

### Complex Placement Possible Solutions:

-We all understand that residential treatment facilities are not always the solution and recognize that institutional care for youth cannot compare to a home setting, where needs could be met in the community. However, it's not helpful when placement options are removed for some of these youth and then we are not given any alternative placement options or solutions—other than hotels or social service lobbies for these youth to temporarily stay. The number of youths in ND needing residential care hasn't necessarily changed, but the number of placement options for them have been significantly decreased. We have the same number of children needing a place to lay their head at night, but we have fewer beds. In complying with the federal Families First legislation, removing residential options, without supplementing or enhancing community-based services, has brought us to a crisis of epidemic proportions. The stories you heard today are not ALL of them; it's the smallest snippet of what's is occurring

**Prevention:** Unfortunately, human service zones have a minimal ability to actually implement prevention efforts. Those efforts are even further limited by human service team members needing to respond to emergencies, such as those that have been described here today. We have seen amazing collaboration and teamwork from human service zones to literally “drop everything” and assist a neighboring zone in emergency circumstances. While admirable, ultimately, that further limits human service zones' ability and time they have available to help families navigate a very unfortunately “siloed” for better lack of terms a community service network to access services to address safety concerns and ultimately keep children IN their homes and communities.

We recognize that no one program or system can solve these issues, but the following are a few ideas that have been brainstormed to help address, not fix, this problem.

**Automatic Respite hours for every foster youth:** Foster Parents already have the option to utilized respite, however, the way it's utilized currently is that another licensed foster parent provides the respite, and typically overnight. What we are proposing would be respite or support, but similar to a youth who because of their diagnosis, such as autism, qualify for so many respite hours a month and those hours are then often divided up throughout the days of that month. We would propose that would Every foster youth that enters foster care automatically qualifies for a set number of respite hours a month, that could be provided to a foster family every week for a few hours at a time. Those hours would be at the discretion of the child's team and could be scheduled for when they are most needed for the foster home as a support. For the child it would be similar to that of a mentoring type relationship as well, like big brother and big sister, but with a key difference being that it's a paid position with a set number or hours a week. And maybe having the possibility of those respite hours following the child home when they are reunified with their biological parent say 6 months or so

Key pts- the qualifying “diagnosis” is that the child is in foster care.

Another suggestion to addressing these challenging placements---**More accountability from our partnering providers.** In ND we contract with another agency that provides treatment foster homes for the zone. However, when we refer children with these more challenging needs, unfortunately we are often told they have “no options” and this is not only regionally but after they identify having sent the

referral “state wide” and that they STILL have no options. Additionally, another challenge is that zones are not informed of who they have for, if there are openings, or what barriers there might be in accepting a placement. \*We would suggest that the agencies that we contract with in ND provide weekly or monthly lists of who they have licensed as treatment foster homes, their capacity, and IF they have any placements. NOT because we think the agency is being dishonest, but because as the desperate entity looking for a home with have an available bed, it would be helpful to have a discussion about barriers to accepting placement and brainstorming what could be provided to support those foster homes. Ultimately, we contract with them for foster homes, it would only make sense that we are being kept informed who they specifically have licensed and who has available beds, and to have open honest discussions back and forth to explore barriers and creative solutions.

Also, likewise, when we have youth who are eligible for service through the DD (Developmental Disabilities) system, zones are consistently told 2 things: 1. There aren’t any facilities willing to take on this youth with these challenging behaviors (such as aggression/ sexualized acting out.) or 2. We can’t “force” a provider to take the child. There is an inability for the Department of Human Services to hold DD facilities accountable, or apply incentives or leverage to accept these challenging placements because all of the DD providers are privately operated.

We’re asking that those agencies share in the same level of responsibility the zones have when it comes to meeting these children’s needs, for example they would share the responsibility of caring for that child as well whether it be in an office or a hotel. Currently, zones are the only provider not allowed to say no, that’s not an option we have other agencies should be held to the same standard. The urgency of child placement does not fall on all the other system providers, and it often it feels like there is complacency in these circumstances.

This could also be another opportunity to bring new agencies or businesses to the table to assist with these children and having financial incentives to do so

Since the formation of human service zones, the collaboration that we have had among zones has significantly increased. However--The unified efforts to assist and problem solve as well as the recognition that we are all serving the residents of North Dakota and we can do so better when we work together, has unfortunately has not translated to our partnering agencies and services. We have taken down silos among counties/zones, but its time to remove them amongst all child welfare-serving agencies in ND. It shouldn’t be a “we” or a “them”, it needs to be an “all of us” when it comes to serving the children of ND.

-Another recommendation- **Contracting with South Dakota and Montana to access their treatment foster homes.** As someone who works in a border zone next to MN, or zone often utilizes Kindred Homes in MN as placement option when looking for a foster home. They are literally across the river and at times a more appropriate option that keeps the child connected to their family and community vs potentially sending the youth 2 hours away where another zone or ND treatment home has an opening. I was recently told that ND does not have a contract with SD that would allow us to utilize their treatment foster home, therefore We would like to see ND contract with SD and Montana to eliminate yet another barrier to being able to access treatment foster homes.. again, is especially important if we are told that there are not any ND treatment foster homes available. We then start looking for

placements in facilities, which may not even be the most appropriate setting for that youth, but it seems like a better option than having them sleep in a county courthouse.

Immediate need

### **-Another potential solution-- Apartments (staffed, 24 hour manned)**

For the department to have apartments, plural (not just one in one metropolitan area, or only in metropolitan areas.) I understand that the caveat is the obvious logistics of this would need to be worked out, and there maybe the potential need to address how something like this would be licensed. Here are some examples why and how apartments could be utilized----I can't even count how many zones have been in a situation where they are potentially forced to have a child sleep in an office, or hotel ...because there is literally NO WHERE at that moment/that night for the youth to go to.

Many of these scenarios have forced our state's child welfare team members to the brink of the social work code of ethics. For a moment consider how it feels as an employee and for that child to HAVE to spend the night in a hotel with each other's bed directly across from the other or in an office. This is an uncomfortable and unprofessional boundary for both the employee and the child. BUT if we had an apartment, where that youth, even for the night would be able have their own bed and room, with the staff person also being in another room; this is a MUCH more professionally appropriate situation employee but also an emotionally for this child who has already likely endured.

Another scenario in which an apartment could be utilized—we likely have foster parents who are willing to assist in caring for some of these more challenging youth, but due to the youth's behavior (such as sexual acting out, physical aggression, property destruction, harm to animals, inability to be around young children or other children at all) they understandably are not willing to care for that youth IN their own home. However, given the option of assisting in providing care, maybe on a rotating or scheduled basis in an apartment there may be more willingness. These apartments could be utilized in those situations, but also potentially for parenting time that would offer another visit location for a biological parent visiting their child in foster care in a more home like environment than parents visiting their children in an office settings These apartments could be staffed by other foster parents, respite providers. Again, the logistics would need to be worked out.

### **Shelters**

Another need is shelters. We have such as Youthworks across that state, but we are very limited to specific groups of youth that we can utilize shelter care for, such as willingness, aggression level, and age. We need more additional short term immediate shelters. Again, we recognize shelters are not suitable for weeks on end, however when compared with the option of having a child sleep in the courthouse, this remains a necessary immediate resource need.

### **The last suggestion we offer Assessment Center**

Where youth are able to be better assessed to determine the appropriate placement option for them or treatment need. The psychiatric hospitals that zones have available are not appropriate for many of these youth, nor do they qualify for it. It is difficult to fully observe and understand the needs of youth that are initially coming into zone custody. It would be helpful to have A short term assessment center for those with complex needs, a history of multiple placements, or significant mental health and

behavioral needs so that we can best determine what setting those needs can best be addressed. Often it's been "trial and error" in determining what level of placement/care is most suitable. An Assessment Center, however, would not be an option for every child coming into the zones' custody, but rather a setting where those who are having difficulty maintaining in lower level of care, be comprehensively assessed to determine the next steps in a planful, methodical way—not "trial and error." ..Not where can we get them in next...

As social workers who went in to this field wanting to "help" others, maybe similar to yourselves, it's very easy to feel defeated and hopeless when we have a child who we are their legal custodian and due to barriers, red tape, complacency, not my problem syndrome, to be making them a bed in your office. No child in the custody of ND, regardless of age, diagnoses, or other needs, should ever have to sleep in an office because there is nowhere else for them lay their head at night.