSR
FY 2028 APSR
FY 2029 APSR
2025-2029 Final Report
<p><b>Targeted Plans required by Title IV-B, subpart 1: Foster and Adoptive Parent Diligent Recruitment Plan</b>          (Complete either subsection below as applicable OR attach a copy of the plan.)</p> <p>Section 422(b)(7) of the Act requires diligent recruitment of foster and adoptive families that reflect the ethnic and racial diversity of children in the Tribe for whom foster and adoptive homes are needed. For the CFSP for FYs 2025-2029, the Foster and Adoptive Parent Diligent Recruitment Plan should reflect the activities to be conducted over the next five years to ensure that there are foster and adoptive homes that meet the needs of the infants, children, youth, and young adults (including those over the age of 18 who are in foster care) served by the child welfare agency.</p> <p>For Tribes that operate a foster care program directly or under the supervision of the state:</p> <ul style="list-style-type: none"> <li>In the CFSP, 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</li> </ul>

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. In an APSR, provide an update.

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

- In the CFSP, describe any activities the Tribe is undertaking in coordination with the state agency to support diligent recruitment of foster and adoptive families. In an APSR, provide an update.

2025 – 2029 CFSP: Attach or provide a narrative.

The foster care recruitment occurs in several ways, 1) community outreach by attending community club and community council meetings, 2) informational meetings held after work hours and advertised weeks ahead of time to allow families time to plan to attend and ask any questions they may have about becoming a foster parent, 3) advertising by having staff produce information videos, fliers, and handouts that are distributed community-wide via social media and the Tribal television station and 4) hosting foster care licensing classes in multiple communities in the Tribe to give families more opportunities to participate. The specifics of this program are outlined in the Family Safety Manual, Section 7000.

In addition, PHHS has implemented the Kinship Navigator program that will allow for licensing kinship placements helping to 1) move children to permanency quicker and 2) create homes that, if they choose to, can become fully licensed foster homes in the future. The Family Safety Program, as part of the implementation of the Improving Child Welfare through Investing in Family Grant, is engaging in increased efforts to remove barriers for kinship caregivers to access licensing and has seen a substantial increase in interest from kinship caregivers as result of these efforts.

Families that are fully licensed as Foster Parents and Kinship Licensed are always options for adoptive homes should the need arise. PHHS also does an extensive family tree review, sends out letters to family members, and seeks out any other relatives under the definition in Cherokee Code as adoptive homes for children in custody. There are currently 45 tribally licensed foster homes. Based on curriculum changes, Kinship Licensed homes have increased accessibility to become licensed for non-kin as well. The number of homes is sufficient to meet our needs. The EBCI is seeking to recruit ten (10) new homes in FY25. The EBCI has one (1)

therapeutic licensed home and is seeking to train all currently licensed and in process of licensure homes in Together Facing the Challenge, which is the therapeutic foster care licensing curriculum.

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**Targeted Plans required by Title IV-B, subpart 1: Health Care Oversight Plan**

(Complete either subsection below as applicable OR attach a copy of the plan and note that below.)

Section 422(b)(15)(A) of the Act requires the development of a plan for the ongoing oversight and coordination of health care services for children in foster care (Health Care Oversight and Coordination Plan). Tribes are required to address how the Health Care Oversight and Coordination plan requirements are being met for Tribal children in foster care.

The Health Care Oversight and Coordination Plan must include an outline of all of the items listed below, enumerated in statute at section 422(b)(15)(A)(i)(vii) of the Act:

- 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 for children in care will be updated and appropriately shared, which may include developing and implementing 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 in determining appropriate medical treatment for the children;

- The procedures and protocols the Tribe has established to ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses; and
- Steps to ensure that the components of the transition plan development process required under section 475(5)(H) of the Act that relate to the health care needs of youth aging out of foster care, including the requirements 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 operate a foster care program must develop the Health Care Oversight and Coordination plan in coordination with the state title XIX (Medicaid) agency, and in consultation with pediatricians and other experts in health care, and experts in and recipients of child welfare services.

For the CFSP submission, Tribes must provide a Health Care Oversight and Coordination Plan. The plan should reflect lessons learned since development of the prior plan and continue to strengthen activities to improve the health care and oversight of children and youth in foster care over the next five years. In an APSR, provide an update.

For Tribes that do not directly operate their own 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.

2025 – 2029 CFSP: Attach or provide a narrative.

**Health Care Oversight and Coordination Plan:**

As a Title IV-E agency, EBCI works closely with the local health agencies to ensure that every child obtains appropriate and timely care, as well as obtaining immunizations. Each health update will be made available to the Tribal Court for each review of the child and family case plan.

The medical and health resources for children on the Boundary are very accessible and will address both physical health and well-being as well as behavioral health needs as they are identified, both within and outside of the PHHS organization.

All enrolled members have access to free health care through the Cherokee Indian Hospital Authority (CIHA). CIHA also accepts Medicaid, Medicare, and private insurance to pay for services. In addition, parents, guardians, and/or caretakers of a child in custody and any child in the custody of the EBCI receives behavioral health services through Analenisgi and the Family Safety

Program will ensure that any other costs are covered. Currently, all children 12 and over have access to the COVID-19 vaccine through PHHS and CIHA. The Family Safety Program regularly reviews the resources available and accessibility of these resources and has determined that no changes to the health care oversight and coordination plan were needed in this year to ensure that the needs of children are met.

**A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice:** Upon a child coming into custody, the Family Safety Program ensures a medical consultation takes place with a pediatrician at the Cherokee Indian Hospital. If a child must be brought into custody and there are concerns for the child's health or concerns of drug exposure, the child is immediately taken to the Cherokee Indian Hospital Emergency Department for evaluation. Once the initial visit is complete, the program obtains the schedule for any needed follow-up appointments and provides these to the placement. If the placement has any issue with ensuring a child makes it to a follow-up appointment, the Family Safety Program will transport the child to the appointment.

**How health needs are identified through screening will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home:** The Family Safety Program works as part of an integrated team with Analenisgi behavioral health. All children receive comprehensive clinical assessments upon being removed from their home. The parents, guardians, or caretakers of these children also have access to behavioral health services. The behavioral health team provides, among many services, targeted case management, individual, family, and group therapies, they also assist with obtaining substance abuse care, obtaining detox services, and obtaining rehabilitation services. Health needs identified through screening become a part of the child's record and are monitored by the integrated team through weekly staffings, are reviewed at the visits with the child and placement, the team maintains regular contact with the child's doctor, and the placement is provided a face sheet identifying the particular medical needs of the child which is updated as needed.

**How medical information for children in care will be updated and appropriately shared, which may include developing and implementing an electronic health record:** Medical information for children is stored both in the Family Safety database and the electronic health record for the hospital. Information related to health care is updated in each location as visits for the child occur and health needs change. Information related to health is reviewed and updated with the placement at each visit and on a needed basis.

**Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care:** Unless a child in custody has an established relationship with another provider in the area or does not qualify for Indian Health Services, the program establishes Cherokee Indian Hospital as the medical home for the child. If the child cannot be established at Cherokee Indian Hospital, they are established at a medical home in the county within which they reside.

**The oversight of prescription medicines, including protocol for the appropriate use and monitoring of psychotropic medications:** Prescription medications are listed on medical administration records in licensed foster homes. These are reviewed at home visits to ensure they are properly maintained. Licensed foster parents are also trained by a nurse on how to properly read medication labels, administer medication, and record the administration in the medical administration record.

**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 in determining appropriate medical treatment for the children:** The Family Safety Program has a working relationship with the Cherokee Indian Hospital and they provide consultation and support for all children served by the Family Safety Program. The program obtains visit summary forms for visits children have to physicians to ensure that information is obtained even if the program is not in attendance at the visit. The program maintains a list of medical and non-medical professionals working with the child and ensures the placement has this information as well.

**The procedures and protocols the Tribe has established to ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses:** The Family Safety Program utilizes its own integrated behavioral health team in the assessment and diagnoses of children in foster care. The behavioral health team works with placements to help address any mental illness, emotional, or behavioral health disorders that may arise in a foster family home. The behavioral health team offers training and education to foster family homes to help manage issues within the home and prevent moving the child. Children with medically fragile conditions and developmental disabilities are assisted in staying in foster family homes by obtaining in-home care services for the child and providing care training the foster family home.

**Steps to ensure that the components of the transition plan development process required under section 475(5)(H) of the Act that relates to the health care needs of youth aging out of foster care, including the requirements 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:** The Family Safety Program addresses this requirement in Family Safety Manual Section 5124: Transition Planning for Youth 15-18 Years. Specifically, 524(l)(1) provides the obligation of the program to provide information on the importance of designating another individual to make health care treatment decisions if the child can no longer make those decisions and to provide the child with the option to execute a health care power of attorney, health care proxy, or other similar document recognized under Tribal law that is as detailed as the child elects. Extended Foster Care is offered to eligible youth on a voluntary basis.

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FY 2029 APSR
2025-2029 Final Report
<p><b>Targeted Plans required by Title IV-B, subpart 1: Disaster Plan</b>                  (Complete either the subsection below OR attach a copy of the plan and note that below.)</p> <p>Section 422(b)(16) of the Act requires that Tribes have in place procedures explaining how the Tribal programs assisted under title IV-B, subparts 1 and 2, and title IV-E, would respond to a disaster, in accordance with criteria established by the Secretary. These procedures, enumerated in section 422(b)(16)(A)-(E) of the Act, should describe how the Tribe would:</p> <ul style="list-style-type: none"> <li>• Identify, locate, and continue availability of services for children under Tribal care or supervision who are displaced or adversely affected by a disaster;</li> <li>• Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those cases;</li> <li>• Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster;</li> <li>• Preserve essential program records; and</li> <li>• Coordinate services and share information with other states and/or Tribes.</li> </ul> <p>A Disaster Plan must be submitted as part of the CFSP for FYs 2025-2029. In an APSR, provide an update if the plan was needed due to a disaster.</p>
<p>2025 – 2029 CFSP: Attach or provide a narrative.                  Disaster Plan attached.</p> <p>EBCI PHHS is working on reviewing and updating, as necessary, the disaster plan. These reviews will continue through FY24 with a goal of completion for FY25.</p>
FY 2026 APSR
FY 2027 APSR

FY 2028 APSR
FY 2029 APSR
2025-2029 Final Report
<p><b>Certification of Population Count under Age 21:</b></p> <p>Title IV-B funds are allotted to Tribes based on the number of children under the age of 21 as reflected in Census Bureau data, unless a Tribe has certified an alternative number that has been approved by the CB Regional Office.</p> <p>Tribes have the opportunity to update their certification of an alternate number to reflect the revised number of children under age 21 in their population by submitting a certification reflecting the revised number of children who have not yet reached their 21<sup>st</sup> birthday and provide a justification for the revision to their Regional Office. This certification requires the signature and title of the Tribal official with authority to administer or supervise the administration of title IV-B, subparts 1 and 2 programs and, if required by the Tribe, the signature of a Tribal enrollment official and is due with the June 30<sup>th</sup> plan submittal. See Attachment G for the Certification of Population Count under Age 21 to be completed and to be submitted as a separate document in PDF format. Note below if you are submitting a certification of an alternate number.</p> <p>Annual updates are not required for this section, but any needed updates to the information in the 2025-2029 CFSP may be addressed in this section should there be relevant updates in upcoming APSR years.</p>
2025-2029 CFSP
Attached
FY 2026 APSR
FY 2027 APSR
FY 2028 APSR
FY 2029 APSR
2025-2029 Final Report
<b>CFSP Plan Availability:</b>

<p>State agencies and Tribes must exchange copies of their CFSP and their subsequent APSRs (45 CFR 1357.15(v)). Describe how the Tribe will meet this requirement for the CFSP and the plan for exchanging future APSRs.</p> <p>Annual updates are not required, but any needed updates to the information in the 2025-2029 CFSP may be addressed here.</p>
<p>2025-2029 CFSP</p> <p>The plans will be made available on the Public Health and Human Services website at <a href="http://phhs.ebci-nsn.gov/family-safety/">http://phhs.ebci-nsn.gov/family-safety/</a></p>
<p>FY 2026 APSR</p>
<p>FY 2027 APSR</p>
<p>FY 2028 APSR</p>
<p>FY 2029 APSR</p>
<p>2025-2029 Final Report</p>
<p>This section reserved for any additional information that a Tribe wishes to share.</p>
<p>This section reserved for any potential future or temporary requirements.</p>

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Note: save the file: “Tribe/Tribal Organization name FY 25 CFS-101s”, so that the name of the Tribe or Tribal organization submitting the file is clearly identified.

**Requirements for Tribes Applying for Chafee and/or ETV**

Tribes who have a Tribe-state agreement for receipt of title IV-E funding and Tribes approved to directly operate the title IV-E program are eligible to apply to receive directly a portion of the Chafee and/or ETV funds allotted to the state(s) in which the Tribe is located. Tribes receiving direct funding under Chafee and/or ETV will also be required to provide a 20 percent match.

**CHAFEE:**

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<p><b>Agency Administering Chafee (section 477(b)(2) of the Act)</b></p> <p>Identify the Tribal agency or agencies that will administer, supervise, or oversee the Chafee program. Describe how the agency that administers the program provides oversight to the programs or agencies that directly provide Chafee services and supports.</p>
<p>2025 CFSP</p> <p>The EBCI will not be requesting funding in relation to Chafee or ETV Funding at this time. At this time, the majority of children served by the program have access to funding for education via the EBCI Tribal Education Department.</p>
<p>Annual updates are not required for this section, but any needed updates to the information in the 2025-2029 CFSP may be addressed in this section should there be relevant updates in upcoming APSR years.</p>
<p><b>Description of Program Design and Delivery and Serving Youth of Various Ages and Stages of Achieving Independence</b></p> <p><b>In the CFSP:</b></p> <ul style="list-style-type: none"><li>• Describe how the Tribe designed and intends to deliver and strengthen programs to achieve the purposes of the Chafee program over the next five years (section 477(b)(2)(A) of the Act).</li><li>• Describe how the Tribe has involved youth/young adults in the development of the Chafee plan.</li><li>• Discuss how youth, caseworkers and caregivers are made aware of the program. Describe how youth of various ages and at various stages of achieving independence are to be served (section 477(b)(2)(C) of the Act.) For Tribes that extended or plan to extend title IV-E foster care assistance to youth ages 18 – 21, address how implementation of this program option has changed or will change the way in which Chafee services are targeted to support the successful transition to adulthood. For Tribes that have elected or plan to extend Chafee services to age 23, provide a description of the services offered or to be offered to youth ages 21 – 22 (up through 23<sup>rd</sup> birthday) and how the expansion of the program will be implemented, including how youth, service providers, and community partners were or will be informed of the change.</li><li>• Discuss how the Tribe involves any other state or Tribal public agencies and/or the private sector in helping youth in foster care achieve independence (section 477(b)(2)(D) of the Act).</li></ul>

In an APSR, prove an update.
2025-2029 CFSP
FY 2026 APSR
FY 2027 APSR
FY 2028 APSR
FY 2029 APSR
2025-2029 Final Report
<b>Collaboration with State Child Welfare Agency and Other Public and Private Agencies</b>
<ul style="list-style-type: none"> <li>• Describe the Tribe’s consultation process regarding the Chafee and ETV programs with each state for which a portion of the Chafee and/or ETV allotment would be redirected by ACF from the state to the Tribe. Describe the results of that consultation, particularly with respect to: <ul style="list-style-type: none"> <li>○ Determining the eligibility for benefits and services of Indian children to be served under the Chafee and/or ETV programs that the Tribe has opted to operate directly; and</li> <li>○ The process for consulting with the state in order to ensure the continuity of benefits and services for such children who will transition from receiving benefits and services under the state’s Chafee and ETV programs to receiving such benefits and services under programs carried out directly by the Tribe. (See section 477(j)(2)(B) and (C).)</li> </ul> </li> </ul>
2025-2029 CFSP
FY 2026 APSR
FY 2027 APSR
FY 2028 APSR
FY 2029 APSR
2025-2029 Final Report

**ETV:**

<p>In the CFSP:</p> <ul style="list-style-type: none"> <li>• Describe the methods the Tribe uses to operate the ETV program efficiently.</li> <li>• Describe the methods the Tribe will use to: (1) ensure that the total amount of educational assistance to a youth under this and any other federal assistance program does not exceed the total cost of attendance (as defined in section 472 of the Higher Education Act of 1965); and (2) to avoid duplication of benefits under this and any other federal or federally assisted benefit program. (See sections 477(b)(3)(J) and (i)(5) of the Act, and Attachment C of this PI.)</li> <li>• Describe how the program is coordinated with other appropriate education and training programs, such as any tuition waiver program, state or Tribal scholarship programs, or <a href="#">College Success Programs</a>” available at area colleges, universities, community colleges, or other post-secondary institutions, if applicable (section 477(i)(6) of the Act).</li> </ul>
<p>2025-2029 CFSP</p> <p>The EBCI will not be requesting funding in relation to Chafee or ETV Funding at this time. At this time, the majority of children served by the program have access to funding for education via the EBCI Tribal Education Department.</p>
FY 2026 APSR
FY 2027 APSR
FY 2028 APSR
FY 2029 APSR
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**TRIBAL DATA APPLICABLE TO BOTH Chafee and ETV:**

<b>Tribal Data on Number of Children in Foster Care</b>

In order to calculate the Tribe’s allocation under the Chafee and/or ETV programs, the Tribe must submit data on the number of children in foster care under the responsibility of the Tribe (either directly or under supervision of the state) in the most recent complete fiscal year for which information is available. This data is required for all Tribes applying or reapplying for these programs. <b>Enter the number of children for each FY in the space below.</b>
2025-2029 CFSP
EBCI currently has 86 children in foster care.
FY 2026 APSR
FY 2027 APSR
FY 2028 APSR
FY 2029 APSR
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**Submission Reminders:**

- Complete CFS-101’s on the respective lines for Chafee and for ETV
- Provide the Regional Office with the Tribal data on the number of children in foster care.
- Submit information on the number of children receiving ETV vouchers (these PI Attachment)

**Additional Requirements for Tribal Title IV-E Agencies**

**Training Plan:**

<p>Tribes that have already submitted a title IV-E plan to operate directly a foster care, adoption assistance and at the Tribe’s option guardianship assistance program pursuant to section 479B of the Act, are required to submit a title IV-E training plan with the CFSP for FYs 2025-2029 as required by 45 CFR 1356.60(b)(2).</p> <p>The training plan for Tribes with an approved title IV-E plan must include a staff development and training plan in support of the goals and objectives of the CFSP which addresses the title IV-B programs, as well as training in support of the title</p>

IV-E program. Training must be an ongoing activity and must include content from various disciplines and knowledge bases relevant to child and family services policies, programs, and practices. Training content must also support the cross-system coordination and consultation basic to the development of the CFSP.

The training plan for the CFSP must include the information below:

- A description of the initial in-service training program for new or reassigned employees that includes a description of the content and scope of the classroom and work experience components of the training, as well as the duration of the initial in-service training period and the specific supports provided during this period.
- For all types of training (e.g., training for individuals preparing for employment, initial in-service training, ongoing in-service training, foster/adoptive/guardianship provider training, and the additional categories of short-term training authorized in section 474(a)(3)(B) of the Act) include the following information in the training plan:
  - a brief, one-paragraph syllabus of the training activity;
  - indication of the specifically allowable title IV-E administrative functions the training activity addresses;
  - indication of the setting/venue for the training activity;
  - indication of the duration category of the training activity (i.e., short-term, long-term, part-time, full-time);
  - indication of the proposed provider of the training activity;
  - specification of the approximate number of days/hours of the training activity;
  - indication of the audience to receive the training (see discussion above expanding the list of eligible trainees);
  - description of estimated total cost; and
  - cost allocation methodology.

A Tribe may use its own format or the optional training plan template (Attachment E). Additional details regarding training plans are in Section F of the PI.

Please indicate below for each fiscal year whether a training plan is attached.

2025-2029 CFSP

Training plan attached

FY 2026 APSR
FY 2027 APSR
FY 2028 APSR
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