



# Supervisor Playbook

Case Management Redesign 2026

# Table of Contents

18+ Continued Care .....	2
Adoption .....	6
Cultural Competence .....	8
Custodial Team Meetings .....	11
Interstate Compact on the Placement of Children .....	14
Placement of Children .....	14
ICWA IFP Program and QEW .....	15
Identifying Placement & .....	19
Difficult to Place Workflow.....	19
Level of Care .....	24
Transition Plan Agreement.....	26
Re-Establishment of Parental Rights .....	27
Relative Search .....	28
Respite Care Substitute Care & Babysitting .....	31
Shelter Care – Family Setting Shelter Care – Certified Agency Setting .....	34
Implementing & Assessing Present Danger Plans.....	37
Impending Danger Assessment.....	39
Information Needed to Support Safety Decisions.....	41
Safety Planning.....	48
Case Planning Process .....	52
Supervisor Competencies.....	57
Supervision .....	59
Supervisor Training.....	61
Child Welfare Training.....	63
Quality Visits .....	65
Phase II:	
Balancing Bias	
Child and Family Team Meetings	
CHINS	
Court Processes	
FRAME	
Relative Engagement	
Family Visitation	

---

**Policy: 18+ Continued Care** 624-05-23

**Purpose of 18+ Continued Care:**

18+ Continued Care is available to eligible foster care children up to the age of 21 if the child meets certain criteria:

1. Have aged out of foster care while under a valid court order granted to a North Dakota public agency; Human Service Zone, Tribal Social Services or the Division of Juvenile Services (DJS).
2. Not have obtained the age of 21.
3. Need continued foster care services.
4. Qualify in at least one of the participation categories.
5. Sign the 18+ Continued Foster Care Agreement (SFN 60).
6. Return to foster care within six months of their last discharge date, unless otherwise approved by the Department. Requests to re-enter beyond six months must be presented to the Department by the public agency seeking care and placement authority.

The child must have been discharged from foster care at the age of 18 or greater from a ND public agency and utilize the same agency as their first point of contact if interested in returning to foster care.

**Supervisor's Role:**

Monitor and ensure eligibility of children entering the 18+ program. Assist and guide case workers on the return to care processes. Ensure proper steps are taken depending on if the child is entering 18+ from tribal entity, DJS custody, or Zone custody.

**Questions to Review/Consider with worker:**

- A child, who ages out of foster care under the custody of another state, is not eligible for North Dakota 18+ Continued Care even if they move to North Dakota.
- In the event a child does not fully meet the expectations of the 18+ program, there is a grace period of 30 days. Ensure the child engages in volunteer work, while he/she awaits employment or acceptance to educational program.
- Does the child have an 18+ approved living arrangement?
  - a. Licensed provider
  - b. SIL program
  - c. College Dorms
  - d. Job Corps
  - e. Un-paid relative/kin placement
- Was the 18+ continued care agreement signed? (SFN 60)
  - a. The three-party agreement signed by the agency, the child, and provider.
  - b. A change in providers would require a new agreement
- SFN 60 allows the bridge in service and payment until a formal court order can be obtained. The agency has 90 days to obtain that court order.
  - a. See Court Order Highlights in 624-05-23
- Was a Criminal background check completed/needed?
  - a. Not required, however, it is encouraged if the child is returning to care after a period of time has lapsed.
- If a child was not IV-E when aging out, 18+ requires a new eligibility determination.

- a. See Procedures below
- CFTM Guidance: If an 18+ Child has no gap in service period the next CFTM would be 90 days after the last one. Example: CFTM held on 11/7/2025 and the child turned 18 on 12/1/2025 next meeting could be held on 2/7/2026

**Procedure:**

**ZONE CASES**

**Agency Responsibility**

The custodial zone for the child under the age of 18 may continue with the child as 18+. If the child wishes to move to or remain in a different community/zone, the “home” zone may request to transfer to the 18+ case to zone where the child will reside. This is an agreement that can be reached between zones.

**Process for child who will enter the 18+ Continued Care Program**

How the case progresses in FRAME and what forms the child must complete to continue or enter the 18+ program depends on the initial foster care eligibility determination.

1. To locate the child’s current eligibility status on FRAME:
  - A. Go to:
    - Case Management Tab
    - Service Period
    - Child’s Foster Care Program
    - Eligibility Determination field
  - B. Ask Field Service Specialist or FCSA Eligibility Unit for assistance

**Based on eligibility, proceed as follows:**

**Title IV-E eligible child** aging and continuing in foster care with 18+ Continued Care

1. Zone Responsibility
  - a. Meet with the child to complete SFN 60 18+ Continued Foster Care Agreement
  - b. Submit SFN 45 Notice of Change indicating child’s continuation in the 18+ Continued Care program
  - c. Obtain 18+ Court Order (permanency) based on the permanency due date under the foster care episode. If permanency is not due, obtain an 18+ Permanency court order within 90 days of 18+ agreement effective date
  - d. Enter agreement on FRAME

**Non-Title IV-E eligible child** aging out and continuing in foster care with 18+ Continued Care

1. Zone Responsibility to close program:
  - a. Submit SFN 45 Notice of Change with the following sections completed:
  - b. Closing Foster Care Information. Child must be discharged from the current foster care episode effective the expiration date of the court order or upon the child’s discharge from foster care age 18 or greater.
  - c. Change/Add Placement provider information with an initial placement start date equal to the 18+ Continued Foster Care Agreement \*\*See below for further payment assistance
  - d. Change in Child’s Status – 18+ Continued Care
2. In FRAME:
  - a. Complete the closing case plan and approve
  - b. Complete outcomes

- c. End placements
- d. Close the Program – select reason for closure such as “court order expired” or “Juvenile living independently”
  - 1. **DO NOT:**
    - **Close the service period for the case**
    - **Close the case**
- 3. Agency Responsibility to open program and apply for foster care
  - a. Submit SFN 45 Notice of Change opening foster care 18 +
  - b. Meet with the child to complete SFN 60 18+ Continued Foster Care Agreement (The effective date of the agreement must be the day following the closing date of the regular foster care episode)
  - c. Assist child in completing SFN 641 Title IV-E Title XIX Application–Foster Care \* Note: Eligibility is limited to the month in which the child returns to placement. Therefore, the application should be completed as close to or directly after the case status change.
  - d. Obtain 18+ Court Order (permanency) within 90 days of 18+ agreement effective date
  - e. On FRAME
    - Open foster care program

Payment guidance specific to Non-IV-E Eligible child discharging from one placement setting to another placement setting on the date of DJS court order ending and/or 18<sup>th</sup> birthday

- To pay two different providers for the overlapping date the new placement must be opened on the date of transition under the temporary custody order, then closed and opened on the date of the beginning of the 18+ Program Agreement effective date.

**Example:**

- Current court order expires on 3/8/22
- Child is discharged from current placement on 3/8/22
- Child enters new placement with SIL on 3/8/22
- To pay both providers on the cross over date
- SIL placement must be added to the initial foster care episode with a placement for SIL from 3/8/22 to 3/8/22 (payment of one day)
- New foster care episode for the 18+ program begins the day following the court order expiration date, which is 3/9/22
- Open SIL placement again on 3/9/22 under the 18+ program

TRIBAL CASES

**Tribal Agency Responsibility**

The North Dakota Department of Human Services has a formal agreement with Standing Rock Sioux Tribe, Three Affiliated Tribes, Turtle Mountain Band of Chippewa, and Spirit Lake Sioux Tribe. The Title IV-E agreements allow the Tribe to retain jurisdiction of children interested in participating in the 18+ Continued Care program. The Tribe remains responsible for providing full case management to the foster child and all documentation for eligibility determination and case management to the county. Eligible maintenance payments for the care of an 18+ child will be authorized by the state’s central Foster Care and Sub adopt Eligibility Unit.

**Process for tribal child who will enter the 18+ Continued Care Program**

How the case progresses in FRAME and what forms the child must complete to continue or enter the 18+ program depends on the initial foster care eligibility determination.

- Tribal Title IV-E:

- A child under the custody of Tribal Social Services, who was Title IV-E eligible and meets the criteria of “aging out”, is eligible for 18+ Continued Care.
- Tribal Non-Title IV-E:
  - A child under the custody of Tribal Social Services, who was not Title IV-E eligible upon “aging out”, may qualify for 18+ Continued Care.
  - The child must apply and have their eligibility determined. If found to be Title IV-E eligible as “child only”, the child would be eligible to participate in the 18+ Continued Care program.
- If the child loses Title IV-E eligibility or is no longer reimbursable while participating in the 18+ Continued Care program, the designated state worker will close the case, and the state will no longer be financially responsible.

**Based on eligibility, proceed as follows:**

**Title IV-E eligible child** aging and continuing in foster care with 18+ Continued Care

1. Tribal Agency Responsibility
  - a. Meet with the child to complete SFN 60 18+ Continued Foster Care Agreement
  - b. Submit SFN 45 Notice of Change indicating child’s continuation in the 18+ Continued Care program
  - c. Obtain 18+ Permanency Court Order based on the permanency due date under the foster care episode. If permanency is not due, obtain an 18+ Permanency court order within 90 days of 18+ agreement effective date
2. CFS Field Service Specialist Responsibility – FRAME data entry
  - a. Enter 18+ Agreement

**Non-Title IV-E eligible child** aging out and wishing to continue in foster care with 18+ Continued Care

1. Tribal Agency Responsibility
  - a. Assist child in completing SFN 641 Title IV-E Title XIX Application–Foster Care \* Note: Eligibility is limited to the month in which the child returns to placement. Therefore, the application should be completed as close to or directly after the case status change.

**If IV-E eligibility status is determined**

1. Meet with the child to complete SFN 60 18+ Continued Foster Care Agreement (The effective date of the agreement must be the day following the closing date of the regular foster care episode)
2. Submit SFN 45 Notice of Change opening foster care 18 +
3. Obtain 18+ Court Order (permanency) within 90 days of 18+ agreement effective date
4. CFS Field Service Specialist
  - a. Open foster care program
  - b. Enter 18+ Agreement

**Tools and Timelines:**

- SFN 60: 18+ Agreement
- SFN 45 Notice of Change
- 18+ Court Order: obtained within 90 days
- SFN 641 Title IV-E Title XIX Application- Foster care: completed and signed by 18+ child

**Policy:** Adoption: 624-05-15-115-15 **Responsibilities:** 624-05-15-115-15-10 **Court Proceedings:** XXX **Best Interest:** 624-05-15-30-15.

### **Purpose of Adoption:**

Adoption refers to the situation where the legal rights and responsibilities of a parent to a child are terminated by the agency and later assumed by an identified individual who becomes the child's legal parent. It can be the most traumatic for the family since it generally involves permanent separation of the child to his/her family. All reasonable efforts should be made to reunite the family before moving to adoption. A singular permanency goal of adoption is allowable before the Termination of Parental Rights (TPR) is granted. However, rationale as to why the permanency goal of adoption was made before a TPR should be clearly documented in the case record. Many times, adoption is a concurrent permanency goal until a TPR is finalized.

### **Supervisor's Role:**

The supervisors play a critical leadership role in cases where adoption is being considered. Supervisors provide oversight to their workers responsibilities and case movement to ensure timely permanency for children. It is crucial that supervisors assist their workers in determining when it is appropriate to add the goal of adoption. Supervisors should guide in permanent planning efforts by ensuring adoption is only considered after all reunification efforts have been thoroughly explored and documented. They will assist in next steps as it relates to collaborating with AASK and the referral process. Oversee efforts as it pertains to relatives searches and placements in conjunction with sibling placements. Lastly, providing legal and policy compliance with filing.

### **Questions to Review/Consider with worker:**

1. Have all permanency options been ruled out?
2. Have the parents, through words of actions shown the inability to care for the child?
3. Siblings; are siblings placed together, what efforts can be made at this time to ensure connection and relationship of siblings is maintained.
4. ICWA:
  - a. Is ICWA Applicable? Has the agency established eligibility? Have legal ICWA requirements have been followed? (Active efforts, QEW, tribal support, tribal relatives or order of preference, plans to support cultural heritage, etc.)
5. What conversations have been had with parents regarding lack of progress?
  - a. Is the danger being clearly stated to them? Do they understand what must change in order for reunification to take place?
    - i. This is NOT task driven, focus on behavioral changes and safety.
  - b. Barriers to progress, what can you as the CM assist with to overcome those barriers?
  - c. Have you spoken with them about adding a concurrent goal of adoption?
  - d. Do they have wishes as it pertains to their child's long-term care and permanency?
    - i. Relatives, fictive kin, etc.
  - e. Are there going to be changes in the near future that might affect their ability to parent (positive or negative)?
  - f. How can we support parents through this process? Do they understand what this means?

## **Procedure:**

See Responsibilities of the Custodian When the Goal of Adoption Is Established 624-05-15-115-15-10  
Before AASK is involved in a case where adoption is the case plan goal, and in order to facilitate earlier permanency, a case worker should:

- Complete early and on-going relative search to identify potential adoption options.
- Have conversations with these potential options about TPR process, permanency and on-going connections.
- Have age-appropriate conversations with children/child about TPR process, permanency and on-going connections.
- Prioritize sibling placements when the safety and wellbeing of the children can be assured. Revisit placements of siblings placed separately often and on-going throughout the life of the case. Consider therapeutic support to reunify siblings who may be separated due to child behaviors.
- Make sure your case file contains relevant and current medical, therapeutic, educational and other service provider documentation.

AASK must be invited to the CFTM where the goal of adoption is added as a case plan goal. *This step is frequently missed.*

## **Tools and Timelines:**

Within 7 days of that CFTM, the custodial agency uploads the full kit referral to SharePoint and notifies AASK.

*Full kit includes:*

- SFN 922, FRAME placement history, current PCPA (and future PCPAs), SFN 921, SFN 927, birth certificate, relative search documentation, shelter care/initial removal order, current court order, TPR order (if granted), life book/photos (if available), and Tribal enrollment verification (if applicable).
- Note: At a minimum, Tribal enrollment applications must be submitted to the appropriate Tribe in accordance with ICWA requirements.
  - When the TPR Affidavit is submitted, a custodial team meeting must be scheduled.

**Policy:** N/A

**Purpose of Cultural Competence:**

To be culturally competent requires more than having knowledge of certain cultural groups. It is the ability to understand cultural differences, recognize one's own potential biases, and transcend differences to work productively with people whose cultural context is different from one's own.

Culturally competent child welfare professionals use information about child and family culture to respectfully work with families, develop helping relationships, formulate individualized case plans, and offer culturally sensitive services. If you do not understand the meaning of cultural behavior, miscommunication and misinterpretation may occur. You can inadvertently offend families if the social rules of the culture are not known. The disrespect communicated by lack of adherence to the culture's social rules can interfere with establishing a working relationship.

**Supervisor's Role:**

Supervisors are responsible for ensuring that staff deliver services that are culturally responsive, respectful, and unbiased. Supervisors should provide workers with regular reflective supervision that explores how culture, identity, and personal bias may influence engagement, assessment, and planning with children and families. Supervisors will ensure workers have access to ongoing training and community resources that strengthen understanding of cultural groups served by the agency, including tribal nations and immigrant communities.

**Questions to Review with workers:**

- Are there assumptions you're making about the family's culture, values, or behavior?
- How might your cultural background differ from the family, and how does that influence your interpretation of risk or safety?
- How might the family's cultural background influence their view of safety or discipline?
- Whose definition of 'normal' are we using here?
- What cultural or community resources might support this family?
- Are we considering cultural definitions of safety, discipline, caregiving, and family roles?
- How might power dynamics between the agency and the family be affecting engagement?
- How have cultural beliefs shaped the family's views on safety planning, services, or permanency options?
- Are there culturally relevant services or kinship connections we have not explored?
- How have we incorporated the family's voice and cultural preferences into plans and goals?

**Procedure and Considerations when working with families from different cultures:**

There are specific actions and behaviors child welfare professionals can practice that support culturally competent exchanges. They include the following aspects of communication.

**Which Family Member to Address First:**

You should not assume which family member they should speak to first. If assumptions are made it may interfere with the information you receive.

You should find out which family member(s) to address first. For some cultures, it is important to know and address that family member and get their approval. If this is ignored, it could result in you being alienated or could possibly communicate unintended arrogance. For example, in some cultures the female is responsible for interaction. The male, who is dominant, sits, listens, and observes. In this example, you would address the female. However, she may continue to glance at her partner to figure out his opinion of the conversation. One approach to handle this is to request directions from the family.

### **How to Address Family Members**

You should ask the family members how they would like to be addressed, and this should be asked early in the interaction. The family may perceive you as disrespectful and impolite if you refer to yourself and the parents/caregivers by first name.

You should not assume that you know the ethnic identity of a person. You should ask the child or family members how they identify themselves culturally or ethnically. People from the same ethnic group may identify themselves differently. For example, the following terms have individual meaning and importance for people of similar cultural and ethnic backgrounds: Native American, Indian, American Indian, or Indigenous People(s); Hispanic; Latino or Latina; Chicano or Chicana; Mexican, Mexican National, or Mexican American.

### **Personal Space and Touch**

You should be aware of your body position and the distance between you and the family members. You will need to determine an appropriate distance so that the family feels comfortable.

In some cultures, strangers do not touch each other. This can include a handshake. Some cultures recognize a firm and strong handshake as a sign of respect. Other cultures (e.g., Native American) respect a soft handshake. Some cultures perceive a firm handshake as a sign of aggression or uncouthness. Other cultures do not believe in any physical contact in public. This makes a handshake an unwelcome greeting. You should request directions from the family.

### **Eye Contact**

In some cultures, eye contact is an indication a connection has been made. This may be to them how a relationship forms. In these cultures, a lack of eye contact is a lack of trust or indicates dishonesty. In other cultures, direct eye contact is a sign of disrespect or arrogance. You should be aware of and examine your perceptions about eye contact.

### **Offers of Food or Refreshments**

In many cultures, the custom is to offer food and refreshments to others. This often takes place before any formal conversation. If you intend to decline, you need to do so in a respectful way. If you have diet restrictions, talking about them can be a tactful way to decline. If the food or refreshment does not look appetizing, you should keep your thoughts to yourself. You should also avoid facial expressions that suggest disapproval.

### **Strengths, Skills, and Dysfunction within a Cultural Context**

Identifying strengths suggests underlying values. Family strengths within a cultural context must be appreciated. If one values individuality and self-assertion, then the ability to take charge would be considered a strength.

In cultures that highly value group harmony, the ability to negotiate and come to consensus would be considered a strength. In a group where only certain members of the family make the major decisions, the ability to gracefully accept the decision without protest may be considered a strength. A trait must be measured by its efficacy within a specific cultural context.

What may not appear to you as a strength in a particular situation may be considerable within the family's cultural context. Unless you recognize this, a behavior may be a lack of adaptability and general dysfunction. In fact, it may indicate the person has adapted well within their subculture, even though the behavior may be problematic. Such assessments are complicated by what appear to be the benefits of assimilating into the larger culture. For example, you may want to explain the advantages of individuality and self-reliance to survive in society's competitive, technological, and economic environment. You must realize, however, that a family's feet may simultaneously be in more than one culture and must accept the family's right and need to behave accordingly.

For a family member to feel a trait or an attribute is a skill, it must be something valued by the culture. You may not recognize a family's strength or skill unless you assess it in context. For example, a family may feed a child a diet of beans and rice. This is a resourceful way to provide maximum nutrition and avoid hunger on a very limited budget. Out of context, you may view the trait as laziness or unwillingness to prepare creative and well-balanced meals.

Dysfunction also must be viewed within a cultural context. Dysfunction literally means something does not work in a situation. Dysfunctional behavior refers to behavior that creates and maintains problems rather than solving them.

Being culturally competent also requires knowing the issues associated with acculturation and assimilation, as well as being aware of how individuals may differ along these dimensions. In all cases, you should determine the extent to which the guidelines are true for the current family. You should not assume these conditions are true simply because the family is a member of a specific ethnic group. You must avoid stereotyping.

## Policy:

### Purpose of the Custodial Team Meeting:

The purpose of a custodial team meeting is to identify and determine the most suitable adoptive option for a child by objectively assessing current interested families. A component to the custodial team meeting process is selecting a single adoptive family when multiple candidates exist and developing a recruitment plan if no suitable options are identified. This process includes decisions on sibling placements while also establishing a clear adoption plan.

### Supervisor's Role:

Prior to a Custodial:

- Ensure a relative search was completed, letters were sent, and all relatives had an opportunity to respond to the agency. This process keeps children and families together when at all possible.

In the Custodial Meeting:

- Provide support to the case worker as they provide the custodial team with family and child history.
- Remain nonbiased when identifying an adoptive option.
- Ensure decisions align with law and policy including sibling's placement and family preference

### Questions to Consider/Review with case worker prior:

- When was the last relative search completed?
  - Letters? Phone calls? What did that look like?
- What efforts have been made to engage relatives in relationship building with the child if you feel there is a disconnect in their engagement since child has come into care?
- Sibling placement: What attempts are being made to maintain sibling connections? We must be able to justify why we are not placing siblings together. This would only include severe mental or behavioral challenges between the siblings that would cause severe harm. The sibling relationship is the longest relationship you will have in your lifetime.
  - "What are we focusing on to place them together"
- When Should a Custodial Team Meeting should be utilized?
  - At any point when placement decisions need to be made related to the child's permanence through adoption. Examples:
    - When goal is adjusted to concurrent to include adoption and to determine if adoptive options are available
    - When TPR petition is filed
    - When TPR is granted/affirmed
    - Other placement-specific reasons
    -

### Questions to review with AASK in the custodial team meeting:

- What efforts have you made for recruitment the last time we met?
- Has a REEL been completed and shared?
- What websites have they been shared to and how frequently?
  - Facebook
  - Adopt Us Kids
  - AASK

- Books in Coffee Shops
- Flyers to AASK waiting families
- Promo Booths
- Relative search and engagement been exhausted?
  - Wendys worker efforts?
- What have conversations been like with the child(ren)?
  - Who do they want to be adopted by? Have you had a specific conversation with them.
  - How are they feeling about the adoption process?

**Procedure:**

1. **When Adoption is added as a Permanency Goal (either singular or concurrent)**
  - HSZ case worker submits AASK referral letter via mail or email within **7 days**
    - Invite AASK to all subsequent CFTMs
2. **When Affidavit for termination of parental rights is filed**
  - HSZ case worker submits **Referral Part A** to AASK Program within **7 days**
3. **When Custodial Team Meeting is deemed necessary**
  - AASK worker will schedule Custodial Team Meeting
  - HSZ case worker completes and distributes **SFN 306 Custodial Team Meeting Step 1** and **SFN 201 Relative Family Fact Finding** a minimum of **7 days** prior to the scheduled meeting
  - HSZ case worker completes **Step 1A** information **by the date** of the scheduled meeting
  - HSZ case worker submits **Referral Part B** to AASK Program **by the date** of the scheduled meeting
4. **After Custodial Team Meeting is held**
  - HSZ designee completes and submits **SFN 306 Custodial Team Meeting Step 2** to the Custodial Team within **7 days** of the meeting
  - HSZ Director completes **SFN 306 Custodial Team Meeting Step 3** within **7 days** of the meeting
5. **When TPR is granted/affirmed**
  - HSZ case worker notifies the identified family that they are the identified adoptive family within **7 days**
  - HSZ case worker submits **Referral Part C** to AASK Program within **14 days**
6. **If Recruitment Plan is needed**
  - Continue with Custodial Team meeting process numbers 3, 4 & 5 until family selection is appropriate

**Custodial Team Meeting Participants**

**Required:**

- Custodian – Human Service Zone director and/or designee (supervisor)
- Custodial Case Worker
- CFS Field Service Specialist
- IFP (if ICWA case)
- AASK Worker
  - Permanency Manger if recruitment is necessary

**Optional as deemed necessary to provide specific information:**

- Other professionals may write a recommendation for the case worker to share with the team.

**DO NOT include:**

- Family or caregivers – The case worker and others (such as GAL) should speak to their perspectives in an objective manner

**Documentation for Custodial Team Meeting**

This is the responsibility of the case worker or custodial agency.

**Tools and timelines:**

- AASK Referral Checklist
- SFN 306 Custodial Team Meeting <https://www.nd.gov/eforms>
- SFN 201 Relative Family Fact Finding <https://www.nd.gov/eforms>
- SFN 772 Relative Search Log <https://www.nd.gov/eforms>
- SFPM PCFA – Section II (F)
- SFPM PCPA – Section II

---

## **Policy: Interstate Compact 619-01**

### **Purpose of Interstate Compact on the Placement of Children (ICPC):**

The purpose of the interstate compact is to facilitate the cooperation of states in the interstate placements of children who are in the custody of a licensed or approved public or private child placing care institution, agency, or court. The compact ensures that the proper authorities within the receiving state shall have the opportunity to assess and evaluate the proposed placement prior to the time the child is placed, to ensure that full protection is provided to the child in the placement.

### **Supervisor's Role:**

The supervisor's role in the ICPC (Interstate Compact on the Placement of Children) process is to ensure that the worker's actions comply with legal requirements, agency policy, and best practices for child safety and permanency. Supervisors should evaluate the appropriateness of the ICPC request and whether it is in the child's best interest. Supervisors are also responsible for assigning incoming ICPC's in their area that are for relatives or parents. Supervisors will assign an ICPC case as they see fit on their workers' caseloads and assess capacity. The FSS Lic. unit is responsible for assessing and managing the ICPC if it's an incoming foster care case.

### **Questions to Review/Consider with worker:**

- Why are we considering an out-of-state placement?
- Is ICPC required for this situation (i.e., is this a placement with a parent, relative, foster home, or adoptive resource across state lines)?
- What is the permanency goal for the child, and how does this placement support that goal?
- Are there any special services or supports the child will require immediately upon placement?
- Has the family had prior involvement with child welfare or criminal history that might affect approval?
- Have all required ICPC forms been completed for an outgoing ICPC? (e.g., 100A, 100B, court orders, case plan, social history)?
- Has the most recent court order with placement authority been included?

### **Procedure:**

See procedure for initiating a compact in 619-01-25.

### **Tools and Timelines**

#### **Outgoing ICPC:**

- SFN 965 (ICPC 100-A) Interstate Compact Application Request to Place Child
- SFN 852 Sending State Priority Home Study Request
  - Expedited Request and cannot be sent without a court order from a judge requesting the expedited ICPC
- SFN 395 ICPC Financial & Medical Plan
- SFN 885, Statement of Caseworker
- SFN 966 (ICPC 100-B) Interstate Compact Report on the Placement/Replacement Status of Child
  - It is not completed until there is an approval from out of state

#### **Incoming ICPC:**

- SFN 399
- Background Checks
- SFN 387 ICPC Supervision Report
  - Completed by the worker monitoring the child in North Dakota

---

**Policy:** ICWA 615-300 and North Dakota Century Code Chapter 27-19.1 (Indian Child Welfare)

**Purpose of the Indian Child Welfare Act:**

Casework supervisors are responsible to support and comply with the accurate implementation of the Indian Child Welfare Act (ICWA) for all eligible children/families who enter the child welfare system. ICWA is a federal law passed in 1978 in response to the high number of Indian children removed from their homes. The intent of ICWA is to protect the best interests of Indian children and to promote the stability and security of Indian Tribes and families. ICWA and ND State Century Code set federal/state requirements that apply to state child custody proceedings involving an Indian child who is a member of or eligible for membership in a federally recognized Tribe.

**ICWA Family Preservation (IFP) Program**

The ICWA Family Preservation (IFP) Program is a statewide collaborative program that provides intensive, family-centered services to support Indian children and families at risk of separation.

The IFP Program exists to honor the spirit and letter of the Indian Child Welfare Act (ICWA) by prioritizing prevention, family unity, and Tribal authority in decisions involving Indian children. The program seeks to:

- Support the real-time accurate implementation of ICWA.
- Reduce the unnecessary removal of Indian children from their families and Tribal communities.
- Reduce the amount of time spent in the child welfare system.
- Strengthening family functioning through in-person support, early intervention, and coordinated care.
- Ensure that “active efforts” are made from the earliest point of system involvement.
- Uphold Tribal sovereignty and promote culturally appropriate service delivery.

The assigned IFP works closely with families, Tribal representatives, and state agencies to provide wraparound services that reflect the needs, culture, and strengths of each family. Services may include:

- CPS assessment and early intervention
- In-home family support and coaching,
- Case coordination with Tribal and state systems,
- Connection to cultural and community-based resources,
- Advocacy to ensure ICWA compliance throughout the child welfare process.

IFP workers employed by the Native American Training Institute (NATI) through a grant with NDDHHS. The Native American Training is governed by the Four ND Tribal Nations: Mandan, Hidatsa and Arikara Nation, Spirit Lake Sioux Tribe, Standing Rock Sioux Tribe and Turtle Mountain Band of Chippewa Indians and provides IFP services to tribes who have signed MOUs with the IFP program for the service to be provided to their tribal members.

## Qualified Expert Witness (QEW)

The foster care case worker must request a qualified expert witness (QEW) be present to support removal and termination (including contested termination). A QEW shall testify regarding whether the child's custody by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child. A QEW:

1. Must be qualified to testify as to the prevailing social and cultural standards of the Indian child's Tribe.
2. Cannot be the case worker regularly assigned to the Indian child.

The court and/or custodial agency or its agent must provide a QEW to be present at the removal hearing and ongoing hearing(s) thereafter. If an agency is experiencing challenges in locating QEW, they may request assistance from the Tribe. It is also recommended that the qualified expert witness be someone familiar with the child. If the expert contacts the parents, observes interactions between the parent(s) and child, and meets with extended family members in the child's life, the expert will be able to provide a more complete picture to the court. ND list of authorized QEWs: [ND QEW List](#)

 *Spirit Check:* "Partnership thrives when we lead together, speak with heart, and keep growing."

## Supervisor's Role:

A supervisor oversees case workers' effort in identifying ICWA children and accurately implementing ICWA. Supervisors ensure that all ICWA-related requirements and culturally responsive practices are embedded into daily casework. Specifically, supervisors should:

1. **Verify and Document ICWA Applicability:** Confirm identification of potential Indian heritage and ensure immediate notification to the child's Tribe and the IFP Director.
2. **Oversee Active Efforts:** Active efforts begin immediately (emergency removal/during the assessment process). Ensure caseworkers provide affirmative, timely, thorough, and culturally relevant supports before and during any removal. Active efforts must exceed reasonable efforts.
3. **Ensure Collaboration:** Require early and consistent communication with the Tribe, extended family, and ICWA Family Preservationist (IFP).
4. **Review Documentation:** Confirm that all contacts, services, and decisions demonstrate partnership with the family and the Tribe.
5. **Coach for Cultural Practice:** Support workers in understanding how to apply the *spirit of ICWA* by maintaining family, culture, and sovereignty as guiding values.
6. **Ensure Procedural Compliance:** Review that emergency removals, active efforts and placement preferences follow ICWA federal/state standards, including required declarations and records.

## Supporting Collaboration with IFPs

Supervisors ensure that caseworkers:

- Engage the IFP as a **partner**, we are all on the same team.
- Hold regular joint discussions between the IFP and case workers to align case goals.
- Invite IFPs to all key meetings (family team meetings, hearings, home visits, etc.) and ensure their input is solicited and documented.
- Reinforce workers that IFPs **represent the Tribe**, not the State; they are co-equal in ensuring cultural integrity and family preservation.
- Encourage staff to learn from IFPs' ICWA and cultural expertise and approach difficult conversations with humility and grace.
- Model reflective supervision by asking *why* discomfort may arise when Tribal partners are assertive in protecting family rights.

 *Spirit Check:* "Waiting for a removal is not active efforts. ICWA starts immediately."

## Questions to Review/Consider with worker:

- How have you confirmed and documented whether the child meets ICWA criteria?
- Has informal notice been sent to the Tribe? Was the Tribe invited to all child and family team meetings (CFTMs)?
- Was placement made following ICWA's placement preference order? If not, is there documented good cause? What is the concurrent plan to achieve the highest order placement preference?
- What active efforts have been made to prevent removal and support reunification?
  - What makes them active?
- Have you partnered with the parent and the Tribe/IFP in developing and reviewing the case plan? Is there agreement?
  - A trusting relationship is essential to achieve progress, what have you done to support building and maintaining a trusting relationship?
- What extended family members have been identified and engaged?
- How are services being delivered in a culturally appropriate way?
- How are post-reunification supports being implemented?
- If an IFP is assigned, how are their insights shaping service planning and active efforts?
- If no IFP is assigned, how are we ensuring culturally grounded supports consistent with IFP values?

 Spirit Check: "Am I modeling trust, humility, and respect when our partners challenge our assumptions?"

## Procedure:

### 1. Identification & Notification

- Verify potential Indian heritage immediately upon case initiation.
- Notify and collaborate with Tribe(s) as soon as possible by using the ICWA Inquiry Form and document the process. Follow up with a phone call, if needed. [ND Tribal Contacts and Info](#)
  1. Seek assistance from BIA local or regional offices to identify the appropriate Tribal contact: [BIA Information Website](#)
- When an Inquiry is sent to a Tribe, CC the IFP Program Director at the Native American Training Institute (NATI) to prompt informal assignment of an IFP. Once there is reason to know, ICWA applies until it is verified on the court record that it does not apply.

### 2. ICWA exemptions

- Parents cannot opt out of ICWA
- ICWA does not apply to children under the custody of an Indian Tribe or to children who are adjudicated delinquent (runaway, truancy, etc.), unless they are dual status (both adjudicated delinquent and child welfare family involvement).

### 3. Non-ICWA cases

- Upon determining a child is not ICWA eligible, the case worker must provide a written statement to the court, document in CAL, and change the child's ICWA Status in FRAME to "no."
- Continue to provide services in the spirit of ICWA.

### 4. Engage the Tribe & IFP Program

- Partner with IFP/Tribal representatives to initiate active efforts and support real-time coordination.
- Involve IFP/Tribal representatives in all planning and decision-making meetings.

### 5. Active Efforts

- Build a trusting relationship with the family.
- Ensure comprehensive family assessments and identify culturally appropriate services.
- Facilitate connections to Tribal and/or culturally relevant community service providers and supports.
- Place siblings together when possible, if not maintain sibling contact when possible.
- Provide ongoing and post-reunification services to support stability within the family.

**6. Emergency Removal**

- o Document specific actions taken to safely return the child.
- o Terminate emergency placement as soon as safety allows (this must be done as soon as safety can be achieved). Well-being services can be provided in-home.

**7. Placement Preference & Documentation**

- o Follow ICWA placement order: extended family → same Tribe → other Indian family.
- o Document diligent search and reasons for any good cause deviation - create a concurrent preferred placement plan to achieve the highest level ICWA preferred placement.
- o Maintain diligent efforts and placement record for review.

**8. Qualified Expert Witness (QEW)**

- o Ensure QEW participation in all removal and termination proceedings.
- o Provide all relevant case and contact information to the QEW (in some cases the IFP also serves as the QEW).

 Spirit Check: “Partnership isn’t a checkbox—it’s a continuous practice of humility, respect, and learning.”

**Tools and Timelines**

<b>Tool</b>	<b>Purpose</b>	<b>Timeline</b>
<a href="#"><u>ICWA Inquiry/Case Status Update Form</u></a>	Confirm eligibility and document Tribal and IFP involvement	Within 48 hours of case initiation
<b>ND ICWA <a href="#"><u>Bench Guide</u></a> and <a href="#"><u>Hard Card</u></a> (Court partners)</b>	Ensure timely notice to Tribe(s) and accurate application of the law	Within 10 days before first hearing
<a href="#"><u>Active Efforts/Agents of Change Hard Card</u></a>	Document efforts in detail	Ongoing, reviewed weekly
<b>Tribe/IFP Collaboration Log</b>	Track communication, joint activities and shared decisions between workers and Tribes/IFP	Ongoing
<b>Placement Preference/Engagement Record</b>	Track diligent search efforts, and family engagement	Ongoing
<a href="#"><u>UND ICWA Webpages</u></a> and <a href="#"><u>Native American Training Institute Website</u></a>	Letter and spirit of the law/ND state and Tribal specific information	Ongoing

Note: IFPs are representatives of the Tribe. There may be other individuals that are authorized representatives of Tribes that should be treated in the same manner as the IFP (i.e. Assigned QEWs, ICWA Navigators, etc.).

# Identifying Placement & Difficult to Place Workflow

**Policy: Determining Type of Placement** 624-05-15-40 **Placement with Relatives** 624-05-15-115-10 **TFC** 624-05-20-15 **CFS Lic Unit** 622-05-06

## **Purpose of Provider List Search:**

The CFS Licensing Unit created and manages an ND Provider List of state licensed homes as an immediate resource for Human Service Zones to access. This list is only specific to State fully licensed and certified homes, the list does not include Nexus PATH, Tribal Affidavit homes or relative licensed providers. Zones were granted access to the ND Provider List in efforts to identify available providers when seeking to secure placements ongoing.

## **Supervisor's Role:**

It would be the responsibility of the supervisor to provide their workers with resources necessary to identify placement for a child. Some zones utilize placement coordinators in search efforts for placement of children, however, if that is unavailable it would be helpful to support your worker through this process.

## **Questions to Review/Consider:**

After making diligent efforts to identify a provider, if the Zone is experiencing challenges in securing a placement, Zone staff shall contact the local Licensing Specialist to staff local provider options. Ongoing meetings are held with Zones and local CFS Licensing Specialists, utilize that time to plan ahead for known discharges, ask questions, brainstorm options, review families, ask questions of the licensing perspective, etc. If local cases are not an option a referral will be made to the Licensing Coordinators. Call or email details noted below to [cfslicensing@nd.gov](mailto:cfslicensing@nd.gov).

1. Has the current ND Provider List been reviewed? Please only contact homes that fit the criteria for the child you are looking for placement for.
  - a. How many families have been contacted?
  - b. Who have you made contact with?
  - c. When did you last make contact with any providers?
  - d. Where were the homes located? i.e. in or out of zone/statewide etc.
2. What efforts have been made thus far?
  - a. Relative/Kinship Options (neighbor, coach, family friend, child's friend's family)
    - o When was the last search/outreach completed?
    - o What was the outcome?
    - o Any out of state options need referral to ICPC?
  - b. Where are the other siblings placed?
    - o Has contact been made with the provider/caregiver?
    - o Could we grant a bed capacity amendment?
    - o What types of supports do they need to accept placement of this child with siblings?
  - c. Were previous placements/foster care providers/relatives contacted?
    - o What types of services or supports would they need to accept placement of this child?
    - o Do they need to be licensed?

- If they don't want to be licensed, are related to the 1/5 degree...can they be referred to TANF Kinship?
- d. If behaviors and symptoms warrant treatment, has a CTS Level of Care determination referral been made for either TFC (age 6+) or QRTP (age 10+)?
  - Outreach to treatment foster care agencies i.e. Nexus PATH (ND) or LSS and Kindred Family Focus (MN)?
- e. Depending on age of the child, have you discussed with him/her a desired placement location?
  - Are they able to identify an individual whom they would be interested in living with?
  - Consider the aunt, neighbor, coach, teacher, family friend, etc.?
  - Where does this individual live and can he/she be explored as a placement option?
- 3. Have you reviewed the case and child needs with the Field Service Specialist?
  - a. If family setting, how do we preserve the current placement?
  - b. If community services are needed has the local Human Service Center or therapeutic provider been consulted to identify interventions to support placement?
- 4. Have you staffed placement needs with the locally assigned CFS Licensing Specialist?
  - a. As you are looking at 1 and 2 above – provide a summary on what has been done thus far (relative search, Provider List, what does the child want, where are siblings, etc.)
  - b. CFS Licensing Unit has the same ND Provider List to access as Zone staff.
  - c. Licensing Specialists can assist in brainstorming homes locally, but if the needs require more insight the Licensing Specialist will refer you to the Coordinator lane to request a wider search.

**CFS Licensing Use Only:** After the case has been staffed with the CFS Licensing Specialist, the CFS Licensing Specialist will email the Unit inbox and CC the custodial case worker to request further assistance. The case worker will be responsible to complete #4 (above) and email or verbally discuss the details with a Coordinator to assist in a wider search.

- 5. After 1 - 3 have been reviewed with the custodial agency, further assistance can be made with the CFS Licensing Unit. In order to assist with identifying placement options, the CFS Coordinator Lane will need:
  - a. Child's Name:
  - b. FRAME Case #?
  - c. Where is the child sleeping today?
  - d. Where is the child's home city – where is the most ideal placement location geographically?
  - e. What is the child's permanency plan (reunification, guardianship, adoption, etc.)?
  - f. Are you looking for a short-term or long-term placement?
  - g. What are the child's strengths?
  - h. What are the child's current symptoms and behaviors?
    - What is the frequency and duration of current symptoms and behaviors?
    - What behaviors or circumstances are present today that would be necessary for a provider to be aware of to ensure a safe and reasonable placement decision is made? Share pertinent details, but not an extensive history of past behaviors.
    - What additional supports, services, planning and provider training are needed in efforts to meet the child's needs? i.e. Licensing could assist with, respite, education on child specific topics to the provider

- Ex: 14-year-old male requires sensitivity due to recent disclosure of sexual orientation. 10-year-old female is experiencing depression and anxiety, which leads to physical aggression toward women. 12-year-old female is sexually acting out (exploratory and experimental behaviors); she is not likely to offend. 6-year-old male is afraid of animals and will physically respond if threatened by an animal, etc.
- i. Coordinators will track placement requests!

### **Champion for a Child:**

After the efforts above have been attempted. The case may be eligible for a Champion for a Child statewide targeted recruitment campaign. This effort is not attempted until all other strategies have failed and must be approved by CFS Licensing Unit Administrator and assigned FSS.

### **Procedure:**

#### **List Responsibility & Expectations:**

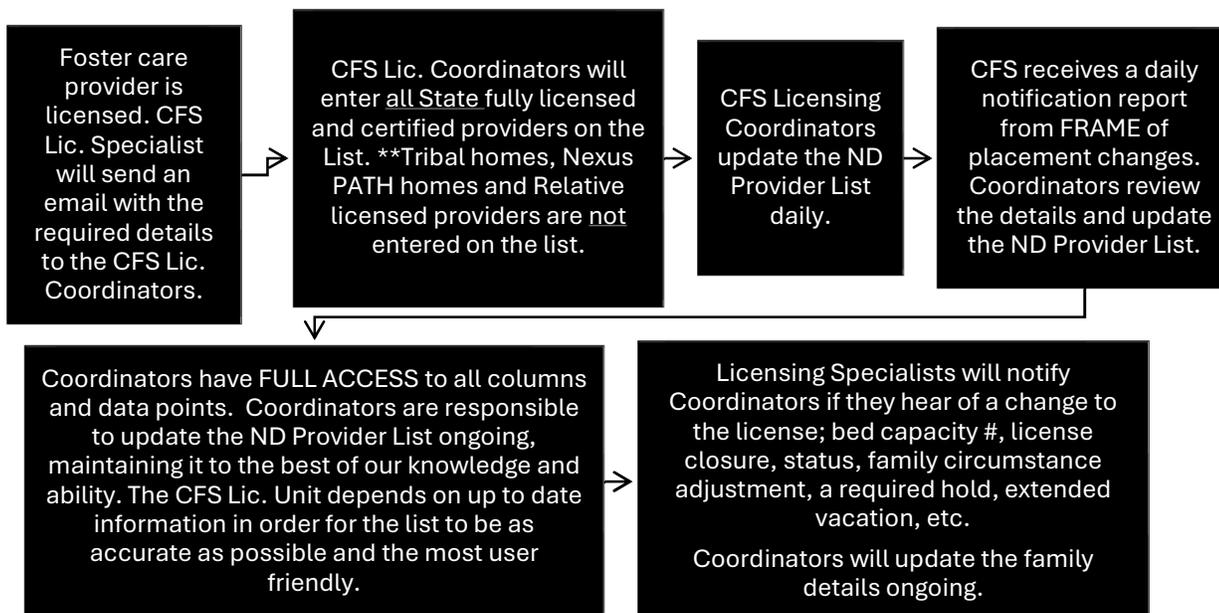
1. CFS Licensing will manage all provider details daily (capacity, notes, status, placement changes, etc.)
2. Zone staff have access to the ND Provider List to access and search providers. Zone staff can make edits to the date of last contact and the comments field only.
3. If a provider status is entered on the list as **“Do Not call -On Hold”** or **“Not Taking Placements”**, please **do not call the provider**, there are specific reasons why that provider is not accepting or eligible to accept placements.
4. If a provider status is entered on the list as **“FULL”** and you have knowledge of their capacity to care for children, you can determine if calling them is appropriate for your needs; note the provider may not be eligible for a bed increase. All bed increases must be staffed with CFS Licensing Unit.
5. If you learn of info when you call a provider, update it in the comments section. CFS Licensing will update daily.
6. Zone staff choose how to contact providers, but many are direct calling, emailing a group of providers or texting for immediate response! All options have been helpful.
7. Securing a placement is anxiety provoking, but necessary for case planning. It is requested to limit the number of times you call a provider for the same placement request to no more than two times. Respect the silence, if the provider does not call, text or email you back, no response means they are not available or interested. CFS Licensing continues to stress the importance of providers calling back or emailing a “Sorry. I am not available.”
8. If you call a provider, please update the ND Provider List indicating you contacted them and the outcome of the call. For example; 8-7-24 “Provider accepted 2 sibs from GFHSZ.” 7-10-24 “Provider is unavailable until 8-10/24 due to family illness.” 9-10-24 “Provider denied 15 yr. old female due to age being too similar to her own child.”
9. Do not save this list to your desktop as the ND Provider List changes daily.
10. Contact your local CFS Field Services Specialists to help brainstorm historical placements, review options to preserve placements, etc.
11. Utilize, review, and access the ND Provider List before reaching out to CFS Licensing Unit.

**The ND Provider List is only as good as the information collected, entered and updated by all parties.**

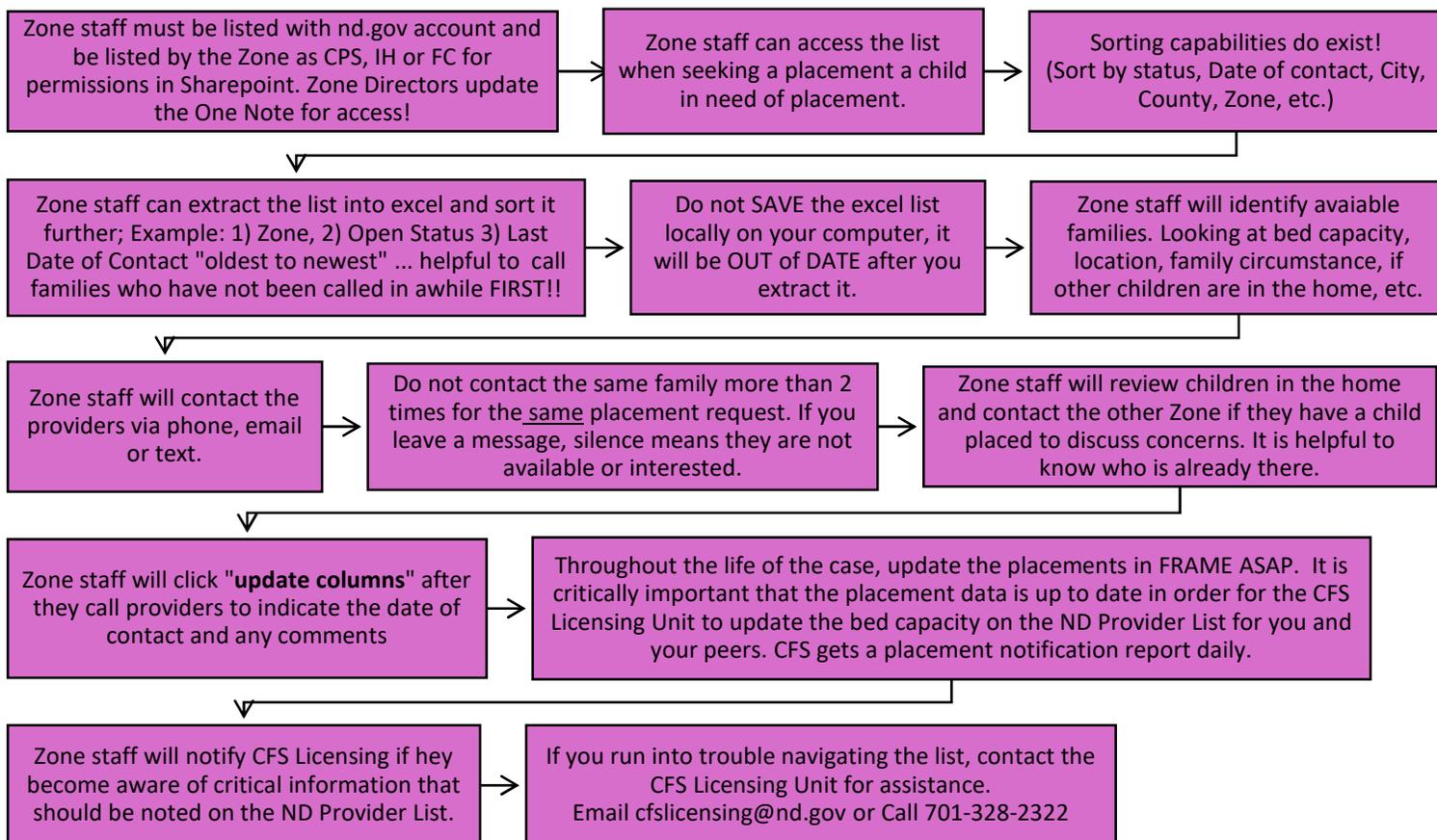
**Ongoing communication is key in helping to maintain an accurate list!**

### **Tools and Timelines:**

## Updating the ND Provider List: CFS Licensing Unit Responsibility



## Updating the ND Provider List: Zone Staff Responsibility



**Diligent Search:**

Important connections in the life of a child can help solicit and secure placement for the child.

Child Connections to consider:

1. Bio parents
2. Siblings
3. Non custodial parent
4. Maternal/Paternal relatives
5. Neighbors
6. Family Friends
7. Classmates/Friends
8. School Personnel
9. Daycare Personnel- former and current
10. Former Provider Homes
11. Coaches
12. Church Staff
13. Parents Co-workers
14. Activity Leader

**When considering Child connections, keep Levels of Licensure in mind:**

North Dakota offers different types of foster care provider licensure to ensure families have options that meet their needs and the level of care that they would like to provide.

- Licensed-Full
- Licensed – Relative
- Certified Provider

To request a relative license for a family

- Email the CFS Licensing Unit to provide contact information for family and second page of SFN 844

To request an amendment

- Early and open communication about a need for a bed amendment in the licensed home is best practice.
- Email licensing unit completed SFN 1017. Please note amendment requests can NOT be backdated and could lead to payment issues if the policy is not followed.

Additional Tools and Resources:

- See ND Levels of Foster Care in Supporting Documents of Policy Book
- See ND Levels of Foster Care Provider Licensures in Supporting Documents of Policy Book

---

**Policy: Children's Treatment Services 624-05-20-13**

**Purpose of Level of Care:**

Children in foster care are eligible to receive the ND Children's Treatment Services Level of Care Determination, an assessment to determine placement based on the child's mental and behavioral health needs. The streamlined assessment will ensure that children receive the right service, at the right level of care, for the right duration of time. The assessment will determine if the child is best served in Treatment Foster Care (TFC), a Qualified Residential Treatment Program (QRTP), a Psychiatric Residential Treatment Facility (PRTF) or deny the child by recommending the most appropriate setting.

**Supervisor's Role:**

It is the supervisor's role to oversee the custodial case worker's efforts in seeking the least restrictive and most appropriate environment for each child in care. Supervisors should uphold the expectations and federal regulations that indicate the unavailability of a provider home is not a sufficient reason to place a child in a residential facility. The supervisor should assist in the referral process, tracking approval timeframes, and child's placement maximums. A supervisor will support their worker throughout the discharge process and planning for a child.

**Questions to Review/Consider with worker:**

- What attempts have been made to secure and locate a family foster care provider in ND
  - What services, support or provider training would they need to maintain the child?
  - What current services is the child in?
  - What services does the child need that they are not receiving in the community?
  - What specialist evaluations have been completed?
  - Relative/Kin homes considered?
- Have local homes been staffed with your licensing specialist?
- Have the licensing specialists gone through the difficult to place workflow, to determine if coordinator assistance is needed?
- Has the case been brought to the attention of your CFS Field Service Specialist?
- Discuss communication with the child as it pertains to placement decisions and their permanency plan.
  - TFC is a treatment home- the likelihood of the child not remaining in that home
  - Residential settings are intended to be time limited
- Consider Transition Plan Agreements
  - Must be approved by Field Service Specialist

**Procedure:**

1. Complete referral paperwork
  - a. SFN 824 Universal Application (with supporting documentation)
  - b. ND Screening
  - c. Supporting Documentation includes (recent psych eval, therapy notes, diagnostic evals, treatment plans, IQ testing, IEP, etc.
  - d. ROI as needed
2. Submit referral Documentation to: treatment agency and Assessment Pro.

- a. Upload SFN 831 and supporting clinical documentation to Assessment Pro if an initial emergency or continued stay review
3. Track approvals and timeframes upon admission and begin discharge planning.
  - a. Emergency placements are approved for up to 30 days
  - b. The assessment interview is virtual and must be completed within 3 working days
  - c. TFC Timeframes:
    - i. 180-day approval starts day of admission
  - d. QRTP Timeframes:
    - i. 90-day approval starts date of admission
    - ii. Sex trafficking victims may be extended to 180 days
  - e. PRTF Timeframes:
    - i. 90-day approval starts day of admission
  - f. Continued Stay Review Timelines/Process
    - i. 3 months = A document review.
    - ii. 6 months = A full review. The Qualified Individual will conduct interviews with the custodial agency worker, the child, the treatment agency, and any other relevant parties.
    - iii. 9 months = A document review.
    - iv. 12 months = A full review. The Qualified Individual will conduct interviews with the custodial agency worker, the child, the treatment agency, and any other relevant parties.
4. Managing Denials and Submitting Reconsiderations:
  - a. Only allowable when an assessment is denied for treatment level of care.
  - b. Submit reconsideration request form, documentation not previously available, and documentation detailing specific changes in child's behavior within 3 working days of initial denial.
5. Dual Approval are prohibited
  - a. The second or most recent LOC determination will supersede the initial. The agency will have 14 days to discharge
6. Exceptions for TFC
  - a. A child may be placed at a TFC level of care with a QRTP and PRTF approval. This may be requested with their Field Service Specialist

### **Tools and Timelines**

- Universal Application **SFN 824**: completed electronically and submitted to Qualified Individual and Treatment agency at time of referral.
- Continued Stay Review **SFN 826**: completed no greater than 20 days prior and no less than 14 calendar days prior to placement expiration.
- Children's Treatment Services Level of Care Determination Attestation **SFN 831**: Completed by treatment agency and submitted when there is an emergency placement (no later than 48 hours after admission) and with Continued Stay Review (no greater than 20 days and no less than 14 days before placement approval expires)
- Reconsideration Request Form **on maximum website** [Toolbox-For-Custodial-Agencies-9.5.25.pdf](#)
- Discharge Pilot Flyer

## **Purpose of Transition Plan Agreement (TPA):**

A Transition Plan Agreement is allowed per policy (624-05-12). In efforts to consider utilizing a Transition Plan Agreement, the child must be in a primary placement of a Qualified Residential Treatment Facility (QRTP) or a Psychiatric Residential Treatment Facility (PRTF). Discharge planning must begin on the first day a child is placed in a treatment facility (QRTP or PRTF). Once a licensed provider is identified as the discharge placement, they may be asked to participate in a Transition Plan Agreement.

## **Procedure:**

When the discharge plan from a QRTP or PRTF has been identified as step down to a licensed family foster care provider the:

1. Identified foster care provider (State, Tribal or Nexus PATH) consents to accept placement of the child upon discharge.
2. Custodial agency will complete a Transition Plan Agreement and submit to the assigned Field Service Specialist. The Transition Plan Agreement will identify the licensed provider, the duration dates of the agreement, and the responsibility of the foster care provider to participate in treatment planning, home passes, visits to the child while in placement, etc.
3. Foster care providers are eligible to receive payment as a secondary placement.
4. Transition Plan Agreement's may not exceed 90 days. Extensions may be granted by CFS based on the needs of the child for a longer transition.
5. If bed capacity is an issue, case workers must reach out to the CFS Licensing Unit to seek an amendment to the provider license.
6. The foster care providers travel (mileage and lodging) for visitation to the child in the facility cannot be paid through the secondary placement per policy. The custodian may reimburse the foster care provider and add the travel expense to their SFN 119, identified as a foster care transportation as per the Transportation Reimbursement-Quick Reference.
7. Foster care providers (State, Tribal or Nexus PATH) are all eligible for irregular payments (approved clothing, incidental, etc.) providing the purchase occurs at a time the child is in secondary placement in their home.
8. Secondary placement paperwork and data entry for licensed foster care providers:
  - a. Case worker must complete and submit SFN 45 to FCSA Eligibility Unit
  - b. Case workers must update FRAME and open the placement as a secondary placement for the duration of the Transition Plan Agreement. The start date must be same day as the start of the Transition Agreement and the end date must be manually monitored if workers cannot pre-date a placement end date.
  - c. Field Service Specialist will share a copy of the signed Transition Plan Agreement with FCSA Eligibility Unit, CFS Licensing Unit and to Nexus PATH Billing Office, if applicable.
9. There will be a required monthly planning meeting to review the Transition Plan Agreement and discuss any treatment needs or further planning. The following team members should be invited by the custodian to this meeting: assigned FSS, PRTF/QRTP team members, identified foster home, and if applicable, Nexus PATH case worker.
10. If a CPS report is made on the foster care provider after the TPA is in place, the agreement must be reviewed by CFS administration to determine if the TPA can continue.
11. If a placement disruption occurs, it is the responsibility of the custodian to ensure prompt data entry into FRAME to avoid any payment errors. The custodian must inform their assigned Field Service Specialist of the ending of the TPA.

---

**Policy: Re-establishment of Parental Rights** 624-05-115-35

**Purpose of Reestablishment of Parental Rights:**

The re-establishment of the legal parent and child relationship means the physical reunification of a child under the custody of a HSZ, DJS and a previously terminated biological parent. It restores all rights, powers, and privileges that were previously served and terminated by the court.

**Supervisor's Role:**

The supervisor should provide oversight and clinical consultation to the agency case worker in the event a reconsideration should take place to re-establish parental rights.

**Questions to Review/Consider with worker:**

- Have 12 months passed since the final order of the TPR?
- Is there no pending litigation and/or appeal pertaining to the original TPR order?
- Does the child remain in care with no permanency plan in the foreseeable future?
- Complete an assessment of the parent to determine if there are any impending dangers. This can be completed through the PCFA process with the parent who wishes to reinstate their rights.
- Consider consultation with assigned CFS Field Service Specialist through a CCM Staffing (Courageous Case Management)

**Procedure:**

**Filing & Service**

1. Petition is filed
2. Served on: States Attorney, Zone/Agency, Guardian

**Court Review (prima Facie)**

1. Court conducts prima facie review
2. If insufficient case is dismissed
3. If sufficient case will proceed to hearing stage

**Scheduling and Appointments**

1. Evidentiary Hearing date is set
2. Lay Guardian ad Litem is assigned
3. Counsel appointed for parents (if requested)
4. All interested parties are served

**Pre-Hearing Reports**

1. Lay GAL files report with the report

**Evidentiary Hearing**

1. Hearing held with presentation of evidence and testimony

**Court Decision**

1. Judge issues decision/order based on findings

**Tools and Timelines**

SFPM Tools (PCFA, PCPA, Safety Plan)

**Policy: Relative Search 624-05-15-50-22 Placement with Relatives 624-05-15-115-10**  
**Relative Care 624-05-10-50-20**

### **Purpose of Relative Search:**

Federal law under title IV-E of the Social Security Act requires public agencies to consider relatives of the child for placement preference while the child is in foster care. Upon removal from the primary caregiver, a relative search must be initiated for each child within 30 days of the removal. A relative search can be conducted through discussion with the family, child, or the use of two approved search options (Federal Parent Locator Services and SENECA).

### **Supervisor's Role:**

The role of the supervisor is to ensure relative search is completed upon placement of a child and ongoing engagement/searches are completed throughout the life of the case. If an agency has identified an individual who is not the case worker to complete the relative search, the supervisor should provide oversight that the efforts are documented (FRAME, PCFA, PCPA, CAL) and that children are always placed in the most appropriate, safe and least restrictive environment. The supervisor provides oversight to relative engagement efforts by the case worker in supervision or through child and family team meetings.

### **Questions to Review/Consider with worker:**

- Ensure a relative search was completed at:
  - Placement (SENECA and FPL)
  - Consider a quarterly review of SENECA results/conversation with parents if no family has been identified
  - Prior to a custodial team meeting
    - This would include letters sent, with a clear response time, what happens if the agency does not receive a response, and SFN 201 being included in the event the family wishes to be considered.
- What efforts have your worker made to engage potential relatives in supporting the child. Could the family be invited to CFTM's? Have they been offered visitation with the child? (phone calls, f2f, weekend visits?) What relationship is the relative willing have with the child?
- Has the worker had a conversation with foster care providers that relatives almost always receive precedent for permanency of a child. It is important workers have those conversations early on with providers.
- Upon working with relatives, make sure to review support options for the family such as:
  - Becoming licensed, Kinship ND, TANF-Kinship, or Unlicensed Caregiver
- Are relatives in alignment with the agency and understand their role as the out-of-home safety service provider?
- Was a safety inspection of the home completed utilizing SFN 399 with the relative placement?
  - Assess the relative's ability to manage impending danger threats.
    - A safety inspection of the physical structure where the child will reside.
    - Abuse/neglect index checks of all adults living in the home.
    - A check of the NDCOURTS website, and surrounding states if appropriate, for all adults living in the home.
    - Fingerprint based criminal background checks for all adults living in the home.

- With multiple relative placement options consider sibling groups, relationship with parents, prior connections to the child, proximity to the biological parents for reunification, child needs/services, etc.

### **Procedure:**

#### **Initial Placement**

At initial placement the agency (or designee) will initiate the initial relative search within the first 30 days of the removal. This search will include:

- SENECA searches for both maternal and paternal parents
- If a birth parent has not been located the Federal Parent Locator will be completed and submitted to the FSS.

The agency is responsible for reviewing the results of the SENECA and/or FPLS results. Search any public criminal records available for different states of residence for significant criminal history that could potentially put the child(ren) or family in harm and consider ruling them out as a placement option

#### **Ongoing Reasonable and Active Efforts**

- If the initial SENECA results did not produce sufficient results or new information is obtained a new SENECA search would be warranted and would provide new or additional results to the original search.
- All relative search efforts should be documented in FRAME in the Placement Tab under Relative Search as well as documented in the family's PCPA.

#### **Relative Search when considering TPR**

Ensure a relative search was completed, letters were sent, and all relatives had an opportunity to respond to the agency prior to filing the TPR and scheduling the custodial team meeting. This process keeps children and families together when at all possible.

### **Tools:**

- SENECA Search
- Federal Parent Locator
- See Relative Placement Options in Supporting Documents of 615 Policy Book
- See Kinship ND Reimbursement vs. Allowance in Supporting Documents of 615 Policy Book
- See Caregivers Services Chart in Supporting Documents of 615 Policy Book

#### **Documentation**

- Case worker or agency designee will be responsible for sending out the Relative Search Letter as well as the SENECA results.
- Case worker or agency Designee will document that the search was completed based on SENECA results in FRAME under the Placement Tab.
- All letters and returned letters will be uploaded into SharePoint in one file/document for reference on what went out and what came back.
- See Universal Relative Search letter linked in SharePoint
  - Copy and paste letter below into word documents:

## Zone Letterhead

Date: XXX

Name XXX

Address XXX

Dear, XXXX

I work for XXX Service Zone in City, North Dakota. We are required by law to find and contact relatives or **individuals who may have a close family connection** when a child has been removed from the custody of their parents or legal guardians. To protect the confidentiality of the family, we ask that you keep all information in this letter private.

Through a relative search or family information provided by parents, you have been identified as a potential relative or **close family connection** of the following family:

(Name), Mother

(Name), Father

(Child name)

Child Age (DOB not recommended)

Family connections play a critical role in the reunification process. Research has shown that placing children with relatives enhances placement stability, supports successful reunification and leads to long-term positive outcomes for children and their families.

As a relative, you have the opportunity to be involved in establishing and maintaining a relationship with the child(ren).

If you are willing to participate in any capacity, including providing care or being considered for placement, please contact me after receiving this letter.

Sincerely,

Case Worker Name

Zone (Name, Number and Address)

---

**Policy:** Respite Care 607-05-70-45-20-01 Substitute Care 624-05-15-47

### **Purpose of Short-Term Care:**

The purpose of short-term care is to support the stability, safety, and well-being of children and their caregivers. This document serves as a guide for staffing the use of Respite Care and Substitute Care, detailing program policies and procedures for each respective program.

### **Supervisor's Role:**

The supervisor's role is to assist their worker in identifying, approving, and supporting the use of respite and substitute care. Their involvement ensures that the services are being used appropriately and effectively to support the child and family.

### **Questions & Learning Opportunities When Staffing Cases with Workers:**

1. It is important workers understand that respite care and substitute care are not the same thing.
  - a. Review definitions and eligibility
  - b. Review max length/duration
2. Review the differences in reimbursement for respite care and substitute care with your workers.
  - a. Respite Care – CFS reimbursement, [cfslicensing@nd.gov](mailto:cfslicensing@nd.gov)
  - b. Substitute Care – Primary provider reimburses the substitute care provider based on the child's daily FC maintenance payment rate.
3. A worker presents a case to their supervisor; the licensed foster care provider is asking for their placement to exit their home immediately due to the child's behavior. How can I support my worker/provider?
  - a. Recognizing the child has challenging behaviors, have you offered respite to assist with placement stabilization and preservation? The child may be eligible for overnight respite, up to 4 consecutive calendar days each week.
  - b. What efforts have you made towards identifying / locating relatives to care for the children? If relatives are unable to care for the child full-time, have you presented the idea of them becoming licensed as a respite provider for the child? (referring relatives for becoming licensed, etc.)
4. A worker presents a case (CPS or IH applies) to their supervisor; the mother they are working with is exhausted; her children have high needs, making it hard for her to manage her day-to-day responsibilities.
  - a. Recognizing the children have high needs that are taxing for the caregiver, have you talked with the mother about respite as a support? The children may be eligible for overnight respite, up to 4 consecutive calendar days each week.
5. A worker presents a case (CPS or IH applies) to their supervisor; the children are in an out-of-home safety plan with their grandma. The grandma is overwhelmed, feeling like she can no longer manage the children in her home due to their young ages and need for constant supervision.
  - a. Recognizing caring for the children is taxing on the grandma, have you offered respite to assist with placement stabilization? The children may be eligible for overnight respite, up to 4 consecutive calendar days each week.

**Procedure:**

**Respite Care Program:** Temporary relief care for a child with special medical, emotional, or behavioral needs, which require time limited support, supervision and care. Respite Care can be a highly effective reasonable effort to prevent removal from a child's home.

**Eligibility:** a child under the age of 18, with a special medical, emotional, or behavioral need requiring respite, who is involved with:

1. Prevention Cases
  - a. Human Service Zone Child Protection Services (CPS)
  - b. Human Service Zone In-Home Program (IH)
2. Foster Care Cases
  - a. Human Service Zone Foster Care Cases
  - b. Department of Juvenile Services (DJS) – Foster Care Placements Only
  - c. ND Tribal Nation Social Services - Foster Care IV-E Clients Only
3. Post Adopt/Guardianship
  - a. Health and Human Services (HHS) Subsidy Recipient Only

**Length/Duration:** there is no limit on the number of respite care episodes an eligible child may receive, however, there is a limit to the length of time for

1. Each episode:
  - a. Overnight Respite cannot exceed 4 consecutive calendar days in a 7-day period
  - b. Daytime Respite / Non-overnight Respite cannot exceed 12 daytime hours in a 7-day period
2. Back-to-back respite / shelter care episodes are not allowed.

**Provider Setting Expectation:**

1. HHS, Nexus PATH, Tribal Licensed Foster Care Providers:
  - a. Must comply with licensing standards, bed space, etc.
  - b. HSZ must obtain approval from Nexus PATH, Tribal Licensing prior to utilizing their providers
2. Licensed Childcare Providers
  - a. Must comply with licensing standards
  - b. Must be licensed for overnight childcare when providing overnight respite care.

**Referral/ Payment Process:** pre-approval is required.

1. The public agency staff submits pg. 1 of the SFN 929 to CFS LOC ([cfslicensing@nd.gov](mailto:cfslicensing@nd.gov)) requesting respite pre-approval.
2. CFS LOC reviews the request for approval, responds to the public agency.
3. If pre-approved, the public agency staff must submit pg. 2 of the SFN 929, completed in its entirety, to CFS LOC no greater than 30 days after the respite episode occurs, for reimbursement to be issued.
4. W9, blank voided check: CFS LOC may request the assistance of the public agency in collecting these documents if utilizing non-HHS licensed foster care provider (i.e.: Nexus PATH provider, licensed childcare provider, Tribal provider, etc.)

**Reimbursement / Expenses:** CFS Licensing & Level of Care reimburses providers weekly.

1. Overnight respite - \$55/ calendar day
2. Daytime/Non-Overnight respite - \$5/hr.
3. Eligible Additional Expenses: pre-approval is required.
  - a. Childcare when the licensed provider is working. SFN 920 and childcare payment policy required. RC funds cannot be used to reimburse a RC provider who is also a childcare provider based on 623-05-30-20.
  - b. Transportation costs to a child's school of origin based on 623-05-30-25
4. Ineligible expenses: diapers, wipes, formula, etc.

5. CFS Licensing & Level of Care: [cfslicensing@nd.gov](mailto:cfslicensing@nd.gov)

**Examples of When Respite Care may be Needed:**

1. HSZ CPS is working with a mother and her infant, the infant is a substance exposed infant with high demands. The mother would benefit from a break.
2. HSZ IH is working with a family, the children's behaviors and daily routines are challenging, the parents would benefit from a break.
3. HSZ FC case where a child is destroying the provider's property, the child and provider would benefit from a break, assisting with placement stabilization.

*For questions related to Respite Care, please contact CFS Licensing & Level of Care:*

*Dana Lindemann, [danalindemann@nd.gov](mailto:danalindemann@nd.gov) or Brittany Fode, [brifode@nd.gov](mailto:brifode@nd.gov) or [cfslicensing@nd.gov](mailto:cfslicensing@nd.gov)*

**Substitute Care Program:** Temporary care of a child when the licensed foster care provider is unavailable for more than a portion of one day.

**Eligibility:** children in Foster Care, under the care, custody, and control of a public agency:

1. HSZ
2. DJS
3. ND Tribal Nation

**Length/Duration:** No greater than 14 consecutive calendar days. The child's custodian must approve substitute care if greater than a portion of 1 day. Licensing standards, temporary bed space vs. permanent bed space, etc. must be followed. A licensing amendment is not required for substitute care; however, the custodian must ensure compliance with permanent vs. temporary bed space.

**Provider Setting & Expectations:** A substitute caregiver must be a responsible adult, age 21 or older, willing to provide care in the absence of the foster care provider, including:

1. A Licensed or Approved (Tribal Affidavit) FC provider-must comply with licensing standards, bed space, etc.
2. An identified relative (NDCC 50-11) or a licensed foster care provider

**Referral/Payment:** personal exchange between the licensed FC provider (primary caregiver) and the licensed substitute care provider. The primary provider reimburses the substitute care provider the daily rate based on the child's age, daily FC maintenance rate. CFS Licensing & LOC does not manage, approve or reimburse for substitute care. Any request for substitute care to CFS LOC will be denied.

**Examples of When Substitute Care May Be Needed:**

1. Licensed provider is attending an event out of town for the weekend (a concert, a vacation, a funeral, etc.)
2. Licensed provider is requesting the children are out of the home for the weekend to catch up on household tasks (cleaning, painting, etc.)

**Babysitting**

**Babysitting 624-05-15-49:** Care and supervision arranged by the primary foster care provider and provided by a responsible individual over the age of 14 for 8 hours or less. The individual responsible needs quick access to the primary provider should a need arise.

*For questions related to Substitute Care & Babysitting, please contact your assigned Field Service Specialist or FSS Case Management Field Service Specialist Unit at: [Grp-HHS CFS Case Management cmunit@nd.gov](mailto:Grp-HHS_CFS_Case_Management_cmunit@nd.gov)*

**Tools:**

- See Respite vs. Shelter vs. Substitute Care in Supporting Documents of 615 Policy Book

---

**Policy:** Shelter Care 607-05-35-40-01

**Purpose of Short-Term Care:**

To support the stability, safety, and well-being of children and their caregivers. This document serves as a guide for staffing and use of Shelter Care in a Family Setting and Shelter Care in a Certified Agency Setting, detailing program policies and procedures for each respective program.

**Supervisor’s Role:**

Supervisors are responsible for assisting workers in identifying, utilizing and supporting families using short-term shelter care programs when possible. Supervisors provide oversight to ensure programs are being utilized appropriately and effectively to support children and families and, in an effort, to divert from foster care whenever possible.

**Questions & Learning Opportunities When Staffing Cases with Workers:**

1. In lieu of seeking a Temporary Custody Order (TCO), have you:
    - a. Identified / located relatives to care for the children? (i.e.: Kinship Navigator program referral, etc.)
    - b. Identified and provided in home supports to assist with placement stabilization? (i.e. Respite Care, Shelter Care, etc.)
    - c. Explored a licensed shelter care provider to provide temporary safe care for the child?
    - d. Explored a certified shelter care agency to temporarily care for the child (ages 10-17)?
  2. When present danger has been identified, and out-of-home safety planning is required.
    - a. What are the immediate safety concerns, what can be done to mitigate the safety concerns?
    - b. Are the caregivers willing and able to engage in safety planning?
    - c. What active efforts have you made to engage the caregivers in safety planning?
    - d. Have you presented shelter care as a prevention service to the family?
    - e. Will the family agree to an out-of-home safety plan in a licensed provider’s home for no more than 14 days, in an effort at diverting the child from entering foster care?
- If the family is not cooperating with the present danger plan options above, document your active efforts to prevent removal, and the agency may consider obtaining a TCO from Juvenile Court.

**Procedure:**

**SHELTER CARE – FAMILY SETTING**

To be used as a diversion and early intervention for children when present danger exists, and temporary, safe care is required.

**Eligibility:**

A. *Shelter Care Prevention Cases:* if present danger exists the HSZ may utilize a licensed shelter care provider as an out-of-home safety plan option with parental permission, diverting the child/ren from entering foster care.

- Children under the age of 18 involved with HSZ; CPS, IH, or FC (*FC less than 24 hrs. only*)
  - a. No TCO obtained, or
  - b. Removed by a court order or placed into police protective custody for less than 24 hrs.
  - c. Eligible for CFS shelter care funds (SFN 931)

B. *Shelter Care Foster Care Cases:* if present danger exists and a TCO is obtained by Juvenile Court, the HSZ may utilize a licensed foster care provider to care for the child/ren as an approved temporary, safe bed option.

- Children under the age of 18 involved with HSZ, *FC greater than 24 hrs.*
  - a. TCO obtained, court ordered custody for greater than 24 hrs.
  - b. Ineligible for CFS shelter care funds (SFN 931)
  - c. Reimbursement through CCWIPS
- Foster Care cases open greater than 24 hrs. must be opened in FRAME!
  - Open greater than 24 hrs. but less than 96 hrs.: follow Short Stayer Policy
  - Open greater than 96 hrs.: follow typical FC case policy; SFN 641, FC paperwork, etc. required.

**Length/Duration:**

1. A shelter care (family home setting) episode cannot exceed 14 consecutive calendar days.
2. Back-to-back respite / shelter care episodes are not allowed.
3. Extension Request: not applicable.

**Provider Setting Expectation:**

1. HHS, Nexus PATH, Tribal Licensed Foster Care Providers
  - a. Must comply with licensing standards, bed space, etc.
  - b. HSZ must obtain approval from Nexus PATH, Tribal Licensing prior to utilizing their providers
2. Licensed Childcare Providers
  - a. Must comply with licensing standards
  - b. Must be licensed for overnight childcare when providing overnight shelter care.

**Referral/ Payment Process:** pre-approval is not required.

A. *Shelter Care Prevention Cases*

1. HSZ submits SFN 931 completed in its entirety to CFS LOC after the SC episode concludes.
2. W9, blank voided check, SFN 928: CFS LOC may request the assistance of the public agency in collecting these documents if utilizing a non-HHS licensed foster care provider (i.e.: Nexus PATH provider, licensed childcare provider, Tribal provider, etc.)

B. *Shelter Care Foster Care Cases*

1. FC cases open greater than 24 hrs. must be opened in FRAME! Payment issued from CCWIPS.
  - a. *Open greater than 24 hrs. but less than 96 hrs.:* follow Short Stayer Policy.
  - b. *Greater than 96 hrs.:* follow typical FC policy; SFN 641, FC paperwork, etc. required.

**Reimbursement / Expenses**

A. *Shelter Care Prevention Cases:*

1. CFS Licensing & Level of Care reimburses providers weekly.
  - a. \$55/day
  - b. Eligible Additional Expenses: pre-approval not required.
  - c. Childcare when the licensed provider is working. SFN 920 and childcare payment policy required. SC funds cannot be used to reimburse a SC provider who is also a childcare provider based on 623-05-30-20.
  - d. Transportation costs to a child's school of origin based on 623-05-30-25
  - e. Clothing, not to exceed \$75/child per episode, clothing must follow the child.
  - f. Ineligible expenses: diapers, wipes, formula, etc.
  - g. CFS Licensing & Level of Care: [cfslicensing@nd.gov](mailto:cfslicensing@nd.gov)

B. *Shelter Care Foster Care Cases:*

1. Payments issued from CCWIPS, placement must be entered into FRAME.
  - a. ND FC Maintenance Rate based on the child's age
  - b. CFS Foster Care Eligibility Unit: [cfsfcsaunit@nd.gov](mailto:cfsfcsaunit@nd.gov)

**Examples of When Shelter Care may be Needed:**

1. HSZ identifies present danger (CPS or IH); the family agrees to an out-of-home safety plan not to exceed 14 calendar days. HSZ implements services & supports to assist with family stabilization, child returns home by day 14

2. LE places a child into protective custody, HSZ is contacted, child is placed into a licensed provider's home with parent consent. Child returns home by day 14.

### **SHELTER CARE – CERTIFIED AGENCY SETTING**

To be used as temporary, safe care when a child needs a safe bed outside of the home. The agency is an early intervention strategy to minimize crisis.

**Eligibility:** admission criteria may vary, staff on a case-by-case basis with the certified agency for admission.

Eligibility may include a child aged 10-17, who is involved with a:

- A. Human Service Zone
  - Prevention (CPS, In-Home, CHINS)
  - Foster Care
- B. Department of Juvenile Services (DJS)
- C. ND Tribal Nations
- D. ND Human Service Centers/State Operated Behavioral Health Clinics

#### **Length/Duration:**

1. A shelter care (agency setting) episode cannot exceed 7 consecutive calendar days, unless otherwise approved by CFS LOC.
2. Extension Request: applicable.
  - If seeking a stay beyond 7 days, SFN 1781 must be submitted to CFS LOC no later than 3 days prior to placement expiration. If approved, a child's stay cannot exceed 14 calendar days in one episode, unless otherwise approved by the department.

**Provider Setting Options:** Certified shelter care agencies are located throughout ND, managed by an agency who hires rotating staff to facilitate supervision of children in need of a temporary, safe bed.

- Sunrise Youth Bureau, Dickinson
- Williams Co. Adolescent Care Center, Williston
- Grand Forks Regional Youth Assessment Center, Grand Forks
- Youthworks-Minot
- Youthworks-Fargo
- Youthworks- Bismarck

#### **Referral / Payment Process:**

1. The referring/placing agency staffs on a case-by-case basis with the certified shelter agency for admission.
2. The certified shelter care agency submits monthly to CFS Licensing & Level of Care for reimbursement of HSZ placements.

#### **Reimbursement/Expenses:**

1. CFS LOC reimburses agencies monthly for all Human Service Zone and Behavioral Health Clinic placements.
  - \$546/ calendar day
2. Additional Expenses: not applicable.
  - DJS and Tribal Partners hold individual payment contracts with each agency.

#### **Examples of when Shelter Care may be Needed:**

1. HSZ refers a child to a certified shelter due to present danger in the home, the child stays for 7 days while the HSZ implements safety services and supports, ensuring a safe discharge back home occurs.
2. State Operated Behavioral Health Clinic/HSC crisis team is involved with a child and their family, recommends the child stays for 5 calendar days while services & supports are implemented to assist with ongoing family stabilization

*For questions related to Shelter Care, please contact CFS Licensing & Level of Care:*

*Dana Lindemann, [danalindemann@nd.gov](mailto:danalindemann@nd.gov) or Brittany Fode, [brifode@nd.gov](mailto:brifode@nd.gov) or [cfslicensing@nd.gov](mailto:cfslicensing@nd.gov).*

---

**Policy: Assessing Present Danger Threats** 607-05-35-10-01

**Purpose of Implementing Present Danger Plans:**

The need to implement a Present Danger Plan can occur at any time during the CPS assessment or case management process. A CPS worker or case worker can complete a Present Danger Assessment at any point of a case being open with a child welfare agency.

**Supervisor's Role:**

Supervisors are responsible for ensuring that any Present Danger Plan provides immediate, adequate, and sustainable protection for the child until a full safety assessment can be completed.

**Questions to Review/Consider with worker:**

The following questions provide a guide for considering the establishment of immediate Present Danger Plans:

- Specifically, what are the threats that you are concerned with? What danger must be controlled?
- Is the family network interested in and capable of carrying out a present danger plan?
- Is there any source within the family network that can serve to reduce the safety concern (e.g. non-abusing spouse, extended family, etc.)? How do you know if they are willing/able?
- What natural resources seem to exist within the family network?
- What do you know about these resources (people)? How can you find out?
- Do resources and support seem sufficient and available to address the threats to safety during the next few hours and days?
- What are the parents'/caregivers' and family's likely responses to your concerns?
- How do you deal with the parents/caregivers and the situation?
- Does a crisis exist? Are the threats associated with a crisis?
- How is the family responding to the crisis? What meaning does that have for action you must take?
- Will a present danger plan stimulate a crisis? What are the implications of that?
- Is classic crisis intervention needed? What does that involve?
- Does the family have immediate needs that must be addressed (e.g. housing, food, some sort of care)?
  - How does that affect your decisions? What can you offer?
- What actions are necessary by you or by them?
- Can an in-home present danger plan be established? How will you involve the parents/caregivers/family network? What roles and responsibilities will they have?
- What roles and responsibilities will be given to others? How independent are others from the family in respect to exerting their protection role?
- How do you know the plan will work?
- Who else is involved?
- What is your role?
  - Does the child need a medical evaluation or immediate medical care? Why? How do you communicate this to the parents/caregivers? How will you carry this out?
  - What are the immediate next steps? How will you know and believe their responses, commitments, etc. regarding the next steps?

- Is legal action necessary to help assure the sufficiency of the present danger plan? What steps are necessary to carry this out?

### **Procedure:**

At any point where present danger is identified, the case worker identifying the danger is responsible for implementing a present danger plan. A present danger plan is an immediate, short-term strategy in response to the present danger threats identified as a result of the present danger assessment.

When creating a present danger plan the CPS worker or case worker must:

- Inform the parents/caregivers why the child is determined to be unsafe (i.e. present danger threats);
- Identify with the parents/caregivers what present danger plan options are available and acceptable;
- Inform the parents/caregivers that the role of the agency is to assure the child is protected;
- Attempt to use resources within the family network to develop the present danger plan;
- Confirm that there is agreement by all participants, which includes having the participants sign the present danger plan;
- Put the plan into place before leaving the family/situation;
- Consult with supervisor or his/her designee regarding the present danger plan and have the supervisor/designee sign the plan by the next business day.
- Follow the PDP and ensure it is not in place for more than 14 days.

 Spirit check: Child welfare agency staff must involve tribes in all aspects of safety intervention, including present danger planning, and must initiate active efforts immediately when protective planning with Indian children. These efforts include ongoing, vigorous, and concerted case worker interventions which are intended to promote communication, collaboration, and coordination with tribe(s) to develop Present Danger plans with Indian children.

Documentation of Present Danger Plans must include:

- The identified present danger threat(s) that result in an unsafe child;
- How the present danger plan is intended to control identified threats to each child's safety including:
  - The safety actions or tasks selected to control the safety threat;
  - When the safety actions will occur;
  - The name(s) of the safety provider(s) assigned to each safety action including where the action will occur;
  - The method for monitoring the safety actions or tasks;
  - Description how each identified safety provider is confirmed suitable to participate in the Present Danger Plan including the expected frequency and duration; and
  - An explanation of the safety provider(s) relationship to the family

### **Tools and Timelines**

Tool 2.1: Present Danger Assessment

- Just happened, happening now, or in process

Tool 2 **SFN 455**: Present Danger Plan

- Can not be in place for more than 14 days

Tool 2A: Present Dagner Assessment Guide Hardcard

---

## **Policy:**

### **Purpose of assessing impending danger:**

Impending danger indicates that threats to child safety are family conditions that are specific and observable. A threat of impending danger is something you see or learn about from credible sources. Family members and others who know a family can describe threats of impending danger. These dangerous family conditions can be observed, identified, and understood. If you cannot describe in detail a family condition or parent/caregiver behavior that is a threat to a child's safety that you have seen or been told about, that is an indication that is not a threat of impending danger. Child vulnerability is always assessed and determined separate from identifying impending danger. If a case does not include a vulnerable child, then safety is not an issue.

### **Supervisor's Role:**

A supervisor plays a critical role in oversight, coaching, and decision making in ensuring that case workers accurately identify, assess, and respond to impending danger. The supervisor ensures that safety decisions are consistent, evidence-based, and aligned with agency standards and the safety framework practice model.

### **Questions to Review/Consider with worker:**

- What is the unsafe condition?
  - What evidence do you have that this threat is ongoing rather than a one-time incident?
  - Have you confirmed the information with collateral contacts, through observation, or interviews?
  - How do you know they are unsafe versus at high risk?
- Who is vulnerable to it?
  - How are they vulnerable to the specific threat?
  - If you were the child, what would be the most concerning thing happening in the home?
- How is this out of control?
  - What caregiver behavior is concerning and why?
  - Have the caregivers said or done something that shows they can-or cannot- control the threat?
  - What is the caregiver's insight or level of protective capacities vigilant right now?
  - What indicators would tell us the situation is escalating?
- How do you know it will happen?
  - What specific behaviors or conditions indicate that a child could be unsafe soon if nothing changes?
  - Are there adults in the home who can realistically mitigate the threat? Why or why not?
- What will happen if we do nothing?
  - What are your safety planning against?
  - What protective actions are necessary right now to control the threat?
  - How will you verify if a plan is being followed?
  - What part of this case feels unclear or uncertain?
  - What is worst case scenario if we do nothing differently in the next 24-72 hours?

### **Procedure:**

The Danger Threshold refers to the point at which family behaviors, conditions, or situations rise to the level of directly threatening the safety of a child. The danger threshold is crossed when family behaviors, conditions, or situations are manifested in such a way that they are beyond being just problems or risk influences and have become threatening to child safety. These family behaviors, conditions, or situations are active at a heightened degree, a greater level of

intensity, and are judged to be out of the parent/caregiver or family's control thus having implications for dangerousness. The following are key components that must be assessed to determine if impending danger threats to child safety exist.

1. **Observable** refers to family behaviors, conditions, or situation representing a danger to a child that is specific, definite, real, can be seen, identified, and understood and is subject to being reported, named, and justified. The criterion "observable" does not include suspicion, intuitive feelings, difficulties in agency staff-family interaction, lack of cooperation, or difficulties in obtaining information.
2. **Vulnerable Child** refers to a child who is dependent on others for protection and is exposed to circumstances that he/she is powerless to manage and is susceptible, accessible, and available to a threatening person and/or persons in authority over them. Vulnerability is judged according to age; physical and emotional development; ability to communicate needs; mobility; size; and dependence and susceptibility. This definition also includes all young children from 0 – 6 and older children who, for whatever reason, are not able to protect themselves or seek help from others.
3. **Out-of-Control** refers to family behaviors, conditions, or situations which are unrestrained resulting in an unpredictable and possible chaotic family environment not subject to the influence, manipulation, or ability within the family's control. Such out-of-control family conditions pose a danger and are not being managed by anybody or anything internal to the family system. The family cannot or will not control these dangerous behaviors, conditions, or situations.
4. **Imminent** refers to the belief that dangerous family behaviors, conditions, or situations will remain active or become active within the next several days to a couple of weeks and will have an impact on the child within that timeframe. This is consistent with a degree of certainty or inevitability that danger and harm are possible, even likely, outcomes without intervention.
5. **Severity** refers to the degree of harm that is possible or likely without intervention. As far as danger is concerned, the danger threshold is consistent with severe harm. Severe harm includes such effects as serious physical injury, disability, terror and extreme fear, impairment, and death. The danger threshold is also in line with family conditions that reasonably could result in harsh and unacceptable pain and suffering for a vulnerable child. In judging whether a behavior or condition is a threat to safety, you should consider if the harm that is possible or likely within the next few weeks has potential for severe harm, even if it has not yet resulted in such harm in the past. In addition to this application in the threshold, the concept of severity can also be used to describe maltreatment that has occurred in the past.

Impending danger threats must be assessed at these times in the life of a case:

1. **Conclusion of CPS Assessment:** As part of the full kit during Warm Handoff 2 – case transition staffing, the CPS worker must include the safety plan currently in place that spells out all impending danger threats and the plan to control each identified threat.
2. **Situation in the Home Changes:** When the home situation changes either positively or negatively. This includes someone moving into or out of the home but is not limited to this. For example, a reassessment of safety would be required if a parent/caregiver who has had a significant period of sobriety relapses.
3. **A New Report of Suspected Maltreatment on an Open Case is Received**
4. **When Completing the Protective Capacities Progress Assessment:** Policy requires safety reassessment as part of the PCPA, when the case plan is evaluated and updated.
5. **Prior to Reunification:** Usually this involves moving from an out-of-home to an in-home safety plan. In rare instances, family circumstances may change so significantly that no safety plan is needed after reunification.
6. **Prior to Disengaging an In-Home Safety Plan**
7. **Prior to Closing a Case**

### **Tools and timelines**

- **Tool 3B** Impending Danger Threats-Danger Threshold Criteria Guide Hard Card
- **Field Guide**

**Policy:** N/A

**Gathering information to support Safety Decisions:**

During the CPS assessment six factors are assessed: 1) household composition, 2) maltreatment, 3) child functioning, 4) adult functioning, 5) discipline, and 6) parenting. Specific areas to assess within each factor follow.

**Supervisor's Role:**

Before safety decisions are made a supervisor should review with their worker whether enough information has been gathered to support any decisions made revolving around a child's safety.

**Procedure and Questions to Review/Consider with workers:**

**Household Composition** looks at how the household operates as well as the family structure. Key components that you assess within this factor include:

- Family make-up (e.g. who is living in the home and their relationships to one another)
- Housing (e.g. stable, safe, able to meet the family's needs)
- Whether the income can meet the family's needs
- Tribal affiliation
- Clarity of household member roles and boundaries

**Maltreatment** should be assessed through the nature and extent of the maltreatment for each child, the circumstances that accompany the maltreatment of each child in the family home, and any history of maltreatment pertinent to the current situation/assessment. Key Components of Maltreatment include:

- Abuse:
  - Whether a person responsible for child's welfare has willfully inflicted or allowed to be inflicted upon child mental injury or bodily injury, including physical pain, substantial bodily injury, or serious bodily injury.
  - Description of the injury, including location and appearance of any injury and any medical evaluation of injury.
  - Whether there has been any sexual abuse
- Neglect:
  - Whether proper parental care or control is not due primarily to the lack of financial means
  - Prenatal exposure to chronic or severe use of alcohol or any exposure to a controlled substance not lawfully prescribed
  - If child is present in an environment subjecting the child to exposure to a controlled substance, chemical substance, or drug paraphernalia
  - Whether child's physical needs are being met (food, clothing, and shelter are adequate and whether lack of necessities is due to poverty rather than neglect);
  - Whether medical care is being provided as recommended by medical providers
  - Whether mental health/psychological care is being provided as

recommended by mental health providers

- If child is psychologically maltreated (ignoring, isolating, etc.)
- Whether parent/caregiver is providing education according to state statute
- Whether supervision of the child is adequate
- If conditions of the home are adequate for the child's health and safety; and
- If there are other neglect concerns in addition to the above

By the conclusion of the assessment, you should be able to document the extent of abuse and should be able to craft narrative that is responsive to the questions that are detailed below:

- What about this concern is worrisome?
- What has happened or what could happen that is causing this to be a concern for you now?
- What type of abuse was reported? Is the report consistent with what was learned through the assessment?
- What is the condition of the child at the time of the assessment?
- Did/does the child need medical care? Is the child currently receiving medical care due to the alleged abuse?
- Did the abuse result in an injury? If so, what specific type of injury exists, what is the severity, and what are the symptoms and location?
- How did the injury occur and by whom? What other specific conditions or circumstances indicate abuse? What led up to the incident/family condition?
- What influences affect this incident/condition? How often does this occur? How long has this been going on?
- Are safety concerns pervasive (widespread/occurring across multiple situations)?
- To what level has this been occurring? How has it impacted the child over time?
- What is/was the parent's/caregiver's reaction? What are/were the reactions of other family members in the home?
- What explanation did the parents/caregivers provide? What is the subject of parent's/caregiver's accessibility to the child?
- Is the incident or negative condition ongoing or currently in process?
- Is there more than one parent/caregiver?
- Is/was the abuse intentional or impulsive?
- Was there any substance usage going on at the time of the incident? How often does that occur?
- Is there evidence of any violence in the home? What is the extent of your concern in this area?

Do you have child specific safety concerns for this family condition?

- Who is the child with now?
- Does the family call on others to help solve problems? Who do they call upon? How does this help the family?
- Are you familiar with any extended family? Who are they and how is their relationship with the family? What do they say? Are they resources for the child?

**Child Functioning** must be qualified by the age of the child and representative of age appropriateness/development. You should be able to document a narrative that is responsive to the following questions:

- Who are all the children in the home?
- What are the ages of the children?
- What can you tell me about the child? How would you describe him/her?

- Is the child on target for achieving expected developmental milestones in key child development domains (i.e. social, emotional, physical, cognitive, and language)?
- How does the child communicate?
- Does the child verbally express themselves? If so, to whom?
- How does the child relate to the parents/caregivers in the home? Do his/her family relationships demonstrate appropriate patterns of forming relationships with family members, including child-parent attachment and a sense of security compared to fearfulness?
- Does the child have any special needs?
- Is the child able to express their needs? Is the child likely to reach out to others for help?
- How the child looks physically? Does the child appear to have a positive physical health status which includes physical, dental, visual, and audio assessments and services? If the child has a serious or chronic health condition, is the child achieving the best attainable health status given the diagnosis and prognosis?
- Is the child in need of immediate or routine medical care?
- Does the child have any mental health needs? What is your impression regarding the child's state of mind? Is there any evidence of emotional trauma? What is the degree to which the child is displaying a pattern of appropriate self-management of emotions?
- Is the child on medication or actively being seen by physical or mental health professionals?
- Do you know how the child does in school academically? Behaviorally? Is the child actively engaged in instructional activities, reading at grade level or IEP expectation level, and meeting the requirements for annual promotion and course completion leading to a high school diploma or equivalent or vocational program (this applies to school-aged children)?
- Is the child involved in any other activities outside the home?
- Is the child displaying appropriate coping and adapting behavior? Are there any changes in the child's behavior? Does the child display, or have a history of, suicidal, homicidal, or dangerously impulsive behavior? Does he/she have a history of being sexually reactive/sexual acting out?
- How does the child engage with peers? Does the child initiate conversations with peers? Does the child have any close peer relationships?
- Is the child easily influenced by others?
- What are the child perceptions about agency intervention for self or other family members?
- What are the usual location(s) of the child and his/her sleeping arrangements;
- Is the child accessible to danger or threatening people?
- Are the child's responsibilities within the home and family appropriate?
- Are there cultural factors such as race, class, ethnicity, religion, tribal affiliation, gender, gender identity, gender expression and sexual orientation, and other forms of culture that need to be appropriately considered in the child's life?
- Does the child have multi-dimensional substance awareness to include child's awareness of alcohol or drugs and their own use, a child who has experienced the negative impact of parental substance misuse within their home, and awareness of alcohol/drug treatment and/or recovery for their parents/caregivers?
- For children age 14 and older, is he/she gaining skills and competencies in preparing for adulthood in such areas as education, work experience, building long-term relationships and connections, managing income, and housing/home management, and adolescent sexual health and awareness?

**Adult Functioning** should strictly address how adults (parents/caregivers) in a family are functioning personally and presently in their everyday lives. The adult functioning narrative should be responsive to the questions below:

- How well do you know the parent/caregiver?
- Do you know if the parent/caregiver is employed? Where? How long has the parent/caregiver been employed there?
- Does the family have a telephone, transportation, car seats, etc. (basic resources)?
- Is the parent/caregiver socially active or involved in the community?
- What kinds of things do they like to do? How do they spend free time?
- What seems to be going well for the parent/caregiver?
- How long has the family lived in the community? How long at the current address?
- Are there any indications of violence, or history of domestic violence? Remember domestic violence means a pattern of coercive behavior, which can include physical, sexual, economic, and emotional abuse that an individual uses against a past or current intimate partner to gain power and control in a relationship.
- Are there any behaviors that demonstrate coercive control? Does one parent/caregiver assert authority over the other? In what ways?
- Does the parent/caregiver use substances? Do you know whether he/she drinks alcohol or uses drugs? What is your impression of his/her substance usage? Does it seem to be a problem? Do you know if anyone has ever talked with the parent/caregiver about his/her substance usage?
- Is there a history of mental/behavioral health concerns or evidence of current mental/behavioral health concerns? How are they doing currently?
- Has the parent/caregiver been in treatment, or are they currently being seen by a mental/behavioral health and/or substance abuse professional?
- Does the parent/caregiver have any special needs or any acute or chronic medical conditions?
- Is the parent/caregiver open and able to express his/her needs?
- If in a relationship, what is the parent/caregiver like as a partner?
- How are cultural beliefs incorporated into family functioning?
- What roles do males and females play in the family? What tasks are assigned based on traditional roles in the family?
- What have you observed about this parent/caregiver that causes any concerns for child safety?
- Do you know if the parent/caregiver has any criminal history? Any engagement with law enforcement? Do you know why? How long ago did this happen? How often?
- What are his/her relationships like with others? Do you know how he/she tends to get along with other people?
- Does he/she seem satisfied in relationships inside and outside the home?
- What are the communication styles of the family?
- How does the family solve problems? Do you know if there are any stressors in the family? How is the parent/caregiver dealing with those stressors?
- What sense do you have about how the parent/caregiver is feeling about the situation?
- Is the parent/caregiver receiving any services to help him/her address concerns?

- How would you anticipate the parent/caregiver reacting to child welfare agency involvement?

**Discipline** should describe the parent's/caregiver's typical approaches toward behavior management, whether they are effective and developmentally appropriate, and in alignment with age appropriate expectations.

Examples of positive disciplinary practices include:

- Varied skills and approaches
- Views discipline in broader, socializing ways
- Avoids physical and verbal punishment
- Purpose of discipline is learning
- Discipline is age and/or developmentally appropriate
- Creative approaches to teaching lessons.

Examples of negative disciplinary practices include:

- Employs physical and verbal punishment as primary response
- Uncreative in parenting
- Self-righteous in parenting
- Threatens or uses intimidation.

By the conclusion of the assessment, you should be able to craft a narrative that is responsive to the questions that are detailed below:

- What are the parent's/caregiver's thoughts and feelings about discipline?
- How does the parent/caregiver manage the child's behavior?
- Does the parent/caregiver have the knowledge, skills, and ability to manage the child's behavior?
- Does the parent/caregiver appear responsive to the needs of the child? What does that look like?
- When does the parent/caregiver discipline the child?
- Does the parent/caregiver appear to respond out of anger or frustration when disciplining the child?
- Does the parent's/caregiver's unmet mental/behavioral health needs impact the way he/she disciplines the child? How?
- Does the parent's/caregiver's use of substances impact the way he/she disciplines the child? How?
- Do you have any concerns about the parent's/caregiver's discipline practices? What specifically?

**Parenting** should assess parent's/caregiver's typical parenting practices. There may be relevant facts about parenting practices that could reveal impending danger.

Examples of positive parenting practices include:

- Informed/knowledgeable
- Aware of parenting style/approach
- Patient
- Good communication
- Reasonable expectations
- Child-oriented
- Sensitive to child's needs
- Evidence of positive parenting experiences
- Sees child as healthy/well-adjusted
- Sees child as having individual/positive traits
- Seeing child as good
- Accepts child's gender identity
- Describes child in endearing terms

- Sees child as fulfilling
- Accurately depicts child; and
- Accepts child as dependent/appropriate, childlike

Examples of negative parenting practices include:

- Unrealistic or rigid child rearing attitudes and expectations
- Poor communication with children
- Sees child as wrong gender
- Incongruent perceptions about the child and child conditions
- History of termination of parental rights
- Unable to play or interact with children
- Aversion to parenting responsibilities
- Unconcerned for child
- Bonding difficulties
- Projects personal conflicts onto children
- Parenting frustrations
- Sees child as special/different
- Denies complexity of child-rearing
- Isolates child
- History of negative parenting
- Individualistic/self-centered as a parent/caregiver
- Labels child (such as “stupid” or “devil”)
- Insensitive to child’s needs
- Sees child as extension of undesirable adult, parent/caregiver, or self
- Seeing child as troublesome, unhealthy, burdensome
- Sees child as adult-like, capable of performing adult behavior.

By the conclusion of the assessment, you should be able to document the general parenting practices and should be able to craft a narrative that is responsive to the questions detailed below:

- How does the parent/caregiver interact with and relate to the child? Do they seem close/attached? Why or why not?
- How does the parent/caregiver perceive his/her parenting role? Does the parent/caregiver appear to enjoy being a parent/caregiver?
- How do family members express and receive affection?
- What is the parent’s/caregiver’s knowledge and skill related to parenting?
- What is the parent’s/caregiver’s expectations of the child?
- What is the parent’s/caregiver’s willingness and ability to provide care? Is the parent/caregiver responsive to the needs of the child? Are there times when the parent/caregiver is more attentive than others?
- What is the parent’s/caregiver’s willingness and ability to protect?
- Is the parent/caregiver generally consistent in making sure that the child’s basic needs are met?
- What would you say are some of the parent’s/caregiver’s strengths in caring for the child?

- Does the parent/caregiver engage in any activities with the child? Does the parent/caregiver seem to spend a lot of time with the child?
- What does the parent/caregiver say about the child – how does he/she describe the child? Does the parent/caregiver talk positively or negatively about the child?
- Is the parent/caregiver involved in the child’s school? Does the parent/caregiver take an active interest in the child’s school performance (attend school conferences, etc.)?
- Does religion and/or culture play a role in this family? If so, what role does religion and/or culture play? How do these beliefs influence childrearing practices?
- Does the parent/caregiver seem at ease in their parent/caregiving role?

## **Policy:**

### **Purpose of a Safety Plan:**

When a child is assessed as unsafe, you will develop and immediately implement a safety plan to control all identified impending danger threats. A safety plan will not be implemented for children assessed as safe.

A safety plan is a written arrangement between the parent/caregiver, the responsible adult(s) who will take action to control the impending danger threats, and the agency. The safety plan establishes how impending danger threats to child safety will be controlled. The safety plan describes safety actions that must be taken in order to control anticipated danger and prevent harm to the child.

### **Supervisor's Role:**

A supervisor is responsible in reviewing all safety plans.

### **Questions to Review/Consider with worker:**

Explain the safety threats that necessitated the safety services

- What is the safety threat you are concerned with?
- How does the safety threat make the child unsafe?
- Who or what is making the child unsafe and how?

Explain the specifics of the safety services, including contact that is allowed during the safety service provision

- How will the child safely be managed (outline safety service)
- Who will be involved in the safety service?
- What will they be responsible for and how will they provide safety for the child? Be specific about when and where this will occur?
- When is the parent/caregiver allowed to have contact during the safety service?
- How do you know the safety service will work?

Justify the suitability of the safety service provider

- How is the safety service provider suitable to provide protection?
- Do they believe the child needs protection? Are they in alignment with your agency?
- Is it clear that people involved and responsible for the safety service understand and believe the safety threats?
- How do you know the safety service providers are willing and able?
- Are the safety service providers trustworthy, reliable, committed, available, and have an alliance to the plan?

Explain how the agency will provide oversight to the safety service

- What is your role?
- How will you monitor the safety services to ensure they work and are controlling the danger?

## **Procedure:**

Safety plans are not the same as case plans. Safety plans describe actions to control impending danger threats and may describe safety services (such as parent aide or respite) to support those actions. By contrast, case plans have goals that include tasks/change strategies, services, and supports to effect long-term behavioral change by enhancing parent/caregiver protective capacities to eliminate the need for a safety plan.

Safety plans must:

- Be sufficient to control or manage impending danger threats
- Have an immediate effect
- Be immediately accessible, feasible, and available
- Contain safety actions to be taken by responsible adults
- When applicable, describe other people and resources that will support safety actions
- Be sustainable as long as the safety plan is expected to be needed
- Not contain promissory commitments by a parent as a safety action (such as a parent promising not to use drugs/alcohol or agreeing to participate in a treatment service).

Sufficient, feasible, and sustainable are defined as follows:

- Sufficient means the plan is a well-thought-out approach that identifies the most suitable people that will take the necessary actions at the right times and frequency to control threats of danger to the child(ren) and/or substitute for diminished parent/caregiver protective capacities.
- Feasible means that the responsible adults and the agency are accessible and available to implement and oversee the plan immediately and without delay.
- Sustainable means that responsible adults will be accessible and available until the child is safe from impending danger and a safety plan is no longer needed; that there is willingness and cooperation on behalf of the parents/caregivers to participate in change-related activities, including willingness to meet, discuss, and ultimately begin necessary change-related activities.

The written safety plan must:

- Specify the impending danger safety threats.
- Identify how each safety threat will be controlled, including:
  - The responsible adult(s) who will implement each action
  - The safety services required to control threats of danger
  - The circumstances under which the responsible adult(s) will perform the safety actions (e.g. location, who else will be there, etc.)
  - Other people and resources that will support safety services
  - The timeframes for when the safety services will occur (frequency, duration, and exact times and days).
- Be based on an assessment of the suitability of the responsible adult(s) who will implement the safety services and include confirmation of their availability and accessibility at the times the threats are present and need to be controlled.
- Describe how you will oversee that the safety plan is being followed and sufficient to maintain child safety, including a communication plan among participants.

A safety plan must be in place until the impending danger threat is no longer active or the parents/caregivers have been able to enhance protective capacity to manage all impending danger threats, and the child has been assessed as safe.

### **Determination of In-Home or Out-of-Home Safety Plan**

The determination that a child is unsafe does not always mean that the child must be removed from the home. In some cases, the danger can be sufficiently controlled, and the child can remain in the home, with help and support from family members, other responsible adults, and other people or resources that support safety actions.

Safety plans can use in-home, out-of-home, or a combination of both. For a safety plan to effectively use in-home safety services, or a combination of in-home and out-of-home safety services, you must know how the

impending danger occurs uniquely within the family, and what must be controlled. You must know the following about each identified impending danger threat that occurs in the home:

- Duration: How long has the condition been concerning or problematic?
- Consistency: How often is the negative condition actively a problem or affecting parent/caregiver performance?
- Pervasiveness: What is the extent or intensity of the problem, and how consuming is it to parent/caregiver functioning and overall family functioning?
- Influence: What stimulates or causes the threat to child safety to become active?
- Effect: What effect does the negative condition have specifically on the ability of a parent/caregiver to provide for the care and protection of the child?
- Continuance: How likely is the negative condition to continue or get worse without agency intervention?

You must complete an analysis of whether an in-home or a combination safety plan can be implemented. Refer to 607-05-70-30-15 for detailed procedures on safety plan determination.

In CPS assessments that involve a criminal investigation, where a child has a severe injury that is likely an inflicted injury and the perpetrator of the abuse is unknown, an in-home safety plan cannot be established in a household where an adult resides who has not been ruled out as a perpetrator of the abuse because there is insufficient information about how the impending danger occurs and the circumstances that must be controlled.

An in-home safety plan may not be sufficient and appropriate in a household where any of the following are true:

- The parent/caregiver has expressed an unwillingness to care for the child.
- The child is profoundly afraid of a parent/caregiver who continues to live in or have access to the home.
- An in-home safety plan would violate the child's victim rights, such as when the non-offending parent/caregiver does not believe the child's description of abuse or neglect, placing the child at risk to be coerced.
- Medical child abuse is suspected (i.e. Munchausen by Proxy).
- Any of the aggravating circumstances per NDCC §§ 27-20-02.3 in which the parent/caregiver:
  - Abandons, tortures, chronically abuses, or sexually abuses a child;
  - Fails to make substantial, meaningful efforts to secure treatment for the parent's addiction, mental illness, behavior disorder, or any combination of those conditions for a period equal to the lesser of: One year; or One-half of the child's lifetime, measured in days, as of the date a petition alleging aggravated circumstances is filed
  - Engages in conduct prohibited under NDCC §12.1-20-01 through 12.1-20-08 or NDCC 12.1-27.2, in which a child is the victim or intended victim
  - Engages in conduct that constitutes one of the following crimes, or of an offense under the laws of another jurisdiction which requires proof of substantially similar elements:
    - A violation of NDCC § 12.1-16-01, 12.1-16-02, 12.1-16-03, or 14-09-22 in which the victim is another child of the parent.
    - Aiding, abetting, attempting, conspiring, or soliciting a violation of section 12.1-16-01, 12.1-16-02, or 12.1-16-03 in which the victim is a child of the parent; or
    - A violation of NDCC § 12.1-17-02 in which the victim is a child of the parent and has suffered serious bodily injury

- Engages or attempts to engage in conduct, prohibited under NDCC § 12.1-17-01 through 12.1-17-04, in which a child is the victim or intended victim
  - Has been incarcerated under a sentence for which the latest release date is:
    1. In the case of a child age nine or older, after the child's majority; or
    2. In the case of a child, after the child is twice the child's current age, measured in days;
  - Subjects the child to prenatal exposure to chronic or severe use of alcohol or any controlled substance as defined in NDCC 19-03.1 in a manner not lawfully prescribed by a practitioner; or
  - Allows the child to be present in an environment subjecting the child to exposure to a controlled substance, chemical substance, or drug paraphernalia as prohibited by section 19-03.1-22.2.

An out-of-home safety plan refers to safety management that primarily depends on separation of a child from his/her home, separation from the safety threats, and separation from parents/caregivers who lack sufficient protective capacities to assure the child will be protected. Out-of-home safety plans can include safety services and actions in addition to separation or out-of-home placement. Out-of-home safety plans should always contain a family interaction plan based on the unique circumstances of each case. Out-of-home safety plans can contain some in-home safety management dimension to them. Out-of-home safety plans can include safety service providers and others concerned with safety management besides the out-of-home care providers.

Safety plans can involve in-home and out-of-home options combined in such a way to assure a child is protected. Depending on how safety threats are occurring within a family, separation may be necessary periodically, at certain times during a day or week or for blocks of time (e.g. day care, staying with grandma on weekends), or all the time until Conditions For Return home can be met. Therefore, when developing safety plans, you must scrutinize when separation is required to assure protection and if combinations of in-home and out-of-home management options may be sufficient to assure protection.

Alternatively, when the agency determines that only an out-of-home safety plan is appropriate (i.e. child is placed full-time) consideration is also given to including in-home safety options or safety services to provide a bridge for working toward achieving conditions for return and reducing the amount of time that a child is in out-of-home placement.

### **Tools and timelines**

- Safety Plan Tool 4
- Safety Determination Analysis Guide Hardcard
- Safety Plan Determination Analysis Explanations in Supporting Documents of 615 Policy Book
- Three Plans Not the Same in Supporting Documents of 615 Policy Book

## **Policy:**

### **Purpose of Case Planning Processes:**

The process of assessing parent/caregiver protective capacities meets the requirements set forth in the Adoption and Safe Families Act (ASFA) concerned with integrating safety concerns in case plans and achieving safe homes. Understanding and using the concept of parent/caregiver protective capacities is the basis to address diminished protective capacities and safety threats in case plans.

### **Procedure and Role Responsibility:**

#### **Preparation Stage:**

Upon case assignment the case worker, CPS worker, and their supervisors (or designee) will meet for the case transition staffing (i.e. Warm Handoff 2). This meeting allows the case worker to clarify any questions he/she may have about the case, particularly related to impending danger and safety planning. Also during the case transition staffing, the CPS worker and case worker will discuss a plan for family engagement for Warm Handoff 3 – initial contact with the family, which may be either an initial meeting between the agency staff and the family or, a Family Centered Engagement meeting, or a child and family team meeting.

#### **Supervisor Consultation**

At some point during the preparation stage, the case worker will consult with his/her supervisor regarding case-specific issues and implication for how to best proceed in conducting the PCFA.

#### **Introduction Stage:**

During the Introduction Stage you focus on building a positive working relationship with the parent/caregiver and child, setting the stage for establishing a partnership, providing information, and allowing the family to express themselves. This is critical to the ability to co-construct meaningful case plan goals and strategies for change. Your initial discussions with the family are intended to transition the family from the CPS assessment to ongoing case management. Introduction activities should occur with the parents/caregivers to the extent possible and in an age-appropriate manner with the child.

#### **Case Worker Responsibilities During the Introduction Stage**

1. Consult with the supervisor prior to initial contact with parents/caregivers.
2. Initiate the Introduction Stage during the Warm Handoff 3 – initial contact with the family within seven (7) days of the case transition staffing.
3. Attempt to complete the objectives of the Introduction Stage during one face-to-face meeting with parents/caregivers. It may be appropriate to proceed into the Discovery Stage during the face-to-face meeting if the introduction stage objectives are met and the case worker determines this to be appropriate and in the best interest of the family. The introduction stage objective are as follows:
  - Emphasize a desire to work in partnership with parents/caregivers to address the reasons their case was opened for permanency services.

- Help parents/caregivers understand child welfare workflow process including the differences between the CPS assessment process, PCFA process, case planning process, and case management services.
- Help parents/caregivers understand the case worker's role with respect to facilitating change.
- Help parents/caregivers understand what is expected of them as they begin the PCFA process.
- Understand the perspective of parents/caregivers regarding agency involvement.
- Establish for parents/caregivers a thorough understanding of the reasons for case management services and review and clarify the agency's position regarding impending danger.
- Discuss the results of the safety plan determination and confirmation of the sufficiency of the safety plan.
- In cases involving out-of-home placement, discuss the Conditions for Return (CFR) and elicit parents'/caregivers' understanding and agreement.
- Explain the PCFA process and case plan development.
- Seeking commitment from parents/caregivers to participate in the PCFA process.

### Supervisor Responsibilities During the Introduction Stage

1. Prepare and assist the case worker in completing the Introduction Stage of PCFA by:
  - Supporting a person-centered orientation.
  - Clarifying and differentiating the case worker's role and expectations.
2. Debrief Introduction Stage and prepare for Discovery Stage.
  - Debrief and consult with the case worker after the Introduction Stage of the PCFA.
  - Discuss next steps for the Discovery Stage of the PCFA.
  - Assist with issues associated with working through the Discovery Stage.
  - Assist case worker in engaging and interviewing parents/caregivers; and help staff target diminished and existing parent/caregiver protective capacities to address.
  - Assist staff on techniques for identifying and building discrepancy with parents/caregivers regarding what must change.
3. Provide support and ensure the case worker is following the PCFA process and entering applicable information in the Protective Capacity Family Assessment (PCFA) form.
4. Staff cases weekly or as needed with the case worker.

### **Discovery Stage:**

The general purpose of the Discovery Stage is to identify and discuss with parents/caregivers what must change with respect to diminished parent/caregiver protective capacities associated with safety threats and to determine what parents/caregivers are willing to work on during case management services. It generally takes more than one interview/meeting to complete this stage.

Important considerations during this stage include:

- It is not uncommon that informal and formal supports are included during this stage, depending upon case circumstances and parent/caregiver choice.
- You should consider whether expert assessment/evaluations are needed to help assess parent/caregiver protective capacities.
- You determine what the parents/caregivers are willing to do.
- The goal is to reach an understanding and agreement with the parents/caregivers on how impending danger threats cause their child to be unsafe and what must change.

- You should develop additional knowledge and be sensitive to domestic violence, parents'/caregivers' own childhood history of abuse/neglect, substance abuse, mental illness, and/or criminal behaviors.

### Case worker Responsibilities During the Discovery Stage

1. Staff the case with supervisor to debrief and to prepare for the Discovery Stage.
2. Conduct enough individual meetings, face to face is preferred with each parent/caregiver to complete the Discovery Stage as approved through consultation with supervisor. Sufficiency is based on case circumstances and due diligence to achieve the Discovery Stage facilitative objectives.
  - The PCFA must be completed in order to complete the Case Plan.
3. Meet the objectives of the Discovery Stage before proceeding to case planning. The objectives are to:
  - Identify existing parent/caregiver protective capacities that may be used to promote change that establishes safety and permanence for the child.
  - With parents/caregivers, examine the relationship between diminished protective capacities and impending danger; create discrepancy related to problems, and raise awareness regarding the need for change. This includes an examination of the needs of parents/caregivers and identifying ways in which they may be supported.
  - Seek agreement from parents/caregivers regarding what must change and elicit their input for the development of Case Plan goals that describe what change looks like related to the enhancement of diminished parent/caregiver protective capacities.
  - It is important to attempt and get the parent/caregiver to describe in their own words what change looks like if a diminished protective capacity is enhanced.
  - Fully examine the needs of the child and identify ways in which parents/caregivers may be supported to meet the physical, emotional, cognitive, behavioral, and social needs of their child.
  - Partner with parents/caregivers to discuss the need for professional evaluations; the rationale; resources that are available; the process of the evaluation; the anticipated information to inform planning for the child; and specific arrangements which can include parent/caregiver involvement.
  - Identify parent's/caregiver's stage of change in relation to what must change.
4. Assess child functioning, which includes specific indicators of child well-being. The case worker will assess child functioning and the child well-being indicators by:
  - Talking about child functioning, including current well-being strengths and needs, with the child's parents/caregivers, service providers, and the child if age and developmentally appropriate.
  - Observing interactions with others and the family including those the child has with parents/caregivers and siblings, to assess protective capacities, impending danger, and child needs.
5. Document the Discovery Stage on the Protective Capacity Family Assessment (PCFA) form and a summary in the case activity log of the ND child welfare management information system. Case notes regarding the Discovery Stage must include any discussion of enhanced and diminished protective capacities; guidance for conducting Discovery Stage meetings (e.g. dealing with client resistance, approaches for raising parent/caregiver self-awareness, assessment of child's needs); safety management issues/concerns that must be addressed (as applicable); and any debriefing of information and direction given regarding next steps within the process.
6. If at the conclusion of the Discovery Stage, the case worker concludes that the child is safe, proceed with next steps for moving toward case closure. Refer to 607-05-35-60 for policy concerning case closure.

Case workers make key decisions by the end of the PCFA. The key decisions are made by

answering the following questions:

- Are safety threats being managed in the least intrusive way possible?
- Can existing protective capacities (strengths) be the foundation for needed changes?
- What is the relationship between identified safety threats and currently diminished protective capacities?
- What is the parent's/caregiver's perspective or awareness of safety threats and the threats' relationship to diminished parent/caregiver protective capacities?
- What are parents/caregivers ready, willing and able to work on in the case plan?
- What are the areas of disagreement between the parents/caregivers and the agency about what needs to change?
- What change actions, services, and activities will be used to enhance diminished parent/caregiver protective capacities?

The decisions must be regularly reevaluated by using the Protective Capacities Progress Assessment (PCPA) throughout the life of the case to guide case planning and implementation and to measure progress. On an ongoing basis, the case worker will use all information gathered about child functioning to reevaluate each of the child well-being indicators and identify child needs that should be included in the case plan as well as services and interventions (i.e. tasks/change strategies) to address the identified needs.

#### Supervisor Responsibilities During the Discovery Stage

1. Staff the case with the case worker to debrief and to prepare for the Discovery Stage.
2. Provide support and ensure the case worker is following the PCFA process and entering applicable information in the Protective Capacity Family Assessment (PCFA).
3. Regular staffing to debrief and check for sufficiency of information collection with the case worker while in the Discovery Stage should occur to determine the next steps.
4. Supervisory review and approval of the Protective Capacity Family Assessment (PCFA).
5. Approval of performance and decisions in the PCFA is designated on the Protective Capacity Family Assessment (PCFA).

#### **Change Strategy and Case Planning Stage:**

The purpose of this intervention stage is to prioritize what must change, select services and finalize an individualized case plan. Important considerations during this stage include:

- Be prepared to discuss with parents/caregivers specific service options, including provider information and logistics for accessing services.
- It is likely that you may have already started putting together an outline for a change strategy during previous meetings with parents/caregivers and the child and family team. If this has already occurred, come to the meeting(s) prepared to review what has already been discussed and agreed upon.
- Remain mindful of the need to keep parents/caregivers involved. Look for opportunities to include their perspective in case plan decision making.
- Although a parent/caregiver may be resistant to change and unwilling to participate in identifying service needs, it is important to try to keep them active in the discussion by reviewing service options and allowing them to share their perspective.
- Talk openly with parents/caregivers about the rationale for identifying particular service options. Don't focus too much on what a service is but rather, on what the service is intended to accomplish.
- Remember, change is what is most important, not compliance.

- Acknowledge parent's/caregiver's right to personal choice and self-determination. This is particularly important for parents/caregivers who are resistant to change.
- Without being argumentative or judgmental, be straightforward and clear about what you believe needs to change, why you believe it needs to change, and your belief regarding how the case plan and services can be helpful.
- Reinforce your desire to continue working with parents/caregivers to address issues by keeping the discussions open.

#### Case worker Responsibilities During the Change Strategy and Case Planning Stage

1. Staff the case with supervisor to review all impending danger threats the case plan intends to address as well as the goals and tasks/change strategies identified to facilitate change.
2. Schedule and convene child and family team meetings a minimum of every 90 days to review and update the case plan:
  - Identify any enhancement of the diminished parent/caregiver protective capacities that have supported change and established safety and permanence for the child.
  - Re-examine the relationship between diminished protective capacities and impending danger and continue to reinforce awareness regarding the need for change.
  - Confirm parents/caregivers are in agreement regarding what must change and elicit their input for any necessary revisions of case plan goals, including progress made to achieve the goals.
  - Fully examine any changes in the child's needs and identify ways in which parents/caregivers may be supported to meet the physical, emotional, cognitive, behavioral, and social needs of their child.
  - Review any updated information received related to professional evaluations, services being provided, or resources still needed to address case plan goals and support the change strategy.
  - Identify parent's/caregiver's stage of change in relation to what must change.
3. Reassess child functioning, which includes specific indicators of child well-being, by:
  - Talking about any changes in child functioning, including current well-being strengths and needs, with the child's parents/caregivers, service providers, and the child if age and developmentally appropriate.
  - Observing interactions with others and the family including those the child has with parents/caregivers and siblings, to assess any changes in protective capacities, impending danger, and/or child needs.

#### Supervisor Responsibilities During the Change Strategy and Case Planning Stage

1. Staff the case with the case worker to review all impending danger threats the Case Plan intends to address as well as the goals and tasks/change strategies identified to facilitate change.
2. Provide support and ensure the case worker is following the case planning process.
3. Regular staffing to debrief and check for movement of the case including accomplishment of tasks/change strategies and goals as well as any additional needs identified that constitute a different strategy to manage safety.

## **Purpose of Identifying Supervisor Competencies:**

Identifying supervisor competencies enhances the overall quality and consistency of supervision by clearly defining the knowledge, skills, and abilities supervisors need to lead effectively—both within their agencies and across the state. These competencies provide a solid foundation for training, coaching, and performance evaluation for supervisors and directors alike. Strong, confident leadership fosters professional growth, helping supervisors better support and mentor their staff. When supervisors have a clear understanding of their roles and expectations, they are better equipped to reduce staff stress and burnout, promote development, and sustain engagement. Because supervisors directly influence casework practice, ensuring they have the right competencies and core standards ultimately leads to improved safety, permanency, and well-being outcomes for children and families.

## **Supervisor's Role:**

Supervisors must understand their own skills, knowledge and behaviors to model a growth mindset for their workers.

## **Reflection Questions for Supervisors:**

### **Educational:**

- Do I provide regular, constructive feedback that helps workers grow?
- How do I balance accountability with empathy and encouragement?
- When was the last time I asked my staff how supported they feel by me—and truly listened to their responses?
- Do I tailor my communication style to meet the needs of different team members?
- Do I provide regular, constructive feedback that helps workers grow?

### **Administrative:**

- How effectively do I monitor and manage staff caseloads and workloads?
- How do I balance urgent demands (like court deadlines or safety concerns) with longer-term goals (like staff development)?
- What systems or tools do I use to stay organized and ensure follow-up on key tasks?
- Do I regularly review data (safety measures, permanency timelines, staff productivity, etc.) to guide supervision and decision-making?
- How do I set clear performance expectations for my team?
- Do I give timely and constructive feedback—both positive and corrective?
- How do I document performance issues and improvement plans objectively and fairly?
- Do I follow through consistently on commitments and accountability measures?
- How do I communicate agency priorities and changes to staff clearly and timely?

### **Leadership:**

- How do I model the values and ethics I expect from my staff?
- In what ways do I promote a learning culture within my unit?
- How do I respond to challenges or mistakes—my own and others'?
- What am I doing to continue developing my own skills and knowledge?
- When conflicts or misunderstandings occur, how do I address them constructively?

### **Clinical:**

- Do I encourage staff to use data, reflection, and consultation in decision-making?

- When a crisis arises, do I take time to understand the full context before acting?
- How do I balance safety, risk, and family strengths in case discussions?
- Do I schedule regular, uninterrupted supervision time with each staff member?
- Do my supervision sessions have structure and purpose, or are they primarily reactive?

**Tools:**

- Supervisor Competencies and Blue Light for Supervisors in Supporting Documents of 615 Policy Book

---

## **Policy:**

### **Purpose of Supervision:**

The purpose of supervision is to ensure that services delivered by the case worker meet the needs of families, children, foster care providers, or contracted providers (like residential programs, treatment foster care, etc.). Supervisor ensures partners and services providers are safe, effective, and aligned with each family's case plan and permanency goals. Supervision is needed to ensure the fidelity of the Safety Framework Practice Model is being implemented in their workers' everyday engagements with family.

### **Supervisor's Role:**

A supervisor's role in supervision is to guide, support, and develop the caseworker so they can provide safe, effective, and ethical services to children and families. Supervision should balance accountability, professional development, and worker well-being, using a structured, reflective approach. A supervisor is expected to meet with each case worker at a minimum of every other week for 30 minutes.

### **Questions to review with your worker in supervision:**

#### Safety Risk:

- What safety concerns are most on your mind right now?
- Are there any situations where you're unsure about the level of danger or next steps?
- What case is keeping you up at night, and why?
- What decisions do you need help thinking through today?

#### Workload and Capacity:

- Which tasks are taking the most of your time?
- What can be delegated, streamlined, or shifted?
- Is there anything you're worried you may not be able to get to this week?

#### Skill Development:

- Where do you feel most confident in your practice? Least confident?
- How can I support your growth in areas you want to strengthen?

#### Barriers and System Challenges:

- What systemic barriers are impacting your ability to move a case forward?
- Are there community partners or internal processes that are causing delays?
- What do you need from me to help remove barriers?

#### Emotional Check-In:

- How are *you* doing today—really?
- What has been the most emotionally difficult part of the job this week?
- What signs tell you that you're starting to feel overwhelmed?
- What helps you stay grounded on hard days?
- Have you had enough time to decompress between intense situations?
- Are you able to disconnect after hours? If not, what's getting in the way?
- What boundaries are hard for you to maintain?
- Where do you feel well supported right now?
- Where do you feel unsupported or isolated?
- What would you find helpful from me as your supervisor?

#### Additional Supervisory Support Resources:

- See onboarding Xcel sheet for additional questions to review with your case worker upon hire.
- See supervision staffing form to address case movement.

### **Procedure:**

A supervisor should take time to prepare for their supervision with workers. Reviewing case notes, safety assessments and upcoming deadlines as able. A case worker should come prepared with current case updates, questions and concerns. Identify needs of each case and prepare any workload issues they want to address with their supervisor.

1. Supervision can begin with a personal check-in to build purposeful connections with their workers to build a trusting safe environment for their workers.
2. Reviewing cases and safety issues is the core of supervision with workers. Supervisors may use the Supervision staffing form to help guide them through components of the safety framework practice model to ensure the fidelity of the model is implemented in their workers day to day practice. This staffing form will also assist with case movement. If a supervisor chooses not to utilize the staffing form they must review:
  - a. Immediate safety concerns
  - b. Case plan goals/progress/barriers
  - c. Court timelines and documentation
  - d. Services needed and solutions
3. Following case specific staffing, supervisors should assist their workers in making decisions and identifying action steps. This ensures clarity, accountability, and follow through.
  - a. What needs to be done? Who is responsible? When will it be done? And What support is needed?
4. Supervision can also be used to provide coaching and skill development with their workers. Throughout the case staffing a supervisor can use that opportunity to teach new skills, give constructive feedback, role play, or provide the worker with concrete questions/ideas to take back to the family.
5. It's important to have occasional check-ins with workers on workload and barriers. Reviewing a workers capacity, caseload distribution, and needs is crucial for attending to their overall well-being and burnout. A supervisor should watch for signs of burnout, secondary trauma, and the emotional impact a case may be having on their worker. It's important for supervisors to initiate time off when able for their worker and to support case load needs while they are out.
6. Documentation ensures consistency, accountability and continuity of case movement.

### **Tools and Timelines**

- Supervisor Staffing Form in Supporting Documents of 615 Policy Book
  - Purpose: The purpose of the supervision staffing form is to guide supervisors (especially new) through case staffing/discussion. The staffing form may assist with maintain emphasis on case movement, ensuring fidelity to the SFPM, and maintaining focus on serving the family not just child needs. The staffing form does not capture additional supervision expectations such as employee performance, personal check-ins or staff development.
- Supervisor Tracking Sheet in Supporting Documents of 615 Policy Book

## **Purpose of Supervisor Training:**

### **Child Welfare Supervisor Foundation Training**

In February 2018, the UND Children and Family Services Training Center launched the Child Welfare Supervisor Foundation Training to support North Dakota Child Welfare Supervisors. This implementation was due to the importance of supervision in child welfare and the belief that good supervision can lead to better recruitment, training and retention of quality workers leading to better outcomes for children and families. The Training Center, along with the Children and Family Services Division, developed a comprehensive foundation training for supervisors which consists of the following four sessions:

### **Supervisor's Role:**

Please ensure that the Training Center has your email on their supervisor list if you recently became a supervisor. Register for the training when they are open for registration. If you have questions about the trainings, please reach out to the UND Children and Family Services Training Center: [und.cfstc@und.edu](mailto:und.cfstc@und.edu)

### **Description of Training:**

- **Administrative Supervision in Child Welfare:** Supervisors will be able to manage the feelings and duties related to making the transition to management while responding effectively to staff and their needs. Participants will examine their own leadership style and identify where changes or accommodations may be necessary to enhance effectiveness. Team development and group cohesion is also imperative in worker success, and supervisors will identify group stages of development and strategies to address group conflict effectively. Participants will learn the four types of feedback and basic steps in providing that feedback effectively.
- **Educational Supervision in Child Welfare:** Learning the style of each worker and learning to adapt how they teach and develop staff is a critical skill for supervisors. Supervisors will learn strategies that will enhance the learning and development of workers and how to facilitate the transfer and integration of knowledge and skills, gained through training, to the job. Supervisors will learn the importance of, and how to create an environment that promotes education, individual growth, and professional development.
- **Basics of Clinical Supervision in Child Welfare:** Supervisors will learn the importance of personal templates and how they influence the decisions made by employees. Strategies to address templates that may be negatively impacting practice will be identified. Supervisors also learn the importance of individual and group supervision and how both can be effective. Strategies in scheduling, preparing, and presenting will be identified. Lastly, we will address the importance of how supervision can be an integral piece to workers conducting quality contacts with families and how to promote critical thinking as they address safety, permanency, and wellbeing.
- **Leadership & Supervision in Child Welfare:** The supervisor is essential in providing staff with the vision of the agency and is a main determinant of how the staff will weather the ongoing change conditions. Participants will identify the four changing conditions and how they impact staff and how we can ensure that continued growth is the outcome. Participants will also learn about the four domains of strength-based leadership as well as the difference between management and leadership, and why both are important. Lastly, leadership is also a critical factor in the recruitment and retention of quality staff, participants will learn strategies that will assist in both areas.

All sessions of the Foundation Training for Supervisors end with “Transfer of Learning” activities. The group is then invited to an online Transfer of Learning Session where it can be explored how individuals have incorporated the knowledge and skills that they gained through training into their work back at the agency. The group also takes the time to discuss barriers and challenges in doing so. Individuals learn from each other in regard to how they are surpassing those challenges and learn new and creative ideas for implementation.

The Foundation Trainings are stand-alone sessions and supervisors can join at any time and do not need to take the training courses in order. Training consists of small group and large group discussions, hands on activities and problem solving as well as resources that can be used back in the agency. Training is free and CEU’s are provided for both the in person session as well as the transfer of learning session which is online.

Supervisors are notified of the training sessions as they become available. The Training Center works diligently to offer each session at least one time a year.

---

**Policy: Child Welfare Certification Training 607-05-30-01**

**Purpose of Child Welfare Training:**

Child Welfare Certification Training is provided by the UND Children and Family Services Training Center. The Certification provides a foundation for all child welfare workers and includes 5 sessions as well as the completion of learning modules and quizzes. The five-session training program includes three sessions that are held virtually and two sessions that are completed face to face in Grand Forks, ND. There are two cohorts held each calendar year, one in the Spring and one in the Fall. There is no cost to attend the training and the training center does provide the lodging but the cost of mileage and meals is the responsibility of each Zone.

CEU's are provided for those that are licensed as social workers for each of the sessions. If workers miss a session, or a portion of a session, it is their responsibility to work with the training center staff to make up that time if needed. Due to this, please keep interruptions for your worker while they are attending training to a minimum. We find that workers attending virtually are often distracted by other appointments, phone calls, etc. and end up missing opportunities to learn.

Once a worker has completed Session 2 in its entirety, they are considered Wrap Around Certified as well and can bill through Medical Assistance. This certification is different than being Child Welfare Certification and participants that complete Session 2 will receive a certificate from Children and Family Services signed by Diana Weber. Once a worker is Wrap Around Certified, they must attend approved training every two years in order to maintain certification. To determine if a training can qualify for Wrap Around recertification, please contact Diana Weber or the UND Children and Family Services Training Center.

Once all five sessions and all modules and quizzes are complete, a certificate that is signed by the Children and Family Services Administrator will be mailed to the participant. The Training Center encourages workers to provide a copy of the certificate to their Human Resources as well as their supervisor.

**Supervisor's Role:**

It is the Supervisor's responsibility to ensure that new employees that are not currently child welfare certified are registered for training within the first 6 months of employment. Once the case worker is attending training, please note that there are additional modules and quizzes that must be viewed throughout the training to enhance their learning. Workers must obtain a 90% on all quizzes and are allowed to take the quizzes multiple times until they achieve that score.

**Questions to Review/Consider with worker:**

There are a number of things to consider when sending your worker to Child Welfare Certification Training and it is important to know what topics are covered during training. The Children and Family Services Training Center created a Transfer of Learning document that outlines each session of training for new workers as well as what supervisors can do prior to, during and after training to support their workers' learning and how they can transfer what they hear and learn in the session into their work at the agency. [See the most current Transfer of Learning here.](#)

**Procedure:**

You cannot register an employee until they are hired. If the upcoming session is full, registration for the following session would be available. In order to register or learn more about the training dates or training sessions, please click here: [CWCT Information and Registration](#).

**Additional Resources:**

Supervisors are encouraged to use additional resources that are available on the UND Children and Family Services Training Center website. There you will find specific training related to the Safety Framework Practice Model. This will include online micro learnings as well as additional resources such as previously recorded training sessions on the topic. Click here for more: [SFPM](#). In addition, there are additional workforce trainings online to supplement a worker's learning: [Workforce Training](#).

**Policy:** N/A

**Purpose of ensuring Quality Visits between workers and families:**

Good child welfare practice relies on quality contacts between case workers and the children and parents/caregivers. Moreover, quality visits support permanency planning and promote child and family well-being. As a cornerstone of Safety Framework practice, quality visits reflect a focused exchange of ideas and information that go beyond a “friendly chat” and represent a professional consultation that moves the family toward lasting and meaningful change.

**Supervisor’s Role:**

It is the supervisor’s role to ensure workers and family visits are meaningful, trauma informed and aligned with the Safety Framework Practice Model. Supervisors are responsible to provide clear guidance and expectations as it relates to what it means to have a “quality visit”. They will support visit planning as mentioned below, monitor visit quality through staffing and review of PCFA/PCPA, while also at times providing coaching and feedback for skill development by joining in difficult conversations, or periodic field observations by joining their worker in an off-site visit with the family.

**Questions to Review/Consider with worker:**

Quality contacts with the family require preparation, and may include staffing with the case worker prior to their visits with the family to determine the following:

How to conduct the reassessment of safety:

- Were there any safety concerns during or related to the visit?
- What did you do to address or mitigate those concerns?
- Did you notice any changes in risk since the last visit?

Goal of the visit:

- What were your goals for this visit? Were they met?
- How did this visit move the case forward or support permanency?

How the visit will focus on the case plan, including assessment of impending dangers and child well-being:

- What strengths or progress did you observe that relate to the case goals?
- What barriers did you identify, and how will they inform next steps?
- What strengths did the parent display during the visit?
- Did the parent demonstrate understanding of their child’s needs?
- Did you observe any behaviors that raise concerns?
- How are parents coping with stressors, and how do you know?
- What did you observe about the child’s physical, emotional, developmental, and behavioral state?
- Did anything concern you or represent an improvement?
- How did the child react before, during, and after the visit?

What types of questions to ask that will promote honest conversation:

- How did you build rapport with the parents and with the child during the visit?
- What did you do to support parent-child relationships?
- How did the family respond to your presence and approach?
- Were there any signs of discomfort, withdrawal, or increased trust? What do you think contributed to it?

Who to include in the visit:

- Who needs to be at the table/present for the visit to ensure a quality assessment of safety/impending danger? If the concerns are about mom, and she's scheduled to be at work- is it worth rescheduling the visit to make sure she is present?

**Procedure:**

Planning and preparation are key to making the visit one of quality. As the case worker moves on to conduct the visit, he/she should refer to discussions with their supervisor to ensure he/she is addressing all of the key areas, including a focus on the case plan. In planning visits, the case worker must remember that the following are key elements of a quality visit:

- Scheduling the frequency of the visits based on the needs of the child and parents/caregivers.
- Conducting visits in the home and at times convenient for the child and parents/caregivers.
  - Visit timing must accommodate the parent's/caregiver's schedules. Length and location of visits must foster open and honest conversations that strengthen the trust relationship.
- Planning of the visit, with issues noted for exploration and goals established for the time spent together.
  - Each visit should have a defined purpose. A purpose for visits demonstrates clarity and consistency with outcomes and case closure criteria. By including parents in the case planning process and visit purpose, you demonstrate respect and encourage ongoing engagement during the visit.
- Open enough to offer opportunities for meaningful consultation with and by the child and parents/caregivers.
- Individualized with sufficient private time with the child to discuss concerns.
- Explore changes in child and parent/caregiver circumstances on an ongoing basis.
  - Allow the discussions to flow at the pace set by the child and or parents/caregivers
- Supportive and skill generating, so that the child and parents/caregivers feel safe in dealing with challenges, with change, and have tools to take advantage of new opportunities or manage existing difficulties
  - Explain the need to document information gathered and when taking notes, remain focused on the child/parent/caregivers and the interaction by limiting notetaking to facts, highlights and things not easily remembered.
  - During visits with parents/caregivers, you will gather information to inform completion of the assessments (PCFA and PCPA), review the safety plan and case plan, and discuss any other related information pertinent to case planning activities to facilitate assessment of progress and emerging concerns.
- Quality visits are enhanced by case workers who examine their own and the agency's performance, as well as how the family is functioning relative to the support and services provided.
  - As questions that either request information, clarify information or acknowledge feelings

A suggested order for visits is:

1. Parents/caregivers (or out-of-home kinship caregiver or foster care provider if child is placed out of home),
2. Child (including private time apart from caregivers), and
3. Conclude with the family for a "wrap up."

However, circumstances may require a change in the order. The "wrap up" should include clarification with the family that the case worker has gathered accurate information from their perspective, summarization of what is going well and what challenges have been identified, identification of next steps to tackle until the next visit, and confirmation of the next planned visit.

## Effective Dialogue and Questions

When engaging in dialogue with the child and parents/caregivers, you should use strength based, solution focused questions that are open-ended. The following are common types of questions you can ask family members during visits that contribute to quality conversations. These are not intended to be an exhaustive list; rather, some examples of open-ended questions to guide your interviews.

### Exception finding

This question type provides an opportunity for the family to identify a time when family life was different.

- “You have said that things are not always like this. Can you tell me more about the other times?”
- “When was the last time this issue came up? How have you managed to avoid or address this issue since then? What have you tried?”
- “Sounds like you have been through some tough times before. What did you do in the past that seemed to work for you and your family?”
- “Seems like you have gone a long time without being involved with the child welfare system. What was going well then that we could build on now?”

### Miracle or Three Wishes

This question type allows for the consideration of unlimited possibilities for change:

- “If a miracle happened while you were sleeping, and you woke up tomorrow, what would be different to tell you your problem was solved?”
- “If you had three wishes about your family, what would they be?”

### Scaling

Scaling questions are a clever way to make complex features of the family’s life more concrete and accessible for both the family and you. Scaling questions can be used to assess self-confidence, investment in change, prioritization of problems, perception of hopefulness, etc. They can also be used over a period to assist you, and the family assess the level of change (both positive and concerning) that may have occurred. They usually take the form of asking the person to give a number from 1-10 that best represents where he/she is at some specified point. Ten is the positive end of the scale, so higher numbers are equated with more positive outcomes or experiences.

- “On a scale of 1-10 with 10 meaning you believe your life will be manageable and generally happy, and 1 means you have no confidence at all that your life will improve, where would you put yourself today?”

Possible key follow-up questions:

- “On the same scale, what might increase your number a slot or two?”
- “What might decrease the number?”

You should take note of the following areas during visits:

- Participation by parents/caregivers
- Suitability of service providers
- Whether services are addressing the goals; and
- If increased or decreased level of effort is required.

If parent/caregiver participation is an issue, you should ask strength based, solution focused questions about why that is and how it will be addressed. Additionally, you should ask questions about progress made or barriers to achieving progress and how those barriers will be addressed.

## Post Visit Activities

You should take some time following visits with the child and parents/caregivers to:

- Sketch out general impressions and thoughts initially upon leaving the home

- Complete documentation of the visit in the case activity log of the ND child welfare management information system
- Update the PCFA at the onset of the case or PCPA ongoing, including the safety plan
- Follow-up on any service needs identified, including referrals for such services; and
- Follow up from commitments made during each visit to:
  - Strengthen engagement with the family
  - Reinforce respect and trust; and
  - Assure continued cooperation and action toward achieving the goals established in the case plan.

You should ask yourself the following questions:

- Did I miss anything, or forget to discuss important topics?
- Who should be present for the next visit?
- Do I have an in-depth understanding of this child and family?
- What went well and what should I do next time?
- How did I engage this child and family?
- Was this visit one of quality in that it was goal oriented, and solution focused?

### **Tools and timelines**

- [Family Interaction Planning in Supporting Documents of 615 Policy Book \(coming phase II\)](#)
- [Family Interaction Planning Guide on Least Restrictive vs. Most Restrictive in Supporting Documents of 615 Policy Book \(coming phase II\)](#)