

CHILDREN & FAMILY SERVICES DIVISION
ND DEPARTMENT OF HUMAN SERVICES

ND CFSR Annual Report

April 2012 – March 2013

djweber
7/18/2013

Introduction

The 2012-2013 Child & Family Service Reviews (CFSRs) were held in each of the eight regions and in Cass County from April 2012 through March 2013 using the federal CFSR Instrument (July 2008 version). The cases were drawn randomly by Decision Support Services to include both rural and urban counties. The cases reviewed comprised approximately 60% foster care cases (one DJS case per region) and approximately 40% in-home cases for a total of 71 cases. North Dakota was required to review at least 65 cases statewide with 25% being from the county with the largest metropolitan area. To satisfy this requirement, 17 case reviews were completed at Cass County on a quarterly basis over the past year.

CFS Division staff, including at least one member of the CFS Management Team, attended each regional CFSR and served as a member of the QA Team. At least one Regional Supervisor from the region participated on each QA team as well. Team reviewers were previously trained on the CFSR instrument/review process and highly experienced reviewers were designated as Team Leads.

For each case, the review teams rated all twenty-three items and all seven outcomes where applicable for the period under review (a one-year time frame). The Division directed specific attention to the ratings for items 4, 17, 18, 19, and 20. These are items addressed in the state’s Program Improvement Plan (PIP) and are being tracked by the Children’s Bureau.

The first round of reviews (April 2010-March 2011) established our baseline measurement for the PIP. In the second year of case reviews (April 2011-March 2012) we were required to show a measure of improvement, or increase in the percentage of cases rated as “Strength,” as determined by the Children’s Bureau. However, due to unprecedented environmental challenges, North Dakota was approved for a one-year PIP extension through June 30, 2013. The first round outcomes, second round outcomes, negotiated measures of improvement, and third round outcomes of CFSRs for the tracked items are as follows:

| ITEM | 2010-2011 OUTCOMES | 2011-2012 OUTCOMES | IMPROVEMENT GOAL | 2012-2013 OUTCOMES |
|---|--------------------|--------------------|------------------|--------------------|
| Item 4 <i>Risk assessment and safety management</i> | 94% | 80.2% | 95.9% | 88.7% |
| Item 17 <i>Needs and services of child, parents, and foster parents</i> | 68.6% | 47.9% | 72.3% | 62.0% |
| Item 18 <i>Child and family involvement in case planning</i> | 76.1% | 57.7% | 79.4% | 69.0% |
| Item 19 <i>Caseworker visits with the child</i> | 82.1% | 70.4% | 85.1% | 78.9% |
| Item 20 <i>Caseworker visits with parents</i> | 58.7% | 45.7% | 64.2% | 59.5% |

The 2012-2013 outcomes did not meet the measures of improvement set by the Children’s Bureau. If North Dakota does not meet the measures of improvement by September, 2014 the state will likely receive fiscal sanctions negatively impacting the federal monies received for family preservation services, family support services, time limited family reunification services, and adoption promotion and support services. This will mean a decrease in funding for programs such as Parent Aide, Wraparound/in-home case management, parent resource

centers, Safety/Permanency funds, intensive in-home family therapy, Family Group Decision Making, pre- and post-adoption services.

The 2012-2013 case reviews were held in accordance with the following schedule:

| QUARTER | REGION | DATE | REVIEW TYPE | NUMBER OF CASES |
|--------------------------------------|--------------------|-----------------|-------------|-----------------|
| QUARTER 9 April-June, 2012 | West Central – VII | May 22-24, 2012 | Full Review | 6 |
| | Lake Region – III | Jun 26-28, 2012 | Full Review | 6 |
| | Cass County | Varied | Case Review | 4 |
| QUARTER 10 July-Sept, 2012 | Northeast – IV | Aug 7-9, 2012 | Case Review | 8 |
| | Southeast – V | Sep 18-20, 2012 | Case Review | 8 |
| | Cass County | Varied | Case Review | 4 |
| QUARTER 11 Oct-Dec, 2012 | Badlands – VIII | Oct 16-18, 2012 | Case Review | 8 |
| | Northwest – I | Nov 13-15, 2012 | Case Review | 6 |
| | Cass County | Varied | Case Review | 4 |
| QUARTER 12 Jan-Mar, 2013 | North Central – II | Jan 15-19, 2013 | Case Review | 8 |
| | South Central – VI | Feb 19-21, 2013 | Case Review | 6 |
| | Cass County | Varied | Case Review | 3 |
| TOTAL | | | | 71 |

A “case review” means:

- 1) the complete case was reviewed for the time frame designated as the period under review; and
- 2) the case manager of each case was interviewed by the assigned review team.

A “full review” means:

- 1) the complete case was reviewed for the time frame designated as the period under review;
- 2) the case manager, children, family members, and service providers of each case were interviewed by the assigned review team; and
- 3) eight Stakeholder meetings were facilitated by CFS Division staff (refer to the summary of Stakeholder comments by region included in this report).

As with previous years, a summary report of each region’s CFSR results was written following every review. Cass County also received summary reports of the CFSR findings following their quarterly reviews. Agencies that received ratings of Areas Needing Improvement in their cases were asked to develop a County Practice Improvement Plan (C-PIP), or in the case of DJS a DJS-PIP, to address planned improvements for those specific items. They were asked to include the role of the supervisor in building these plans and develop a plan to assess progress in case practice. Progress Reports outlining the agency’s progress toward meeting their C-PIP goals were to be submitted at six months and again at twelve months from the date of the report dissemination. The Regional Supervisor and CFSR Manager from the Division are responsible for assisting the agencies in the development of their plans and for monitoring progress.

What follows is a summary of the statewide CFSRs. Please refer to the Case Rating Summary attached to this report for an overview of the findings on the 71 cases reviewed. Reference to the Case Rating Summary will be made throughout this report. The 2010-2011 and 2011-2012 Case Rating Summaries are also included for comparison purposes.

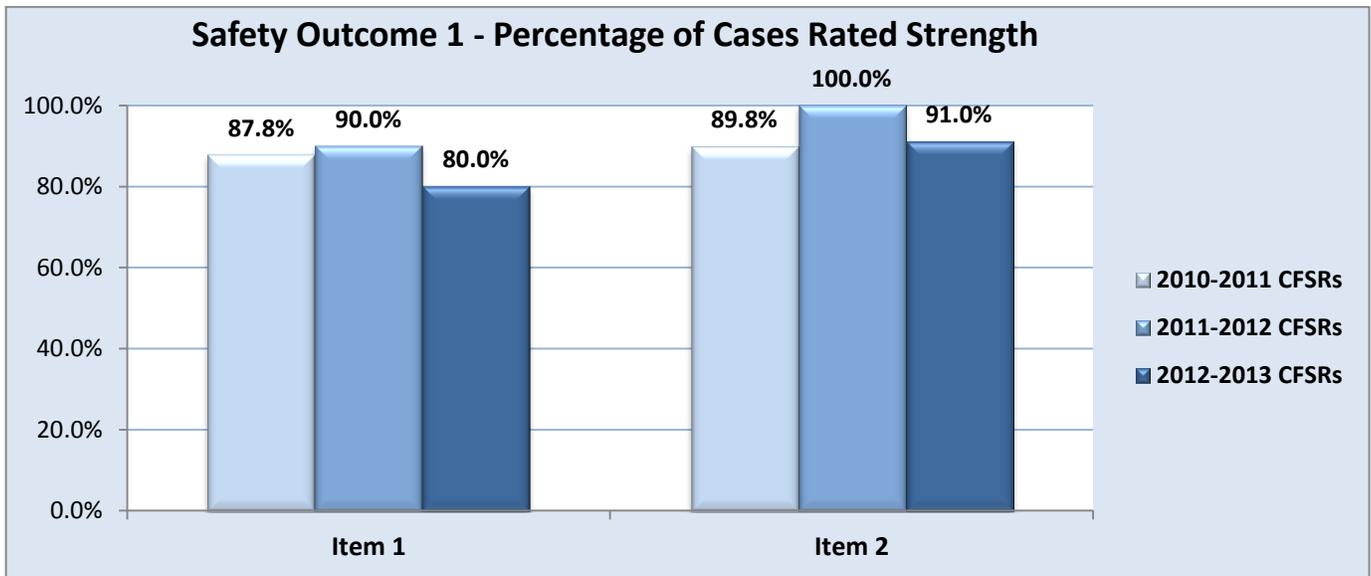
**Safety Outcome 1
Items 1-2**

Safety Outcome 1: “Children are, first and foremost, protected from abuse and neglect” was applicable in 40 cases. It was rated Substantially Achieved in 31 cases, Partially Achieved in 6 cases and Not Achieved in 3 cases.

Item 1, “Timeliness of initiating investigations of reports of child maltreatment,” determines whether responses to all accepted child maltreatment reports received during the period under review are initiated, and face-to-face contact with the child made, within the time frames established in policy. Item 1 was applicable in 40 cases. It was rated as a Strength in 32 cases and as an Area Needing Improvement (ANI) in 8 cases. The cases were rated ANI because face-to-face contact with the children did not occur according to the state’s time frames and requirements for a report of that priority. Please note that in the great majority of cases reviewed, state policy time frames were followed and the work was well-documented.

Item 2, “Repeat maltreatment,” determines if any child in the family experiences repeat maltreatment within a six-month period. Item 2 was applicable in 22 cases and was rated as a Strength in 20 cases and as ANI in 2 cases (i.e. the children experienced repeat maltreatment within a six-month period). Please note that in the great majority of cases reviewed, children did not experience repeat maltreatment during the period under review.

Below is a three-year comparison of CFSR ratings for Safety Outcome 1.



**Safety Outcome 2
Items 3-4**

Safety Outcome 2: “Children are safely maintained in their homes whenever possible and appropriate” was rated Substantially Achieved in 61 cases, Partially Achieved in 8 cases and Not Achieved in 2 cases.

Item 3, “Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care,” determines whether, during the period under review, the agency made

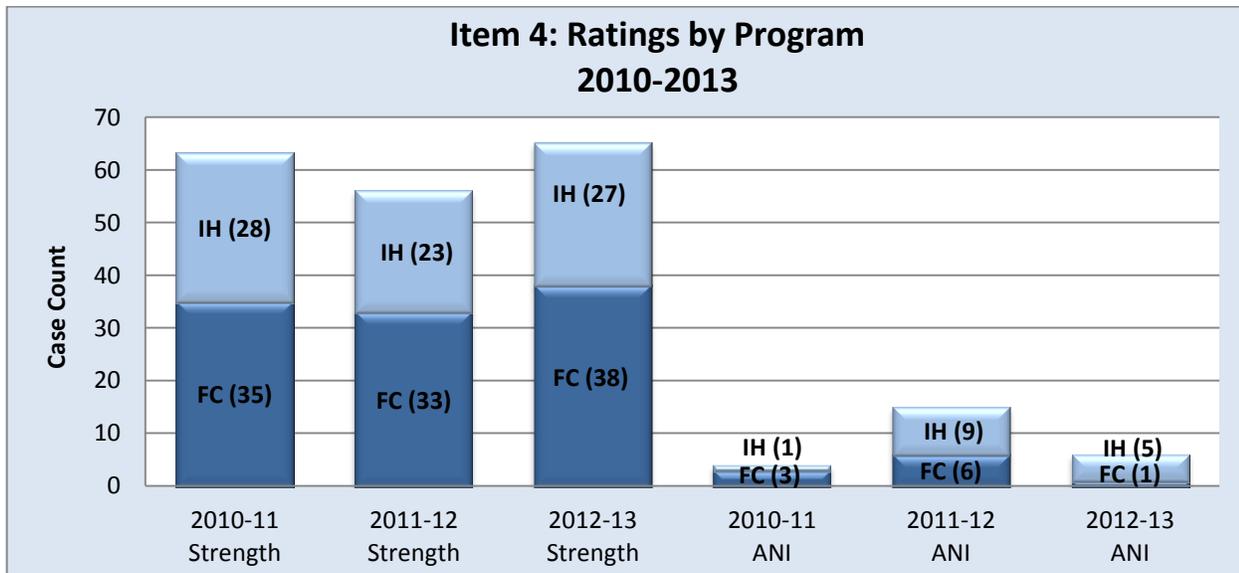
concerted efforts to provide services to the family to prevent children’s entry into foster care or re-entry after reunification. Item 3 was applicable in 50 cases. It was rated as a Strength in 47 cases and as an Area Needing Improvement (ANI) in 3 cases. Generally, the cases were rated ANI because the agencies did not make concerted and ongoing efforts to protect the children after safety issues had been identified.

Item 4, “Risk assessment and safety management,” determines whether, during the period under review, the agency made concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care.

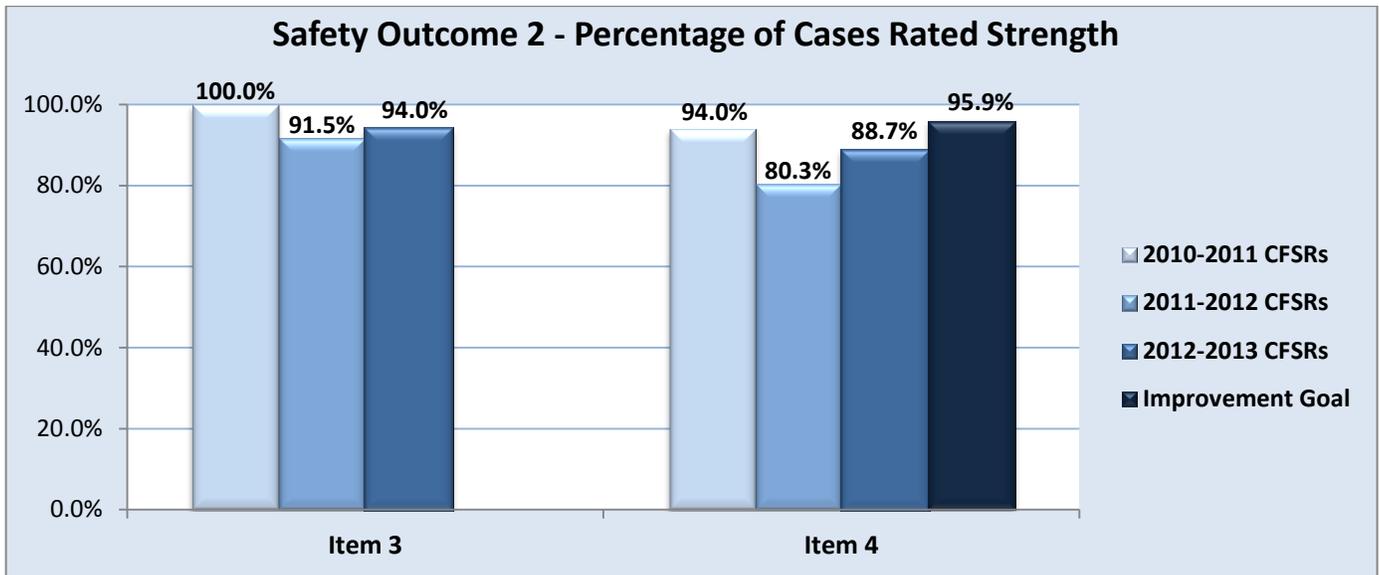
Item 4 was applicable in all cases. It was rated as a Strength in 63 cases and an ANI in 8 cases. The cases were rated ANI for the following reasons:

- No initial or ongoing assessments of safety/risk completed on the children (2 cases)
- No ongoing assessments of safety/risk completed on the children (3 cases)
- No safety plan developed even though there were safety issues identified (1 case)
- Identified safety concerns not addressed prior to case closure (1 case)
- Safety plan not reviewed/updated on an ongoing basis (1 case)

Item 4 is being tracked through the ND Program Improvement Plan. In the second round of CFSRs we did not meet the measure of improvement established by our federal partners. This is true of both foster care and in-home case management. Below is a graph showing the three-year trend of CFSR ratings by program for Item 4, one of the items being tracked through our PIP Extension. Foster care is abbreviated by “FC” and in-home case management is abbreviated by “IH.”



Below is a three-year comparison of CFSR ratings for Safety Outcome 2.



**Permanency Outcome 1
Items 5-10**

Permanency Outcome 1: “Children have permanency and stability in their living situations” is applicable for foster care cases only. It was rated Substantially Achieved in 36 cases and Partially Achieved in 3 cases.

Item 5, “Foster care re-entries,” assesses whether children who entered foster care during the period under review have re-entered within 12 months of a prior foster care episode. Item 5 was applicable in 19 foster care cases and all were rated as a Strength. This area of casework practice is a notable strength of the child welfare system in North Dakota.

Item 6, “Stability of foster care placement,” determines if the child in foster care is in a stable placement at the time of the onsite review and that any changes in placement occurring during the period under review are in the best interest of the child and consistent with achieving the child’s permanency goal(s). Item 6 was applicable in all 39 foster care cases. It was rated as a Strength in 37 cases and rated as an ANI in 2 cases. The cases were rated ANI because there were unplanned placement disruptions during the period under review. Overall, casework practice specific to this item was very strong.

Item 7, “Permanency goal for child,” determines whether appropriate permanency goals are established for the child in a timely manner. Item 7 was applicable in all 39 foster care cases. It was rated as a Strength in 36 cases and as an ANI in 3 cases. The cases were rated ANI because:

- Two cases – permanency goal not established in a timely manner
- One case – Termination of Parental Rights (TPR) not filed within the required time frame and no compelling reasons for not filing TPR documented in the case record

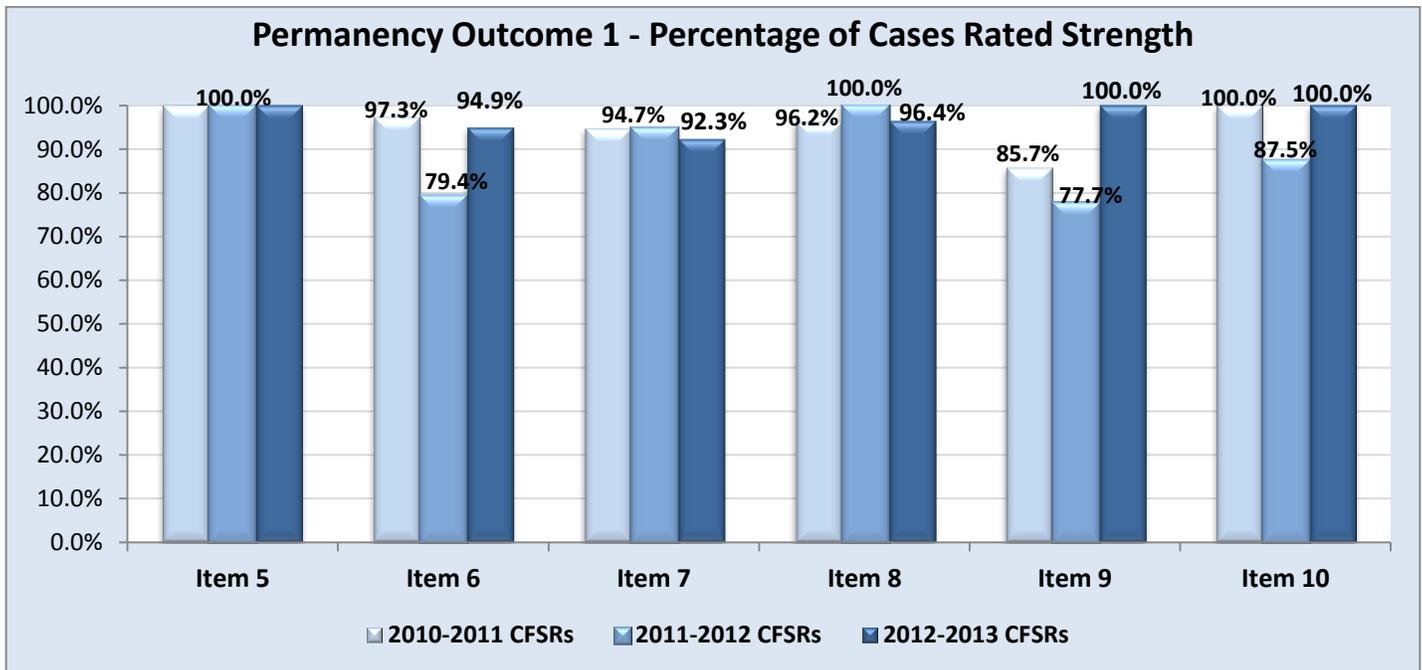
Overall, casework practice specific to this item was very strong.

Item 8, “Reunification, guardianship, or permanent placement with relatives,” determines whether concerted efforts are made during the period under review to achieve reunification, guardianship, or permanent placement with relatives in a timely manner. Item 8 was applicable in 28 foster care cases. It was rated as a Strength in 27 cases and as an ANI in 1 case. The case was rated ANI because the agency did not make concerted efforts to achieve the goal of reunification in a timely manner during the period under review. Overall, casework practice specific to this item was very strong.

Item 9, “Adoption,” determines whether, during the period under review, concerted efforts are made to achieve a finalized adoption in a timely manner. Item 9 was applicable in 5 foster care case and all were rated as a Strength. Casework practice specific to this item is strong in North Dakota.

Item 10, “Other planned permanent living arrangement,” determines whether, during the period under review, the agency makes concerted efforts to ensure the child is adequately prepared to make the transition from foster care to independent living; or that the child remaining in foster care is in a “permanent” living situation with a foster parent or relative caregiver until reaching the age of majority; or that the child is in a long-term care facility and will remain there until transition to an adult care facility. Item 10 was applicable in 12 foster care cases and all were rated as a Strength. This area of casework practice is a notable strength of the child welfare system in North Dakota.

Below is a three-year comparison of CFSR ratings for Permanency Outcome 1.



Permanency Outcome 2 Items 11-16

Permanency Outcome 2: “The continuity of family relationships and connections is preserved for children” is only applicable in foster care cases. It was rated Substantially Achieved in 29 cases and Partially Achieved in 10 cases.

Item 11, “Proximity of foster care placement,” determines whether, during the period under review, concerted efforts are made to ensure that the child’s foster care placement is close enough to the parent(s) location to facilitate face-to-face contact between the child and the parent(s). Item 11 was applicable in 36 foster care cases and all were rated as a Strength. This area of casework practice is a notable strength of the child welfare system in North Dakota.

Item 12, “Placement with siblings,” determines if, during the period under review, concerted efforts are made to ensure that siblings in foster care are placed together unless separation is necessary to meet the needs of one of the siblings. Item 12 was applicable in 12 foster care cases and all were rated as a Strength. This area of casework practice is a notable strength of the child welfare system in North Dakota.

Item 13, “Visiting with parents and siblings in foster care,” determines if, during the period under review, concerted efforts are made to ensure that visitation between a child in foster care and his or her mother, father, and siblings in foster care is of sufficient frequency and quality to promote continuity in the child’s relationship with these close family members. Item 13 was applicable in 37 foster care cases. It was rated as a Strength in 28 cases and as an ANI in 9 cases. The foster care cases were rated ANI for the following reasons:

- Four cases – no documentation of concerted efforts to arrange for visits between the target child and the child’s father
- Two cases- no documentation of concerted efforts to arrange visits between the target child and the child’s mother
- Two cases – no documentation of concerted efforts to arrange visits between the target child and the child’s parents
- One case – no documentation of concerted efforts to arrange visits between the target child and the child’s parents nor with the child’s siblings also in foster care

In the majority of foster care cases reviewed the agency made concerted efforts to support frequent quality visits between the child and family members, and ensured those efforts were documented in the case record.

Item 14, “Preserving connections,” determines whether, during the period under review, concerted efforts are made to maintain the child’s connections to his or her neighborhood, community, faith, extended family, tribe, school, and friends. Item 14 was applicable in 39 foster care cases. It was rated as a Strength in 37 cases and as an ANI in 2 cases. The cases rated ANI had no documentation concerted efforts were made to ensure important connections were maintained for the child. In the majority of foster care cases reviewed the agency did make concerted efforts to preserve the child’s connections, and ensured those efforts were documented in the case record.

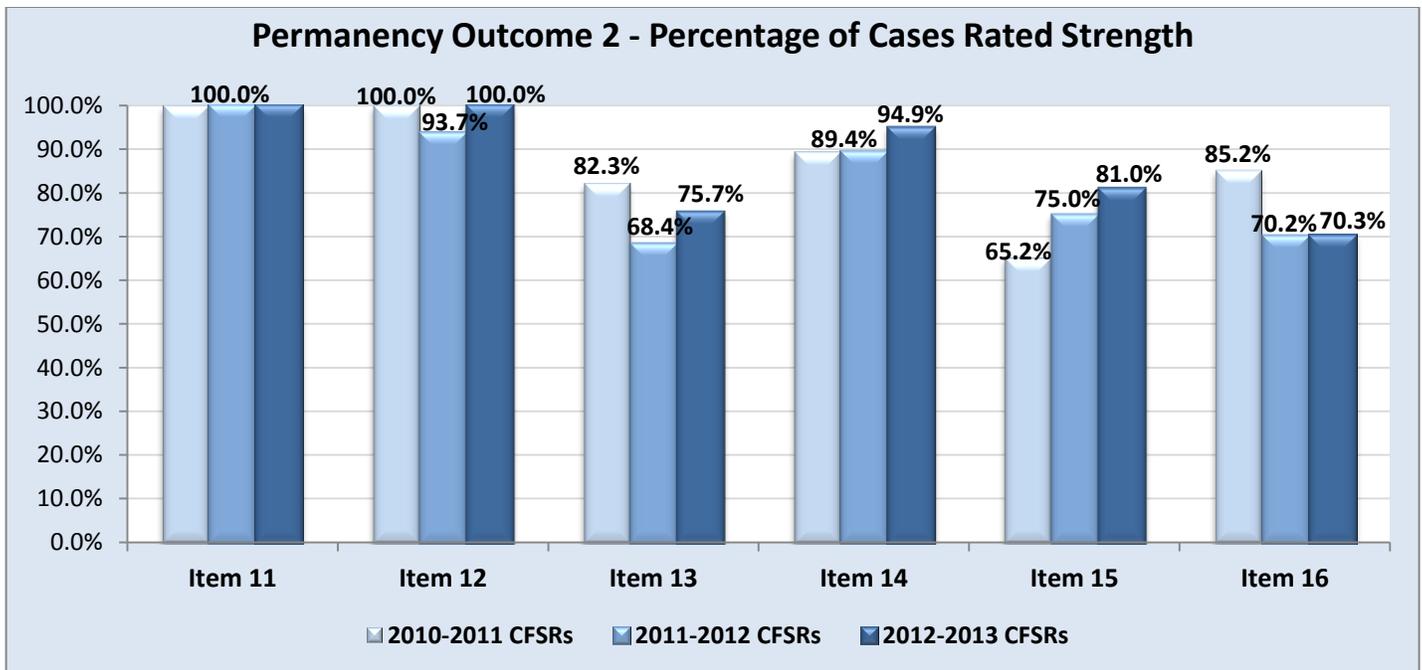
Item 15, “Relative placement,” determines whether, during the period under review, concerted efforts are made to place the child with relatives when appropriate. Item 15 was applicable in 21 foster care cases. It was rated as a Strength in 17 cases and as an ANI in 4 cases. The cases were rated ANI because there was no documentation of concerted efforts to locate or contact maternal and/or paternal relatives as possible placement options for the child.

Item 16, “Relationship of child in care with parents,” determines whether, during the period under review, concerted efforts are made to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregiver(s) from whom the child is removed through activities other than just arranging for visitation. Item 16 was applicable in 37 foster care cases. It was rated as a Strength in 26 cases and as an ANI in 11 cases. The cases were rated ANI for the following reasons:

- Five cases – no documentation of concerted efforts to promote and support the target child’s relationship with the father during the period under review.
- Four cases – no documentation of concerted efforts to promote and support the target child’s relationship with either parent during the period under review.
- Two cases – no documentation of concerted efforts to promote and support the target child’s relationship with the mother during the period under review.

In the majority of foster care cases reviewed, the agency made concerted efforts to support positive relationships between the child and his or her parents and ensured those efforts were documented in the case record.

Below is a three-year comparison of CFSR ratings for Permanency Outcome 2.



**Well-Being Outcome 1
Items 17-20**

Well-Being Outcome 1: “Families have enhanced capacity to provide for their children’s needs” was rated Substantially Achieved in 44 cases, Partially Achieved in 18 cases and Not Achieved in 9 cases.

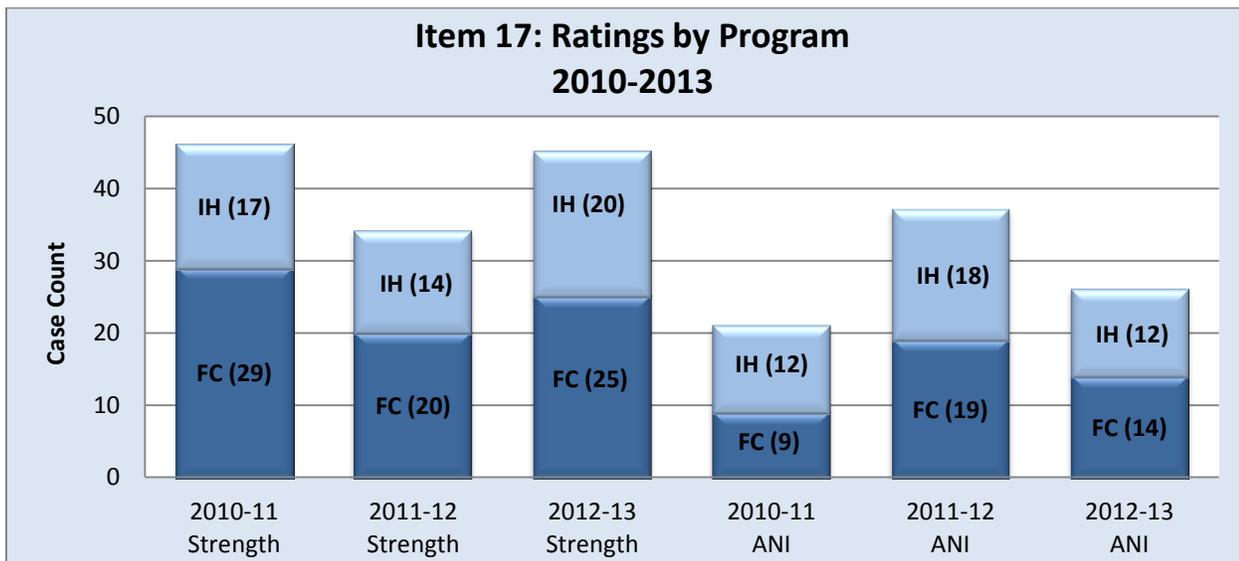
Item 17, “Needs and services of child, parents and foster parents,” determines whether, during the period under review, the agency makes concerted efforts to assess the needs of children, parents, and foster parents to identify services necessary to achieve case goals and

adequately addresses issues relevant to the agency’s involvement with the family, and provide the appropriate services.

Item 17 was applicable in all cases. It was rated as a Strength in 45 cases and as an ANI in 26 cases for the following reasons:

- Thirteen cases – no documentation of formal or informal assessment conducted of the father’s needs, and no services offered or provided to the father
- Four cases – no documentation of formal or informal assessment conducted of the mother’s needs, and no services offered or provided to the mother
- Three cases – no documentation of formal or informal assessment conducted of the stepfather’s needs, and no services offered or provided to the stepfather
- Two cases – no documentation of formal or informal assessment conducted of the parents’ needs, and no services offered or provided to the parents
- One case – no documentation of formal or informal assessment conducted of the child’s needs
- One case – no documentation of formal or informal assessment conducted of the child’s, parents’ or foster parents’ needs
- One case – no documentation of formal or informal assessment conducted of the child’s or parents’ needs
- One case – no documentation of formal or informal assessment conducted of foster parents

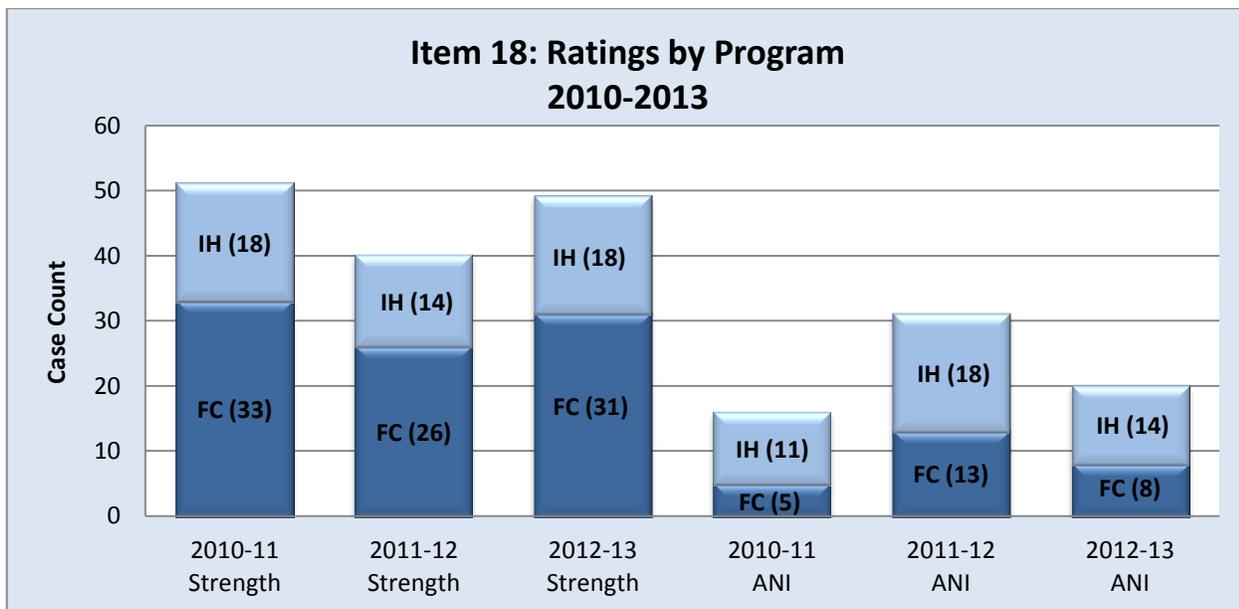
Item 17 is being tracked through the ND Program Improvement Plan. In the second round of CFSRs we did not meet the measure of improvement established by our federal partners. This is true of both foster care and in-home case management. Below is a graph showing the three-year trend of CFSR ratings by program for Item 17.



Item 18, “Child and family involvement in case planning,” determines whether, during the period under review, concerted efforts are made to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis. Item 18 was applicable in all cases. It was rated as a Strength in 49 cases and as an ANI in 22 cases. The cases were rated ANI for the following reasons:

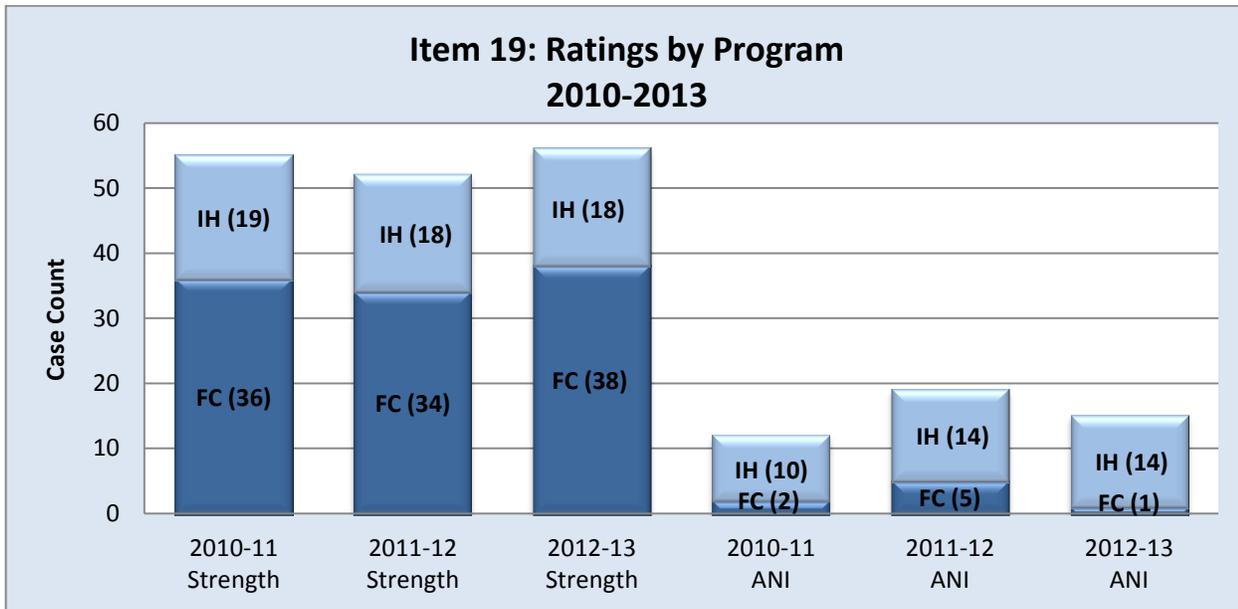
- Twelve cases - the father was not involved in case planning
- Three cases – the mother was not involved in case planning
- Two cases – neither the father nor the children were involved in case planning
- Two cases – the stepfather was not involved in case planning
- One case – the case manager did not convene a team so there was no case planning activity during the period under review
- One case – the child was not involved in case planning
- One case – the parents were not involved in case planning

Item 18 is being tracked through the ND Program Improvement Plan. In the second round of CFSRs we did not meet the measure of improvement established by our federal partners. This is true of both foster care and in-home case management. Below is a graph showing the three-year trend of CFSR ratings by program for Item 18.



Item 19, “Caseworker visits with the child,” determines whether the frequency and quality of visits between caseworkers and the child(ren) in the case are sufficient to ensure the safety, permanency, and well-being of the child and promote achievement of case goals. Item 19 was applicable in all cases. It was rated as a Strength in 56 cases and as an ANI in 15 cases. In the cases rated ANI, the case manager did not have visits with the child with sufficient frequency and quality to ensure safety, permanency, and well-being and to promote achievement of the care plan goals according to case record documentation.

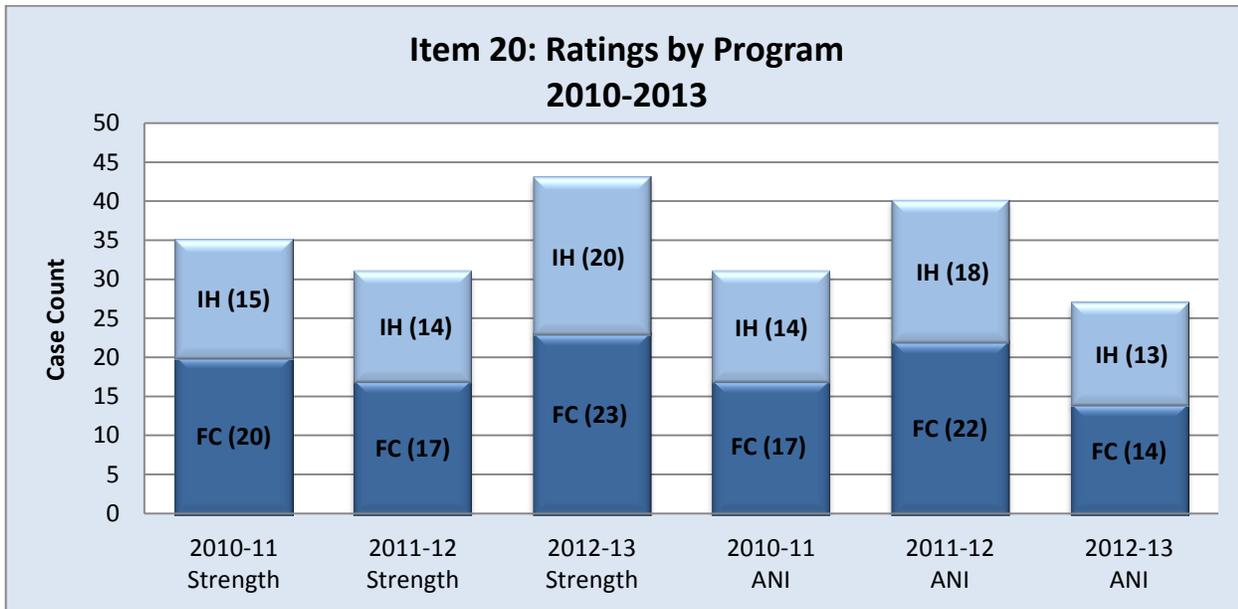
Item 19 is being tracked through the ND Program Improvement Plan. In the second round of CFSRs we did not meet the measure of improvement established by our federal partners. This is true of both foster care and in-home case management. Below is a graph showing the three-year trend of CFSR ratings by program for Item 19.



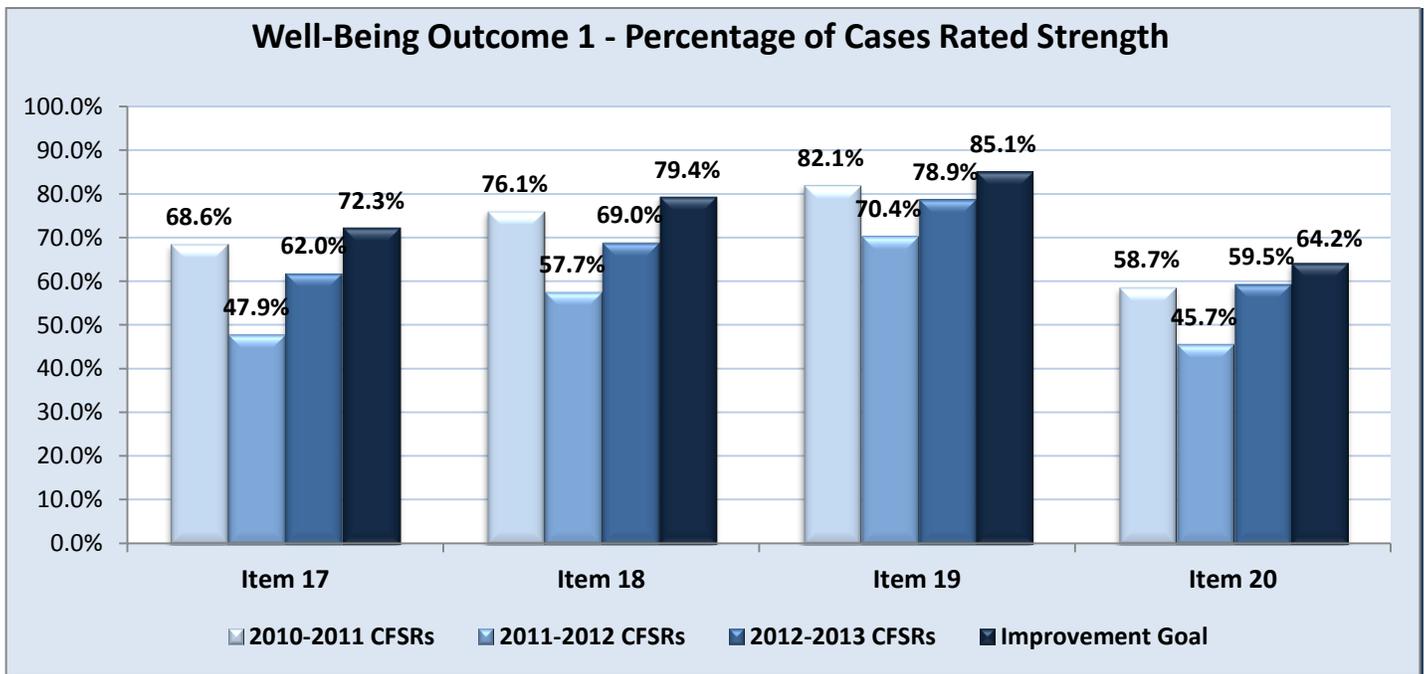
Item 20, “Caseworker visits with the parent(s),” determines whether, during the period under review, the frequency and quality of visits between caseworkers and the mothers and fathers of the children are sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals. Item 20 was applicable in 70 cases. It was rated as a Strength in 43 cases and as an ANI in 27 cases. The cases were rated ANI for the following reasons:

- Twelve cases – caseworker visits with the father were not of sufficient frequency and quality
- Six cases – caseworker visits with parents were not of sufficient frequency and quality
- Five cases – caseworker visits with the mother were not of sufficient frequency and quality
- Four cases – caseworker visits with the stepfather were not of sufficient frequency and quality

Item 20 is being tracked through the ND Program Improvement Plan. In the second round of CFSRs we did not meet the measure of improvement established by our federal partners. This is true of both foster care and in-home case management. Below is a graph showing the three-year trend of CFSR ratings by program for Item 20.



Below is a three-year comparison of CFSR ratings for Well-Being Outcome 1.



Well-Being Outcome 2

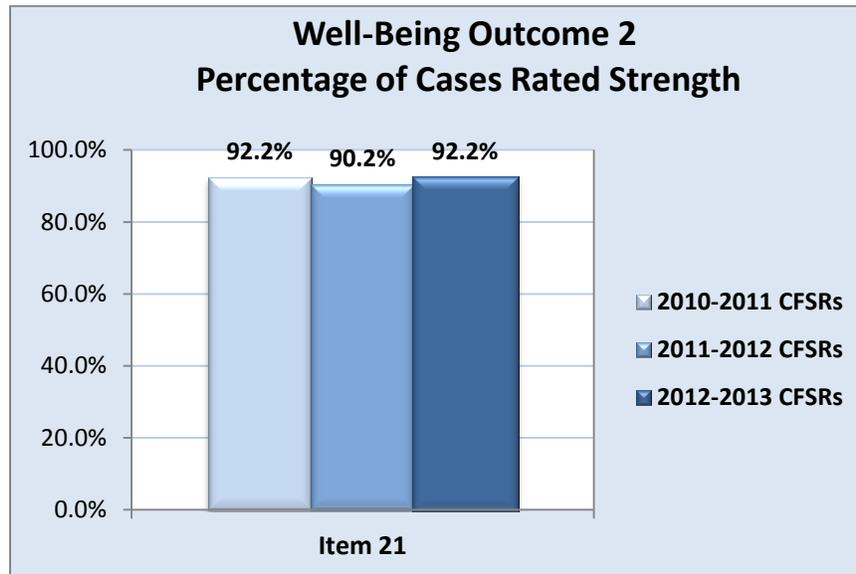
Item 21

Well-Being Outcome 2: “Children receive appropriate services to meet their educational needs” was applicable in 51 cases. It was rated Substantially Achieved in 47 cases and Not Achieved in 4 cases.

Item 21, “Educational needs of the child,” assesses whether, during the period under review, the agency makes concerted efforts to assess children’s educational needs at the initial contact with the child (if the case was opened during the period under review) or on an

ongoing basis (if the case was opened before the period under review), and whether the identified needs are appropriately addressed in case planning and case management activities. Item 21 was applicable in 51 cases. It was rated as a Strength in 47 cases and as an Area Needing Improvement in 4 cases. The cases were rated ANI because the agency did not make concerted efforts to assess and/or address the children’s educational needs initially or on an ongoing basis, according to case record documentation.

Below is a three-year comparison of CFSR ratings for Well-Being Outcome 2.



**Well-Being Outcome 3
Items 22 & 23**

Well-Being Outcome 3: “Children receive adequate services to meet their physical and mental health needs” was applicable in 62 cases. It was rated Substantially Achieved in 52 cases, Partially Achieved in 4 cases and Not Achieved in 6 cases.

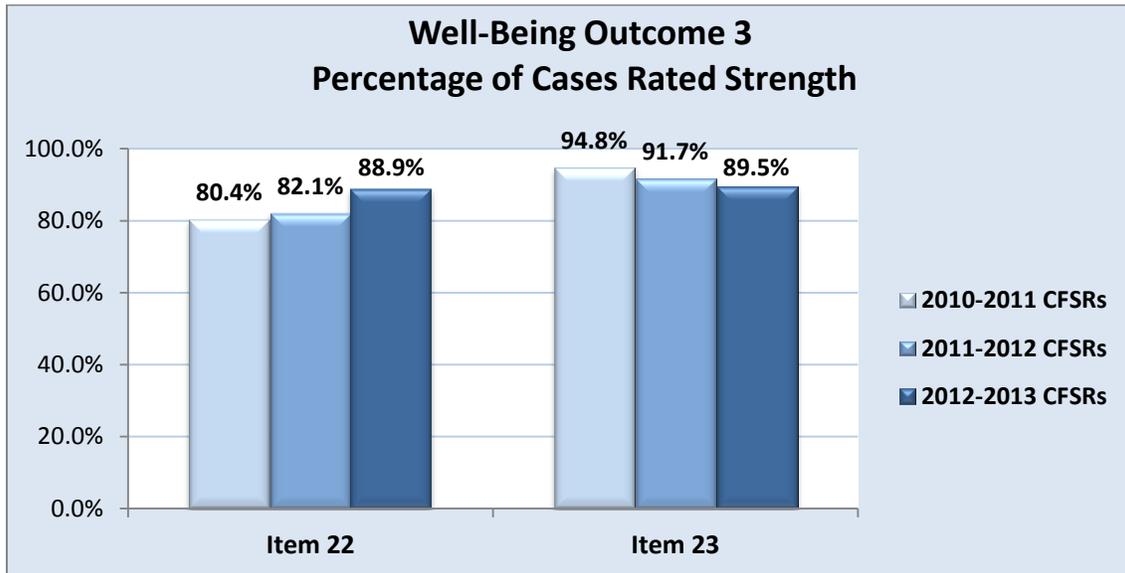
Item 22, “Physical health of the child,” determines whether, during the period under review, the agency addresses the physical health needs of the child, including the dental health needs. Item 22 was applicable in 54 cases. It was rated as a Strength in 48 cases and as an ANI in 6 cases. The cases were rated ANI for the following reasons:

- One foster care case – physical health needs not assessed during the period under review
- One foster care case – identified dental needs were not addressed through services
- One foster care case – identified physical health needs were not addressed through services
- Three in-home cases – physical health needs were not assessed, even though it would be expected given the circumstances of the case

Item 23, “Mental/behavioral health of the child,” determines whether, during the period under review, the agency addresses the mental and behavioral health needs of the children. Item 23 was applicable in 57 cases. It was rated as a Strength in 51 cases and as an ANI in 6 cases. The cases were rated ANI for the following reasons:

- Two foster care cases – mental health needs were not assessed or addressed
- One foster care case – identified mental health needs were not addressed through services
- Three in-home cases – mental health needs were not assessed or addressed, even though it would be expected given the circumstances of the case

Below is a three-year comparison of CFSR ratings for Well-Being Outcome 3.



In each Regional CFSR Summary Report, the regions were provided with information concerning regional strengths and challenges, systemic strengths and challenges, and suggested practice improvements. Following is a summary of the themes that surfaced during this round of CFSRs.

Statewide Themes – Case Practice Strengths

- Agencies made concerted efforts to provide services to prevent children’s entry into foster care (or re-entry after reunification), whenever safe and appropriate.
- In 100% of foster care cases reviewed, no children re-entered foster care within 12 months of a prior foster care episode.
- In 95% of foster care cases reviewed, children in foster care were in stable placements and the placement settings were in the best interests of the children and consistent with achieving their permanency goals.
- In 96% of foster care cases reviewed, concerted efforts were made to achieve the goal of reunification, guardianship or permanent placement with relatives in a timely manner.
- In 100% of applicable foster care cases reviewed, concerted efforts were made to achieve the goal of adoption in a timely manner.

- In 100% of applicable foster care cases reviewed, concerted efforts were made to achieve the other planned permanent living arrangement goal in a timely manner.
- In 100% of applicable foster care cases reviewed, concerted efforts were made to ensure children's foster care placements were close enough to parent(s) to facilitate face-to-face contact and efforts were well documented.
- In 100% of applicable foster care cases reviewed, siblings in foster care were placed together when possible and appropriate.
- In 95% foster care cases reviewed, agencies made concerted efforts to maintain the children's important connections (i.e. neighborhoods, communities, extended families, schools, etc.) and efforts were well documented.
- Agencies consistently assessed the children's needs and ensured services were provided to meet their needs.
- Agencies consistently assessed and addressed the needs of foster parents.
- Caseworkers and team members demonstrated creativity in addressing the needs by utilizing strengths of children and families.

Statewide Themes – Case Practice Challenges

- Generally, when cases received ANI's the reviewers could not find supporting documentation for the items being reviewed nor could the case managers interviewed provide information to demonstrate the required casework tasks aligned with these items was completed.
- In nearly 25% of the foster care cases reviewed, concerted efforts were not consistently made to ensure that visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child's relationship with these close family members.
- In nearly 25% of cases reviewed there was a lack of documented concerted efforts to assess and address the needs of non-custodial/absent parents. In 6% of the cases the needs of custodial parents were not assessed or addressed. In 4% of cases the needs of the children were not assessed or addressed. The combination of these practice challenges resulted in the improvement goal for Item 17 not being met.
- In 23% of cases reviewed there was a lack of documented concerted efforts to ensure non-custodial/absent parents involvement in case planning at whatever level was safe and appropriate. In 7% of cases there was a lack of documented concerted efforts to ensure custodial parents were involved in case planning. In 6% of cases there was a lack of documented concerted efforts to ensure children were involved in case planning. The combination of these challenges resulted in the improvement goal for Item 18 not being met.
- In 21% of cases reviewed there was a lack of documentation in the case record to ensure that the caseworker met with the child with sufficient frequency and quality to ensure

safety, permanency and well-being and to support case plan goals. This resulted in the improvement goal for Item 19 not being met.

- In 39% of cases reviewed, noncustodial/absent parents and at times custodial parents were not visited with sufficient frequency and quality to ensure safety, permanency and well-being of the children and to promote achievement of the case plan goals. This resulted in the measure of improvement for Item 20 not being met.
- In 8% of cases reviewed, documentation did not support efforts to assess or address children's educational needs.
- In 11% of cases reviewed, documentation did not support efforts to assess or address children's physical and dental health needs.
- In 11% of cases reviewed, documentation did not support efforts to assess or address children's mental health needs.

Statewide Themes – Systemic Strengths

The systemic strengths were consistent with the previous two cycles of CFSRs as follows:

- The Review Teams and QA Team noted positive working relationships and good collaboration efforts between public and private agencies throughout the state.
- Agencies continue to be innovative in accessing and using the services available in their respective regions.
- Across the state, county agencies utilized Family Preservation Services effectively to support families and prevent entry or re-entry into foster care.
- The regional Human Service Centers provided needed services to children and families in a timely manner. Most regions reported there were short or no waiting lists for children and families when accessing these services.

Statewide Themes – Systemic Challenges

- Housing shortages, high rental costs, and homelessness in the energy impact regions of the state.
- The impacts of statewide flooding in 2010-2011 continued to affect housing shortages and caused either temporary or permanent homelessness for many North Dakota families.
- An ongoing shortage of child care providers throughout the state.
- An ongoing shortage of mental health services – psychiatry, inpatient care and shelter beds were specifically noted in all regions. This included outreach services to rural communities such as adult and adolescent chemical dependency treatment and counseling.

- Lack of transportation and limited access to services in rural communities.

Statewide – Recommended Practice Improvements

- Support and training to supervisors regarding best practice and current policy for caseworker visits (quantity and quality).
 - Casework practice and documentation specific to family engagement:
 - Ongoing efforts to engage non-custodial parents and children in the case planning process
 - Casework practice and documentation specific to in-home cases:
 - Case manager visits (quantity and quality) with custodial and non-custodial parents and the children
 - A clearly identified Supervisor for each caseworker with supervision occurring on a regular basis to support individualized case planning and provides continuity when staff changes occur.
-

2012-2013 STATEWIDE CASE RATING SUMMARY (T = 71 CASES)

Case Rating Summary

Reviewers should check the nonshaded box for each performance item and outcome that corresponds to the rating assigned.

| Performance Item or Outcome | Item Ratings | | | Outcome Ratings | | | |
|---|--------------|--------------------------|-----|------------------------|--------------------|--------------|-----|
| | Strength | Area Needing Improvement | N/A | Substantially Achieved | Partially Achieved | Not Achieved | N/A |
| Item 1: Timeliness of initiating investigations of reports of child maltreatment | 32 | 8 | 31 | | | | |
| Item 2: Repeat maltreatment | 20 | 2 | 49 | | | | |
| Outcome S1: Children are, first and foremost, protected from abuse and neglect | | | | 31 | 6 | 3 | 31 |
| Item 3: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care | 47 | 3 | 21 | | | | |
| Item 4: Risk assessment and safety management | 63 | 8 | 0 | | | | |
| Outcome S2: Children are safely maintained in their homes whenever possible and appropriate | | | | 61 | 8 | 2 | 0 |
| Item 5: Foster care re-entries | 19 | 0 | 52 | | | | |
| Item 6: Stability of foster care placement | 37 | 2 | 32 | | | | |
| Item 7: Permanency goal for child | 36 | 3 | 32 | | | | |
| Item 8: Reunification, guardianship, or permanent placement with relatives | 27 | 1 | 43 | | | | |
| Item 9: Adoption | 5 | 0 | 66 | | | | |
| Item 10: Other planned permanent living arrangement | 12 | 0 | 59 | | | | |
| Outcome P1: Children have permanency and stability in their living situations. | | | | 36 | 3 | 0 | 32 |
| Item 11: Proximity of foster care placement | 36 | 0 | 35 | | | | |
| Item 12: Placement with siblings | 12 | 0 | 59 | | | | |
| Item 13: Visiting with parents and siblings in foster care | 28 | 9 | 34 | | | | |
| Item 14: Preserving connections | 37 | 2 | 32 | | | | |
| Item 15: Relative placement | 17 | 4 | 50 | | | | |
| Item 16: Relationship of child in care with parents | 26 | 11 | 34 | | | | |
| Outcome P2: The continuity of family relationships and connections is preserved for children. | | | | 29 | 10 | 0 | 32 |
| Item 17: Needs and services of child, parents, and foster parents | 44 | 27 | 0 | | | | |
| Item 18: Child and family involvement in case planning | 49 | 22 | 0 | | | | |
| Item 19: Caseworker visits with child | 56 | 15 | 0 | | | | |
| Item 20: Caseworker visits with parent(s) | 43 | 27 | 1 | | | | |
| Outcome WB1: Families have enhanced capacity to provide for their children's needs | | | | 44 | 18 | 9 | 0 |
| Item 21: Educational needs of the child | 47 | 4 | 20 | | | | |
| Outcome WB2: Children receive appropriate services to meet their educational needs | | | | 47 | 0 | 4 | 20 |
| Item 22: Physical health of the child | 48 | 6 | 17 | | | | |
| Item 23: Mental/behavioral health of the child | 51 | 6 | 14 | | | | |
| Outcome WB3: Children receive adequate services to meet their physical and mental health needs | | | | 52 | 4 | 6 | 9 |

2011-2012 STATEWIDE CASE RATING SUMMARY (T = 71 CASES)

Case Rating Summary

Reviewers should check the nonshaded box for each performance item and outcome that corresponds to the rating assigned.

| Performance Item or Outcome | Item Ratings | | | Outcome Ratings | | | |
|---|--------------|--------------------------|------|------------------------|--------------------|--------------|------|
| | Strength | Area Needing Improvement | N/A* | Substantially Achieved | Partially Achieved | Not Achieved | N/A* |
| Item 1: Timeliness of initiating investigations of reports of child maltreatment | 36 | 4 | 31 | | | | |
| Item 2: Repeat maltreatment | 22 | 0 | 49 | | | | |
| Outcome S1: Children are, first and foremost, protected from abuse and neglect | | | | 36 | 3 | 2 | 30 |
| Item 3: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care | 43 | 4 | 24 | | | | |
| Item 4: Risk assessment and safety management | 57 | 14 | 0 | | | | |
| Outcome S2: Children are safely maintained in their homes whenever possible and appropriate | | | | 56 | 8 | 7 | 0 |
| Item 5: Foster care re-entries | 18 | 0 | 53 | | | | |
| Item 6: Stability of foster care placement | 31 | 8 | 32 | | | | |
| Item 7: Permanency goal for child | 37 | 2 | 32 | | | | |
| Item 8: Reunification, guardianship, or permanent placement with relatives | 23 | 0 | 48 | | | | |
| Item 9: Adoption | 7 | 2 | 62 | | | | |
| Item 10: Other planned permanent living arrangement | 14 | 2 | 55 | | | | |
| Outcome P1: Children have permanency and stability in their living situations. | | | | 32 | 7 | 0 | 32 |
| Item 11: Proximity of foster care placement | 36 | 0 | 35 | | | | |
| Item 12: Placement with siblings | 15 | 1 | 55 | | | | |
| Item 13: Visiting with parents and siblings in foster care | 26 | 12 | 33 | | | | |
| Item 14: Preserving connections | 34 | 4 | 33 | | | | |
| Item 15: Relative placement | 18 | 6 | 47 | | | | |
| Item 16: Relationship of child in care with parents | 26 | 11 | 34 | | | | |
| Outcome P2: The continuity of family relationships and connections is preserved for children. | | | | 27 | 12 | 0 | 32 |
| Item 17: Needs and services of child, parents, and foster parents | 34 | 37 | 0 | | | | |
| Item 18: Child and family involvement in case planning | 41 | 30 | 0 | | | | |
| Item 19: Caseworker visits with child | 50 | 21 | 0 | | | | |
| Item 20: Caseworker visits with parent(s) | 32 | 38 | 1 | | | | |
| Outcome WB1: Families have enhanced capacity to provide for their children's needs | | | | 33 | 25 | 13 | 0 |
| Item 21: Educational needs of the child | 46 | 5 | 20 | | | | |
| Outcome WB2: Children receive appropriate services to meet their educational needs | | | | 46 | 0 | 5 | 20 |
| Item 22: Physical health of the child | 46 | 10 | 15 | | | | |
| Item 23: Mental/behavioral health of the child | 55 | 5 | 11 | | | | |
| Outcome WB3: Children receive adequate services to meet their physical and mental health needs | | | | 54 | 9 | 3 | 5 |

2010-2011 STATEWIDE CASE RATING SUMMARY (T = 67 CASES)

Case Rating Summary

Reviewers should check the nonshaded box for each performance item and outcome that corresponds to the rating assigned.

| Performance Item or Outcome | Item Ratings | | | Outcome Ratings | | | |
|---|--------------|--------------------------|------|------------------------|--------------------|--------------|------|
| | Strength | Area Needing Improvement | N/A* | Substantially Achieved | Partially Achieved | Not Achieved | N/A* |
| Item 1: Timeliness of initiating investigations of reports of child maltreatment | 29 | 4 | 34 | | | | |
| Item 2: Repeat maltreatment | 16 | 2 | 49 | | | | |
| Outcome S1: Children are, first and foremost, protected from abuse and neglect | | | | 28 | 5 | 1 | 33 |
| Item 3: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care | 42 | 0 | 25 | | | | |
| Item 4: Risk assessment and safety management | 63 | 4 | 0 | | | | |
| Outcome S2: Children are safely maintained in their homes whenever possible and appropriate | | | | 63 | 3 | 1 | 0 |
| Item 5: Foster care re-entries | 20 | 0 | 47 | | | | |
| Item 6: Stability of foster care placement | 37 | 1 | 29 | | | | |
| Item 7: Permanency goal for child | 36 | 2 | 29 | | | | |
| Item 8: Reunification, guardianship, or permanent placement with relatives | 26 | 1 | 40 | | | | |
| Item 9: Adoption | 6 | 1 | 60 | | | | |
| Item 10: Other planned permanent living arrangement | 14 | 0 | 53 | | | | |
| Outcome P1: Children have permanency and stability in their living situations. | | | | 35 | 3 | 0 | 29 |
| Item 11: Proximity of foster care placement | 32 | 0 | 35 | | | | |
| Item 12: Placement with siblings | 8 | 0 | 59 | | | | |
| Item 13: Visiting with parents and siblings in foster care | 28 | 6 | 33 | | | | |
| Item 14: Preserving connections | 34 | 4 | 29 | | | | |
| Item 15: Relative placement | 15 | 8 | 44 | | | | |
| Item 16: Relationship of child in care with parents | 29 | 5 | 33 | | | | |
| Outcome P2: The continuity of family relationships and connections is preserved for children. | | | | 33 | 5 | 0 | 29 |
| Item 17: Needs and services of child, parents, and foster parents | 46 | 21 | 0 | | | | |
| Item 18: Child and family involvement in case planning | 51 | 16 | 0 | | | | |
| Item 19: Caseworker visits with child | 55 | 12 | 0 | | | | |
| Item 20: Caseworker visits with parent(s) | 37 | 26 | 4 | | | | |
| Outcome WB1: Families have enhanced capacity to provide for their children's needs | | | | 41 | 22 | 4 | 0 |
| Item 21: Educational needs of the child | 47 | 4 | 16 | | | | |
| Outcome WB2: Children receive appropriate services to meet their educational needs | | | | 47 | 0 | 4 | 16 |
| Item 22: Physical health of the child | 41 | 10 | 16 | | | | |
| Item 23: Mental/behavioral health of the child | 55 | 3 | 9 | | | | |
| Outcome WB3: Children receive adequate services to meet their physical and mental health needs | | | | 51 | 8 | 3 | 5 |

STAKEHOLDER COMMENTS – REGION VII (WEST CENTRAL) CFSR

Stakeholder Comments

CASE MANAGERS

May 22, 2012

Strengths:

- I'm still showing up in the morning for work!
- I continue to work here because of my coworkers.
- Caseworker visit percentages are increasing and it's helpful to see the reports on FRAME.
- FTDM is a strength for the region. Very family friendly, brings it all together, all who need to be at the table are there, it's one discussion, everybody has the same information, and the family is part of the discussion. We are not placing as many kids in care as a result of this service.
- Good supports in the community.
- Youthworks staff are pretty awesome to work with.
- The West Central Human Service Center Safe Bed has been a helpful resource.
- In the last 1½ year, we have had a staff person (Deanna) assist with supervised visitation. It's been very helpful. She also has helped with foster parent recruitment and all PRIDE classes have been full, even a waiting list.
- Have added some positions which has helped.
- Deb Petry has been really good to work with – she's a good resource for placement options.
- Karin Stave is really helpful – all the regional supervisors in this region are a good resource to us.
- Guardians ad litem attend FTDM and FGDM meetings which is helpful.
- PATH has childcare resources for children placed in PATH foster care homes.
- Intensive In-Home resources through the Human Service Center and private providers are great. There is more availability now so we are able to get the families in to services more quickly. The private providers (Charlie Joyce and Steve Huebschwerlen) are willing to start services prior to the child returning home and meet with the families during those home visits.
- Now have 3 full time parent aides and they are very helpful.
- I feel our supervisors (Burleigh County) are really supportive and willing to help us out in any way they can. They are open to new ideas and are willing to try new or different ways to do things. Two workers took on supervision duties and their case loads are lower since they provide direct supervision to workers. We just started this so we will have to see how it goes.
- The Three Affiliated Tribes ICWA worker (Kathy Felix) is good to work with.
- This past year we have had much better representation from the States Attorney's office. We have a couple of new assistants working our cases and they do a nice job and are prepared.
- Morton County State's Attorneys have done a nice job on our cases.
- Our relationship with Juvenile Court will hopefully continue to get better. The individual workers are good to work with, but it just seems to be a process problem.
- Mixed reviews on Independent Living (IL) services in the region. On the positive side, the IL program is introduced through the CFTMs. It seems like IL works best with the

Priority 1 kids. If Priority 2, we use Youthworks or the school to get the kids independent living skill building and they do a nice job.

Challenges:

- Would like data on FTDM now that we've been doing it a year.
- Sometimes Guardians Ad Litem (GALs) don't show up for CFTMs. We need more GALs. Some are more vocal in team meetings and in court, others don't say anything. If the child comes to the county as unruly and delinquent they are never appointed a GAL – only in the deprivation cases.
- Lack of placement resources for children with complex needs (serious mental health, aggression, addiction, older youth or under 12, DD teenagers) and the amount of time a worker spends doing referrals and trying to find resources. I feel bad because I can't find the best place for that child. In one case I referred to over 20 places and could find nothing.
- The closing the adolescent unit at NDSH was difficult for us because it's one less place to keep kids safe until placements become available.
- Feel our kids would have better outcomes if we could get them a better assessment up front.
- It would be nice to have a 30-60 day mental health assessment bed for those kids coming to county social services from juvenile court. I think it would reduce the number of moves because they would be in the most appropriate placement from the beginning.
- Availability of Psychiatric Residential Treatment Facilities (PRTF), Residential Child Care Facilities (RCCF), and Foster Homes are slim in the state.
- PRTFs need to step up and treat kids with aggression.
- The school districts have held up facility placement plans because the school refuses to pay tuition. In one case we had to take custody of the child in order for the school to agree to pay for the tuition at the facility. The school district often will not agree to day programs at Manchester or Western Plains and then in some cases the kids end up going into more restrictive care.
- Caseloads – families and kids have become more intense and complex and caseloads are higher. It affects the quality of work I want to do, particularly in respect to maintaining contact and caseworker visits. Seems like all we do is put out fires. FC/IH 12-15 families. Trying to meet the policy requirements with large sibling groups is impossible.
- Families coming to our community from out of area so they have no family support or resources.
- Housing challenges for families moving here from elsewhere. A couple families are moving away because they can't find a place to live. Oil impact is felt in this region in terms of the housing issues. Some families live here and drive to the oil field for work.
- Child Protection Services – short staffed and huge caseloads (over 30 per worker). Cases staying open longer because the families are very complex and new reports come in during the assessment period, which extends the work. On top of this new cases continue to come in. I don't think we should compare our current data to the past because things have changed so much. We don't feel good about what we do anymore. We're just barely treading water.
- Because CPS keeps the cases for a longer period of time, the In-Home case managers lose the opportunity to engage the families early.

- Juvenile court gives us a lot of referrals. It has decreased slightly but we still receive a significant amount. A lot of unruly kids, with 14-16 years of age being the most prevalent. Typically come through shelter beds at Youthworks, then custody given to the county.
- Barriers to get transports for kids on the run (from juvenile court). The kids we request transports for are significantly at risk and we don't feel safe transporting them, but at times have had to do it anyway because juvenile court refuses to transport.
- Division of Juvenile Services (DJS) has had some difficulty with placement options, particularly girls. We also see increase in the level of needs and intensity/complexity of cases.
- I don't feel safe as a worker when I go to family homes or to certain neighborhoods. I got my concealed weapons permit a couple months ago. The cops have told us we're crazy to go into these homes because cops have died in these areas. CPS workers aren't given agency cell phones. Carrying pepper spray is not seen as acceptable. In CPS, if we request another worker to accompany us to a home visit we're kind of put down because we are taking someone out of the office with us. Law enforcement will not accompany at times, telling us "that's a social services problem." But we realize they're stretched too. There's pressure to get the monthly visits done regardless of the risk we're in. We feel like somebody has to get seriously hurt before someone above us will pay attention.
- While it's great to have more foster parents being recruited it's really been tough for the licenser – she has to work nights and weekends.
- Paperwork gets done on nights and weekends. Dictation was very helpful on the foster care side to keep up caught up (wasn't available to CPS) but they took it away after 6 months. This is the one thing that has worked and we'd like to have it back. We are told to set aside paperwork day but then something blows up and you can't get to it. Paperwork demands have increased.
- FRAME has slowed us down. It's complicated and there are too many steps to get things entered.
- Why are there such differences from one Human Service Center to another in gatekeeping state hospital admissions?
- We don't have a psychiatric assessment resource in the region.
- As the custodian we feel like we always get stuck in the middle. Like we're supposed to have all this power but in reality we have none.
- Termination of Parental Rights (TPR) process – the families seem to get a lot of chances from the judicial referee even when it's very clear a TPR is needed. It has taken a year to get a TPR (lots of continuances) and meanwhile the children are waiting for permanency.
- It would be nice if our state's attorney would follow ASFA. The state's attorney won't go forward if looks like they won't win.
- Child care needs. Foster parents in both urban and rural settings need more access to child care.
- Initial referral packet for adoption process (AASK) is huge and the process is long. They need more workers, too. The AASK workers need to take charge of making sure the paperwork is getting done.
- Independent Living (IL) is not engaging the youth in services. We need them to do more hands on work with the kids. I almost wish it was mandatory that the kids participate in IL services.

- We need more Qualified Expert Witnesses for our ICWA cases.
- The waiting list for evaluations, therapy, or parental capacity evaluations at West Central Human Service Center is “hit or miss.”
- When a child goes into foster care the family loses services and Medicaid coverage.

Stakeholder Comments

LEGAL/COURT

May 22, 2012

Strengths:

- We like Family Team Decision Making (FTDM) through The Village. It can be frustrating for the court officers at times but overall a very good pilot. Has been helpful with the Native American population, too.
- Foster care workers are very busy. Affidavits are fairly timely, no problems with the staff attending court.
- No court scheduling issues in the region.
- Indigent defense counsel and guardian ad litem program is going well.
- Youth cultural awareness program is available and good prevention work.
- Intensive in-home therapy is a significant resource for this region.
- The issue regarding transport orders with deprived children has been resolved in Burleigh County.
- Family Group Decision Making (FGDM) is a good program.

Challenges:

- At court, sometimes foster care workers suggest to parents that they will have to pay a lot of child support or that there are a lack of placement options to instill fear.
- Data indicates challenges with the long time frame for CPS decisions and the number of older youth placed in care.
- Child welfare doesn't seem to be at the table regarding the child protection issues in a case. For example, school reports educational neglect. But the school knows nothing will happen so they charge the parents criminally and in the end three systems get involved. We need to coordinate better at the front end to prevent removal.
- Why isn't there representation from child welfare on the out of home task force?
- We need more diverse training opportunities, especially in rural areas.
- Seems like CPS and Foster Care at the county are on two separate tracks. Not sure why that is.
- Curious why there aren't petitions to get ahead of those cases where removal is likely? Most kids are removed before the court sees the kid.
- Older teens coming into care – not a lot of foster homes for them. But think a lot of the reason there are so many teens in this position is because things weren't dealt with early on in the case when there's clear deprivation. Do see the county is working hard at it, though.
- Police seem to become parents here. For example, parents can't get the kid to get up in the morning so the police come to the house to get the kid up and to school and then charge the kid unruly. Bizarre community practice.
- High placement rate here.

- Observation– if a child is placed in a foster home the worker has to be more “present” in the case. If the child is placed in a facility there’s less work for the case manager.
- Native Americans are 4 times more likely to get arrested in this community. We have observed disparity issues.

Stakeholder Comments
SCHOOL/EDUCATION
May 22, 2012

Strengths:

- I’ve really appreciated the partnership that BCSS has had with Head Start and the BECEP community. They always make time to provide needed/mandated training. Attend meetings to assist us. The county is very responsive to child safety issues.
- We see good follow-up on CPS with some, but not others (depends on the worker).
- Counselors and administrators in Mandan aren’t sure who and when to call back after filing a report of suspected abuse/neglect.
- Rural county – we do hear back when we file a report.
- The new online mandated reporter training is really good.
- Appreciate having the social service board meetings on Channel 2 to keep up on what’s current and good transparency as well.

Challenges:

- The lines of communication at times are not the best. We don’t always know when the county is involved with a family. We don’t always know what to expect or when/what we can ask about because we don’t have social workers at all of our schools (Dakota Central area). We received a written response from the county office but had no idea of the process such as how to get better responses or what information we are entitled to. By asking social services to provide us training, it’s opened up a dialogue with them so communication has improved.
- Higher caseloads in Burleigh County means they can’t get done what we need done in a timely manner (and the process is cumbersome in FRAME). This creates stress for the case managers – they need more manpower.
- Educational neglect reports aren’t a priority to social services because of other demands but to us at the school it is very concerning.
- We need clarification on who gets the IEP and the protocol on this with the new students coming into our schools (when the county has custody). The county worker wants us to get the IEP from the previous school, but we don’t have a release to get that information, and then there’s lost time in getting educational services for the child. The foster parents had no clue who was coming to their house and we had no idea who was coming to our school.
- We need to find ways to get parents the services and resources they need.
- Family needs are changing here. It’s scary to do home visits as a school social worker – sometimes 2 or 3 families living in a 2 bedroom apartment and you are assigned to work with only one of them
- No school-based mental health services for children in this state. This is a needed intervention for kids. Would be interested in meeting and discussing how we can build

this together. A partnership between the school, county and mental health provider. I would like to work on this.

- We need education on the effects of trauma on children.
- More home based work to support the kids and keep the families engaged in the importance of education.

Stakeholder Comments

FOSTER PARENTS

May 22, 2012

Strengths:

- I have monthly meetings with the case manager in my home. Kendra Casavant is a really great gal to work with.
- Licensing foster homes goes very well - Barb Stegmiller is on track.
- The case managers are good with monthly visits, even though they have a higher caseload. Case manager spends time with the kids alone to visit with them about how things are going, then with us and the kids, and then with us alone.
- Jen Simoneau is a wonderful worker – very good about sending out the Child & Family Team Meeting reminders and court notification.
- In general, we receive reminders of court hearings about half the time.
- Foster parents were able to meet with the Burleigh County supervisors recently to discuss concerns. We appreciated that.
- Foster parent association meetings occur once a month. Best night we have. We usually have speakers come in. We usually get all our training in by the end of the year. Attendees are mostly county foster parents. We aren't sure if county foster parents are invited to any PATH trainings or if there are PATH foster parents at our meetings.
- We adopted one of our foster children. The process went really well with AASK.
- I think our system does a great job making sure we go through the correct process – crossing all the t's and dotting all the i's.

Challenges:

- Kids are in foster care way too long before a Termination of Parental Rights is filed. It is very frustrating .
- At the court hearing, I was able to be in the courtroom but wasn't asked by the judge to testify. I was about the only one who didn't go up.
- The children bond with me, and I know I'm not the adoptive family, and I know they will have to start over again. We have highly adoptable kids in our home right now and they're bonding with us and I don't want the children to experience more trauma when they have to leave our home. What if they stay in foster care for another year or another year and a half? When they realize we're not the ones who are going to adopt them it's really hard on them. What can I do to personalize this in the court? They need to understand these kids.
- The outcome in the court is my biggest frustration. I can deal with the trauma following home visits and the behaviors of the kids but you expect the court to do right by the kids and they don't.

- Guardians ad litem (GALs) – foster parents reported mixed experiences. Comments were as follows: I have not had contact with my current foster kid's GAL; my past experience has not been good; I have seen the GAL only at team meetings; the child's GAL comes with the caseworker to the home.
- Kids are labeled when they're in foster care and are in BECEP purely because they're foster kids. Other kids have the need for this service but don't get it. This is frustrating.
- Seems like my kids are over-serviced some days. Trying to allow them to be normal kids. I don't think it's in the best interest of children to go visit their parents in prison. No wonder you see generations of kids doing the same things.
- Discouraged that the fire safety training doesn't count for credit anymore.
- Kids in foster care need a transition time when leaving the foster home. We should be able to say goodbye but that doesn't always happen. This is important for all of us – the kids in foster care, the foster parents, and our biological children.
- We are seeing larger sibling groups coming into foster care.

Stakeholder Meeting
COMMUNITY
May 23, 2012

Strengths:

- I serve on the child protection team – social workers do a good job in their assessments and follow through.
- Our staff work well with the county case managers. Good communication with the staff.
- We will get calls requesting Temporary Court Orders (TCOs) and most workers do a nice job being thorough in describing what's going on.
- The local DJS agency has a second chance project to assist with youth re-entering the community and 43 youth have been served to date. Recidivism rate prior was 50% and currently is more about 30-35%.
- County social worker on FTDM has been very helpful for us and for families to have one meeting where decisions can be made at one setting.
- There is open communication with referrals and being up front with the issues bringing the kids to the facility.
- Collaboration between agencies is strong. We may have disagreements but can use the team approach to discuss them and come to a decision. Can work together to successfully match a family.
- On call staff at the county is accessible.
- A lot of people who've retired who have done great work and in general really appreciate the work they do.
- We have the 18+ program in place now. It's a step in the right direction.
- Social services works well with law enforcement. They make sure before they talk to a person that they clear it with me first. When law enforcement sends up a report to state's attorney, I'll ask the case worker for a copy of the report and attach it to mine so they get all the information.
- I think the counties have caring, skilled, and dedicated staff.
- I've seen improvement in monthly face to face custodian visits for children in care.

- There is solid collaboration among service providers in the region.
- I really appreciate the hard work all of the county and DJS workers put into their jobs. As a former child protection worker, I know how thankless this task can be.
- I like working with the other agencies. It is nice to have other ideas & resources brought to the team meetings.

Challenges:

- It's difficult for a child to understand when staff leave their jobs.
- Lot of changes in western North Dakota. Short-staffed at Developmental Disability (DD) group homes and providers. Offering higher wages but still can't fill positions.
- People with DD – there appears to be the assumption that the DD system can take care of all these folks but we are looking at the community to assist in providing supportive services. Also true for mentally ill. These services are voluntary and these systems can't require people to comply. Would love to see combined dollars between child welfare and DD to do long term parent aide services for such families who have multiple needs, multiple services, multiple CPS reports.
- FTDM – it appears many times people still aren't clear on the different roles people serve i.e. that a juvenile court officer can act as a custodial party, which isn't the case. Need to clarify roles at these meetings.
- It seems there's a disconnect between the CPS workers and state's attorneys.
- If a court hearing needs to be scheduled, the court officer has to notify social services. I think there's a separation between foster care and child protection (Burleigh/Morton was specifically mentioned) and they don't seem to communicate with each other.
- We don't always hear outcomes of the child abuse/neglect reports we've sent in to the county, even months later. We don't always get a call from CPS following a report to confirm it's been received or for follow-up questions.
- If it's not a Services Required finding, the county may see the family is set up with community services, but the family feels they're done and may not follow through. This is not really a criticism but maybe a challenge for the state in that we would like counties to be able to extend the level of services to the family after the finding. Juvenile court can work with the child but in these cases often no one is working with the parents. Maybe we need to think about how we can do our work differently – a challenge to overcome. We need to keep these things in perspective so we can leverage power and as community partners advocate at the state level to get additional funding.
- In the past the county had the resources of extended family as placement options but not so much now. Families moving into rural counties who don't have family support or relative placement options has resulted in foster home recruitment needs.
- Impact on shelter care – communities in oil country trying to access our local services due to high needs and no placement options.
- The cases are complex with multiple children and multiple parents. So the county is doing the complex work, but then the other families have to wait for services.
- Seems like there's endless amounts of dollars going to penitentiaries but we need to start with prevention.
- So many cases where kids haven't been removed and they're living in situations with circumstances such as repeated domestic violence, 10 year olds left alone for long periods of time to care for younger siblings, etc. Why aren't there more petitions filed on these types of deprivation cases?

- We need more court ordered services. Kids should really be able to stay in their homes. Social workers aren't asking for petitions or aren't communicating this clearly. Not sure why that is and how to fix it? What does it take to get action on some of these severe deprivation cases? The county isn't petitioning the court on clear cases of deprivation.
- We don't have after-care services for youth leaving care or when custody expires. This is a statewide issue. Are we okay with that? 30% of our homeless youth are former foster children. What can we do to support this population after the foster care case is complete?
- We need more resources to assist homeless youth. There is no state funding assisting with this.
- The county will close a case prior to the order expiring, but the family quits services after the order ends.
- In some cases where children are in foster care and the foster parents want to adopt, parents aren't doing anything to change but the referee won't do the termination of parental rights.
- There are concerns with kids in facilities who are aggressive and have to be charged out. Very different than what we're used to seeing, and these kids end up being case managed through the county rather than DJS.
- The process to get kids into detention is very different here than in the eastern side of the state. The kids have more complex issues and agencies are more apt to keep the kids longer. But then we start running into payment, licensing, and court order related issues. We need to think about how to wrap services around kids differently and how to include the family in these services and processes.
- There are many kids transitioning in from reservations and going back and forth. We coordinate services but the families up and move when it gets difficult. But the reservation doesn't have the same resources. We see a lack of follow through when the family moves.
- County workers need to make sure the Universal Applications are complete to expedite the referrals.
- Desperate shortage of foster care homes for children exiting Psychiatric Residential Treatment Facility (PRTF) level of care.
- Lack of placement options for children with mental health and intellectual disabilities.
- Lack of placement options for children with autism, who are not ready for a traditional foster home option.
- There's a need for designated foster home(s), trained by the PRTF and county, for children at risk for PRTF placement (for possible diversion) and for children with non-traditional needs.
- Lack of preventative funding for less restrictive home and community based care to avoid out of home or institutional care.
- Trend: 75% increase in children's PRTF referrals with methamphetamine and/or polysubstance exposure. Also, there's a lack of best practice standards of care for this population.
- I believe that youth over 17 year of age in group placements should be given more freedom so that they are more ready for emancipation into adulthood. They seem to experience more freedom in foster homes because they mimic family situations, but the youth in group care seem to have the same level of supervision regardless of whether they are 13 or 17. These youth need opportunities to do more things for

themselves and be expected to do these as a part of independent living. It seems that either the agencies providing the services or the custodians are not able to do this due to concerns of liability. If this is possible to do without policy change, I think the county/DJS workers as well as the group home or treatment facilities could be encouraged to allow more independence. If a policy change would be necessary, I encourage your department to consider such a change.

- I get frustrated with the county sometimes and don't feel like they are doing enough in a family. I have a parent who rarely follows through with anything. There has been a case manager involved for 1 ½ years. We work well together, but we seem to be doing more than the parent.
- I recently had a parent investigated for physical abuse. The case didn't go Services Required. The CPS worker told me she would leave the case open but I could do what I wanted. The family has had Intensive In-Home therapy and parent aide services in the past so I told her I would make those referrals. I just thought it was weird I wasn't given more direction. I feel like we are dumped on by the county sometimes.

Stakeholder Comments
CONSTITUENTS
May 23, 2012

No attendees for this meeting.

Stakeholder Comments
ADMINISTRATORS
May 23, 2012

Strengths:

- We try really hard to do a good job, which is not easy because of the many challenges we face.
- The staff is stable – low turnover.
- I see a solid team effort between counties. It's really nice to know when I call them they're willing to help even if they're from another county.
- In CPS we do well with our timeliness in face-to-face contacts.
- We work really hard to tend to the Wraparound process.
- We've done an awesome job of recruiting new foster parents (Burleigh/Morton). Deanna has done fabulous job coordinating this effort.
- People are calling and inquiring about foster parenting in Dakota Central. Reorganization was important in making this work better.
- We support each other when someone is struggling with cases.
- We've had a lot of staff on medical or maternity leave time and have had good support from our board to approve temporary staff to assist during these times.
- FRAME is helpful in accessing cases statewide (i.e. transient families).

Challenges:

- Lack of space at Burleigh County Social Services. We have a worker whose office is actually a closet but we have no other space to offer.

- Caseloads have grown. Hard to “prove” that we need continued staff.
- We struggle constantly to keep up with the demands of the job.
- FRAME is still cumbersome to a degree, although it has improved.
- So many requirements to meet the CFSR. It’s always a challenge to keep up with the work.
- The paperwork demands in FRAME take time away from families and affects the face to face visits in both foster care and in-home services. In CPS it is almost the opposite. Our documentation is more complete and we have more available time.
- We’ve had families with many children.
- Families coming here for work come without extended family support. Migrating population in some rural areas as well.
- Lack of foster homes for 13-18 year olds.
- Frustration in getting the funding and resources to meet the needs (more of an urban issue than rural).
- Transportation to services for rural counties can be a barrier.
- Waits for placement options.
- It seems there are long waiting lists for intensive in-home services at WCHSC. We also see waiting lists when it comes to finding placements for children.
- Parental capacities are not always helpful because we only get information back in regard to what is provided.
- We see several families living in one home so they don’t qualify for programs or services because a recipient is already receiving assistance at that address.
- Reunification of children with their parents takes longer because families can’t secure affordable housing.
- Placement options are limited for high need kids because there is not an open bed available anywhere and no assessment beds in the region.
- Qualifying for an in-state PRTF is too difficult and time consuming. The PRTFs continue to ask for additional information and when all is done they don’t accept the kids. We get kids into placements faster in Minnesota than in North Dakota.
- When the NDSH was an option we couldn’t get them in there. It is a cumbersome process to go through the regional human service center.
- We are a rural county and we want FTDM because it upholds the values of our child welfare system.
- We need FRAME data.
- Interagency relationships are sometimes difficult because we don’t do what they want us to do. They tell us we’re not doing our job. This happens a lot with juvenile court and schools.
- Cases come to the county agency with the idea that the only way you can get services is to put the child in foster care.
- If another agency doesn’t know what to do with a case it becomes a social services problem. When we take the case, let us do the work and trust that we’ll do it well.
- We need addiction treatment specific to the Native American culture.
- We have a number of families who have maxed out all the services so where do we go from there?
- A parent with a past drug charge can’t get on housing for 5 years, even if they’ve been clean for a lengthy period of time.
- Men feel they’re discriminated against for services because they’re tailored towards women.

- We have issues with the 18+ population in respect to scheduling court time and getting court orders (the state’s attorney’s understanding of the process is an issue).
- Independent Living (IL) services – Priority 2 kids need more services and we want the program to be more welcoming.

Stakeholder Comments

YOUTH

May 23, 2012

Strengths of Foster Care System

- I get to see my family more.
- I am getting prepared to be on my own. My foster parents and case worker are supportive.
- My foster mom took time to reunite me with my long lost friend, my family dog.
- My case worker took time and has tried to get in contact with my close friend.
- I will receive access to grants for school. I didn’t think I would want to go to college, but now think I should.
- There are good and bad things about foster care; I guess a positive is that I feel safe.

Challenges in Foster Care System

- My parents made one mistake. One mistake should not put me in foster care. I feel foster care has not helped our family situation, only hurt it.
- A roof over my head is good, but foster care is not always great. I wanted to ride my bike into town and my foster parents said no.
- I came into foster care as “an adult”. I was running my life and caring for my siblings. Now, I have to follow difficult rules and my foster parent’s words can be hurtful.
- My case worker and foster parent are too strong willed, they agree on everything. I feel my voice is not heard.
- The system is trying to give me my childhood back and it is so hard to adjust to that. I wish the system was more understanding of where I am in my maturity.

Caseworker Visitations

- I am 16 and not invited to my Child and Family Team (CFT) meetings.
- I have only been to one of my CFT meetings.
- I am involved in CFT meetings. I want to know everything about me and my plan.
- I am 16 and do not know my permanency goals.
- I do not feel like my case worker listens to me or what I want.
- I had a bad social worker, now I have a new one and my needs are being met!
- I see my case worker once per month (x 3 youth).
- I see my case worker every other week.

Sibling Visitation

- My sister aged out of care, we saw each other when she was in care. Today I choose not to see her due to her poor choices.
- My sister and I were placed together at first, but then she was placed at a PRTF. I talk to her on the phone, but do not see her.

- My brother is out of state, but we talk on the phone and I get letters from him.
- I don't see my adoptive brothers anymore.

Parental Visitation

- My mom is in prison and there is a no contact order in place.
- I get to call my mom every day!
- My mom is out of state, I am not willing to be in contact with her. She says things about me that are not good.
- My bio paternal grandma stays in contact with me. My bio dad is not allowed contact with me.

18+ Continued Care

- I know about it, but I think I will choose to grow up. I am ready, my life has been challenging.
- I know about 18+ and getting a choice to sign myself back into care.

Independently Living Needs Met

- I am getting skills, but am not allowed to work offsite. Employment would be helpful.
- I would like to have interview skill building.
- I am involved in weekly groups at the PRTF.
- Chafee IL program has been helpful.
- I get to build skills at the foster home.

STAKEHOLDER COMMENTS – REGION III (LAKE REGION) CFSR

Stakeholder Comments

CASE MANAGERS

June 26, 2012

Strengths:

- All counties noted strong collaboration with other agencies such as law enforcement, juvenile court supervisor, schools, and private agencies/therapists.
- Dale Thompson is wonderful to work with – does a real nice job with our cases
- Some officers are pretty diligent in filing reports, seems like we see the same names. We may have a training need for others.
- I am new here and felt really welcomed.
- Can't say enough about the schools. They are very accommodating, both in Devils Lake and in the rural schools.
- The private providers offer sliding fee scales (Blooming Prairie Country Counseling and Dr. Volk) and work around the families' schedules when arranging appointments.
- The child welfare workers and supervisors at my agency are all very ethical and hard workers. I can tell they really care.
- The child welfare certification training was excellent and very high quality.
- Guardian ad litem program works well but we need more of them.
- I like the FRAME system because everything is right there and it's nice to see the CPS cases that come from other counties.

- Minimal, if any, waiting lists and extensive range and delivery of services from Lake Region Human Service Center.
- Our region has a good range of providers in the urban community and good outreach to the rural communities.

Challenges:

- Highway patrol officers don't see themselves as mandated reporters of child abuse and neglect.
- Local police department and sheriff's department don't seem to know when to report and when not to report child abuse and neglect.
- Few addiction services for adolescents in this region. What is available doesn't accept MA.
- No place to put a child for brief stays (i.e. shelter beds) except the detention center and to be there they have to be legally charged with a criminal offense. To access attendant care the child/youth has to have a current charge. We really need that type of resource here again. Attendant care won't accept kids from other counties. We basically sit with the kids in our offices overnight and wait for agencies to open in the morning.
- Cavalier and Rolette Counties are not allowed to use the attendant care bed in Ramsey County so they have to drive kids to Grand Forks for attendant care.
- We have 5-6 county foster homes in Ramsey, none in Benson, short in Cavalier. We have recruited a lot but are still very low on homes.
- Workers have to transport the children in foster care to appointments because both foster parents work outside the home.
- We need more parent education classes in the region.
- State hospital adolescent unit is closed now so that is one less option for us. We could never get kids in there anyway.
- Kids are harder to place because they have more complex needs. We try least restrictive but foster homes can't keep them so we have to look at residential placements.
- We work well with the PATH offices in Minot and Williston but not all therapeutic foster care workers in this region are helpful. They don't think they should have to transport kids or make arrangements for the kids. Also seems like they don't make efforts to take the harder kids. Nor do they seem to work to match kids. I wasn't kept up to date on things very well. I missed out on things that were going on.
- Prevention is key, such as mentor programs. It's hard to find mentors to help our kids. We need male mentors. I've had a male kid on the waiting list for 2 years.
- We need more local grassroots things for kids. They are trying to expand RSVP to assist all age groups but no one will volunteer to work with the kids.
- Transportation issues are big here.
- Medical staff does not like to report child abuse and neglect. They don't like being called into court, we tend to hear about children well after the event occurred.
- Parent aide in our county will not work evenings or will not assist with supervised visits.
- Our parent aide spends so much time transporting the kids they can't do their work with the families.
- Low number of placement options for juvenile sex offenders (10 beds in the state).

- Few placement options for girls, particularly if they are mentally ill or have behavioral issues.
- Some challenges with domestic violence services (not making contacts and personal issues) – experienced this with four cases – collaboration was not there with the child welfare agency and there was no follow through from the domestic violence agency.
- Homeless shelter (abused women services) is short staffed. Some women who could use those services don't get what they need because staff hasn't followed through or have a different view. Instead of discussing with the county case manager they tend to do their own thing. Some women have stayed with abusive husbands or boyfriends because they don't hear from the agency.
- Seems like one agency has a monopoly on the residential placements and I don't think that's good.
- Hard to get services for families in Cavalier county. Services are either in Devils Lake or Grand Forks. Not much outreach from private providers and only one person from LRHSC who comes once every other week. Dakota Prairie lost their funding so we had to do our own food pantry because there's nothing else available. Money earmarked for Cavalier county is gone, but haven't seen that it has gone to address the needs.
- Transportation to and from Head Start in Devils Lake isn't available.
- Transporting kids around the state takes a lot of our time. Foster care caseloads have increased. Kids have greater needs, more complex. The families are more complex too so we have to work with all of them to a great degree. So caseload size, if counting just the foster care kids, can be deceiving.
- Termination of Parental Rights cases have increased. These fill up the foster homes. Plus, many foster families choose to adopt and then they are no longer options as foster homes.
- Child Protection caseloads are high in Ramsey (i.e. a worker with 21 open cases). A lot more services required findings.
- FRAME is time consuming. It can be clumsy in FRAME because we can't delete old contacts or alphabetize contacts.
- I would like training on how to manage our co-owned cases (counties and Partnerships) better so we can work together better, such as what pieces of FRAME each of us are responsible for.

Stakeholder Comments

LEGAL/COURT

June 26, 2012

Strengths:

- The workers get the affidavits to us promptly, even when it's an emergency removal situation, and they are well written.
- Communication with social services is good. The line seems to be open, they call if they need anything or to staff a case.
- Communication has gotten better, even from defense attorneys' perspective. It varies by county, though. When it's a delinquency case, reports come readily. With deprivation, HIPAA regulations have been a barrier to getting the reports.
- The guardian ad litem program works well.

- ICWA cases and active efforts seem fine.
- Working with the state's attorney and social services has been wonderful – they are willing to talk about the case and consider creative options to get to resolution on a case (comment from a defense attorney).

Challenges:

- The families aren't hearing what the county workers are saying correctly. Communication isn't always clearly understood by the parents.
- Lack of guardians ad litem in the region.
- Some challenges with guardians ad litem keeping up on paperwork.
- Attorneys for the parents are not always assigned in a timely manner, sometimes because parents don't complete the paperwork, but it also depends on the clerk's office.
- We need more parent education classes here. Some were not aware of any going on. Some were aware of the classes available. Others said we need more of them in rural areas because transportation becomes a barrier.
- Barriers getting information from the HSC, even with a release from the custodian. Even state's attorney wasn't allowed to talk to the service providers at HSCs.
- Concerns related to tribal social services. This has affected collaboration opportunities negatively.
- No shelter beds in the region for youth in crisis (family conflict, mental health and addiction issues).
- Lack of foster homes in general and particularly Native American foster homes, despite the recruitment efforts. But there is really no education out there for people who might be interested, a forum perhaps.
- There are not available options for children with severe emotional disturbances who act out in the elementary schools. The schools call law enforcement and want to charge them with disorderly conduct/unruly and put them in attendant care (which is mostly nonexistent) and/or detention. Schools want the unruly petitions in order to place in residential treatment. Some regions have funding for safe beds for this population. What about this region?
- Lack of range of addiction services for youth that are covered by insurance, in particular Medicaid.
- Lack of options for youth who are sex offenders and can't get them a psycho-sexual evaluation or services in the community if needed. If they go to YCC they don't get a psycho-sexual assessment or a psychological assessment, just a behavioral assessment. A lot of times these kids end up sitting in detention for days/weeks with no plan.
- All these issues are compounded on the reservation. They have one addiction counselor, a lack of safe alternatives to hold youth in crisis (they are either put in jail, passed around to relatives, or left to runaway), and the youth get kicked out of school due to behavioral issues.
- Lack of transportation is a barrier to families getting services they need.

Stakeholder Comments
SCHOOL/EDUCATION
June 26, 2012

No attendees for this meeting.

Stakeholder Comments
FOSTER PARENTS
June 26, 2012

Strengths:

- PATH workers are very accommodating assisting us with transporting the children to appointments.
- Worker was really helpful when we switched from tribal to county foster care (Kelly Mitchell).
- Andrea Lang from AASK was awesome to work with. We miss working with you.
- The training is really good. Do such a nice job screening us and that's really important when sending a child who's had trauma in their lives. Nice to get paid for the training, too.
- Barb does a nice job with PRIDE training.
- Susan Fetch-Crockett has been more than willing to come over at various time to accommodate my schedule. That makes it more relaxing for me because I can take care of my profession and then take care of this work too.
- We work with Brenda Anderson and she's helped with the busy visitation schedules.
- Being kept in the loop with the kids, even though I can't attend all team meetings with my work schedule.
- We get notified of court hearings by our worker (others said they get served).
- The judges seem to appreciate foster parents being at the hearing and want to hear from them.
- GALs have been in our home to visit the child (many foster parents said this).

Challenges:

- We feel like we're running all over the place. Have to take the children to other cities to services.
- Different parents and relatives all wanting visits with the foster children. We have busy schedules too and it's hard.
- Took forever to get our child care provider licensed/self-declared (August-December). Had to do lots of calling and following up but wouldn't be able to get information. Not all information was sent to the child care provider at once so it was confusing for her. She didn't know all the paperwork she needed to complete.
- Paperwork to become a PATH foster parent was not organized and inefficient. It would be helpful if they put the paperwork into a packet for us.
- We need more fire safety videos. We have to share one and there's only one for the region. We have to come into Devils Lake to check it out, then come back to town to return it. Also would be nice to have them updated because it's on VHS. Would rather have a one day training on all the requirements (i.e. CPR, first aid, fire safety, etc.) than watch all these videos. We know it by heart now. I bet our firemen would do a presentation for us.

- The county foster parents aren't getting invited to PATH trainings, nor are PATH foster parents invited to county foster parent trainings. It would be helpful to be at trainings together and it would give us more training options.
- Child care for us to go to trainings or the monthly support group is a problem. They used to supply child care for us but don't any more. I think if they asked foster parents to take turns doing child care we'd probably all volunteer because it would only be once every so often.
- When they have the foster parent conference in Fargo it would be nice to have child care provided. It's hard to find respite to get away to go.
- Those who are eligible to do respite for foster care have to be foster parents, which is difficult – hard to find people to take care of our foster kids.
- Sometimes expenses like camps or band instruments cannot be paid and foster parents have to find the money themselves.
- No one to support them when they're transitioning to adulthood. There's not enough support there. The system sets them up to fail.
- Hard to get them into services quickly. Sometimes by the time the appointment is scheduled they may no longer be in our home (i.e. Head Start, speech therapist, etc.). The foster care workers are busy. I don't know if we can help them out with this or not, but we could if it's allowable.
- Children who are developmentally lower than their chronological age. Why do services quit when they are chronologically older but still need the services? Worker's lack of experience may not be assisting the child. Sometimes foster parents know more and have more experience than the worker.
- We've been waiting to get the adoption finalized and it's taking too long (2 couples voiced this).
- We try to help our kids be "normal" but there are so many things they can't do (i.e. sleepovers, driver's licenses, trampolines, boating, walk to the store and back, etc.). We're supposed to be preparing them for adulthood but we can't help them get a driver's license. Doesn't make sense.
- The social workers should be a lot more prepared when they go to court. They haven't seen the kid for three months so they don't know what's going on.
- Some foster parents said their kids are not seen monthly. We fill out a form for PATH on their workers' visits, why don't we fill these out for the custodian?
- I think children in voluntary placement situations should have guardians ad litem (GALs) because the parent can just choose to remove the child from a placement and nothing can be done to advocate for the child's needs.
- I didn't know our foster child had a GAL until I saw them at a court hearing one year later.
- When we have more than one child in our home it would be nice if they had the same worker.

Stakeholder Meeting
COMMUNITY
June 27, 2012

Strengths:

- Private provider has success working with Ramsey County.
- Close relationship with Ramsey County at Head Start, constantly getting referrals. Over the last 5-10 years are seeing increased knowledge of services for mental health for infants/toddlers at the county.
- New director at Ramsey County has been very helpful.
- Progressive judges in this region who understand children and families.
- Getting a lot of referrals for intensive in-home family therapy but can always take more. We are fully staffed and are willing to take on more therapists if necessary.
- Huge potential for growth in bridging programs with the tribes in this region.
- Referral breakfasts held by The Village for service providers, includes presenters and also opportunity for regional discussions. Interagency meetings continue to occur as well, which offers additional opportunity for such discussions.
- Families can get into services in a timely manner, no issues noted with waiting lists. Any waiting would likely be from temporary staff shortages.
- Creativity in providing services – willing to work with other agencies.

Challenges:

- Family Group Decision Making is being underutilized in this region, particularly the Rolette County area. We need to build some bridges with the counties to increase referrals.
- Provide clarification in the differences between Partnerships and FGDM as it seems to be the same thing.
- User friendly resource of services available in the region and defining what they are.
- Lack of infant and toddler mental health services is a service gap in this region.
- Lack of parenting education services to help parents understand their role. Parenting classes seem to be less frequent. Struggle with low attendance at parenting classes. Referrals for Parents Forever have gone way down, too. It may be that it's offered on-line and they complete it there, or mediation services have resulted in less need for the Parents Forever class.
- Adolescent addiction treatment is lacking in this area.
- Waiting lists at Lake Region Human Service Center when there are staffing transitions.
- Increase in domestic violence in the area due to influx of people. Would like to see more training in the region on this issue.
- Housing shortage in this region.
- Trend of clients having more severe issues with trauma, dual diagnoses, etc. They take a lot more case management time than what previous clients had taken. Complex cases are becoming the norm rather than the exception.
- Prescription drug abuse is increasing and it's been a struggle to address and perhaps has caused an increase in foster care placements. Meth usage has also increased in the region (being brought in). Heroin usage is being seen as well. Prescription drugs are too expensive so they're using these other drugs again.
- Flood issue is spreading to outlying counties too. More devastating to middle and upper classes. Lower class groups are having housing issues, mainly the impact for

that population. Families having to live together. Likely to continue for years. There has been a small reprieve this year.

- Flooding impacts our services due to funding. Every acre we lose to flooding impacts the county budget which impacts funding for services. For example, 90,000 acres were flooded last year which equates to \$500,000 in lost revenue for county services. This doesn't include fiscal impact to the families directly.
- Federal funding has been decreased and state funding is not being increased so it causes roadblocks to families getting the services they need.
- Having no shelter beds in this region is a very significant issue.
- We want to challenge the Governor to be the first "Children's Governor." He needs to put more emphasis on education, child care, and intensive services to families. These needs are all side effects of this substantial financial growth we're experiencing. Let's see some leadership and vision from the Governor by standing up for families in this state.
- Service providers in this area are being overloaded due to what's happening at Spirit Lake. There needs to be a serious intervention there.

Stakeholder Comments

CONSTITUENTS

June 27, 2012

No attendees for this meeting.

Stakeholder Comments

ADMINISTRATORS

June 27, 2012

Strengths:

- Lakes District is fully staffed, we have some really good staff working. Took a while to get it but it was well worth it. We also have a good director.
- Good, reliable transportation available at the county office so we can get out to see clients.
- Good providers and a variety of providers for mental health services.
- Lake Region Human Service Center (LRHSC) – Walk-in clinic for addiction has reduced no-shows. No wait time for addiction evaluations.
- A lot more individual therapy happening at LRHSC.
- Partnered with Northeast HSC to do psychosexual evaluations with adolescent sex offenders, no referrals to date.
- LRHSC does outreach in every county. Soon we will have 9 full time people in Rolette County.
- We want to clone Sarah Anderson from PATH in Williston and Leslee Webb from PATH in Bismarck. They are providing exemplary service.
- Paulette Westrum is responsive and pleasant and works hard to fix things on our cases.
- We use a lot of safety/permanency funds.
- I am full-staffed and have a young staff that does good work. I appreciate their enthusiasm and creativity.

Challenges:

- We need adolescent addiction services, in particular inpatient treatment. LRHSC isn't sure how to proceed with this need as we don't want to compete with private providers. We do offer individual therapy and aftercare but we aren't seeing the referrals for these services, so don't see that it's a need.
- Short staffed (2 open positions) in addiction services. Actively recruiting for these positions.
- Alcohol and drug use by kids has increased. We struggle with how the school has used the prevention dollars.
- We lost a position for alcohol and drug prevention.
- LRHSC averages 53 addiction evaluations per month (combined adult and adolescent evaluations)
- A culture of alcoholism in our region. Young people who are drunk – seem to be perceived as almost a non-issue in the community.
- Transportation is a barrier for families in getting to services. Particularly for programming that will run over several weeks (i.e. trauma-informed services).
- It's hard to keep the families engaged in services over time and if we're not closely monitoring.
- We don't want to micromanage the money provided for transportation needs, but families don't always use it for the intended purpose.
- Rolette County is very low income – 1/3 of the county population is on Medicaid.
- 39% of the people in this region are living in poverty.
- In Devils Lake 49% of kids are on free or reduced meals at school.
- We need foster homes here.
- PATH – foster parents are not trained to work with the population of kids they have in their homes. They either don't have a behavior plan or aren't following it. (ex. a seasoned PATH foster parent called my county worker because a child wouldn't move off the step to come in the house).
- The quality of PATH case managers is not strong in the region. The PATH worker basically repeats what the foster parent reports. Need role clarification also. They reported a critical incident hours after it occurred (i.e. a child was hit by a car in the morning and it wasn't reported until evening); they don't seek to match the child to the foster home; there are transportation and child and family team meeting issues with the PATH foster parents.
- We don't have emergency shelter beds in the region. Therefore, kids end up in higher levels of care that aren't appropriate, but become the only option. The closure of the adolescent unit at NDSH has compounded the problem. We might get more adolescent addiction treatment referrals if we had a shelter care option in the region.
- We have a significant federal and tribal presence in this region that has resulted in fragmentation in service provision.
- Caseloads in Child Protection Services are up in Ramsey and Rolette Counties.
- An increase in reported neglect related to addicted parents (prescription drugs) and chronic poverty, but lack of follow through in getting treatment or other services due to lack of resources (no car, no job, no house).
- Foster care caseloads may be down, but the complexity of cases has grown.
- Trying to input everything on the computer. Workers spend hours doing assessments FRAME. Workers stay late or come to work on weekends to do paperwork. FRAME is cumbersome to use and very time consuming for the workers.

- The FRAME Helpdesk is very responsive.
- Father engagement – workers need training and skill development on how to communicate with men effectively.
- In SFY 2011 LRHSC provided services to 1,066 Native American consumers, or 40% of all people served. We are getting them in but keeping them in services is difficult. With the neutral budget there will be increased service gaps.
- We need more child care providers in the region.
- County resources are scarce in this area. We need more Prime Time funds.

Stakeholder Comments

YOUTH

June 21, 2012

Strengths of Foster Care System

- I am 16 years old and have been with the same foster family since I was one year old.
- One time I was able to meet the foster family before I was moved into that placement. It was nice to talk to them before I moved in. I wish that could happen more often.
- I was able to get an application for employment; the facility is letting me work.
- The equine therapy offered as programming is really cool.
- One of my foster families was great. They had activities for us, they made me feel safe.
- I thought everyone was out to get me, but then realized the truth about my family. I now realize that everyone in the system was there to help!

Challenges in Foster Care System

- My caseworker did not see me when I was in treatment or placed in the group home. I was in an out of state facility for 10 months. I did not get calls or visits from my caseworker.
- I felt alone when I was in the facility because my caseworker was not involved.
- I was in many homes, too many to count.
- To this day, I live out of a basket. I laugh and tell myself to just put my clothes in the dresser and closet; enough with the basket.
- Little Shell~ the level system is broken, the manager just sends people to their room.
- I feel like facilities put us on medication, just to put us on it... I didn't need it (3 foster youth).
- Tribal homes~ some were really bad. The foster parents would yell at us and hit us. I always thought that they were not allowed to treat us that way; we're not "their" kids.
- I think foster homes should be evaluated and a person should go and sit there for an entire day to observe how the family lives their lives.
- I was in foster care since I was one year old, I aged out.
- My last foster home was really mean to us, then my brother and I were split up.
- My brother was little and touched the stove and burned his hand. The foster parents put his hand back on the stove to teach him a lesson. The good thing was, we were taken out of that home.

Caseworker Visitations

- My PATH worker did see me at least every month, I liked that about PATH.
- The best worker I ever had was my PATH worker, she was involved and helped.

Sibling Visitation

- I did not see any family for six months while I was in a facility, but my grandma did call.
- I have been placed with my sister the whole time (15 years).
- I was placed with my brother.

Parental Visitation

- I did not have contact with my mom.
- I chose not to have contact with my mom.
- My caseworker would not let me see my mom and dad.
- My dad was incarcerated for 8 years, he is out now and is the best dad. He got his life straightened out.
- In the facility, I talk to my parents every night and see them every other weekend.
- I am not supposed to have contact with my mom, but I do anyways.

Medical Care

- I see a counselor once per week and have medication; I have never been on meds before.
- In the group home, they made us talk to a counselor. All appointments were made by the staff there.

Child & Family Team Meetings

- I knew about the meetings, but was never invited to go to the meeting (16 year old).
- I never have been to a meeting (16 year old).
- I went to every meeting. They listened to me, but they never let the things I asked for go through. I wanted calls with my mom and siblings. My mom was “out of her mind” so I understand why I didn’t get to talk to her, but I really wanted to be able to talk to my siblings (20 year old).

18+ Continued Care

- I was asked if I wanted to stay in until age 21. I said, “No!”

Independent Living

- I wish I knew more about what life would be like when I left the system. It was scary and I didn’t know the reality of what to expect. Maybe you don’t until you live it.
- I liked when the monthly meetings were in Devils Lake.

Future Plans

- I want to stay on the reservation and go to college.
- I want to be almost done with pre-nursing degree and want to buy a Suburban.
- I will move out of state, not sure what I want to do.
- I want to go into nursing.