

Children & Family Services Division  
ND Department of Human Services

# ND CFSR Annual Report

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April 2010 – March 2011



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6/29/2011

## Introduction

The 2010-2011 Child & Family Service Reviews (CFSRs) were held in each of the eight regions and in Cass County from April 2010 through March 2011 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 67 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 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 for the period under review (a one-year time frame). The Division directed specific attention to the ratings for items 4, 10, 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. This first round of reviews will determine our baseline measurement for the PIP. In the second year of case reviews, we will be required to show a measure of improvement as determined by the Children's Bureau.

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

QUARTER	REGION	DATE	REVIEW TYPE	NUMBER OF CASES
<b>QUARTER 1</b> <b>April-June, 2010</b>	West Central – VII	May 11-13, 2010	Case Review	7
	Lake Region – III	June 8-10, 2010	Case Review	5
	Cass County	Varied	Case Review	4
<b>QUARTER 2</b> <b>July-Sept, 2010</b>	Northeast – IV	Aug 10-12, 2010	Case Review	5
	Southeast – V	Sept 28-30, 2010	Full Review	8
	Cass County	Varied	Case Review	3
<b>QUARTER 3</b> <b>Oct-Dec, 2010</b>	Badlands – VIII	Oct 19-21, 2010	Full Review	8
	Northwest – I	Nov 2-4, 2010	Case Review	5
	Cass County	Varied	Case Review	5
<b>QUARTER 4</b> <b>Jan-Mar, 2011</b>	North Central – II	Jan 11-13, 2011	Case Review	8
	South Central – VI	Feb 22-24, 2011	Case Review	6
	Cass County	Varied	Case Review	3
<b>TOTAL</b>				<b>67</b>

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).

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. Those agencies who 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 those specific items. They were asked to include the role of the supervisor and develop a plan to assess progress in case practice. A Progress Report 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 67 cases reviewed. Reference to the Case Rating Summary will be made throughout this report.

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## **Safety Outcome 1**

### **Items 1-2**

**Safety Outcome 1:** “Children are, first and foremost, protected from abuse and neglect” was applicable in 34 cases. It was rated Substantially Achieved in 28 cases, Partially Achieved in 5 cases and Not Achieved in 1 case.

**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 33 cases. It was rated as a Strength in 29 cases and as an Area Needing Improvement (ANI) in 4 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. Additionally, in one of these cases the case assignment and assessment did not begin according to the state’s time frames and requirements in policy. 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 18 cases. It was rated as a Strength in 16 cases and as an ANI in 2 cases. The two cases were rated ANI because within six months of a substantiated maltreatment report the child experienced

repeat maltreatment of the same or similar circumstances. Overall, casework practice specific to this item was strong.

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## **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 63 cases, Partially Achieved in 3 cases and Not Achieved in 1 case.

**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 a reunification. Item 3 was applicable in 42 cases and all were rated as a Strength. This area of casework practice is a notable strength of child welfare practice in North Dakota.

**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 4 cases. The four cases were rated ANI because there was a lack of documentation in the case record to indicate that initial and ongoing safety or risk assessments were completed on the children. Please note that in the majority of cases reviewed, the agency made concerted efforts to assess and address risk and safety concerns. This particular item is being tracked by our federal partners based on findings in the 2008 federal CFSR. A baseline measurement and consequent improvement measure will be determined based upon our first year’s findings.

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## **Permanency Outcome 1** **Items 5-10**

**Permanency Outcome 1:** “Children have permanency and stability in their living situations” is only applicable to foster care cases. It was rated Substantially Achieved in 35 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 20 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 38 foster care cases. It was rated as a Strength in 37 cases and rated as an ANI in one

case. The case was rated ANI because the agency had a plan to move the child to another foster home. Per the CFSR Instrument instructions, this constitutes a rating of ANI. Overall, casework 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 38 foster care cases. It was rated as a Strength in 36 foster care cases and as an ANI in two cases. The cases were rated ANI because:

- in one case, the permanency goal was not established within the time frames outlined in state policy; and
- in the other case, the child had been in foster care for 15 out of the last 22 months yet there was no documentation that a Termination of Parental Rights (TPR) was initiated nor was there documentation of compelling reasons why a TPR was not initiated.

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

**Item 8**, “Reunification, guardianship, or permanent reunification 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 27 foster care cases. It was rated as a Strength in 26 cases and as an ANI in one case. The case was rated ANI due to lack of documentation concerning active efforts to locate relatives as placement options or exploration of other options for long-term placement for the child. 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 7 foster care cases. It was rated as a Strength in 6 cases and as an ANI in one case. The case was rated ANI because the goal of adoption had been established for the child, but there was no documentation that a referral to AASK had been initiated or completed. Overall, casework practice specific to this item was strong.

**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 14 foster care cases and all were rated as a Strength. This particular item is being tracked by our federal partners based on findings in the 2008 federal CFSR. A baseline measurement and consequent improvement measure will be determined based upon our first year’s findings.

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## **Permanency Outcome 2** **Items 11-16**

**Permanency Outcome 2:** “The continuity of family relationships and connections is preserved for children” is only applicable to foster care cases. It was rated Substantially Achieved in 33 cases and Partially Achieved in 5 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) to facilitate face-to-face contact between the child and the parent(s). Item 11 was applicable in 32 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 a separation is necessary to meet the needs of one of the siblings. Item 12 was applicable in 8 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 is of sufficient frequency and quality to promote continuity in the child’s relationship with these close family members. Item 13 was applicable in 34 foster care cases. It was rated as a Strength in 28 cases and as an ANI in 6 cases. The cases were rated ANI for the following reasons:

- No documentation in case record regarding quality of visits between the parent and child.
- Child was placed out of state and no documentation to indicate that concerted efforts were made to ensure the child had face-to-face visits with the parent.
- No documentation in case record that the case manager coordinated or arranged face-to-face visits with either parent.
- No documentation in case record to indicate that the case manager had any contact with the father to facilitate the continuity of family relationships and connections for the child.
- No documentation in case record to indicate that the child had any contact, including face-to-face visits, with siblings.
- No documentation in case record of concerted efforts to ensure the child had monthly and quality face-to-face visits with the parent or siblings.

Please note that in the majority of foster care cases reviewed the agency made concerted efforts to support visits between the child and his or her close 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 all 38 foster care cases. It was rated as a Strength in 34 cases and

as an ANI in 4 cases. The cases rated ANI had no documentation that concerted efforts were made to ensure that important connections were maintained for the child. Please note 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 23 foster care cases. It was rated as a Strength in 15 cases and as an ANI in 8 cases. The cases were rated ANI because there was no documentation of concerted efforts to locate or contact maternal and 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 34 foster care cases. It was rated as a Strength in 29 cases and as an ANI in 5 cases. The cases were rated ANI for the following reasons:

- No documentation in case record of concerted efforts to promote and support the child's relationship with the father (3 cases).
- No documentation in case record of concerted efforts to support the child's relationship with either parent.
- No documentation in case record of concerted efforts to support the parent-child relationship through participation in activities or appointments.

Please note 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.

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## **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 41 cases, Partially Achieved in 22 cases and Not Achieved in 4 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 the services necessary to achieve case goals and adequately addresses the issues relevant to the agency's involvement with the family, and provides the appropriate services. Item 17 was applicable in all cases. It was rated as a Strength in 46 cases and as an ANI in 21 cases. A majority of the cases were rated ANI because there was no formal or informal comprehensive assessment conducted of the noncustodial parent's needs, nor were services offered or provided to the noncustodial parent. Additionally, in some of the cases rated ANI there was no formal or informal comprehensive assessment of the

custodial parents needs, nor were services were offered or provided to the custodial parent.

While this is an area of challenge, the Division recognized some noteworthy casework practice in relation to this item. First, agencies consistently assess the children's needs and ensure services are provided to meet their identified needs. Second, agencies consistently assess the needs of foster parents and ensure services are provided to foster parents.

Item 17 is being tracked by our federal partners based on findings in the 2008 federal CFSR. A baseline measurement and consequent improvement measure will be determined based upon our first year's findings.

**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 51 cases and as an ANI in 16 cases. The cases were rated ANI for the following reasons (please note there were cases in which more than one of the following was found):

- In four cases the child was not involved in case planning and there was no documentation as to the reasons why the child was not involved.
- In two cases the custodial parent was not involved in case planning.
- In twelve cases the noncustodial parents were not involved in case planning and there was no documentation as to the reasons why they were not involved.

Please note that in the majority of cases reviewed, the agency made concerted efforts to involve children and parents in case planning and ensured those efforts were documented in the case record. This item is being tracked by our federal partners based on findings in the 2008 federal CFSR. A baseline measurement and consequent improvement measure will be determined based upon our first year's findings.

**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 55 cases and as an ANI in 12 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. Please note in the majority of cases reviewed, the caseworker visited the children with sufficient frequency and the visits were of good quality to support case plan goals. This item is being tracked by our federal partners based on findings in the 2008 federal CFSR. A baseline measurement and consequent improvement measure will be determined based upon our first year's findings.

**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 63 cases. It was rated as a Strength in 37 cases and as an ANI in 26 cases. In the cases rated ANI, the case manager did not have visits with the parent(s) with sufficient frequency and quality to ensure safety, permanency, and well-being of their child(ren) and to promote achievement of the care plan goals according to case record documentation. This item is being tracked by our federal partners based on findings in the 2008 federal CFSR. A baseline measurement and consequent improvement measure will be determined based upon our first year's findings.

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## **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 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. Please note in the majority of applicable cases reviewed, the agency made concerted efforts to assess and address the children’s educational needs.

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## **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 51 cases, Partially Achieved in 8 cases and Not Achieved in 3 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 51 cases. It was rated as a Strength in 41 cases and as an ANI in 10 cases. The cases were rated ANI for the following reasons:

- In five cases, there was no documentation to indicate that assessments were completed for physical and dental health needs.
- In three cases, there was no documentation to indicate that the children’s dental health care needs were assessed or addressed.
- In one case, there was no documentation to indicate that the children received physical health assessments after known exposure to drugs and drug paraphernalia.

- In one case, the physical and dental health needs were assessed but there was no documentation the needs were addressed.

**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 58 cases. It was rated as a Strength in 55 cases and as an ANI in 3 cases. The cases were rated ANI for the following reasons:

- In one case, the children were assessed as having mental health needs but there was no documentation the needs were addressed.
- In one case, the child’s mental health needs were assessed and recommendations by a mental health professional were found in the case record, but the agency did not follow through with the recommendations.
- In one case, there was no documentation to indicate that an assessment of mental and behavioral health needs was completed.

Please note in the majority of applicable cases reviewed, the agency made concerted efforts to assess and address the children’s mental and behavioral health needs.

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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**

- In most cases reviewed, the agency responded to reports of child maltreatment within the time frames established in state policy.
- Agencies made concerted efforts to provide services to prevent children’s entry into foster care (or re-entry after reunification), whenever safe and appropriate.
- Initial and ongoing assessments of safety/risk were strengths in most cases reviewed. This case practice strength is particularly notable in that it was rated as an ANI in the 2008 Federal CFSR. Therefore, it is an area where we’ve seen significant practice improvements statewide.
- In the 38 foster care cases reviewed, no children re-entered foster care within 12 months of a prior foster care episode.
- In all but one foster care case reviewed the children in foster care were in a stable placement and any placement changes made were due to the changing needs of the children and in the interest of achieving their permanency goals.
- In all but two foster care cases the children’s permanency goals were established in a timely manner.
- In all but one of the applicable foster care cases reviewed, concerted efforts were made to achieve reunification, guardianship, or permanent placement with relatives in a timely manner.
- All cases with a permanency goal of “other planned permanent living arrangement” were rated as strengths for Item 10. This is particularly significant because this was an item rated ANI in the 2008 Federal CFSR.

- In all applicable foster care cases, concerted efforts were made to ensure the children’s foster care placement was close enough to parent(s) to facilitate face-to-face contact and efforts were well documented.
  - In the majority of foster care cases reviewed; agencies made concerted efforts to ensure that children in foster care visited close family members with sufficient frequency and quality to promote continuity in their relationships and efforts were well documented.
  - In the majority of 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.
  - In the majority of applicable foster care cases, agencies made concerted efforts to support positive relationships between the children in foster care and their parent(s) and efforts were well documented in the case record.
  - Agencies consistently assessed the children’s needs and ensured services were provided to meet their needs.
  - In all applicable cases, agencies consistently assessed and addressed the needs of foster parents.
  - In the majority of cases reviewed, agencies made concerted efforts to ensure the children (when developmentally appropriate) and their parents were involved in case planning and efforts were well documented.
  - In the majority of cases reviewed, caseworkers visited the children with sufficient frequency and quality to ensure their safety, permanency, and well-being.
  - In the majority of cases reviewed, the agency made concerted efforts to ensure the children’s educational needs were assessed and addressed in case planning.
  - In the majority of cases, children’s mental and behavioral health needs were assessed and addressed.
  - Child and family teams and care plans were individualized to meet the needs of the children and families.
  - Caseworkers and team members demonstrated creativity in addressing the needs through utilizing child and family strengths.
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### **Statewide Themes – Case Practice Challenges**

- Generally, when cases received ANI’s the reviewers could not find supportive documentation for the items being reviewed nor could the case managers interviewed provide information to demonstrate the casework aligned with these items was completed.
- Concerted efforts were not consistently made to ensure completion of relative searches of maternal and paternal relatives (not only for placement options but to ensure family connections for the child).
- Lack of documented concerted efforts to assess and address the needs non-custodial parents for both foster care and in-home (i.e. Wraparound case management cases).
- Lack of documented concerted efforts to address the identified needs of custodial parents to ensure the issues relevant to the agency’s involvement were adequately addressed.

- Lack of documented concerted efforts to ensure non-custodial parents were involved in case planning at whatever level was safe and appropriate for both foster care and in-home cases.
  - In several cases reviewed there was a lack of documentation in the case record showing 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.
  - In almost half of the cases reviewed, 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 included both custodial and non-custodial parents and was found in both foster care and in-home cases.
  - In those cases where both physical and dental health of the children were identified needs in case planning, there were many cases where assessment of these needs and provision of services to meet these needs were either not completed or not documented in the case record.
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### **Statewide Themes – Systemic Strengths**

- The Review Teams and QA Teams 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.
  - Family Preservation services were used effectively in the state.
  - 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.
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### **Statewide Themes – Systemic Challenges**

- Most regions voiced the need for increased Family Preservation Services for children and families.
  - Significant secondary impact from the energy industry in the western regions of the state. Specifically noted were housing shortages, high rental costs, and homelessness.
  - A shortage of child care providers throughout the state.
  - A 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 chemical dependency treatment and counseling.
  - Juvenile Court, as a separate branch of government, at times has a different view or approach to managing situations which complicated the team planning process.
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### **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 custodial and non-custodial parent(s) 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.
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**STATEWIDE CASE RATING SUMMARY (T = 67 CASES)**

<b>Case Rating Summary</b>							
Reviewers should check the nonshaded box for each performance item and outcome that corresponds to the rating assigned.							
<b>Performance Item or Outcome</b>	<b>Item Ratings</b>			<b>Outcome Ratings</b>			
	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 V (SOUTHEAST)**

Stakeholder Comments  
**YOUTH STAKEHOLDER MEETING**  
September 27, 2010

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### **Strengths:**

- The foster family I am in now, they treat me like I am one of their kids. (7 agree)
- My foster parents are young and that is cool. It is like they went to the mall and bought a kid one day, I just happen to be bigger than expected.
- My worker listens to what I say and she understands my needs (8 agree).
- Aging out has benefits through Chafee. I got assistance going to school with the ETV, got room and board assistance, flex funds spent to buy stuff I needed.
- While in the system, we get health care. Now I am 19 and have no health insurance.
- So many things that I got when involved with foster care, for that I am grateful.
- I received many opportunities, like playing the guitar. I would never have been able to play if I were at home. My caseworker helped me get money to take lessons.
- Caseworkers, IL Coordinators, and foster parents help you become independent; the entire process prepares you for living on your own.
- I love therapy and counseling, my traumatic experiences were listened to and I am getting the services I need. My foster family always made me feel ok for having mental health issues. I have aged out and I am still getting those services.
- When my brother and I were placed in care, our culture was not aware of the foster care system. I was placed with my brother – for that I am grateful, it was awesome.
- I have three siblings (ages 6, 4, 2) and I get to visit with them monthly and now every other week. County and PATH worked together to allow this arrangement for me.
- Sometimes county does a poor job of matching us with foster parents and other times they do a great job. Finally I am in a good home.

### **Challenges:**

- When I aged out, I had no funding to support my prescription meds or health care.
- No health care when I aged out, \$385 swine flu bill. Apparently now there is something for youth who age out of care, but it is taking over a year for paperwork to go through.
- There is so much to know about services. I am older and now know more, but when I was 16, I didn't know what services were available to me. Maybe caseworkers can spend more time explaining the services to us.
- Wish we would get help to receive our driver's license.
  - I had my license in care, but it was a pain
  - I had my license in care, but had to pay for everything on my own
  - I was told by county that the state will get in trouble if I get my license in care
  - Independent Living program helped me pay for training to get a license
- Can foster care youth contact supervisors of the caseworker? Can we get phone numbers of supervisors at the beginning of the placements? (4 agree) Youth had a caseworker who they felt should have been fired as they did not feel heard and their needs were not being met. One example; a PATH worker who does not like kids, was disrespectful, was mistreating a handicapped youth, etc. If we could have spoken with the caseworker's supervisor, these problems may have been avoided.
- I was treated like a troublemaker by my caseworker and I was not.
- I wanted to be treated like the age I was acting (more mature for my age), not a 15 year old who didn't listen and only thought of boys. I grew up faster than most 15 year olds.

- I feel like I am forced to be more independent than I am. I am only 16; I'm not comfortable with finding my own rides to appointments or to go see friends. My county worker understands, but my foster parents and PATH worker push me.
- County should do a better job of "picking" foster parents. Some foster parents have abused me or my friends in care. I advise more ongoing monitoring once a youth is placed. (4 agree)
- Foster kids are provided with a monthly allowance. I did not receive any allowance and the foster parents kept the money. I feel like I was stolen from. An example: I was given a clothing allowance and was told to purchase the clothes and be reimbursed. I bought \$300 in clothing, my foster parents got the reimbursement and I got nothing.
- It would be helpful if we could have clarification in receiving funds to support our needs. What supports financially do we get while in care?
- I wish I could have been in one placement; I was in 20-25 placements. My caseworker wonders why I have reactive attachment disorder. After I get organized in my placement, I get pulled and transferred to a new home.
- My foster parents say to my face I am their kid... but behind my back I am a foster kid.
- The stigma of foster care is not good. I lost so many friends because I was in foster care. Maybe if there was education and more PREVENTION for families who are "psychotic". I wish I had a better reputation, not "Oooohh you are a foster kid".
- How can we make our image better? A regional IL youth said the Youth Advisory Board can help do some education. She felt she is part of something powerful.
- Billboards tell society, foster care kids are little. Can we change our message to help minimize the stigma?

#### **Monthly Caseworker Visitations:**

- Who saw their worker every month? (5/6 in care said yes)
- Never saw my custodian, but saw a representative from county due to my placement location.
- I wish it were more often than once a month. I like my worker.
- Try every week! My caseworker came too often, it was really annoying and she should have only been "checking in" when we needed her.
- I was placed in SD for two years and was visited once by a representative. No regular / monthly calls from my custodian either. (aged out)
- I had a relationship with my caseworker's answering machine, he was a great worker... but he was not always available. In this case a phone number of someone else to call would be helpful.

#### **Placements with Siblings:**

- 8 had contact with siblings while in care.
- 4 had placements with their siblings
- Why can't we see our siblings more often?
- I have not seen my sister in 6 years, my parent's rights were terminated.
- I have an older brother we were both in care and didn't see each other for 11 years. We were told we could not see one another because of my mom. Today we live together.
- My brother is in care at a different placement and I am not allowed to talk to him. I can leave messages with the foster mom, but I am never allowed to speak to him. The county worker knows both of us, now I am in a PATH home in Region 5 and he is in Region 3.
- Maybe the region should identify someone who can help maintain or ensure sibling relationships for all families. Sometimes foster parents are not always accommodating.

- In treatment, my phone calls were monitored because my relationship with my mom was considered “hazardous”. This affected my ongoing relationship with my siblings. Could the caseworkers or the foster parents just monitor the call or visits if they are worried?

**Bio Parents Visitations:**

- Facilitators ran out of time to proceed with this question, however there were three references to relationships with bio parents that made us believe the situation did not allow for regular visitations (hazardous, abuse, etc.)

**Regional IL Program:**

- When I turn 23, my ETV funding is done and I have no additional funding to support my education. I wish a plan to extend the age of the youth “to finish school” would go into effect past age 23 for those who really want it.
- Just starting to understand, I am new to the IL program
- Made it sound like they will provide educational support throughout school. I am in the Vet program and my caseworker did not understand that I only get so much IL ETV dollars.
- Help guide us to other resources when we age out of IL program.
- Advise on careers to pursue that relate to the ETV funding (Vet program, Law, etc.) Those programs take a long time to get through, ETV will not support that.
- ETV semester maintenance of 2.0 GPA scares me, my first semester was tough.
- Sometimes I feel like I get the candy put in front of me, telling me I will get this... then I don't. We need more specific detail.

Stakeholder Comments  
**CASE MANAGERS**  
September 28, 2010

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**Strengths:**

- The county works hard to provide in-home services to assure that children can be kept in their homes.
- Supervised visits are occurring outside the office – in homes, public places, etc.
- Agencies continue to be innovative with the resources they have. Management does listen to and support caseworkers.
- Case workers are a very big help to one another in Cass County, as in smaller counties.
- The county always knows where the kids are. This was certainly evident in the preparation done in anticipation of the flood.
- Case management cases are down in Cass County.
- Cass County works well with community partners. They work very hard at building and maintaining these relationships. Monthly meetings are held with several of these partners. This reflects on the good work that's done with families.
- Workers meet regarding new placements. They use sign-up sheets to coordinate travel to services.
- The court will order services for the family, but it's often difficult to access these services due to transportation issues.
- There's a good working relationship with court personnel; they really listen to case managers. The Cass County State's Attorney is usually available and very responsive.

**Challenges:**

- There may be a short waiting period for family services. There may be a waiting period of about 2 months for chemical dependency and mental health evaluations

- Intensive in home services – could be up to a 6-week wait.
- Parent aides are booked. There could be a waiting period of several weeks.
- Six hours of supervision is required for youth under the age of 1. Many times case managers have to provide transportation.
- Parent Aides are reserved for out-of-home services – aren't available to families who could benefit from these services in-home.
- There are smaller caseloads in smaller counties, but resources are further away.
- Community partners don't always agree with the philosophy of keeping children at home. They advocate for placing the child in foster care.
- Cass County is placing children in kinship care more often, which is much more intensive since you're dealing with family issues also. Financial support for kinship care placements is inadequate.
- Child support payments are currently being directed to kinship care placements. Child Support Enforcement has indicated that this will end soon. The child support order will end once a child is placed with relatives. Taking a child out of foster care stops the obligation to the parents and doesn't give kin the financial support.
- Kinship care providers require much more support. It would be very helpful to define their role. They need to understand the boundaries. Training would be beneficial but isn't currently available to relatives.
- Caseworkers are constantly given new requirements, new policy, new expectations, and new procedures. Nothing ever gets taken away. Many of these requirements do not appear beneficial to families. How are these extra forms beneficial?
- Cass County does a lot of pilot projects as well as internal projects. This becomes overwhelming to county workers.
- The majority of case worker time is spent doing paperwork; excessive documentation and paperwork takes valuable time away from families. Job necessities take away from work with the client. There's a lot of redundancy.
- CPS face-to-face visits can be unrealistic. Priorities often prevent case workers from accomplishing this requirement. The role of CPS has changed considerably through the years.
- Many of the 21 factors on the FAI (Family Assessment Instrument) in FRAME don't apply in DJS cases.
- Large caseloads in CPS.
- Data entry in FRAME takes forever. This is very time consuming for CPS workers. They are required to address each of the 21 factors.
- Pulling up past risk assessments is time consuming. The old system was much more user friendly. It's difficult to cross-reference families. We still have to use a paper file system.
- We need to close out so many different areas in FRAME before we can close out a program. Cannot close if anything is missing; i.e. perm plan. Spell check, when on the system from a remote location (i.e. home), would also be beneficial.
- The case plan that is given out to family and/or court is not user friendly. We often convert this to a word document so that they can see goals and progress.
- Sibling groups are difficult to place in the same home and keep in the same school district.
- It's difficult to keep kids in their same school district overall. It's asking a lot of families and/or case managers to travel this distance.
- Blended families make everything more difficult for case managers. We could have 5 case plans for one family. Sometimes relatives want to care for blood relatives only, which may not include all siblings.
- Judge was reluctant to break up sibling group in order to consider placement with a parent. Which one takes precedence? Does the Department have a stance on this?

This is difficult for case managers to determine during case planning. (Sibling placement vs. parent rights.)

- Sibling visits are often difficult in blended families. A lot of pressure is given to keep these children connected, even with those siblings that are not in the system.
- Log of contacts in FRAME isn't in chronological order.
- Drug/alcohol and day treatment is needed in this region. Kids should not have to be placed in foster care just because they need these services. Currently, Medicaid doesn't pay for services that could possibly be a resource for youth and prevent a foster care payment.
- We struggle with getting kids placed quickly due to lack of family foster homes. Placing children in PATH is difficult because often, there's no diagnosis when a child is originally removed from home and it takes time to get a psych evaluation scheduled.
- Exhausting in-state facilities before referring to out-of-state facilities doesn't make sense in all cases. It's far closer to place a child across the state line than across the state.
- It's difficult to find North Dakota facilities that treat children who are diagnosed with reactive attachment disorder. There are therapists in the area who provide this type of treatment on an outpatient basis, but not facilities.

Stakeholder Comments  
**LEGAL/COURT**  
September 28, 2010

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**Strengths:**

- Legal system personnel in region all work together well and discuss problems within the region.
- There are four backups scheduled for deprivation cases. Delinquency cases are on schedule.
- Two referees from Cass County have been traveling to Traill County, which is an improvement. This cuts down on prep time and provides some consistency to families.
- Court order turnaround is excellent.
- Guardian ad litem have a good working relationship with the juvenile court.
- Court personnel and law enforcement have a good relationship.

**Challenges:**

- FRAME doesn't produce family friendly safety/treatment plans. They're very hard to read/interpret. They're multiple pages and use unfamiliar jargon. Juvenile court is relying on the case manager alone to interpret.
- Child Support information is more difficult to access. Child Support Enforcement used to be a resource; i.e. is child support being paid, has paternity been established? Established paternity is important, especially in ICWA cases.
- Need additional funding and identification of services related to independent living. There's a narrow window of opportunity for youth to be directed to and for them to access independent living services. More services, in general, need to be made available to this population. A list of available IL services should be provided to foster youth, especially youth placed in kinship care situations.
- Independent living services are especially important for the refugee population, as refugee families often push their children into independence at an earlier age, or have claimed children who are not actually their own children and move out on their own.
- Refugee families have no real grasp of mental health disabilities. There's difficulty in understanding language, customs, and religion. Refugee communities often don't report problems due to their fear of authority. Mothers don't understand treatment plans or

traditions. It's often beyond their scope. They have a general distrust of the juvenile court process. Youth speak the language better than their parents. Once youth experience foster care, they have very little fear of the juvenile court process. They sometimes "want" to return to foster care due to economic poverty within the family.

- Language barriers in law enforcement are problematic. They use interpreters over the telephone.
- Developing a refugee mentor program that is monitored by a trained, compensated individual, would be helpful.
- Additional information statewide would be helpful describing the subsidized guardianship program.
- Developing or identifying expert witnesses is needed for the purpose of ICWA.
- We have very complex family structures. Consideration and clarification of siblings is needed. Visitation becomes very problematic. Is it our obligation to order visitation between siblings that they don't even know? Or, should we be focusing our efforts on relationships that are real meaningful.
- In the case of expedited Termination of Parental Rights (TPR's), it's very difficult to listen to audio recordings. The mike that's passed around in the court room doesn't pick up voices appropriately.

Stakeholder Comments  
**SCHOOL/EDUCATION**  
September 28, 2010

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**Strengths:**

- Fargo schools work closely with the Partnership program. Cases are opened at SEHSC. Continued/additional funding for respite and family supports is needed in order to keep children in the community and outside of residential facilities. Two social workers are employed in the West Fargo schools.
- Agencies are very quick to respond to CPS reports. This is a great improvement over the years. Feedback is provided to the reporter. (Note: Feedback is not provided to reporters in all school systems, according to one participant.)
- Very impressed with how county social services works with and supports families in order to keep children in their homes.
- An example was given where a child went through SARB (Student Attendance Response Board), CPS, did a good job, and his attendance has improved considerably. Some cultures do not believe in attending school past 14 or 16 which contributes to the truancy problem.
- Great collaboration with social service agencies when a student is in foster care.
- Permanency Plan/Child & Family Team notifications are received timely.
- Great child psychiatrist and psychologist on staff at SEHSC. They're quick to bump up a child on a list who is in crisis and needs services. (Dr. Charlotte Siemens & Dr. Barb Stanton)
- We heard that there's a "walk-in" service at the HSC for families who really need mental health treatment services.
- Children's Mental Health Initiative, within the community, is very beneficial. This initiative targets the young child.
- DD case managers in the community are great to work with. They come to IEP meetings, are knowledgeable about services in the communities, etc.
- Moorhead State offers free dental care 1 or 2 nights per week; this is a helpful service.

**Challenges:**

- Dental care is needed for children whose parents are not able to afford it. Dentists in this area have determined that it's not economically feasible to become ND Medicaid providers.
- Schools do not receive as much support as they can use with the truancy issue. It's a huge problem in all schools.
- School district notifications are sometimes sent to the wrong school. Some confusion also occurs when a child moves across the state lines. (The confusion is with the receiving state, not ND.)
- There are not enough "crisis-driven" or "early intervention" services for the young child who have severe mental health problems. It would be beneficial if services could be brought to the school. A program within the school would be even better.

Stakeholder Comments  
**FOSTER PARENTS**  
September 28, 2010

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**Strengths:**

- "The Cass County caseworker that I work with is amazing. I can call him at any time of the day or night. However, it seems like he has so many cases. I'm concerned with his well-being."
- We appreciate the reimbursement for childcare.
- We're very pleased with the education and support that we receive from PATH. This allows us to give the children what they need.
- The communication and collaboration between PATH and Cass County social workers is excellent.
- Foster parenting is rewarding.
- We have frequent communication with our PATH social worker. This social worker contacts the foster parent every week and provides transportation to a lot of appointments.
- PATH and Cass County Social Services staff coordinate their visits to the foster home.
- This kinship care placement worked so well they became licensed foster parents.
- The training we receive is incredible. It's easy to get our training hours, we're notified quickly and it's helped with raising our own children.
- "Giving all of the challenges, I would do it again."
- Traill County does an outstanding job. The social services staff are awesome to work with. Telephone calls are answered or returned promptly. Traill County provides quality services.

**Challenges:**

- Why do we receive 1099's for medical related transportation?
- Both foster parents work full-time so getting a foster child to and from appointments is difficult, even though the caseworker helps. A person responsible for transporting children would be very helpful.
- Confusion exists when we have to talk to 3 different caseworkers every month.
- Why can't we claim daycare for a foster child when we are a daycare provider? It doesn't seem to make sense to send my foster child to a different daycare provider.
- Sometimes car seats are not being used correctly when foster children are being transported by the county social service office.

- It would be nice to have a longer transition period when it is decided that a child will be moved from the foster home. This is especially true with children under the custody of Tribal Social Services.
- Tribal Social Services is non-responsive to telephone calls made by foster parents. It seems that the tribe doesn't become involved until TPR becomes the plan.
- We go through the grieving process when our foster children leave. It would be good to know what happens to the foster child when he/she leaves. We understand confidentiality, but is there some way that the child's parent(s) could let us know?
- Obtaining a driver's license for a foster child is problematic.
- It would be an advantage if a foster child could sign themselves back into care once he/she leaves foster care after age 18. Sometimes they figure out that they're not prepared for independence very quickly.
- The adoption case worker wouldn't set up any visits, etc., between the foster parents and the prospective adoptive parents. The foster parent(s) and adoptive parents coordinated these themselves.
- It would be beneficial to have a joint foster/adopt home study. This would eliminate paperwork and save time.
- It would be beneficial to have training related to "taking care of yourself." Foster parenting can be very difficult.
- We can't find respite care for our sex offender foster youth. My husband and I have to take different vacations.
- It's difficult to find a babysitter that's 18 and older. Sometimes it would be nice to go out for an evening.

Stakeholder Meeting  
**COMMUNITY**  
September 29, 2010

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**Strengths:**

- Cass County Social Services is an easy agency to collaborate with. A clinical team works with the family to assess the situation.
- Multiple community agencies work together in trying to help mom and family.
- Team approach.
- Medical coverage is available for most all children.
- Individuals should be referred for evaluations, screening, and assessments early, rather than later. Cass County Social Services works very hard to assure that this happens. Screenings/assessments are done at the onset.
- Services are available in Steele and Traill County. However, they are much different than what is available in Cass County.
- There has been improvement in wraparound services and effective Child & Family Team meetings. Service providers collaborate effectively.
- We need to find a way to reimbursement case management services for private practitioners. This may open up more resources within the community.
- SEHSC works as a team in working with the family; assessing family needs, etc. Nothing is a mystery.
- Cass County Social Services does an excellent job with the resources available. They don't "lump" all families together; they assess each family on a case-by-case basis.
- Communication between community partners is excellent.
- CPS workers take the extra step to make sure children's needs are being met. CPS is all about safety. We need to get rid of the connotation that this is "bad". Education is needed.

- Cass County Social Services organizes a large interagency meeting regularly where individuals can discuss community issues. Break out groups focus on direct issues; education, mental health, etc.
- Lutheran Social Services has an interagency networking group which meets twice a year.

**Challenges:**

- It seems as though county social services has a bias against drug addicts, especially mothers.
- There's confusion in the community regarding the child welfare system, including how to access services. The system is often difficult to navigate.
- Folks aren't always treated as individuals. Parents may have undiagnosed neurological or cognitive problems which would require someone to help them navigate the system. Literacy and language barriers may also further complicate the situation.
- Smaller counties have limited resources and opportunities for children and parents. Transportation is always an issue.
- The availability of a nutritionist and follow-up services are missing in rural communities.
- Resources are also limited in Cass County; Mental Health services are limited and some treatment providers won't accept Medicaid.
- Psychologist and Addiction Counselor - once a week they travel to rural communities, which isn't often enough. (Steele & Traill)
- Available services within the community often limits where we can place foster children.
- Transportation is a barrier for rural families.
- Putting services together for parents who have a physical disability can be challenging. Who are the adult case managers – where do we refer?
- Limited services in the rural communities make the difference between a child missing an hour of school or a full day of school.
- Assessment is critical. If not done early on and appropriately, a family may receive a lot of unnecessary services or may be missing services that would have been beneficial. Unfortunately, sometimes we have to wait a couple months before we're able to give the results to the family.
- CPS situations are adversarial. Parents don't always agree. Sometimes we lose sight of the children.
- Too many assessments come with "one size fits all." We need to individualize the family and engage the parents. This is the best way to work with family.
- Need a better assessment phase because of the limited resources. What is the least restrictive alternative for the family to improve?
- Additional intensive in-home services are needed.
- Family Focused services are needed.
- We would like for foster youth to be able to come back into foster care within a limited period of time, if they left foster care at age 18.
- Foster youth are not allowed to drive. This is extremely important in rural communities or for youth who age out of foster care at age 18.
- Lack of housing is a huge problem related to children aging out of foster care or the partnership program.
- There aren't any appropriate supports for youth who age out of foster care; no employment opportunities. Follow-up services would be beneficial to assist youth who are newly employed.
- Transition planning should be started as early as possible to assist youth who will be aging out of foster care.
- Social services should partner more with law enforcement. Especially when older youth are getting ready to leave foster care.

- Communication between agencies/counties is important for foster youth who leave foster care in one county and subsequently are placed in foster care in another county. Services get lost. Health histories are important, especially for youth where a termination of parental rights occurred.
- Refugee community – culture, mindset, and religion is so different. Services are foreign. The language is a barrier.
- It would be helpful if Medicaid would pay for interpreter service. This population doesn't understand terminology and language is a barrier.

Stakeholder Comments

**CONSTITUENTS**

September 29, 2010

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**Strengths:**

- Tribal social services seem to provide a more individualized approach. Culture is “family” and they were amazing to work with.

**Challenges:**

- A proper assessment and appropriate services are necessary. We need to assess each situation on a case-by-case basis.
- Some county social workers are biased.
- We need to involve the whole family, as opposed to focusing on the children, in order to preserve the family.
- There isn't any collaboration between social services and community partners; i.e. law enforcement, domestic violence centers, etc.
- The grievance process is inadequate. The grievance process is hostile toward the griever.
- The PIP doesn't deal with parent/child relationships. If parents don't agree with agency decisions, they're cut off from their children.
- The grievance process doesn't work.
- There are a lot of problems with Family Group Decision Making. Research shows that this approach is questionable at best. Some families and kids don't always fit the model.
- Mental health services are deficient statewide. County social services seem more focused on keeping children in facilities than in meeting their mental health needs.
- Social workers are not qualified to provide some of the treatment that they provide.
- The needs of children who age out of foster care are not being met; some are homeless.
- Parents and social workers get into power struggles. There should be a process that involves a mediator.
- Little or no efforts of family reunification – (former foster youth); 23 placements in 5 years. Relationship with mom was completely severed.
- We experienced a violation of confidentiality.
- When the system works well, it's wonderful; when it doesn't, it's horrible.
- Parents are often not able to keep receiving services.
- All cases should be reviewed on an individual basis. They should be looked at closer.
- Parents should be able to seek services from a private agency; they shouldn't be “black listed” if the social workers have a different plan.
- A “services required” decision is very serious. It can ruin your life.
- Social workers need to recognize what their decisions will mean to families. Decisions should be made for families only when they are unable to search out services on their own.

Stakeholder Comments  
**ADMINISTRATORS**  
September 29, 2010

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**Strengths:**

- The state's Program Improvement Plan is set up well.
- Court scheduling has improved.
- FRAME has been a challenge and time consuming, but when the transition is done we'll have a good product. Looking forward to get the reports that it will generate down the line.
- Support staff enters all CPS information which has worked well in Cass County and provided consistency. They also enter face-to-face information.
- Juvenile referees travel to Traill County on a regular basis.
- A guide has been developed in this region listing "parent's rights" and "child's rights."
- Relationships with community partners are very positive; i.e. law enforcement, SEHSC, etc.
- PATH and Traill County have a great relationship. PATH will allow Traill County to use one of their therapeutic homes, at the regular family foster care rate, if needed. They work together in recruiting foster homes.
- Flexibility offered to Cass County from the State Office in relationship to pilot projects has been appreciated.
- Help Desk staff have been very helpful, quick and responsive to questions regarding FRAME.
- Business Analyst's knowledge of the casework process is appreciated because the workers feel like she understands what they are responsible for in their work.

**Challenges:**

- FRAME times out so quickly without any warning. Workers will lose all the information they've entered at that point. Difficult to "find" a person in FRAME; inconsistent when searching. One time you will find the name and the next time you won't find the person.
- FRAME is more time consuming system than what we had in the past.
- Additional state and federal monitoring requirements take away time that case workers could use to provide valuable services to families. Timeframes and staff expectations are often unreasonable and don't measure quality of services.
- Face-to-face visits in CPS create delays in working with families.
- Cases are so much more complex than they were 10 years ago.
- Additional federal and state requirements take away valuable time that could be spent with serving families.
- Preventing county access to the Medical Assistance system has created a barrier. This system was used to determine the family composition.
- Each part of the child welfare system has had more and more regulations.
- County Social Services have been ineffective in addressing issues related to pregnant women who are substance abusers. County Social Services is focused on the unborn child – the law focuses on the substance abuser.
- Defense attorneys are overwhelmed in Traill County. It's difficult to get court time and shelter care orders are continued too often.
- There's only one GAL in Richland County.
- Mental health services in ND should be reviewed. Discussions about how the state can assist counties may be beneficial.
- Face-to-face visits are difficult to meet, especially those children that are placed in facilities across the country.

- Foster youth are in foster care because of their mental health needs, not because of abuse and neglect. Further discussions about this would be requested.
- The kinship care grant is inadequate.
- It would be great if county foster parents could receive the same support as the PATH foster parents.
- There isn't anyone who can help parent's access services, or help them work through the grieving process in TPR cases.

## **STAKEHOLDER COMMENTS – REGION VIII (BADLANDS)**

Stakeholder Comments  
**CASE MANAGERS**  
October 19, 2010

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### **Strengths:**

- State's attorneys are positive and good to work with – both urban and rural county workers commented positively
- Outlying counties have a peer group meeting once a month and this has been a positive support. They have been meeting at least 2 years to staff cases with each other, answer program questions and brainstorm ideas.
- County workers help each other out with out-of-home placement, supervision, and face to face visits.
- A lot of interest from potential new foster families in rural areas.
- Foster families are specializing so that they can meet the needs of children.
- Caseloads are manageable in outlying counties.
- An increase in voluntary in-home cases both in Stark and outlying counties, showing that parents are willing to ask for help.
- Badlands Human Service Center (BLHSC) therapists all take on some IIH cases. The Human Service Center tries to send the same therapist to each of the outlying counties for consistency.
- BLHSC – can get folks in for therapy relatively quickly
- Addiction services have improved at BLHSC - no waiting list for both adults and youth/kids. They use a team approach and hold a systemic view of the family. The addiction counselors brainstorm with case managers how to best assist the family and discuss what services are needed.
- Sunrise Youth Bureau is willing to work with county case managers and is creative in finding ways to assist.
- Community Action is good about going out to rural counties.
- Teen Challenge has been helpful.
- The Meth Task Force has been active and helpful.
- There have been some challenges in using the FRAME system so the counties in the region are planning additional training on FRAME. They plan to have the trainer work through a mock case from start to finish.
- The workers are going to court for court-ordered services prior to removal. The court is open to doing this approach.
- Independent Living (IL) coordinator in the region is easy to work with – she responds immediately. She is new to region, still learning. Not always sure what she can and cannot do. She seems to be pretty open-minded, which can be a good thing in terms of flexibility to do the work that needs to be done.
- The new Independent Living Administrator is wonderful to work with – very positive.
- The new state Child Care Administrator is wonderful to work with also.
- Prime Time day care is necessary and very helpful in the region. CPS workers have all made referrals.
- Crossroads is helpful for daycare provision but in some cases they don't have interest from child care providers (in outlying counties) due to the maximum number of children allowed according to the state policy.
- Guardian ad litem (GAL) relationships are good. There's been some turnover but they generally work well together.

- There are positive relationships with the AASK program in the region.
- The counties have good relationships with the school staff.
- In general good relationships with law enforcement throughout region.
- When there is a waiting list for Intensive In-Home therapy, the county assists the family with Wraparound case management services.

**Challenges:**

- In foster care cases the workers struggle with the public defenders, saying they are degrading in how they talk about case managers in the courtroom. They refer to “those people” in social services and will get in the worker’s face. They will advise clients to discontinue contact with social services and advise against the court order. They also advise clients not to sign releases of information. One caseworker felt personally attacked. Some workers stated they haven’t had this experience.
- The caseworkers don’t feel supported by their supervisors to visit children placed out of state and don’t feel they have the ability to say anything to the contrary. Yet the caseworkers noted they are held accountable if those visits don’t occur.
- Hispanic families in some of the rural counties (Bowman/Slope, Stark) have difficulty finding interpreter services. They are wondering if there’s a phone service they can call into, similar to Fargo’s resource.
- Eligibility workers have had influx of cases, but expect that with winter coming Stark county social workers will also be impacted. There are a number of folks living in cars and campers.
- Stark County CPS caseload has doubled – lots of homelessness. They expect their workload to increase as families move in to join the men who’ve come to the state for jobs.
- Out of home placement rates have increased in Stark County.
- Waiting lists of about a month for both Intensive In-Home family therapy and Parent Aide services.
- There is a long wait for services at BLHSC – 1 month wait to get in for a psychological evaluation, even for high risk kids.
- Parental capacity evaluations are scheduled out 1½ months at BLHSC. Some suggest going to Minot because they can get into NCHSC right away.
- Mental Health – difficulty accessing psychiatric services. No local psychiatrist and difficulty getting into Bismarck. They have had to send clients to the ND State Hospital or Fargo.
- There are no detoxification services for adolescents in the region.
- There are no shelter beds here.
- The Sunrise Youth Bureau is overloaded.
- Transportation to services is a barrier.
- Inpatient treatment is difficult to find – an example is inpatient treatment for mothers with addiction.
- The Robinson Recovery House has a long waiting list. They can’t even give an approximate date for admission.
- For those kids/youth returning from residential or group home placement, caseworkers would like to have some follow-up outreach services from the facility. In a case one of the agencies did this and it really helped stabilize the situation.
- Methamphetamine abuse has subsided some, but it’s still present. There has been some staff turnover in the police department which will impact the local task force.
- There has been a huge increase in prescription medicine abuse.
- FRAME – need additional training and an updated manual. They requested having a test case on the system that they can use to self-train. They also requested there be more than 2,000 characters for the main section of the Family Assessment Instrument

(FAI) because there is not enough space for all the information. More space is needed within the FAI factors also. For those really difficult in-home cases where there are a lot of children or a long history of involvement, there aren't enough characters available to type in all the pertinent information.

- CPS - expected to do more work in same amount of time. The cases have become more intense. There has also been a push to get more collateral information which is good but time consuming. The caseworkers requested caseload standards. They feel if they are to provide good quality services, they need caseloads to be manageable. For example, Stark County caseworkers reported they may have as many as 29 cases in a month.
- In-home case managers – more involved with court process, writing affidavits which is challenging to maintaining rapport with families. They are using the court for removals or court ordered services.
- Foster care licensing – after licensed, issues can arise and the foster parents put on more conditions. Doesn't seem like there's much the case manager can do in these situations. They would like to have ability to pull a license when this happens.
- There is a shortage of child care providers throughout the region.
- AASK – it takes a while to get the home study done and the process is lengthy in general. They need more staff. The whole western part of the state is in need of more staff.
- At times law enforcement hasn't filed 960's when they could have. Have seen this in domestic violence situations, for example.
- Parent aide services are not available in all counties and are needed.

Stakeholder Comments  
**LEGAL/COURT REPRESENTATIVES**  
October 19, 2010

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**Strengths:**

- Dave McGeary has assisted with the staff shortage in the area and it has been a big help.
- They are able to get on the docket in a timely manner.
- They are pleased with involvement of social services in the court process and in their work with juvenile court officers. Good partnerships with social service staff.
- There are good relationships between district attorneys and guardians ad litem.
- There are good relationships between district attorneys and public defenders.
- Social Services (Stark) is responsive to requests coming from the court – easy to work with.

**Challenges:**

- Homelessness – Greater number of homeless people. They may have a job but don't have any place to live. "Working homeless" population and some with families. Concerns that this may lead to increased incidences of child abuse/neglect due to children living in cars or tents, especially as winter is coming on. Lack of housing and the housing available is extremely expensive. Rent has increased significantly making it difficult for people to afford. If kids have to be removed due to homelessness, this will create a tough situation, especially if the family has an income. It may force them to leave their work or move to an area with few services. Concern about how to provide for these families as the weather gets cold or if there are storms. These families don't have addresses so difficult to find them or stay in contact. There are also budgetary

implications of this – people coming in for hotel vouchers – could deplete the budget pretty quickly. Some employers refer them to county social services. This comes solely out of the county budget.

- An increase in juvenile cases – both deprivation and delinquency in Stark County. Many are new families to the community and the increase may be attributable to the oil industry workers coming to the area.
- Impact funding not accessible because they have to “prove” the impact and secondary impacts and these are difficult to quantify. Discussed the need to track data, perhaps through child support and child welfare, to help tell the story of what’s happening.
- Concern about future impact for police, fire department, social services, schools, clinics/hospitals (i.e. unvaccinated children) as more people move into the area for employment. Impact in terms of increased population and increased needs.
- Time frames in juvenile cases. Contested cases are challenging in this regard due to statutory time frames.
- A few growing pains in that district judges come into the case a bit cold because they aren’t in on the initial part of the case.
- At times working with the social workers can be difficult as they can be idealistic, not practical.
- Social workers struggle in writing affidavits for court. They don’t understand legal terminology or legal process and this is a training need.
- Shelter care – currently have Sunrise Youth Bureau but hours have been cut from 96 to 48 hrs (attendant care). They only have that amount of time to bring them to court. If reunification can’t take place, we have to get into court for hearings and if the kids can’t get into court parents lose custody pretty quickly.
- Sunrise Youth Bureau is struggling financially and if it closes there will be no shelter care services in the region. Attendant care dollars have been cut back and this is why they’re hurting financially. If the child/youth population continues to grow, the facility will get used more often but there is a lack of resources for that.
- Lack of child care facilities in the region. Also lack of child care for those with nontraditional work hours.

Stakeholder Comments  
**SCHOOL/EDUCATION**  
October 19, 2010

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No attendees for this meeting.

Stakeholder Comments  
**FOSTER PARENTS**  
October 19, 2010

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**Strengths:**

- “If not for the support of our case worker we would not have survived it (current child placed in their home – has significant needs). It’s been an extremely stressful placement and the case worker has been unbelievably supportive.” The caseworker demonstrates compassion for child, compassion for foster parents, etc. We’ve been doing this for years and have felt so supported. A strong team approach with this current foster care placement. Others concur that social workers provide good support.

- PATH foster parents for 12 years. Is asked to do respite care and work with the child in their own home. A place for child to go to when parents have “had it” so that the child doesn’t have to go into foster care placement. Both are retired so not sure how much longer they’ll be able to do this. Thought it was a smart plan to work with the child while the child is in the home. Seems to have been a success so far with the one child.
- Case workers have been pretty creative in assisting with challenges children have had. Very helpful and respectful of our need for a break.
- Good relationship with case manager, feel I can say what I need to say.
- Appreciate that case workers come monthly to see the kids in the foster home. Think it’s good for the kids.
- They are notified of hearings by letter.
- Electronic journals that they do through PATH are helpful.
- Good experiences with the guardians ad litem. They come to the home and visits the children. The case manager calls monthly, leaves communication open so foster parent can call her. Caseworkers seem invested in the children’s best interest.
- Children aging out of foster care – lots of good support programs available to them.
- It’s nice to see parents turn to foster parents for support over the years, long after foster care placement has ended.

**Challenges:**

- Visits with siblings – felt it was put on foster parents to make arrangements for the siblings to see each other. Thought it should have been the county’s responsibility to arrange for sibling visits. Especially the initial visit or two so that things are well coordinated. Wondering if the case manager should be the one to arrange for the visits.
- Guidelines for visits with siblings – is there anything that dictates frequency for visits. Discussed the Fostering Connections legislation. It isn’t clear in there, just that there should be an individualized decision-making process in place for each child.
- There needs to be more follow through when kids/youth leave one county and go to another county. Seems like they fall through the cracks when this happens because they no longer receive any case management and no one is looking after them. Similarly, when families move from one county to another to evade social services involvement. They are concerned the children in these families don’t get services they need.
- Think it would be helpful to have a neutral person to go to so they can share concerns about fostering issues and know the information would stay confidential. Or, to share good ideas of how things could be done to help the kids.
- No longer have the county foster parent support group. It would be helpful if social services would help coordinate such meetings for the foster parents. Could be for both training and for share and support, similar to what PATH does.
- Suggestion that foster parents could maybe be invited to county social service board meetings once a year to share their experiences.
- Home visits – almost have to start over again when the kids return from home visits. Go from no structure back to structure in the foster home.
- Team meetings are scheduled during the day and conflict with their work schedules so that foster parents cannot attend and provide information to the team. It also means the kids have to miss school in order to attend the meetings.
- Grace period for youth to sign themselves back into foster care. Need more flexibility for them (i.e. a longer time frame for them to sign themselves back in).
- Youth need insurance past age 21 (they lose MA coverage).

Stakeholder Comments  
**COMMUNITY**  
October 20, 2010

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**Strengths:**

- Administrative assessments are helpful when the family is currently in services. It ensures safety but keeps family involved in services.
- BLHSC waiting list for therapy & psychological evaluations is no more than 10 days. Psychiatric services at BLHSC can be the exception but generally a short wait.
- Agencies work well together. Good collaboration in the community.
- Community meetings in Stark County occur to address current issues and brainstorm solutions. These meetings are very productive and helpful.
- Good programs in the region to assist parents such as parent aides and parenting resource center.
- Outreach mental health services (intensive in-home and individual therapy) at BLHSC are inclusive of pretty much the entire region. Will see people either in their homes or in an office setting.
- Outreach addiction services through BLHSC are in Bowman only.
- HSC deputy director and Regional Supervisor meet with social service supervisors throughout the region monthly. Working on ways to engage folks in the community who need services.
- Building Upgrade Group Skills (BUGS) through BLHSC are holding meetings throughout the region. This is a Social Skills group for kids ages 6-12 and it has been a good resource.
- Outreach services through BLHSC are flexible and creative.
- The NDSU Extension office in Bowman County has a good working relationship with the social service staff and they ensure parenting classes are provided. Shonda Schwartz is supportive and cooperative and this is greatly appreciated.

**Challenges:**

- Medical professionals are not sure when to get the CPS worker involved and asked the interviewers, “At what point does it become abuse/neglect?” It was suggested that they consult with county social services or the HSC regional supervisors in these situations to determine if a 960 needs to be filed.
- In general, community education is needed with law enforcement and medical personnel regarding CPS laws and reporting of child abuse/neglect.
- Elderly population in rural communities is growing and they are vulnerable and need services. Distance to services is an issue as well.
- The families who receive the money from oil development don’t think they need help because they have money. However, they still have service needs.
- There is no mental health unit in the region. Both crisis and ongoing services are needed. BLHSC has stepped up but needs exceed what’s available. If someone needs inpatient services, they are sent to Bismarck or Jamestown and have to find their own transportation.
- Influx of new people in the community/region present more needs and there are not enough services to meet the needs.
- Youth aging out of foster care have nowhere to live. Housing is scarce and expensive. They can’t apply for housing until they turn 18 but waiting list is long.
- People are living in tent communities.

- There are more children who should be placed in foster care who aren't. Feel there are kids who are put in jeopardy and in the long term we are hurting them much more than if we could get them in foster care and help the parents.
- All service providers need 4-wheel drive vehicles to get out to the people who need services.
- Lots of drive time to get to the families who need services.
- As the weather gets colder, concerned about the impact to those who have moved into the region for work but don't have housing.
- People who have worked in the community for years can't afford the housing any longer.

Stakeholder Comments

**CONSTITUENTS**

October 20, 2010

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No attendees for this meeting.

Stakeholder Comments

**ADMINISTRATORS**

October 20, 2010

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**Strengths:**

- Rural schools are doing a good job with the extra children enrolling for school. Enrollment in Dickinson area hasn't increased significantly.
- FRAME Help Desk staff do a wonderful job but clearly they are overloaded.

**Challenges:**

- Although child welfare is a part of it, most everybody is focusing on the community impact in all areas. They feel bombarded with all things that are going on with current industry growth and the difficult issues that have resulted from it.
- It's challenging to determine child abuse/neglect with the families who are working but "homeless" (e.g. those living in tents and campers and cars/trucks). Lots of concerns with winter coming and the potential child welfare issues.
- There is a housing shortage in the region.
- There's a concern about lower middle class people who aren't eligible for services/programs but still have needs such as insurance coverage, housing, etc.
- Homes with multiple families living together and the impact on the children and potential for child abuse/neglect.
- While needs are increasing, the number of staff hasn't increased nor has funding increased.
- A shortage of parent aide services.
- Caseloads (parent aide, in-home) have increased in Stark County. Increase in CPS in Dunn. CPS in Stark steady according to supervisors and foster care steady also.
- Lack of availability for infant child care in Dickinson. Becomes an issue for foster care because can't find day care for the foster children. This is a concern in rural counties also.
- The one group child care in Dunn County is closing and the area will only have a couple home day cares now.

- Mental health/DD treatment facility for young children is a need in North Dakota. We have kids who've been on the waiting list for "ages." Don't want to send them out of state.
- Court system – people are retiring and that's a big loss for this region. There are new juvenile court officers and they are still learning.
- A shortage of psychiatrists in the region.
- FRAME has been a challenge. Need some more training now that it's been up and running.
- Lots of email updates on FRAME that are difficult to follow.
- We don't have a Children's Advocacy Center in this region and have to find a way to get the kids to Bismarck. There's space at the hospital but can't find contractors to take it on.
- Respite for foster families is hard to access. Would like a "circle of families" approach so that there's respite for them.

Stakeholder Comments  
**YOUTH – INDEPENDENT LIVING**  
October 20, 2010

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**Strengths:**

- It's good there are foster homes out there for us to go to.
- We get clothes, food, and stuff that our normal families cannot provide for us.
- I was able to be in sports; foster care allows for that.
- Foster families are patient and understanding.
- I tell people I am in foster care and it is not a negative thing. I answer questions if needed, I feel apt to tell people because I am in a smaller school. This is who I am, it's just foster care.
- I can get my driver's license with PATH, but I need my own car.
- I know I will sign myself back into care when I am 18. I already lived on my own and paid bills and raised kids. I don't want to be on my own yet.

**Challenges:**

- When I was rude to social services, they sent me away to a treatment place.
- \$300/yr for special circumstances is not enough. I have contacts, so \$130 go to that, then football cleats are over \$100, but I grow and have no money for extra clothes, etc. Stuff is expensive these days and I feel \$300 is not enough for an entire year.
- I entered care with nothing, they helped me, but now I feel like there are things I need. What will happen for senior pictures, etc.?
- Moving around from home to home was always hard. I told my worker to not move me anymore.
- I can't ride in car with friends because my worker and foster parents will not allow it.
- Insurance for driving and purchasing a car, if I was in a normal home my parents would pay for the insurance. Foster families do not want to put you on their insurance.
- Can't take your permit test until you take Drivers Ed, I missed the Drivers Ed class due to other appointments and now have to wait until next summer.

**Monthly Caseworker Visits:**

- Who saw their worker every month? (2 agreed)
- We find out about a week before they come and then we meet for like 10 minutes.
- I meet monthly and visit with my worker for like 1 ½ hours or more talking about stuff.

**Placements with Siblings:**

- Started in placement with my siblings, then we were split up. I feel that was ridiculous as we were already going through so much and then we were split up.
- I see one of my sisters every Sunday due to our placement locations – that is cool.
- My sister and I were placed together, but not my brothers, when we started in care.
- Currently my worker is trying to place my little sister and me together or at least in closer towns (2007 was the last time we saw each other).
- My aunt/uncle wanted to raise me one way and I didn't follow their rules, so my sister and I were split up.

**Bio Parents Visitations:**

- I see my parents once every two-three months. I can call them whenever I want.
- It started out where I spoke with my mom often, then I did more parenting than she did during our phone calls. Now our communication is none. A new rule is that my mom is responsible to call me.... lots of rules because of her issues.

**Regional Independent Living Program:**

- Waiting on a referral to Region V due to my foster placement location.
- Just joined the program and think it will be good for me.