

MORTON COUNTY SOCIAL SERVICE BOARD MEETING AGENDA

January 23, 2018

Morton County Commission Room

Morton County Court House

210 2nd Avenue NW, Mandan, North Dakota

10:00 am

Call to Order

Approval of Agenda

Approval of Minutes from the Previous Meeting

Approval of January 2018 Bills

Budget Review

Jodie Fetch and Keith Johnson- Custer District Health

Proposed Needle Exchange Program Plan and Power Point Presentation

Bonita Moch- HCBS and Child Care Provider Licensure Supervisor

Adult Services Report

Foster Care Report

Child Care Report

Brenda Peterson- Eligibility Supervisor

SNAP Report and Statistics

Economic Assistance Program Activity Report

Unduplicated Economic Assistance Caseload Report

Natalie Anderson, Foster Care Supervisor

Foster Care/In-Home Caseload Report

Social Worker Case Management and Parent Aide Case Report

Jenny Wetsch, Child Protection Supervisor

Child Protection Services Report

Monthly Child Protection Assessments

Dennis Meier- Morton County Social Services Director

Emergency Temporary Position for Foster Care Licensing

Emergency Temporary Position for part time Parent Aide

Region 7 Social Service Board Association (Disband or Continue?)

Social Service Board Meeting to be moved to County Commission Room on a more permanent basis.

Morton County caseload data information (Foster Care/In-home, Parent Aide, HCBS and CPS)

ADJOURN

Certain portions of the meeting may be closed due to Executive Session for confidentiality reasons per NDCC 44-04-19.2.

Next Board Meeting: Tuesday, February 27, 2018 10:00am



Custer Health
For a healthier way of life.

Syringe Exchange Program Plan

Custer Health is a local public health unit that serves five counties including Morton, Mercer, Oliver, Sioux and Grant. The syringe exchange program (SEP) will be implemented in Morton County at our Mandan Custer Health office at 403 Burlington St SE Mandan ND 58554.

Custer Health offers multiple services including immunizations, HIV testing, Hepatitis C testing, STD testing, education and treatment. Tuberculosis testing will be offered if the client has positive HIV screening.

Custer Health's vision statement "For a healthier way of life."

Custer Health's mission statement "Ensuring a healthy community through promotion, protection and prevention."

Jodie Fetsch RN will be the primary contact for the SEP at jfetsch@custershealth.com. Custer Health phone number is 701-667-3370 and fax number 701-667-3371.

Denise Cochran RN, Jennifer Pelster RN and Rebecca Nielsen RN are trained to offer Hepatitis C/HIV/STD testing and counseling. These nurses will be primary for the SEP.

Medical Director for the SEP is Dr. Tom Kaspari the Custer Health Medical Director who is currently licensed in the state of ND. He will provide the oversight for the SEP and consultation for the program.

Jason Ziegler the Mandan Chief of Police has met with Custer Health and reviewed the agency security plan. He is open to the idea of a SEP. He stated that his officers come across used syringes almost daily and it will be a benefit for IV drug users to dispose of their syringes at a SEP so they are off the streets, parks and playgrounds.

Custer Health is offering education to their employees concerning the SEP on December 8, 2017 at a staff meeting. We will be discussing the need for the program along with a speaker Tyler Auch who will tell his story of drug addiction and his road to recovery.

The next step will be inviting our neighbors to educate them about the SEP and answer any questions and concerns.

The last step will be a public hearing inviting Mandan community members. We will present the SEP education and discuss the use of Naloxone to prevent Opioid overdose.

Determination of Need

There are 390 people with HIV/AIDS known to be living in North Dakota as of December 31, 2016. North Dakota reported 50 new cases of HIV/AIDS in 2016 with 21 of these cases are foreign born. Out of the 390 cases – 13 live in the counties that Custer Health serves and 53 live in Burleigh County which is

about five miles from our office. In 2016, there was a report of injection drug use as a risk factor in males and females which had not been seen in the previous five years.

Custer Health manages the Ryan White program to assist HIV-positive individuals with the cost of medical care, treatment services and support services. In North Dakota in the calendar year 2016, 258 unduplicated clients were enrolled in the program which is a 13 percent increase from the calendar year 2015.

In 2016, North Dakota received 1,047 reports of persons newly identified as having a positive laboratory result that indicates past or present Hepatitis C infection. The 25-34 age group has seen a 57 percent increase in the number of cases from 2012 to 2016. 293 cases were reported in 2016. In the 55 plus population there has seen a similar trend with the 256 cases reported.

Of the 1,046 cases, 704 had a reported race and the majority are white followed by American Indians/Alaskan Native that accounted for 27 percent. 112 cases reside in the counties that we serve with Burleigh County reporting 207 which is about five miles from our Mandan office. Custer Health serves the Standing Rock Reservation and the community health workers have requested a SEP.

There is no vaccine for Hepatitis C and it is spread primarily through large or repeated percutaneous exposures to infectious blood. Current and former injection drug users are at risk for Hepatitis C infection. In 2012, the CDC increased recommendations for HCV screening among persons born from 1945 to 1965. This population has a disproportionately high prevalence of HCV.

Custer Health has provided HIV/Hepatitis C/STD testing for many years. Our nurses that conduct the testing are trained and offer counseling, referral and education to reduce the spread of these diseases. Condoms are offered at each visit. The missing element was syringe exchange. We have had clients that present for testing and express the need for a syringe exchange program in this community. Many have moved from areas that offer this service. The clients are able to obtain syringes and needles from the pharmacy but do not use this service due to stigma of going to the pharmacy and no place to return the used syringes.

In Bismarck/Mandan we are seeing an increase in opioid overdose and death. Drug related crimes in ND in 2015 include Marijuana 3,519, Heroin-177, Cocaine -100 and Methamphetamine-1,633.

We will provide Naloxone kits and education for administration for the persons that are enrolled with the SEP. We have registered with the Opioid Safety and Naloxone Network to obtain Naloxone.

Implementation Plan

Population that the SEP will serve.

Any individual age eighteen or older will be eligible to access SEP services from Custer Health.

A client's rights and responsibilities document will be discussed and a written copy will be supplied at the first visit to the SEP. Document to follow.

We may restrict a client's access to services based on but not limited to the following:

1. Violent, threatening, sexually inappropriate or aggressive behavior
2. Disrespectful behavior or speech

3. Racist, sexist, discriminatory or demeaning behavior or remarks
4. Property Damage
5. Theft
6. Selling or trading equipment for monetary profit

Sources of Funding

Custer Health has been proactive with funding. Grant applications have been sent to multiple agencies.

Funding that has been secured:

1. Regional Resource Network - \$1,000.00 toward SEP education for our staff, neighbors and community. They will also help with printing costs of SEP ID cards with the name, location and hours of the SEP along ID number on the back of the card to alert law enforcement that they are part of a SEP.
2. North American Syringe Exchange Network or NASEN- \$1,000.00 start- up kit for syringes and needles, tourniquets, alcohol swabs, bandaids, and cooking supplies.
3. We are currently working with Opioid Safety and Naloxone Network (OSNN) to obtain Naloxone to assemble Naloxone kits at a reduced cost.
4. We will also accept donations to help with supplies that are not covered.

As a public health agency, we are able to use state general funds and federal funds to provide services for disposal, staff salary and fringe, disease education and testing.

Location of the SEP

The location of the SEP will be a fixed site within our Custer Health Mandan office at 403 Burlington St SE located in an indigent part of Mandan south of Main Street, close to multiple mobile home parks.

In the future, we would like to expand the SEP to serve Mercer County, Sioux County and Grant County. The Mandan location will be the pilot as we have a greater number of staff and security measures at this office.

At this time we have discussed offering two days a week with hours open in the afternoon – Tuesday and Thursday afternoons from 1 pm to 4 pm. We felt afternoons would be a better time for participants. The HIV/Hepatitis C/STD nurses will block their schedules to be available during these times to offer testing and counseling along with syringe exchange. Once the client is established – we may add other nurses to assist with the program after proper training.

Transaction Model

One-for-One Plus

Consensus among the nurses that are conducting the SEP is to offer the one for one plus model. For every one used syringe returned by a person who injects drugs it's possible for the participant to receive more than one sterile syringe. We feel that this will remove used syringes from the street and offer supplies to the client.

We felt a starter kit should include: 10 syringes, sharps container, 20 alcohol pads, one cooking kit which includes- cooker, tourniquet and cotton filters, condoms and antibiotic ointment.

Custer Health will cap the number of syringes that can be obtained each visit at 20 per week.

Street Outreach

We see intravenous drug users during testing and counseling at our office. Many of these established clients have offered to spread the word about the SEP. We will offer business cards for the client to share with friends and fellow IV drug users.

Custer Health nurses will offer business cards for referral to the SEP during their daily home visits, coalition work, collaboration with agencies such as Northland Health Care, Heartview, Coal Country Community Health Center Suboxone program, Mandan Police and Morton County Sheriff department, Metro Ambulance, pharmacists, Emergency rooms, Mayors Gold Task Force and other pertinent agencies.

We may expand the street outreach in the future.

Method in which sharps and medical waste will be disposed.

Healthcare Environmental Services LLC of Fargo provides our biohazard waste disposal. As a public health agency, we dispose of biohazard waste daily. Nursing staff adhere to procedure when disposing of medical waste.

The clients with SEP will be given a biohazard container to return their used syringes. If the client brings in syringes without a biohazard container they will be given gloves to place the used syringes and in a biohazard container themselves at the Custer Health office. Staff will visually observe from a distance and ask participant the number of syringes being returned in an established examination room.

Staff will not assist or be in physical contact with any of the returned syringes. Packaging of the large biohazard containers for pick up will be done by Jodie Fetsch RN Director of Nursing or designated nurse.

Method by which participants will receive medical and other supportive services and education.

Custer Health nurses provide HIV/Hepatitis C/STD testing and counseling by appointment during regular business hours Monday through Friday.

With the SEP, clients will be tested on admission to the program and every 6 months thereafter.

Condoms, safer sex kits, dental dams and prevention counseling to reduce the risk of sexual transmission of viral hepatitis, HIV and other STD's will be offered at each encounter.

Nurses will refer clients to HIV/Hepatitis C programs. Referrals will be provided for high-risk HIV negative persons.

Which providers offer PrEP? Referral information to infectious disease physicians at Sanford Health or CHI St Alexius will be provided for PrEP treatment.

Custer Health will provide education, referral to treatment and care services including hepatitis A and B vaccination.

Provide education and training on drug overdose response, risk reduction and treatment including the administration of Naloxone injectable.

Provide Naloxone kits to the clients.

Provide referral and linkage to substance use disorder treatment.

Provide or refer to medical care when necessary including imminent overdose and wound care.

Describe the intake process and ongoing assessment of participants.

All nursing staff participating in the SEP will be trained to conduct the intake process using an intake form. The form will capture all the information required by the North Dakota Department of Health. This form will be accessible by the nurses that are working with the SEP only.

The safety and training plan.

Staff safety is important. Each staff member has a copy of the Custer Health Security Plan.

Staff training will include:

- Standing Orders
- Procedures for SEP
- Harm reduction 101
- Safer injection Practices for clients
- Safer drug use techniques for clients
- Procedures for making referrals to other services
- Cultural diversity training including LGBTQ, people of color, women, sex workers and other populations
- Overdose recognition
- Rescue breathing- all nursing staff CPR certified
- Nurses instructed administer Naloxone
- Overdose prevention and reversal- Hope foundation website
- Safe handling and exchange of used syringes including the importance of the use of biohazard containers- including syringe disposal bundling 5 to 10 syringes.
- Importance of never allowing another person to handle injection equipment

Evaluation Plan

By February 23, 2018, SEP nurses will have completed the training required as listed above.

Documentation will be collected as the nurses complete the training required.

By April 27, 2018, Custer Health will have distributed 100 business cards to clients and partners to educate the public about the SEP

Documentation of where business cards are distributed- clients (number only), partners, businesses for referral.

By December 2018, the SEP will increase the number of individuals served by 25 per individual year with a goal of 100 clients by 2021.

Excel sheet documentation will keep track of the number of new clients that are participating in the SEP program.

Sample budget for 2017-18

Expenses:

Education for staff- Tyler Auch	\$300.00
Education for Neighbors – speaker TBD	\$100.00
Education for Community – speaker TBD	\$200.00
Business cards - 250	
Business with SEP ID - 250	\$ 60.00
Sound Bite Education- Facebook/Website	\$200.00
Facebook boost for 3 weeks	\$105.00
Printing and postage for invitations for meetings	\$33.50
Total grant	\$1,000.00 per Regional Network Resource

Syringes with needles, cooking supplies, tourniquets,

Cotton filters, bandaids, biohazard containers \$1,000.00 per NASEN grant

Naloxone vials for IM use \$17.00 per dose x 2 for each kit x 50 kits \$1,700.00 – funding not secured

Supplies to make Naloxone kits costs and funding unknown at this time

Salary and fringe for SEP staff for 3 hours x 2 days per week at \$45.00 per hour x 52 weeks = \$14,040.00

Biohazard disposal one time per month \$70.00 x 12 = \$840.00

Total funds requested through state and federal funding = \$14,880.00

CHAPTER 19-03.4 DRUG PARAPHERNALIA

19-03.4-01. Definition - Drug paraphernalia.

In this chapter, unless the context otherwise requires, "drug paraphernalia" means all equipment, products, and materials of any kind which are used, intended for use, or designed for use in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repackaging, storing, containing, concealing, injecting, ingesting, inhaling, or otherwise introducing into the human body a controlled substance in violation of chapter 19-03.1. The term includes:

1. Kits used, intended for use, or designed for use in planting, propagating, cultivating, growing, or harvesting of any species of plant which is a controlled substance or from which a controlled substance can be derived.
2. Kits used, intended for use, or designed for use in manufacturing, compounding, converting, producing, processing, or preparing controlled substances.
3. Isomerization devices used, intended for use, or designed for use in increasing the potency of any species of plant which is a controlled substance.
4. Testing equipment used, intended for use, or designed for use in identifying or in analyzing the strength, effectiveness, or purity of controlled substances.
5. Scales and balances used, intended for use, or designed for use in weighing or measuring controlled substances.
6. Diluents and adulterants, including quinine hydrochloride, mannitol, dextrose, and lactose, used, intended for use, or designed for use in cutting controlled substances.
7. Separation gins and sifters used, intended for use, or designed for use in removing twigs and seeds from, or in otherwise cleaning or refining, marijuana.
8. Blenders, bowls, containers, spoons, grinders, and mixing devices used, intended for use, or designed for use in compounding, manufacturing, producing, processing, or preparing controlled substances.
9. Capsules, balloons, envelopes, and other containers used, intended for use, or designed for use in packaging small quantities of controlled substances.
10. Containers and other objects used, intended for use, or designed for use in storing or concealing controlled substances or products or materials used or intended for use in manufacturing, producing, processing, or preparing controlled substances.
11. Hypodermic syringes, needles, and other objects used, intended for use, or designed for use in parenterally injecting controlled substances into the human body.
12. Objects used, intended for use, or designed for use in ingesting, inhaling, or otherwise introducing marijuana, cocaine, hashish, or hashish oil into the human body, including:
 - a. Metal, wooden, acrylic, glass, stone, plastic, or ceramic pipes with or without screens, permanent screens, hashish heads, or punctured metal bowls.
 - b. Water pipes.
 - c. Carburetion tubes and devices.
 - d. Smoking and carburetion masks.
 - e. Objects, sometimes commonly referred to as roach clips, used to hold burning material, for example, a marijuana cigarette, that has become too small or too short to be held in the hand.
 - f. Miniature cocaine spoons and cocaine vials.
 - g. Chamber pipes.
 - h. Carburetor pipes.
 - i. Electric pipes.
 - j. Air-driven pipes.
 - k. Chillums.
 - l. Bongs.
 - m. Ice pipes or chillers.
13. Ingredients or components to be used or intended or designed to be used in manufacturing, producing, processing, preparing, testing, or analyzing a controlled substance, whether or not otherwise lawfully obtained, including anhydrous ammonia,

nonprescription medications, methamphetamine precursor drugs, or lawfully dispensed controlled substances.

19-03.4-02. Drug paraphernalia - Guidelines.

In determining whether an object is drug paraphernalia, a court or other authority shall consider, in addition to all other logically relevant factors:

1. Statements by an owner or by anyone in control of the object concerning its use.
2. Prior convictions, if any, of an owner, or of anyone in control of the object, under any state or federal law relating to any controlled substance.
3. The proximity of the object, in time and space, to a direct violation of chapter 19-03.1.
4. The proximity of the object to controlled substances.
5. The existence of any residue of controlled substances on the object.
6. Direct or circumstantial evidence of the intent of an owner, or of any person in control of the object, to deliver the object to another person whom the owner or person in control of the object knows, or should reasonably know, intends to use the object to facilitate a violation of chapter 19-03.1. The innocence of an owner, or of any person in control of the object, as to a direct violation of chapter 19-03.1 may not prevent a finding that the object is intended or designed for use as drug paraphernalia.
7. Instructions, oral or written, provided with the object concerning the object's use.
8. Descriptive materials accompanying the object which explain or depict the object's use.
9. National and local advertising concerning the object's use.
10. The manner in which the object is displayed for sale.
11. Whether the owner, or anyone in control of the object, is a legitimate supplier of like or related items to the community, for example, a licensed distributor or dealer of tobacco products.
12. Direct or circumstantial evidence of the ratio of sales of the object or objects to the total sales of the business enterprise.
13. The existence and scope of legitimate uses for the object in the community.
14. Expert testimony concerning the object's use.
15. The actual or constructive possession by the owner or by a person in control of the object or the presence in a vehicle or structure where the object is located of written instructions, directions, or recipes to be used, or intended or designed to be used, in manufacturing, producing, processing, preparing, testing, or analyzing a controlled substance.
16. Whether the object is a needle or syringe collected during the operation of a needle exchange program under chapter 23-01 to aid in the prevention of bloodborne diseases.

19-03.4-03. Unlawful possession of drug paraphernalia - Penalty.

1. A person may not use or possess with intent to use drug paraphernalia to plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, pack, repack, store, contain, or conceal a controlled substance in violation of chapter 19-03.1. Any person violating this subsection is guilty of a class C felony if the drug paraphernalia is used, or possessed with intent to be used, to manufacture, compound, convert, produce, process, prepare, test, or analyze a controlled substance, other than marijuana, classified in schedule I, II, or III of chapter 19-03.1.
2. A person may not use or possess with the intent to use drug paraphernalia to inject, ingest, inhale, or otherwise induce into the human body a controlled substance, other than marijuana, classified in schedule I, II, or III of chapter 19-03.1. A person violating this subsection is guilty of a class A misdemeanor. If a person previously has been convicted of an offense under this title, other than an offense related to marijuana, or an equivalent offense from another court in the United States, a violation of this subsection is a class C felony.

3. A person may not use or possess with intent to use drug paraphernalia to plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, pack, repack, store, contain, or conceal marijuana in violation of chapter 19-03.1. A person violating this subsection is guilty of a class A misdemeanor.
4. A person may not use or possess with the intent to use drug paraphernalia to ingest, inhale, or otherwise introduce into the human body marijuana in violation of chapter 19-03.1. A person violating this subsection is guilty of a class B misdemeanor.

19-03.4-04. Unlawful manufacture or delivery of drug paraphernalia - Penalty.

A person may not deliver, possess with intent to deliver, or manufacture with intent to deliver, drug paraphernalia, if that person knows or should reasonably know that the drug paraphernalia will be used to plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, pack, repack, store, contain, conceal, inject, ingest, inhale, or otherwise introduce into the human body a controlled substance in violation of chapter 19-03.1. Any person violating this section is guilty of a class C felony if the drug paraphernalia will be used to manufacture, compound, convert, produce, process, prepare, test, inject, ingest, inhale, or analyze a controlled substance, other than marijuana, classified in schedule I, II, or III of chapter 19-03.1. Otherwise, a violation of this section is a class A misdemeanor.

19-03.4-05. Unlawful delivery of drug paraphernalia to a minor - Penalty.

A person eighteen years of age or over may not deliver drug paraphernalia, in violation of this chapter, to a person under eighteen years of age who is at least three years the deliverer's junior. Any person violating this section is guilty of a class C felony.

19-03.4-06. Unlawful advertisement of drug paraphernalia - Penalty.

A person may not place an advertisement in any newspaper, magazine, handbill, or other publication if that person knows or should reasonably know that the purpose of the advertisement, in whole or in part, is to promote the sale of objects designed or intended for use as drug paraphernalia. Any person violating this section is guilty of a class A misdemeanor.

19-03.4-07. Prima facie proof of intent.

Possession of more than twenty-four grams of a methamphetamine precursor drug or combination of methamphetamine precursor drugs calculated in terms of ephedrine HCl and pseudoephedrine HCl is prima facie evidence of intent to violate sections 19-03.4-03 and 19-03.4-04. This section does not apply to a practitioner as defined in section 19-03.1-01 or to a product possessed in the course of a legitimate and lawful business.

19-03.4-08. Retail or over-the-counter sale of scheduled listed chemical products - Penalty.

1. The retail sale of scheduled listed chemical products is limited to:
 - a. Sales in packages containing not more than a total of two grams of one or more scheduled listed chemical products, calculated in terms of ephedrine base, pseudoephedrine base, and phenylpropanolamine base; and
 - b. Sales in blister packs, each blister containing not more than two dosage units, or when the use of blister packs is technically infeasible, sales in unit dose packets or pouches.
2. A person may not:
 - a. Deliver in a single over-the-counter sale more than two packages of a scheduled listed chemical product or a combination of scheduled listed chemical products; or
 - b. Without regard to the number of over-the-counter sales, deliver more than a daily amount of three and six-tenths grams of scheduled listed chemical products,

under this subsection does not apply if the individual's actions constitute recklessness, gross negligence, or intentional misconduct.

23-01-43. Mammogram results.

Expired by S.L. 2015, ch. 186, §2.

23-01-44. Syringe or needle exchange program - Authorization.

1. As used in this section:
 - a. "Program" means a syringe exchange program operated under this section.
 - b. "Qualified entity" means:
 - (1) A local health department;
 - (2) A city that operates a program within the boundaries of the city; or
 - (3) An organization that has been authorized to operate a program by the state department of health, the board of county commissioners, or the governing body for the operation of a program within the boundaries of the city.
2. The state department of health may authorize a qualified entity to operate a program in a county if:
 - a. The area to be served is at risk of an increase or potential increase in prevalence of viral hepatitis or human immunodeficiency virus;
 - b. A syringe exchange program is medically appropriate as part of a comprehensive public health response; and
 - c. The qualified entity conducted a public hearing and submitted a report of the findings and an administration plan for the program to the state health officer.
3. A qualified entity operating a program under this chapter shall:
 - a. Register the program annually in the manner prescribed by the state department of health;
 - b. Have a pharmacist, physician, or advanced practice registered nurse who is licensed in the state to provide oversight for the program;
 - c. Store and dispose of all syringes and needles collected in a safe and legal manner;
 - d. Provide education and training on drug overdose response and treatment, including the administration of an overdose reversal medication;
 - e. Provide education, referral, and linkage to human immunodeficiency virus, viral hepatitis, and sexually transmitted disease prevention, treatment, and care services;
 - f. Provide drug addiction treatment information, and referrals to drug treatment programs, including programs in the local area and programs that offer medication-assisted treatment that includes a federal food and drug administration approved long-acting, non-addictive medication for the treatment of opioid or alcohol dependence;
 - g. Provide syringe, needle, and injection supply distribution and collection without collecting or recording personally identifiable information;
 - h. Operate in a manner consistent with public health and safety; and
 - i. Ensure the program is medically appropriate and part of a comprehensive public health response.
4. The state department of health may terminate a program for failure to comply with any of the provisions in this section.
5. A state agency may not provide general fund monies to a program to purchase or otherwise acquire hypodermic syringes, needles, or injection supplies for a program under this section.
6. A law enforcement officer may not stop, search, or seize an individual based on the individual's participation in a program under this section. Syringes and needles appropriately collected under this section are not considered drug paraphernalia as provided in chapter 19-03.4.

7. Each program shall file a semiannual report with the state department of health containing the following information listed on a daily basis and by location, identified by the postal zip code, where the program distributed and collected syringes and needles:
 - a. The number of individuals served;
 - b. The number of syringes and needles collected;
 - c. The number of syringes and needles distributed; and
 - d. Any additional information requested by the state department of health.

CURRENT CASE COUNT

January 2018 for December 2017

ADULT SERVICES

128—down from 135. (most closings were ARS or BC, so facilities will refill)

Opened 4 new cases in December

Closed 11 in December

10—pending

Worker breakdown

BM—25 cases (11 BC, 5 MW, 3 MSP/PCS, 5 SPED, 1 Ex-SPED) down 2

LC—54 cases (15 BC, 10 MW, 3 MSP/PCS, 24 SPED, 2 Ex-SPED) down 3

PW—49 cases (16 BC, 13 MW, 7 MSP/PCS, 11 SPED, 2 Ex-SPED) down 2

FOSTER HOMES (BM)

No Adult Foster Homes

23—Foster Care for Children

17 for general placement

6 specific homes

10—contacts and inquiries

2— in process of home study

CHILD CARE (LA)

62—licensed (increase of 2)

3—self-declared

CHILDREN'S SPECIAL HEALTH SERVICES (PW)

12—Treatment Services

9—Diagnostic

**NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)
Bismarck, North Dakota**

January 4, 2018

Following is a summary of SNAP statistics for DECEMBER 2017:

PARTICIPATION				PARTICIPATION			
County	Households*	Persons**	Issuance	County	Households*	Persons**	Issuance
ADAMS	50	94	\$10,089	MCKENZIE	175	484	\$55,701
BARNES	402	780	\$81,697	MCLEAN	201	433	\$46,240
BENSON	747	2,126	\$283,979	MERCER	163	291	\$36,839
BILLINGS	2	2	\$216	MORTON	896	1,867	\$222,026
GOLDEN VALLEY	60	109	\$12,410	MOUNTRAIL	129	352	\$39,348
BOTTINEAU	231	464	\$56,416	NELSON	92	184	\$19,767
BOWMAN	81	152	\$16,815	OLIVER	38	82	\$9,421
SLOPE	14	23	\$3,348	PEMBINA	179	394	\$42,516
BURKE	44	109	\$10,918	PIERCE	134	266	\$28,162
BURLEIGH	2,502	4,867	\$587,117	RAMSEY	565	1,121	\$131,469
CASS	5,765	12,400	\$1,429,140	RANSOM	160	316	\$34,315
CAVALIER	67	162	\$15,633	RENVILLE	53	109	\$10,433
DICKEY	124	254	\$22,197	RICHLAND	514	1,082	\$118,139
DIVIDE	40	89	\$10,698	ROLETTE	2,321	5,034	\$714,735
DUNN	101	262	\$33,530	SARGENT	85	188	\$18,939
EDDY	93	188	\$21,036	SHERIDAN	66	138	\$15,571
EMMONS	116	201	\$22,679	SIOUX	472	1,455	\$195,194
FOSTER	92	173	\$18,424	STARK	918	1,700	\$219,995
GRAND FORKS	2,347	4,839	\$594,887	STEELE	30	72	\$8,742
GRANT	93	200	\$23,380	STUTSMAN	833	1,435	\$175,450
GRIGGS	72	127	\$15,484	TOWNER	55	121	\$14,574
HETTINGER	65	157	\$17,903	TRAILL	210	409	\$48,300
KIDDER	60	125	\$13,097	WALSH	368	808	\$92,125
LAMOURE	57	115	\$12,769	WARD	2,201	4,429	\$517,467
LOGAN	52	107	\$13,945	WELLS	161	299	\$33,423
MCHENRY	205	383	\$45,605	WILLIAMS	767	1,564	\$201,301
MCINTOSH	72	128	\$12,103				
				TOTAL	25,340	53,269	\$6,435,707

* This column reflects the number of cases that participated during the reporting month.

** This column reflects the number of persons that participated during the reporting month.

SUMMARY OF ECONOMIC ASSISTANCE PROGRAM ACTIVITY

November Cases	New Cases	Closed Cases
3,220	124	117

Program Activity 11/1/2017 THROUGH 11/30/2017

NEW APPLICATIONS			
Program	Period of		Received
	12/01/2017 - 12/31/2017	11/01/2017 - 11/30/2017	
TANF	10	8	11
Medicaid	22	7	36
SNAP	94	20	67
Child Care	9	9	15
ACA/Expansion	115	60	133
Basic Care	0	0	2
Foster Care	0	0	5
Sub-Adoption	0	0	0
GA Burial	0	0	1
TOTAL	250	104	270
Change from Last Period -20 Applications			

CASE CLOSINGS			
Program	Period of		Case Closings
	12/01/2017 - 12/31/2017	11/01/2017 - 11/30/2017	
TANF	4	2	2
Medicaid	21	21	21
SNAP	41	47	47
Child Care	1	1	1
ACA/Expansion	45	44	44
Basic Care	0	0	0
Foster Care	5	1	1
Sub-Adoption	0	0	0
TOTAL	117	116	116
Change from Last Period +1 Cases Closed			

*** LOW INCOME HOME ENERGY ASSISTANCE PROGRAM**

Received	Period of		Received
	12/01/2017 - 12/31/2017	11/01/2017 - 11/30/2017	
84	110	52	340
Y-T-D Totals			
424	338	34	
FFY 2018			

REVIEWS OF ELIGIBILITY COMPLETED ON OPEN CASES			
Program	Period of		Reviews Completed
	12/01/2017 - 12/31/2017	11/01/2017 - 11/30/2017	
TANF	2	0	0
Medicaid	55	52	52
SNAP	67	68	68
Child Care	2	2	2
ACA/Expansion	66	84	84
Basic Care	4	0	0
Foster Care	0	0	0
Sub-Adoption	2	0	0
TOTAL	198	206	206
Change from Last Period -8 Reviews Completed			

**UNDUPLICATED ECONOMIC ASSISTANCE CASELOAD REPORT
(AS OF 1ST DAY OF MONTH)**

	1/1/17	2/1/17	3/1/17	4/1/17	5/1/17	6/1/17	7/1/17	8/1/17	9/1/17	10/1/17	11/1/17	12/1/07	1/1/18
TANF	5	8	8	7	2	2	3	7	6	8	7	9	8
TANF/SNAP	17	17	15	18	16	16	15	12	16	18	18	15	14
TANF/ME	0	0	0	9	0	0	0	0	0	0	0	1	1
TANF/ME/QS	2	2	0	1	0	1	1	1	1	1	1	0	1
TANF/SNAP/ME	4	5	8	4	6	5	5	5	4	3	3	4	4
TANF/SNAP/QS	0	0	0	0	0	0	8	8	1	1	1	1	0
SNAP	495	515	496	493	493	486	477	475	496	517	502	525	552
ME	492	492	501	505	495	496	499	507	504	510	506	511	489
QS	24	22	20	20	21	20	21	22	19	20	22	22	23
SNAP/ME	160	152	136	147	157	155	156	148	153	146	139	147	146
SNAP/QS	64	63	81	67	65	62	58	57	62	59	57	56	57
ME/QS	71	76	88	82	85	83	92	91	90	91	90	89	92
SNAP/ME/QS	98	102	102	104	104	102	92	103	109	108	113	110	99
ACA/EXPANSION	1174	1201	1224	1207	1203	1197	1237	1205	1200	1176	1166	1184	1201
LIHEAP	303	365	403	416	435	440	0	2	2	0	134	228	338
CHILD CARE	58	53	48	52	54	55	58	64	61	64	62	64	66
OTHER (FC & SA)	84	84	81	85	85	83	83	85					
FOSTER CARE									41	41	36	47	46
SUBSIDIZED ADOPTION									42	37	35	36	36
BASIC CARE	39	40	40	40	41	41	42	43	43	40	44	47	47
TOTALS	3090	3197	3251	3257	3262	3244	2847	2835	2850	2840	2936	3096	3220

FOSTER CARE / IN-HOME

CASE LOADs December 2017

CASE LOADS TOTALS = 85 (76 end of month)

45 Foster care – (Foster care is counted by child)

23- Children in foster homes/PATH 9-Group Care/PRTF 13 -Relative Care

40 In-Home Cases, ICPC, Home Studies and Courtesy Case management

2017	Opened	Closed
July	9	4
August	7	7
September	7	7
October	14	8
November	3	5
December	8	9

2017

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
64	67	73	70	71	77	79	84	83	91	84	85

2017

KC	April	May	June	July	Aug	Sep	Oct	Nov	Dec
Foster Care	4	5	7	8	6	7	12	11	11
In-Home		7	8	6	9	8	7	7	8
Total	11	12	15	14	15	15	19	18	19

JD	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Foster Care	11	11	11	10	10	10	11	10	8
In-home	1	2	3	4	5	5	4	5	5
Total	12	13	14	14	15	15	15	15	13

RS	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Foster Care	5	5	6	6	6	5	5	5	7
In-Home	7	8	9	7	9	9	9	9	8
Total	12	13	15	13	15	14	14	14	15

DN	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Foster Care	12	12	12	12	12	12	11	8	10
In-Home	1	1	1	2	3	3	6	4	4
Total	13	13	13	14	15	15	17	12	14

JW	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Foster Care	9	9	8	8	7	7	9	8	9
In-Home	5	4	6	6	7	8	7	8	6
Total	14	13	14	14	14	15	16	16	15

TM	April	May	June	July	Aug	Sept	Oct	Nov	Dec
In-Home	7	7	6	8	8	6	6	6	7
Foster Care							1	1	
Total		7	6	8	8	6	7	7	7

NA	April	May	June	July	Aug	Sept	Oct	Nov	Dec
In Home	0	0	0	1	1	1	2	2	2
Foster Care	1	0		1	1	2	1	0	
Total:	0	0	0	2	2	3	3	2	2

Children and Family Services Unit – Parent Aide Caseload

DH	April	May	June	July	Aug	Sept	Oct	Nov	Dec
	10	12	10 (3)	10	13	9	11	10	10

BH	April	May	June	July	Aug	Sept	Oct	Nov	Dec
	4	5	6	5	4	4	5	6	5

Morton County Child Protection Reports December 1 to December 31

-Of the 76 total reports in December 20 administratively Assessed (AA), 2 Administrative Referrals (AR), and 1 Assessment Terminated in Progress (ATP).

*Total number of 960 reports of abuse (includes physical, sexual)- 6

*Total number of 960 reports of neglect (includes educational, prenatal exposure)- 70

-53 of the 76 reports became part of a full assessment.

<u>Beginning Dec. caseload-</u>	<u>Opened/closed-Dec. 1- Dec. 30th</u>
Jenny Wetsch- (7-ATP, 1-full)	Opened-20-(AA), 2- (AR) Closed- 1-(ATP), 16- (AA), 2-(AR) End- 6- (ATP), 1- (full), 4- (AA)
CPS Worker (KO)- 21	Opened- 10, Closed- 12, End-19
CPS Worker (VZ)- 25	Opened 12, Closed- 11, End- 26
CPS Worker (RB)- 19	Opened-10, Closed- 9, End- 20
Part-time CPS Worker (TM)- 11	Opened 2, Closed- 3, End- 10

Morton County Child Protection Report from Oct-Dec 2017

<u>Physical Abuse</u>	<u>Neglect</u>	<u>Educational Neglect</u>	<u>Sexual Abuse</u>	<u>Prenatal Exposure</u>
22	193	11	7	1

Of the 234 total reports, 57 Administratively Assessed (AA), 7 Administrative Referrals (AR), and 14 Assessment Terminated in Progress (ATP).

57 AA cases completed: 48 allegations of neglect, 9 allegations of abuse.

7 AR cases completed: 3 non-caretaker sexual, 1 abuse, 3 neglect.

14 ATP cases completed: 10 allegations of neglect, 3 allegations of abuse, 1 prenatal exposure.

Monthly Child Protection Assessments (Full & ATP)

2016

January- 44

February- 47

March- 44

April- 36

May- 53

June- 38

July- 45

August- 38

September- 45

October- 48

November- 49

December- 35

2017

January- 59

February- 48

March- 55

April- 45

May- 68

June- 47

July-37

August-48

September- 52

October- 52

November-64

December-54

Dennis Meier

Subject: FW: Counties and requesting FTE's

From: Erickson, Amy R. [mailto:arerickson@nd.gov]
Sent: Wednesday, January 17, 2018 9:07 AM
To: Dennis Meier <Dennis.Meier@mortonnd.org>
Subject: FW: Counties and requesting FTE's

Here you go!

Thanks,

Amy Erickson
Human Resources Manager
Department of Human Services
701-328-4732
arerickson@nd.gov

From: Nisbet, Jason R.
Sent: Thursday, December 21, 2017 9:56 AM
To: Erickson, Amy R.
Cc: Alm, Jonathan E.
Subject: RE: Counties and requesting FTE's

Hi Amy,

Yes I believe that you are correct in saying that for the current biennium counties don't need our permission to add new county social service FTE's, since the language in NDCC 11-23-01(2)(d) was removed. NDCC 50-34-05 and NDCC 50-34-06, new language enacted by SB 2206, appear to govern how the county would pay for additional FTE's needed, with no mention of approval needed from DHS:

50 - 34 - 05. Service area human services fund - Establishment - Fund balance limitations. Each service area in this state shall maintain a fund to be known as the service area human services fund. All expenditures by the service area for the relief of the needy must be paid from the service area human services fund. If, due to unforeseen or other extenuating circumstances, a service area's formula distribution payment is not sufficient to meet the expenses of that service area, the board of county commissioners may approve a transfer from the county's general fund to the service area human services fund upon a majority vote of all members. The balance of moneys in the fund on January first of each year may not exceed five hundred thousand dollars for a service area that had annual expenditures of two million dollars or greater in calendar year 2015 or one hundred thousand dollars for a service area that had annual expenditures of less than two million dollars in calendar year 2015.

50 - 34 - 06. Service area human services fund - Transfer. If on January 1, 2018, the balance of a service area human services fund exceeds the limitations in section 50 - 34 - 05, the county treasurer shall transfer the amount exceeding the limitations in section 50 - 34 - 05 to the designated county general fund within that service area. A county receiving a transfer shall reduce its county general fund mill levy for taxable year 2018 by an equivalent amount. If the amount of a county's general fund mill levy is not sufficient to account for the entire required reduction, the county shall reduce an additional county-wide mill levy for taxable year 2018 to account for the remainder of the required reduction. If on January 1, 2019, the balance of a service area human services fund exceeds the limitations in section 50 - 34 - 05, the director shall reduce the service area's formula payment as directed in subsection 4 of section 50 - 34 - 03.

Dennis Meier

From: Kosiak, Brooke L. <bkosiak@nd.gov>
Sent: Wednesday, December 27, 2017 10:38 AM
To: Dennis Meier
Subject: RE: Region VII minutes from Dec 1 2017

Dennis,

My board voted today to disband and divide the money equally.

Brooke Kosiak, LSW
Director
McIntosh County Social Services
701-288-5170

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From: Dennis Meier [mailto:Dennis.Meier@mortonnd.org]
Sent: Tuesday, December 26, 2017 3:55 PM
To: Osadchuk, Kim A. <kosadchuk@nd.gov>; Stave, Karin J. <kstave@nd.gov>; Reiser, Steve J. <sreiser@nd.gov>; Wegh, Doug J. <dwegh@nd.gov>; Gillette, Vincent N. <vgillette@nd.gov>; Kosiak, Brooke L. <bkosiak@nd.gov>; Dewitz, Jolene P. <jdewitz@nd.gov>; Masset, Michelle R. <mmasset@nd.gov>
Subject: RE: Region VII minutes from Dec 1 2017

I had MCSS board meeting today and we discussed the Region VII County Director Board meeting minutes from 12/1/2017. They requested a signed copy of the board meeting minutes by the individual who completed them. Kim completed the minutes on the 1st. Also, the board requested I send an email to social service directors in region VII for each of you to ask two questions of your boards. Firstly, would you ask each of your social service boards if they would like the Region VII Social Service Board to continue or be disbanded. Lastly, would each of you ask your boards what they want done with the \$218.00 in the account created on behalf of this board. The MCSS board motioned and approved today to have this board disbanded and divide the money equally amongst region VII counties. We will now wait for the decision of other county boards in region VII and let the majority rule.

Please provide me the decision of your boards by Tuesday, January 23.

Thanks,

Dennis

From: Osadchuk, Kim A. [mailto:kosadchuk@nd.gov]
Sent: Thursday, December 07, 2017 12:18 PM

To: Stave, Karin J. <kstave@nd.gov>; Reiser, Steve J. <sreiser@nd.gov>; Wegh, Doug J. <dwegh@nd.gov>; Gillette, Vincent N. <vgillette@nd.gov>; Kosiak, Brooke L. <bkosiak@nd.gov>; Dennis Meier <Dennis.Meier@mortonnd.org>; Dewitz, Jolene P. <jdewitz@nd.gov>; Masset, Michelle R. <mmasset@nd.gov>; 'jtishmack@pathinc.org' <jtishmack@pathinc.org>

Subject: Region VII minutes from Dec 1 2017

Hello,

Here are the minutes from our last meeting in December. Our next meeting is February 2 at Burleigh County at 10 am.

Kim Osadchuk, MSW

Agency Director

Burleigh County Social Services

415 E. Rosser Ave STE 113

Bismarck, ND 58501

701-222-6670 work

701-214-1003 cell

Why worry about things you cannot change? Let go, and move on, because LIFE isn't waiting.

Dennis Meier

From: Wegh, Doug J. <dwegh@nd.gov>
Sent: Wednesday, December 27, 2017 1:08 PM
To: Dennis Meier, Osadchuk, Kim A.; Stave, Karin J.; Reiser, Steve J.; Gillette, Vincent N.; Kosiak, Brooke L.; Dewitz, Jolene P.; Masset, Michelle R.
Subject: RE: Region VII minutes from Dec 1 2017

The Grant County Board also discussed this and they too, talked about sending the money back to each county. I would prefer that that group started meeting again. The Board member Association still meets in Southwest ND and last time we met with Senator Rich Wardner. It was a great meeting. I am concerned about the lack of local commitment to County social services.

~~Confidentiality Statement~~

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Bismarck, ND 58501

701-222-6670 work

701-214-1003 cell

Why worry about things you cannot change? Let go, and move on, because LIFE isn't waiting.

Dennis Meier

From: Masset, Michelle R. <mmasset@nd.gov>
Sent: Tuesday, January 02, 2018 9:07 AM
To: Dennis Meier
Subject: RE: Region VII minutes from Dec 1 2017

Hi Dennis,
My board doesn't meet until Jan. 30, but I did talk to them about this group and none of my board members participate and don't plan to. They would vote to dissolve the group. Not sure what they would say about the money, but splitting it up between Region VII makes sense.

*Michelle Masset, LSW
Director
Emmons County Social Services
PO Box 726
Linton, ND 58552
701-254-4502
701-254-4503 Fax*

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Burleigh County Social Services

415 E. Rosser Ave STE 113

Bismarck, ND 58501

701-222-6670 work

701-214-1003 cell

Why worry about things you cannot change? Let go, and move on, because LIFE isn't waiting.

January 1, 2017 ~ December 31, 2017

Stark County:

4 In-Home Workers
1 In-Home supervisor
Average of 13 cases per worker
5 Foster Care Workers
1 Foster care Supervisor
Average of 13 cases per worker
2 ½ parent aides

Williams County:

1 In-Home Supervisor
3 In-Home Case Managers
Average of 12 In-Home cases per worker

1 Foster Care Supervisor
8 Foster Care Case Managers
Average of 12 Foster Care Cases per worker
1 Human Service Aide
3 Parent Aides

Morton County:

1 In-Home and Foster Care Supervisor
5 ½ In-Home and Foster care case managers
Average of 14 In-Home and Foster Care
Cases per worker
1 - ½ Time Human Service Aide
1 Parent Aide

Burleigh County:

1 In-Home Supervisor
5 In-Home Case Managers
1 Foster Care Supervisor
8 Foster Care Case Managers
Average of 17.75 cases assigned per month between in-home and foster care
3 parent aides
1 Human Service Aide

Initial Case Assignment 641-20-05-05

(Revised 6/15/06 ML #3009)

[View Archives](#)

Case managers should be assigned no more than 8-15 families based on service intensity needs, the case manager's skill, experience, and work load. The Level of Service Determination tool can be found in [641-40-35](#) that provides a method during the ongoing assessment process to match family need to agency resource.

In families where one or more children have been placed in foster care, a higher level of service intensity and case management involvement are often required. This should be taken into consideration when making case assignment.

Planning for balanced work loads will be an important part of supervision. The estimated time required for each family must be re-evaluated during supervision and be taken into consideration on future case assignments.

Child Welfare League of America

Child welfare work is labor intensive. Caseworkers must be able to engage families through face-to-face contacts, assess the safety of children at risk of harm, monitor case progress, ensure that essential services and supports are provided, and facilitate the attainment of the desired permanency plan. This cannot be done if workers are unable to spend quality time with children, families, and caregivers. ²

Required

- travel;
- collateral visits, outreach activities, and court schedules;
- emergencies that interrupt regular work schedules;
- supervision, consultation, and collaboration;
- work with community groups;
- attendance at staff meetings, staff development, professional conferences, and administrative functions;
- case management; and
- telephone contacts, reading of records, case recording or computer entry, and reports of conferences and consultations.

Service/Caseload Type	CWLA Recommended Caseload/ Workload
Foster Family Care	12-15 children per 1 social worker
Supervision	1 supervisor per 5 social workers

State of Washington did a study and 10 cases was effective and helped children reach permanency sooner.

January 1, 2017 ~ December 31, 2017

Stark County:

651 Total Reports Received
378 Full Assessments
273 AA/AR Assessments
5 CPS Workers
1 CPS supervisor

*** For December 2017**

35 New CPS Assessments
36 CPS Assessments Closed

Williams County:

1203 Total Reports Received
517 Full Assessments
686 AA/AR Assessments
7 CPS Workers
1 Full Time Intake Worker
1 CPS Supervisor

Morton County:

875 Total Reports Received
411 Full Assessments
464 AA/AR Assessments
3 ½ CPS Workers
1 CPS Supervisor (Takes some cases and handles all AAs and ARs)

Burleigh County:

1751 Total Reports Received
907 Full Assessments
844 AA/AR Assessments
1 ½ CPS Supervisors
1 Full Time Intake Worker (Handles AA and AR's)
7 CPS Workers

Burleigh CPS caseloads average monthly in the 20's per worker, summer often the number of 960's decrease. In August 2017 they were closer to caseload standard(15-17). There are peak months where case assignment is over 12 (January 2017) but does not often exceed 12.

Caseload Standard for CPS Assessments 640-01-25-01

(Revised 5/1/06 ML #2977)

[View Archives](#)

For caseload standard purposes, the standards shall be one full-time equivalent Social Worker to every 12 new child abuse and neglect assessments in any 31-day period. Recognizing there may be assessments in progress at no given time shall a combination of new assessments and assessments in progress exceed 15 in number per Social Worker. The standards shall be calculated on the basis of a percentage of a full time equivalent. Example: .5 FTE would allow six new intakes or a maximum of eight considering a combination of new assessments and assessments in progress. The Position Information Questionnaire (PIQ) of the Social Worker should be consulted to determine what percentage of a FTE is dedicated to CPS assessments. This will assist in determining the caseload standard for those Social Workers with multiple service responsibility. The calculation done on the basis of a percentage of a full time equivalent will be rounded upward.

The assessment may be considered complete when the case has been staffed and the decision has been made, the family has been notified, and the written report is completed and sent to the regional office.

It is recognized that there may occasionally be situations, which place greater demands on agency resources than normal; for example, a greater than average number of reports during a particular period of time. If the caseload standard is exceeded, the regional CPS supervisor should be informed of the reason for the excess caseload. The caseload is expected to return to standard levels and not to be consistently exceeded.

Failure to control caseloads may result in poor services, high staff turnover, overuse of placement, the increase of recidivism, dilution of the quality of service and may increase the potential for agency liability. Adherence to the caseload standard is required.

This can be found within the Child Protective Services Manual. Click Roles and Responsibilities tab, then on the Caseload Standards tab and then on the Caseload Standards 640-01-25 tab. It is the first tab in the Caseload Standards tab. The other information regarding caseload standards is in the second tab in the Caseload Standards tab.

75-03-19-07. Caseload standards.

Any authorized agent designated by the department to receive reports and conduct assessments of reports of suspected child abuse or neglect shall adhere to the caseload standards establishing minimum staff-to-client ratios.

HCBS Case Load and Tier System

January 2018

HCBS/MEDICAL SERVICES has developed a suggested Tier System for weighted caseloads. Details on that are attached.

LayCee is full time HCBS. Her caseload involves travel to Hebron and Glen Ullin, averaging 4 hr/mo., or 48 hr/yr.—
Case Management Availability—1352 hr/yr

Penny is full time, but also carries the Children's Special Health Services. That is an estimated 200 hr/yr. Her HCBS caseload includes New Salem, Almont, St. Anthony, and Flasher. She also travels about 4 hr/ mo., or 48 hr./yr.—
Case Management Availability—1152/yr.

Total available case manager time: 2504 hr/yr

This is not taking into account the supervisor's time. Supervisor is responsible for all general supervisory duties for the programs of HCBS, Child Care Licensing, and CSHS, and one clerical staff. Also includes sitting on Child Protection Team 2x/mo. and Licensing of Adult Foster Homes and Foster Homes for Children.

Current caseloads are : 54 for LayCee

49 for Penny

25 for Bonita

Current Case Load (128 cases)

11 MW Cases in Tier III (462 hr/yr)

17 MW cases in Tier II (374 hr/yr) (though it has been suggested that all MW is Tier III)

59 SPED or MSP or Combined cases in Tier II (1298 hr/yr)

53 Ex-SPED of Basic Care in Tier I (636 hr/yr)

Total: 2770 hr/yr.

(this does not take into account that 10 cases closed in 12/17. Fully anticipate we will open that many again soon)

Added time for likely new cases: 10 cases—est. average of 360 hr/yr.

Likely total for Case Management: 3130 hr/yr (diff of 360 hr/yr)

The month prior to Edgewood and Lakewood opening (Jan. 2015) —case load was 93 total HCBS cases. Community Services also included Health Tracks at that time, but dropped MOU shortly after due to increase.

At the same time, MW cases went from a 1 page care plan to 10 page. Required visits went from 2 to 4 per year.

Foster Home Licensing Time

Foster Care Coalition meets monthly—2 hr/mo. for meetings, and extra time for assigned tasks

Currently 23 licensed homes in Morton County. Each home needs to be relicensed annually.

New Homes:

PRIDE training recommends 6 home visits prior to licensing to address each PRIDE value. Have generally managed to do that in 3 visits.

Estimated time to license a new home:

3 visits for 2-3 hr (6 hr)

Gathering documents and verifications (3 hr)

Typing up Home Study (3 hours)

Entering info into computer program (2 hours)

Total 14 hr to license new home

This does not include getting out of state info, travel, etc.

Relicensing:

Initiate process and forms 1-2 hr

Home visit 2 hr

Paperwork and computer 3 hr.

Total—7 hr.

Attached please find extra hours put in in 2017.

will contact Josh to set up a meeting. Josh asked for the percentages of the sliding fee scale for him.

Health services are doing a study on oral health access. AARP is part of a working group regarding this.

Cindy Marihart is no longer with Aging Services.

Tess Frohlich joined the meeting. Jake had looked at another system but it was a great deal of money so it probably isn't being considered. SAMS will probably be here for awhile.

Case management caseload was the next subject. Tess has worked on how many hours a case manager has to actually work cases

170 hours/month (on average) = 2040/year

1920 (with 3 weeks of leave).

30 minutes of coffee break 1792.

Other things not included internal meetings, staff, supervision of staff. Tess suggested 5 hours/week. Penny suggested 8 hours/week.

1400 hours/year can be used for case management (no other services).

12 hours year for an easy, easy SPED case – face-to-face, travel, documentation, SAMS, filling out forms, repeat forms due to mistakes, rescheduling providers, making referrals, collateral contact with nurses.

22 hours year – combination case –

42 hours year – high level –

Some kind of tiered caseload. 5 heavy case, 30 mid-level cases and 30 low level cases.

TIER I – 12 hours/year

- BC
- MSP - A
- SPED/EXSPED

TIER II – 22 hour/year (if all cases approx 60 cases)

- SPED/combo
- MSP – B
- MW – 22 hours/year – simple

TIER III - 42 hours/year (at least a 1X/month contact)

- Tech dependent, TBI, ARS
- EXT PC
- MSP – B/ MW
- MSP – C/MW
- MSPC
- Any case requiring assistance with communication

FACTORS