

MISSION AND PHILOSOPHY

The mission of the Child and Family Services Division is

“Keeping Children Safe and Families Strong.”

Children have the right to grow and develop in safe and permanent family environments. The safety of children is dependent on the actions of adults. When families and communities collaborate, the possibility for success is increased. The safety of children in our care is dependent upon multi-level stewardship of human and financial resources.

The early trauma experienced by many of the children involved in the child protective system has a lifelong impact on how they feel about themselves. This trauma affects how they function in the world as well as their ability to trust and build healthy relationships with others. Our primary purpose in developing this handbook is to help resource families with their chosen journey, **Keeping Children Safe**.

This guide is intended to provide resource families with the information they need to provide care to children for the child welfare system. The information in this guide applies to all resource parents unless otherwise noted. When using this guide keep in mind that the term resource family (parent) refers to foster, kinship, adoptive and guardianship families.

NATIONAL FOSTER PARENT CODE OF ETHICS

Each resource parent has an obligation to maintain and improve the practice of fostering; to examine, use, and increase the knowledge upon which fostering is based; and to perform these services with integrity and competence.

What is Foster Care

Foster care is a protective service to children and their families when families cannot safely care for their children. There are many reasons and circumstances that make it difficult for biological families to meet the needs of their children, which include poverty, substance abuse, mental illness, homelessness, loss of a job or lack of support from extended family and community.

In foster care, the children are provided with a safe, nurturing, loving family for a temporary period of time. There are many types of resource families, including regular youth foster, therapeutic, relative/kinship, respite and tribal. However, resource parenting is not a lifetime commitment to a child and his or her family, but a commitment to be meaningful in the child and family's lifetime.

Principles of Foster Care (According to the NFPA)

Providing a safe and secure environment.

Providing a loving, nurturing, stable family care environment.

Modeling healthy family living to help children, youth, and families learn and practice skills for safe and supportive relationships.

Providing positive guidance that promotes self-respect while respecting culture, ethnicity, and agency policy.

Promoting and supporting positive relationships among children, youth, and their families to the fullest possible extent.

Meeting physical and mental health care needs.

Promoting educational attainment and success.

Promoting social and emotional development.

Supporting permanency plans.

Growing as a foster parent - skill development and role clarification; participation in training, professional or skill development, and foster parent support organizations and associations.

Arranging activities to meet the child's individual recreational, cultural, and spiritual needs.

Preparing children and youth for self-sufficient and responsible adult lives.

Meeting and maintaining all licensing or approval requirements.

Advocating for resources to meet the unique needs of the children and youth in their care (National Commission on Family Foster Care, 1991, p. 17).

Collaborating with other foster parents and the child welfare team, building trust and respecting confidentiality.

Promoting decisions that are in the best interest of the child/youth, promoting safety, well-being, and permanence.

Supporting relationships between children and youth and their families.

Working as a team member.

ACRONYMS

AFCARS	Adoption and Foster Care Analysis and Reporting System
APS	Adult Protective Services
ARM	Administrative Rules of Montana
ASFA	Adoption and Safe Families Act
BSA	Building Skills for Adulthood
CA/N	Child Abuse and Neglect
CAPS	Child and Adult Protective Services (electronic database)
CAPTA	Child Abuse Prevention Treatment Act
CASA	Court Appointed Special Advocate
CFSD	Children and Family Services Division
CPA	Child Placing Agency
CPS	Child Protective Services
CRB	Citizens Review Board
CSED	Child Support Enforcement Division
CSS	Catholic Social Services
CPS	Child Protection Specialist
CPSS	Child Protection Specialist Supervisor
CWM	Child Welfare Manager
DPHHS	Montana Department of Public Health and Human Services
EPDST	Early Periodic Diagnostic Screening and Testing
FCRC	Foster Care Review Committee
FEM	Family Engagement Meeting
GAL	Guardian Ad Litem
ICAMA	Interstate Compact on Adoption and Medical Assistance
ICPC	Interstate Compact on the Placement of Children
ICWA	Indian Child Welfare Act
ITP	Individual Treatment Plan
IV-E	Title IV, Subpart E, of the Social Security Act (foster care)
KCS	Keeping Children Safe
LSS	Lutheran Social Services
MACCS	Montana Automated Child Care System
MCA	Montana Code Annotated
MEPA	Multi-Ethnic Placement Act
NCANDS	National Child Abuse and Neglect Data System

NFPA	.....	National Foster Parent Association
OLA	.....	Office of Legal Affairs
OPA	.....	Office of Public Assistance
OPI	.....	Office of Public Instruction
PLC	.....	Permanent Legal Custody
PM	.....	Program Manager
PPS	.....	Permanency Planning Specialist
RA	.....	Regional Administrator
RFS	.....	Resource Family Specialist
RFSS	.....	Resource Family Specialist Supervisor
		Statewide Automated Child Welfare Information System for the Enforcement and Recovery of Child Support
SEARCH	.....
SFF	.....	Specialized Foster Family
SSB	.....	Social Security Benefits
SSI	.....	Supplemental Security Insurance
TANF	.....	Temporary Assistance for Needy Families
TEAMS	.....	The Economic Assistance Management System
TFF	.....	Therapeutic Foster Family
TFHP	.....	Therapeutic Foster Home Program
TIA	.....	Temporary Investigative Authority
TLC	.....	Temporary Legal Custody
TPR	.....	Termination of Parental Rights
YCF	.....	Youth Care Facility

GLOSSARY

Chafee Program	.....	Offers assistance to help current and former foster care youths achieve self-sufficiency.
Concurrent Family	.....	A family approved both as a foster and adoptive family.
Concurrent Placement	.....	The planned placement of a child with a resource family.
Concurrent Planning	.....	To work toward reunification, while at the same time, developing and implementing an alternative permanent plan.
Resource Family	.....	Foster, Kinship, Adoptive or Guardianship family.
Substitute Care	.....	An out of home placement.

SECTION I

I. GENERAL INFORMATION

A. WELCOME TO RESOURCE PARENTING

The Child and Family Services Division (CFSD) of the Department of Public Health and Human Services (DPHHS) is legally responsible for providing foster homes for children. CFSD is responsible for the recruitment, retention and licensing of these homes.

The Child and Family Services Division would like to take this opportunity to welcome you to your new role as resource parent. We value the time and care you give to the children who have been placed in out-of-home care. We understand that resource parents decide to care for or adopt children for a variety of reasons. All families deserve support and assistance whether they are birth, foster, kinship, adoptive or guardianship families. Whatever your involvement, we appreciate your commitment and willingness to open your heart and home to children in need.

B. ROLE AS A RESOURCE PARENT

Your role is to provide a safe place for a child to live while the child's family works toward reunification. Your job is to care for the child to the best of your ability and make day-to-day decisions with the support of the Division regarding the child's care. A resource parent agrees to support the permanency plan for the child and his/her family. This support comes in the form of helping the child attend family visits, counseling and medical appointments as well as school participation. Your responsibilities also include protecting the confidentiality of a child and the birth family and reporting any suspected abuse or neglect. **The primary goal is to assist children and birth families with reunification.** However, if a child is not going to return to the birth family, a resource family is instrumental in transitioning a child to a permanent placement.

C. TYPES OF RESOURCE FAMILIES

The term Resource Parent/Family refers to all families working with Child and Family Services to provide a safe loving home for children who come into care. The term includes foster, adoptive, kinship or guardian families. A closer examination of each type of family may be helpful when using this handbook.

1. (Non- Relative) Foster Family

Foster parents provide temporary care for a child whose family is experiencing difficulty providing an environment of safety and stability. A foster home can provide for one to six children including the foster parents own children (no more than 7 children in a home unless an exception has been granted in writing by a Regional Administrator, Foster Care Program Manager, and Division Administrator). Children and youth placed in foster care may have

experienced physical abuse and neglect, sexual abuse and/or psychological abuse or neglect. The time children are in a foster placement allows birth families and child protection specialists to develop and work a plan to return the children home.

2. Kinship Family

A kinship family can be a licensed or non-licensed family in which substitute care is provided by relatives, members of the child's and or family's tribe, godparents, or stepparents or by whomever a child, child's parents and family ascribe a family relationship and in which the child has had a significant emotional tie to the provider that existed prior to the agency's involvement with the child and or family.

The goal of kinship care is to care for the child and support the birth family within the context of an extended family. A kinship family has a placement priority if the placement is determined to be in the child's best interest. Kinship families can also be approved for adoption or guardianship, depending on the needs of the child.

Licensed kinship families must meet the same licensing standards as non-relative foster families.

If you are not licensed, you may be eligible to receive Caretaker/Relative "Child- Only" Temporary Assistance for Needy Families (TANF). Children in an unlicensed home may also be eligible for Medicaid. You can apply online at apply.mt.gov. or call or visit your local Office of Public Assistance.

If you wish to apply to become licensed you can notify the child's placing worker, the local resource family specialist or call 1-866-9Foster or share your information online at <http://dphhs.mt.gov/CFSD/Fosterparent/fostercareinquiryform>.

If you become licensed after applying for and receiving Caretaker Relative Benefits – you must notify your local Public Assistance office as soon as you are approved for licensure and eligible to receive a foster care payment. You cannot receive TANF benefits and a foster care stipend at the same time.

Relative Caregivers can access additional information regarding supports and resources through the Grandparents Raising Grandchildren Program through the MSU Extension Office.

The Montana GRG Project coordinates a network of local groups where grandparents can go for support and education. Members of the group can share their experiences, offer a listening ear, and let you know where you might find local resources.

Phone: (406) 994-3395
Email: grg@montana.edu
Web: montanagrandparents.org
Facebook: facebook.com/Montana-Grandparents-Raising-Grandchildren-Project

Reunification is the primary goal.

Resource parents, with the support of the child protection specialist, allow and encourage appropriate connections to the child, family, and culture.

Resource parents provide love, discipline, daily needs (food, toys, clothes, etc.) help with schoolwork, care when sick, transportation, and life skills.

3. Adoption

Only after birth parents have relinquished parental rights or have their parental rights involuntarily terminated in a court of law is a child able to be legally adopted by another family. Adoption is the legal and emotional acceptance of a child not born to you. An adopted child has full family membership and inheritance. Adoption is a complex life long process for everyone in the family. Adoption does not sever the cultural and emotional link that the adopted child may have had with previous foster and birth families, but creates new attachments and connections.

Adoptive families must undergo approval similar to licensed resource families; you are not required to be approved as a kinship or foster family to be approved as an adoptive resource.

4. Guardianship

Guardianship is a permanency option for children when the permanency team determines that neither reunification nor adoption is in the best interests of the child. A legal guardianship is a judicially created relationship between a child and caretaker that is intended to be permanent and self-sustaining as evidenced by the transfer to the caretaker of the following parental rights with respect to the child: protection, education, care and control of the child, custody of the child and decision making.

Guardianship families must meet the same licensing standards as a resource family and must have a guardianship assessment.

Each type of family listed above will be dealing with difficult issues and behaviors. Commitment, patience, endurance, flexibility and willingness to seek out and accept support are required to help children heal. Most all the material in this Handbook will be helpful to all families; however, some sections deal with specific needs of the different types of resource families.

D. RESOURCE PARENT CONCEPT

Resource parenting is a unique child-rearing role that requires normal parenting skills plus additional skills related to the complexity of the foster care system itself. Dealing with and understanding the relationship between Child and Family Services, birth parents and you, as

a resource family, is very helpful when caring for the children placed in your care. The following section can be helpful when sorting out your rights and responsibilities:

Partnership Is:

- **Clarity:** Goals, objectives and needed information are available to resource parents.
- **Support:** Resource parents experience sensitivity to their needs and feelings.
- **Commitment:** Resource parents voluntarily expend personal resources and emotional energy on behalf of the goals of the foster care program.
- **Preparation:** Resource parents are prepared to assume their role in permanency planning.
- **Openness:** Resource parents feel a sense of freedom to express their thoughts and opinions without fear of recrimination or reprisal.
- **Recognition:** Resource parents' contributions are valued and appropriately evaluated.
- **Flexibility:** There is adaptability, innovativeness and openness to change.
- **Stability:** Resource parents feel a sense of security and permanence in their role.
- **Accountability:** Resource parents feel that they are responsible and accountable in their performance.
- **Excellence:** Expected performance standards are known and agreed to by resource parents.

E. BENEFITS OF THE PARTNERSHIP

The partnership concept maximizes benefits of the foster care experience and minimizes the level of stress for the child. Partnership helps form a more harmonious relationship among the resource parents, the birth parents and the child protection specialist. Children should have an active role in the determining their future

Child and Family Services and other placing agencies recognize resource parents as an important component of the reunification plan for a child. Through sharing, the partnership can:

- Reduce feelings of competition between the birth and resource parents;
- Enlist important allies for the child protection specialist by converting potential adversaries;
- Shift attitudes from finding fault to assessing family needs;
- Encourage sharing information at meetings that can then be used to achieve the goals set;
- Help the child feel he is in a safe place;
- Help the child adjust to the resource home; and
- Prepare the child for return to his family home or for some other permanent placement.

F. RESOURCE PARENT EDUCATION AND TRAINING FOR LICENSURE

Licensed Resource parents with Child and Family Services are required to complete 8 hours of initial training prior to licensure.

During the first licensing year resource families will be required to complete a specific set of training modules. Verification of completion is required for license renewal. Required training courses include the following: grief and loss, cultural competency and ACES, child development, the CFSO legal process and positive discipline,

Resource parents will be notified by a Resource Family Specialist (RFS) how to access the training.

Therapeutic foster parents must complete 30 hours of initial training and subsequently receive a minimum of 30 hours of annual training for license renewal.

Annual training (after the first year for non therapeutic families) can be in the form of workshops, self-study courses, audio or video cassettes, books, web training or any other means by which the resource parent has opportunity to gain further understanding into the issues of child maltreatment, placement and permanency.

Resource parents may claim hour for hour for any training they participated in with the exception of reading books. Resource parents may claim between 1 and 4 hours training per book depending on subject and size.

Training resources can be located on the agency website, at the back of this guide and also accessed directly from your Resource Family Specialist.

II. TEMPORARY CARE OF THE CHILD

A. SHARED RESPONSIBILITIES

The parents, resource parents and child protection specialist are responsible for working together so that the needs of the child and his family are met. Each has a responsibility for maintaining confidentiality and for mutual sharing of past and present information in an open, cooperative manner.

B. RESPONSIBILITIES OF THE PLACING AGENCY

The placing workers responsibilities include the following:

- Assessing the needs of the family and the child;
- Developing an appropriate plan for the child;
- Working with the birth parents toward the ultimate goal of reuniting the child with the birth family;
- If reunification is not possible, developing an alternative permanent placement plan for the child;
- Being available to the birth parents, resource parents and child for consultation and advice;
- Providing unlicensed resource families with information regarding TANF and Medicaid and other resources available to unlicensed providers;

- Providing information on the licensing and payment process to the resource parents;
- Providing updated information to the resource parents regarding the child's background, expected length of placement, special needs, and legal status;
- Informing birth parents of resources available to assist in overcoming the problems that led to the child being placed in foster care;
- Providing resource parents with information regarding the licensing requirements and other foster care policies; and
- Working closely with the foster child and allowing the child an opportunity to take an active part in planning for the future.

C. RESPONSIBILITIES OF RESOURCE PARENTS

- Including the child as a member of the family unit while giving recognition to the birth family's rights;
- Working objectively with DPHHS or other placing agencies to implement the particular plan for the child in their care;
- Complying with all licensing or placement requirements;
- Cooperating and supporting visitation with parents and siblings;
- Informing the child protection specialist about medical or behavioral problems, educational progress, and other matters regarding the child;
- Keeping personal information regarding the child and his birth family confidential;
- Helping the child develop and understand the child's cultural traditions, ethnic background and religious beliefs;
- Parenting according to the reasonable and prudent parenting standard.

D. RESPONSIBILITIES OF BIRTH PARENTS

The birth parents' responsibilities include the following:

- Working with the child protection specialist in planning for the child;
- Working toward solving problems that prevent the child from living at home with them;
- Fulfilling mutual agreements for scheduled visits with the child;
- Helping the child make a positive adjustment to the foster home until the time when the child can return or other permanent plans are made for the child;
- Providing the Department with the child's family's medical history information;
- Cooperating with the schools, mental health professionals and other community agencies involved with the child and family in resolving the family's problems; and
- Participating in developing a permanent plan for the child outside the birth parents' home if the child's return is not possible.

E. RIGHTS OF RESOURCE PARENTS

Resource parents have the following rights:

- The right to participate as a member of the FCRC or CRB for the review of the child

- in their care;
- The right to appear and be heard in court, MCA 41-3-422 (9a);
- The right to apply for licensure and be given due process if licensure is denied;
- The right to decline a foster care placement;
- The right to continue their own family patterns and routines;
- The right to information regarding the child and their family necessary to ensure appropriate care and safety;
- The right to information regarding available resources for meeting the child's special needs;
- The right to communicate with the child protection specialist;
- The right to improve their skills through resource parent training;
- The right to payment according to the rates established by the placing agency; and
- The right to notice of each judicial hearing and administrative review hearing.

F. RIGHTS OF BIRTH PARENTS

The birth parents of a child in foster care have the following rights:

- The right to know the reason their child has been placed in out-of-home care;
- The right to all parental rights unless specifically limited through court proceedings;
- The right to know what the placing agency expects them to do before the child is returned home;
- The right to visit the child as arranged between the birth parents and child protection specialist in consultation with the foster parents;
- The right to be provided information regarding the child's health and development, progress in school, and behavior while in foster care;
- The right to have the child receive religious training, if requested;
- The right to ask that the child does not attend or participate in religious training, events or ceremonies;
- The right to be involved in decisions regarding such things as hair length, ear piercing and tattooing;
- The right to approve surgery or medical care, unless the parents cannot be reached in an emergency situation;
- The right to be notified as soon as possible of any medical emergency and of any treatment provided to the child without the birth parents' consent; and
- The right to receive notice of and attend any court hearing and FCRC or CRB meeting concerning their child.

G. RIGHTS OF THE CHILD

1. Physical, Mental and Emotional Health to Include:

- Having an identified physician provide appropriate medical and dental care, including examinations and treatment, as needed.

- Receiving psychiatric, psychological, and counseling services, including diagnosis and treatment, as determined necessary by CFSD.
- Being provided healthy foods that meet dietary needs and in portions that are appropriate for the foster youth's age and activity level.
- Having age and developmentally appropriate input and consultation on all treatments provided and medications administered.
- Being prescribed and administered medications only as necessary and to not be over medicated.
- Being afforded the opportunity to successfully parent children of their own while in foster care and not be pressured to get an abortion or place a child for adoption.
- Not being exposed to secondhand smoke in the foster parents' home or vehicle. This is not intended to interfere with Native American ceremonies involving tobacco.

2. Education to Include:

- Being afforded the opportunity to attend school and to keep up with course work in order to allow the foster youth to graduate high school with their graduating class.
- Whenever possible, ensuring continued attendance at the same school even if the youth is placed in multiple settings.
- Being afforded the opportunity to explore postsecondary educational opportunities with the assistance from CFSD staff, resource parents, facility staff, contracted service providers and other parties as identified by the youth.

3. Contact with Family & Visitation to Include:

- Whenever possible, placing foster youth with their siblings who are also in foster care. If foster youth are not placed with siblings they will be told why in a developmentally and age appropriate manner.
- Providing information and regular updates, in an age and developmentally appropriate manner, on the foster youth's birth family. This includes information on siblings and extended family.
- Being permitted and encouraged to have regular contact visitation with birth family unless the court or the treatment plan does not allow visits. This includes visits with siblings in different foster care placements and those residing with the birth parents.
- CFSD staff providing a developmentally and age appropriate explanation to the foster youth in instances where visits with parents or siblings cannot take place for safety reasons or because the court or treatment plan do not allow for visits.
- CFSD staff continuing to actively search for a foster or kinship placement that will allow foster youth and their siblings to be placed together.

4. Court and Case Planning to Include:

- Being afforded the opportunity to attend status hearings, permanency hearings, or other hearings where placement issues will be discussed and to speak to the judge or provide written information to the court regarding placement decisions and where the youth is living.
- Being afforded the opportunity, in a developmentally and age appropriate manner, to

- actively participate in creation of case plans, service planning and permanency plans.
- Being afforded the opportunity, in a developmentally and age appropriate manner, to actively participate in meetings where services regarding the youth's physical, mental and emotional health are being discussed.
 - Having the opportunity to meet routinely with CASA/GAL assigned to the youth's case.
 - Being afforded the opportunity to ask someone, who is not the CPS worker or the resource parent, to support the youth in their participation of meetings and court hearings.

5. Transition Planning to Include:

- Transition planning will occur prior to aging out of care and the youth must be actively engaged and involved in the transition planning.
- Being provided education, by a medical professional, regarding medications, medical needs and medical history prior to exiting foster care.
- Providing all foster care youth aging out of care with the following: an official or certified copy of their United States birth certificate, a social security card issued by the Commissioner of Social Security, health insurance information, a copy of their medical records, and a driver's license or identification card issued by the State of Montana.

6. Safety and Discipline to Include:

- Providing services to foster youth in an environment that is free of stigma, anger and hateful treatment due to actions of their biological parents. Remembering that the actions of adults, not the youth, are the cause of the youth being removed from their home and entering foster care. Being placed in a foster home or facility that is safe, free from abuse, neglect, exploitation, and harassment from any person in the household or facility.
- Being provided discipline in a manner that is appropriate to the youth's level of maturity, developmental level, and medical condition to provide the youth with an explanation of why they are being disciplined.
- Ensuring discipline does not include: withholding of prescribed medications, the use of restraint, seclusion, corporal punishment, threat of corporal punishment or being placed in a locked room.
- Be provided discipline that is free of any harsh, cruel, unusual, unnecessary, demeaning, or humiliating punishment. This includes being shaken, hit, spanked, threatened, or forced to do unproductive work. This also includes being denied: food, sleep, access to a bathroom, mail, or family visits.
- Ensuring no foster youth is subjected to verbal abuse, derogatory remarks about themselves or members of their family, or threats to expel the youth from the foster home or facility.
- CFSD ensuring no youth in out-of-home placement is deprived of meals, mail, or family visits as a method of discipline.
- Ensuring no foster youth is punished for bed wetting or any other toilet training issue.

7. Normalcy to Include Clothing, Reasonable and Prudent Parenting Standard:

- Providing an opportunity to participate in activities that are age and developmentally appropriate. Actively participating, in a developmentally and age appropriate manner, in major decisions that affect the youth's life.
- Ensuring each youth is supplied with their own clothing suitable to the youth's age and size. Ensuring the clothing provided to the youth is comparable to the clothing of other youths in the community.
- Ensuring the youth is given appropriate choice in the selection of their clothing.
- Being immediately given all personal belongings, including clothing, whenever the youth moves out of a foster home or facility as a result of a change in placement or exiting care.

8. Privacy and Personal Space:

- Ensuring a space in the home is provided to display the youth's socially appropriate creative works and symbols of identity.
- Allowing the youth to keep all money earned or received as a gift and if the youth chooses to open a bank account.
- Allowing the youth to refuse to make public statements showing their gratitude to a foster home or agency.
- Providing each youth with personal space, safe and appropriate sleeping arrangements, and an adequate space to store clothes and belongings.
- Ensuring the youth has reasonable access to their personal space, belongings, house or residence.
- Ensuring a level of privacy including keeping a personal journal, sending and receiving unopened mail, making and receiving private phone calls, unless an appropriate professional or a court says that restrictions are necessary and is in the youth's best interests.

9. Religion and Culture:

- Ensuring the youth has the opportunity to voluntarily practice their religion or tribal ceremonies. Foster parents shall allow each youth to attend available religious services or tribal ceremonies of the child's or birth parent's choice and to visit with representatives of the child's faith and/or tribal elders or spiritual leaders.
- Ensuring religious beliefs or practices, including tribal spiritual beliefs and practices, are respected by the foster parents or agency where the youth is placed.
- Ensuring the youth is encouraged and afforded opportunities to identify with their own cultural heritage.
- Ensuring participation or nonparticipation by the youth in religious activities or tribal ceremonial activities is not used as a form of discipline.

10. Express Concerns About Treatment or Care:

- Ensuring youth are made aware of their ability to report to CFSD staff, specifically the Foster Care Program Officer, or others involved in their case (e.g. CASA/Gal, therapist, Chafee service providers, judges) anytime the youth believes any of the

above expectations have not been adhered to by CFSD staff, foster parents or facility staff.

- Also, ensuring the youth is not punished or threatened with punishment for making these reports. Youth can report concerns anonymously if they choose to do so.
- Ensuring youth are made aware that they have the ability to notify CFSD staff, the judge, CASA/GAL or the Foster Care Ombudsman if someone is hurting them or acting inappropriately so the youth can be reasonably protected without fear of retaliation.
- Ensuring the youth are made aware of the process to issue their concerns with the individuals mentioned above.

H. SAFEGUARDS

The process of screening and assessing an applicant's ability to provide a safe and nurturing environment for children includes the completion of both a criminal record and protective service background check on all applicants and adult members of their household.

CFSD shall obtain a DPHHS-DFS/LIC-018, Release of Information from each applicant and each adult member of the applicant's household to conduct a criminal record, protective service and DMV background search.

Each applicant and adult member of the applicant's household are required to submit fingerprints for the purpose of the criminal background checks.

(Fees associated with fingerprint checks for applicants to a licensed child-placing agency are the responsibility of the agency or the applicants).

The results of both the criminal and protective service checks must be satisfactory in order to continue the provisional status of the license (if one has been issued) or to issue a regular license, or to approve the home for guardianship or adoption. (ARM 37.51.216)

The RFS (or assigned worker) must contact the Montana Motor Vehicle Division to obtain information about the driving record of all adult household members.

If an applicant or adult household member has been **charged** with a crime that bears upon the individual's fitness to assume care and responsibility for the safety and well-being of children, the license or approval must remain in a pending status until there is a resolution to the charge.

If an applicant or adult household member has had a **felony conviction** at any time for one of the following crimes, the home cannot be licensed or approved: child abuse or neglect, child sexual abuse, spousal abuse, a crime against children (including child pornography, or a crime involving violence, including rape, sexual assault, or homicide.

If an applicant or adult household member has had a **felony conviction** within the past five years for one of the following crimes, the home cannot be licensed or approved: physical

assault, battery, or a drug related offense, including alcohol related convictions.

If an applicant or adult member of the applicant's household has a criminal history, but the crimes for which they were convicted do not fall into one of the above categories, the applicant should not automatically be denied a license or approval. The decision to recommend approval or denial of the application must be based on whether or not the crime(s) for which the person was convicted would directly impact the applicant's ability to provide safe care for children.

If the criminal history information is proposed to be used to deny an application, the applicant must be notified of the reason for the proposed denial in writing and afforded the opportunity to respond to the proposed denial and/or directed to the Criminal Records (406-444-3625) if they want to challenge the record. In the proposal to deny letter the RFS must clearly document the reason for the proposed denial as it relates to the crime's impact on the applicant's ability to provide safe care for children; and in accordance with Mont. Code Ann. § 37-1-203, evidence of the person's insufficient rehabilitation. The documentation must be included in the due process/negative licensing action/fair hearing notice correspondence.

All applicants must undergo a CPS check. If an applicant has children, a child protective services check will be requested from all states in which an applicant has lived since the birth date of the applicant's oldest child. If an applicant does not have children, a child protective services check will be requested from all states in which the applicant has lived in the previous 15 years.

An applicant against whom child abuse or neglect has been substantiated or who has been convicted of abuse, sexual abuse, neglect, or exploitation of an elderly person or person with a developmental disability shall be denied a foster care license unless an exception is granted by a Department Regional Administrator in his or her discretion, after careful review of extenuating circumstances which justify the issuance of a restricted license.

An applicant whose child has been in foster care shall be denied a foster care license, unless an exception is granted by a Department Regional Administrator because the circumstances leading to the provision of services and placement no longer exist.

Adoptive Applicants Only: Youth Court Records for any person over age 13 living in the home of adoptive applicants should be reviewed. A release of information signed by the applicant for themselves and any teenage children living in the home should be sent to the juvenile probation office in the county where the family resides, or resided when family members were teenagers.

III. THE PLACEMENT PROCEDURE

A. PREPARATION FOR PLACEMENT

Selection of the appropriate resource home for a child is one of the most crucial steps in the entire placement procedure. Placement with kin (including fictive kin) is a priority for

placement decisions. In emergency situations, time constraints and lack of information may eliminate some pre-placement steps.

Listed below are a few factors the child protection specialist may consider in selecting an appropriate resource home:

- An assessment of the services the child will need, based on the physical, educational and psychological needs of the child;
- The child's race or ethnic background and the role racial identity has played in the child's life (if the child is Indian, the placement of the child must comply with requirements of the Indian Child Welfare Act);
- The wishes of the birth family and the child;
- The location of the child's family and the need to maintain contact with family members;
- The location of the child's school and the ability to maintain enrollment in their current school setting;
- Number and ages of other children (whether the foster child should be oldest or youngest - whether he will do better as an only child or with many foster brothers and sisters);
- Needs of other children in the resource home (whether this child will be too competitive for other foster children or will he be overshadowed by them - whether his characteristics are compatible with other children in the home);
- Skills of resource parents (have these parents shown skill or interest in dealing with this child);
- Identification of the child's religion and the role that religion has played in the child's life (what have the child's religious experiences been; what are the birth family and child wishes regarding religious participation and do these coincide with the foster family's expectations);
- Special resources such as educational facilities in the area; and
- Interests and hobbies (whether these parents have a lifestyle and environment that would support this youngster's interests).

Preparation for placement varies with each child and should be adapted to the child's age, experience, individual needs, personality, and circumstances necessitating placement, as well as any special problems presented by the prospect of placement.

B. REASONABLE EFFORTS

Under the Adoption and Safe Families Act, the "reasonable efforts" requirements imposed on the states assure that states are meeting the rights of each child to have a safe, permanent home. The "reasonable efforts" requirements have a threefold purpose:

- To maintain the family unit and prevent the unnecessary removal of a child;
- To effect the expeditious reunification of the child when appropriate; and
- When reunification is not appropriate or possible, to effect an alternate permanency goal in a timely manner.

C. ACTIVE EFFORTS

Under the ICWA Guidelines agencies must make active efforts to prevent removal of a child as well as active efforts to reunify a child with their family. Active efforts are meant to:

- Begin at Inquiry if there is reason to know a child is an Indian Child;
- Be tailored to the fact and circumstances of individual cases;
- Be affirmative, thorough and timely;
- Reunite an Indian Child with his family.

Family Engagement Meetings help assure reasonable and active efforts occur or are occurring.

a) Family Engagement Meetings:

Family Engagement Meetings are an effective way to assist in the reunification of children with families. Family Engagement Meetings empower parents, relatives, friends and service providers who are significant to abused and neglected children to plan for permanency either within the family, or to support Child and Family Services in planning for permanency outside the family.

Family Engagement Meetings encompass a fundamentally respectful process in which family strengths and needs are identified. Strengths are utilized to offer support to the parents in resolving the issues at hand and to assist parents or family members in the care and protection of the children whenever possible. The goal of Child and Family Services is to place with either the non-custodial parent or family first.

FEM Core Values include:

- All families have strengths.
- Families deserve to be treated with dignity and respect.
- Families are encouraged and supported to make well-informed decisions and plans about keeping their children safe.
- Families and community members should be partners in determining solutions, and making decision. Partnership is a process.
- All participants have a genuine voice at the meeting, and their ideas, needs and perspectives should be heard.

b) Youth Centered Family Engagement Meetings:

Youth Centered Meetings are used to focus on the youth that are primarily fourteen years old and older in developing plans for transition to adulthood. These can be used for younger youth, if needed. Youth Centered Meetings must focus on the youth's needs, strengths, goals, and permanent connections. These meetings allow the youth to identify their supports or goals and to drive the focus of the plan.

c) Concurrent Planning and Placement:

Ultimately, children are best raised in their birth families. Providing intensive services to the birth family, immediately after the child has been placed in out-of-home care, enhances the potential for reunification. During the time a family is working to change patterns of behavior that resulted in the removal of their children, it is the responsibility of the department to keep the children safe, as well as look toward their future needs.

Concurrent Planning assures permanency for a child. One tract is working toward reunification while, at the same time, alternative permanent plans are developing to maintain the child's placement in the current home.

In order for concurrent planning to be effective full disclosure to all parties is a must. Birth families, resource families as well as the extended family members need to know and understand the process in order to work together for the good of the child placed in care.

Be sure to discuss all the expectations and goals of a concurrent placement before agreeing to become a concurrent family. Concurrent Placement **is not a shortcut to adoption**. It is very emotional for resource families yet rewarding when keeping the best interest of the child in its proper perspective. Resource families need to remember the first goal is to reunite the family and only when that is unsuccessful is the child is free to be a permanent member of their family.

D. DON'T FORGET TO ASK:

Resource parents often wish they had asked more questions of the placing agency before accepting a child into their home. Child protection specialists may not have all the answers right away but can provide the information as soon as it becomes available. In emergency placements, much of the information may need to be obtained at a later date.

Resource parents need to know the general plan for the child. The child protection specialist should ensure that resource parents are given information regarding problems and behavior of the child, reasons for placement, life experiences of and medical as well as psychological history, and other support services, which will be available.

Placing workers should provide resource families with the CFS-207 which includes the child's personal information, as well as the basis for removal and any other known information. If a CPS worker is unable to provide all of the information at the time of placements, families should request the additional information as soon as available.

IV. PROVIDING CARE FOR THE FOSTER CHILD

A. PERSONAL PROPERTY:

1. Clothing

A child needs space to call the child's own, in which to keep personal belongings. The child needs to know what is considered the child's, such as which drawer or part of the closet to use. Clothing and personal possessions contribute significantly to the child's feeling of self-worth and dignity. Children and parents should understand what new clothing and toys are theirs to keep and what needs to remain at the resource home.

All articles that a child brings into the resource home at the time of his initial placement are very important to him. Regardless of the condition, appearance, or cost of these articles, the resource parents should not criticize or devalue them. If they are potentially dangerous or detrimental to the child's well-being, the child protection specialist should be contacted.

When a child leaves the foster home, all clothing and other personal possessions the child brought to care or were purchased for the child during the stay with the resource family should leave with the child.

2. Mail

Mail should be respected as the child's private property and should **not** be opened or read by the resource parents except at the child or CPS worker's request. Children do not generally receive mail without pre-approval by the child protection specialist. If resource parents are concerned about the child's mail, they should discuss their concerns with the child protection specialist.

3. Gifts

Many times the occasion arises (birthday, Christmas, Easter, graduation, etc.) when gifts are given to children in foster care. The child must be informed that the gift belongs to the child and will go with the child when the child leaves care.

Likewise, if large toys or sporting equipment are purchased for the use of all foster children in the home, the child must be told so the child understands these are to be used only during the time the child remains in the resource home.

B. MISCELLANEOUS NEEDS:

1. Out-of-Town Trips

Resource parents are encouraged to include the children in their care in vacation plans and outings. Resource parents need to include the child protection specialist and birth parents in their planning to avoid legal complications. Any time a foster child is traveling out of town

with the resource parents for greater than 72 hours, the child protection specialist must have prior notification and give approval.

When the resource parents plan to leave the state for longer than 72 hours, the agency must provide them with written authorization to take the child along and to obtain emergency medical care (remember to take the child's Medicaid card). Since written authorization must be issued by the agency, one-week prior notice is requested.

2. Transportation – Supplemental Services Allowance

The transportation allowance provides reimbursement for non-routine transportation; the purpose is to cover costs associated with transporting a foster child that would not be covered by the regular foster care payment or by Medicaid. Eligibility includes placement in a licensed youth foster home, placement is expected to be for more than 30 days, the Department pays care, and there is a documented need for the travel. Approval requires justification that other possible resources have been exhausted.

Further requirements include travel one-way is 10 or more miles, transportation is provided or paid by the foster parent, transportation is necessary to obtain services not reasonably available in closer proximity to the foster parents' residence, the child is being transported for other than medical reasons approved by the supervisor and transportation is approved in advance by the department.

Supplemental services allowances including transportation must be limited to the lesser of actual costs or \$87.50 maximum per month per child.

d) Child Care for Children in Foster Care

A child in family foster care **may** have child care paid on his/her behalf for the period of time supervision is required for the child because:

- a) The foster parent is employed out of the home and the foster parents work responsibilities prevent his/her supervision of the foster child;
- b) The foster parent is required to participate, without the child in attendance, at administrative or judicial reviews, case conferences, or foster parent training;
- c) A foster parent who has been dually licensed to provide in home family or group day care is seeking reimbursement of child care expenses for children in his/her foster home under the age of 6.
 - a. This reimbursement must be approved by the Regional Administrator; or
- d) A foster parent is employed in or owns a day care center or group day care outside of the home and uses that day care facility for child care.
 - a. This reimbursement must be approved by the Regional Administrator.
- e) In both c and d, the foster parent must document and submit a specialized plan of supervision for the foster child in order to demonstrate the child is receiving the supervision he/she needs and that his/her needs are being met.

C. SCHOOL:

1. General Information

The resource parents may be expected to fill the parenting role for the child in school, but whenever feasible, the birth parents will be involved. Examples of activities resource parents may be asked to perform are: checking on homework, signing various requests and report cards (don't forget to include the birth parent when possible), attending parent teacher conferences, and attending and sharing in school functions and PTA.

Resource parents should inform the child protection specialist of all progress or special problems the child encounters during his school year. The child protection specialist has the responsibility to collect the needed information such as past school records, immunization dates, and documents for admission.

The child protection specialist should be contacted if the school asks for information about the child's background or has questions about previous schooling. Truancy, behavioral problems, and special educational needs require that the child protection specialist, resource parents, birth parents and school personnel be involved in their solution.

Hot Lunch Program: All children in foster care are automatically eligible for the free lunch program. Please contact your CPS to verify how that process works and how to ensure a child receives this benefit.

D. LIFE STORY BOOK:

Children in placement should have records containing important information about their lives. Children's pasts are a part of them, and children's feelings about what has happened color the way they view the world. Links with the past give children a sense of their own history and identity: stories about things they did as children, pictures of themselves with pets or friends, trips to visit places they used to live.

For many children who have been in a series of resource homes, memories are sometimes painful. Children often recall events they do not fully understand. For children who have been placed in a series of resource homes, many links with their culture and their past have become dim and obscure. Assisting children to unravel and understand what happened to them and giving them permission to express feelings about these events is an important service that foster parents can provide.

One of the most helpful ways of getting to know the child and helping him understand birth and foster family issues is the Life Story Book. The easiest time to begin a Life Story Book is as a child enters the child welfare system when information about birth, development and family history is readily available. However, it is never too late to start a life book. Birth parents should be included in creating the Life Story Book, as they are usually the best source of information. Resource parents are also involved in the process as crucial links in

clarifying a child's history.

No one right way exists to help a child begin to piece together information into a personal life record called a Life Story Book. Nor is there a wrong way to create a Life Story Book. Use cloth, construction paper, scrapbooks, photo albums, whatever materials are convenient. If photos are not available, use pictures from magazines, books, or drawings. This is the child's book so the child should participate in developing it. **Every child should leave foster care with a Life Story Book.** The child protection specialist may be contacted about initiating a Life Story Book and assisting in compiling information.

The best and easiest method of communicating with the child must be identified. Some children can work easily in a visual and verbal manner, both hearing and expressing information clearly. Other children need to form visual experience with verbal explanations. Regardless of the child's preferred style of communication, a written record should be finalized by the end of the process.

Making a Life Story Book can:

- Strengthen the bond between the child and the biological family;
- Help the resource parents and child to form an alliance;
- Help a child understand events in his past;
- Provide tangible links to the past that provide chronological continuity;
- Provide a vehicle for the child to share his past with others;
- Increase a child's self-esteem by providing a record of growth and development; and
- Help others understand the child's past and his uniqueness.

Begin with factual information about the child's birth and infancy. Information that elicits visual memories is helpful.

Items that may be in a child's Life Story Book include:

- Pictures of and information about the birth family, foster family and places the child has lived;
- Information about developmental milestones such as the date of the first tooth or the first step;
- Favorite activities;
- Favorite birthday and Christmas gifts;
- Celebrations and special holidays;
- Favorite friends;
- Pets in the family;
- Special trips or vacations or other places the child has traveled;
- Information about visits with birth relatives;
- Names of any extended family members;
- Names of teachers and schools attended;
- Report cards and birth certificate;

- Special activities such as scouting, clubs, camping experiences, church and Sunday school experiences; and
- Information about injuries, illnesses or hospitalization.

Many adults have a tendency to try to reassure children when they are feeling pain, sadness or anger. When working on the Life Story Book with a child the resource parent must not only hear the child's pain but also accept the depth of the pain. Children have very intense feelings that do not disappear with reassurances. Anger, sadness and despair are normal, appropriate responses to loss. Children frequently cry or feel angry. When children are allowed and helped to express their feelings instead of storing them up, the feelings seem less overwhelming and more manageable.

E. MONTANA FOSTER CARE INDEPENDENCE PROGRAM:

Chafee Foster Care Independence Program provides services to interested youth ages 14-21.

There are six broad purposes of the CFCIP:

1. Provide personal and emotional support for children aging out of foster care; and,
2. Provide a range of services and support for former foster care recipients between the ages of 14 to 21.
3. Identify children who are expected to be in foster care until age 18 and help them make the transition to self-sufficiency;
4. Help these children receive the education, training and services necessary to obtain employment;
5. Help them prepare for and enter post-secondary training and education institutions;
6. For young adults ages 18-21, to complement their own efforts to achieve self-sufficiency and to assure that the program participants recognize and accept their personal responsibility for preparing for adulthood.

Youth will be served by the Regional Chafee service provider based on the youth's geographical location not the county of financial responsibility (See addendum for list of Chafee providers)

A detailed description of MFCIP plan is available on the Department's website or by contacting the Chafee Program Manager at CFSD central office. Youth age 14 and older are automatically eligible for the Chafee program but may be referred to the MFCIP by the youth's child protection specialist or by a resource parent working in cooperation with the child protection specialist. A placement provider /resource parents cannot refuse services on behalf of a youth.

Generally, the first service provided to a youth is an assessment of the youth's independent living skills and needs. The youth's care provider may be asked to participate in the assessment process. CFSD uses the Ansell-Casey Life Skills Assessment, a web-based tool that you and your foster youth can access free on the internet at www.caseylifeskills.org.

The results of the assessment are used to develop a transitional living plan with the youth.

The plan identifies areas of need and ways to address the needs.

Beginning when a youth is 14 years old, a transitional living plan must be developed and must be part of the case plan reviewed by the Foster Care Review Committee or Citizen Review Board every six months.

The youth's child protection specialist is the person primarily responsible for ensuring that a transitional living plan is developed with the youth. Resource parents play an extremely important and necessary role in transition planning and need to be actively involved.

F. DISCIPLINE:

Discipline of children in out of home care requires thoughtful informed decision-making. Your relationship with children depends in part on your ability to accept over reacting behaviors that you don't understand. Ideally, discipline occurs while growing up in a family where one is loved and learns to love in return. In this environment children learn that they are lovable, valuable and worthwhile. Many children in out of home care have not yet learned discipline because the birth family was not able to teach love or provide security and stability necessary for the development of a positive self-concept.

A discussion between the resource parent and the child protection specialist about the appropriate discipline and management plan for each foster child is helpful. Discussions should be held at the time of the initial placement as well as during the child's stay in foster care.

The licensing rule on discipline in the Administrative Rules of Montana (ARM 37.51.826) reads:

- A resource parent shall use discipline appropriate to the child's age and developmental level. The resource parent's approach to discipline must be positive.
- A resource parent shall not use spanking or other forms of physical punishment or any other disciplinary technique which is humiliating, shaming, cruel, capricious, frightening or otherwise damaging to a child. **NOTE: This means that resource parents must not spank, slap, hit or otherwise physically punish a child in foster care.**
- No child in care shall be subjected to any form of abuse.
- No child shall be subjected to verbal abuse, derogatory remarks about himself or members of his family or threats to expel the child from the resource home.
- No child shall be deprived of meals, mail, or family visits as methods of discipline.
- Resource parents shall not punish children for bedwetting or actions regarding toilet training.
- Children must not be placed in a locked room.
- Participation or nonparticipation in the religious activities of the child shall not be used as a form of discipline.
- Medication shall never be used to discipline or threaten children.
- A report shall be completed and sent to the placing agency by any resource parent

involved in physical punishment.

NOTE: This means that whenever a resource parent physically punishes a child in foster care, the resource parent must immediately notify the child protection specialist and licensing worker.

The pre-service training, **KEEPING CHILDREN SAFE (KCS)**, addresses discipline. Additional training will be required the first year of licensure that will provide in depth training on the topic.

G. MEDICAL AND DENTAL CARE:

Resource parents have the overall responsibility for the day-to-day health of the children placed in their care since they are in the best position to observe the child's needs on a daily basis. The child protection specialist is responsible for assisting the resource parents in meeting the child's health needs.

All children in foster care are eligible for and receive Medicaid. Resource parents should have, at a minimum, a copy of the front and back of the actual card. Information about Medicaid services and responsibilities are listed in the member guide at <https://dphhs.mt.gov/MontanaHealthcarePrograms/MemberServices>.

[\(Member Guide\)](#)

If you do not have access to a computer, ask your placing worker for a copy of the member guide.

Children placed in out of home care are required to be seen by a doctor within 30 days after placement. Information about a child's medical history, current medical provider and other necessary information should be obtained from the child protection specialist. Documentation of the medical visit should be provided to the placing worker and made available to the foster care review committee.

An initial dental visit is also required and should be as soon as possible. As indicated above information regarding past dental history and current dental providers should be received from the placing worker.

1. Medical Emergency:

When a medical emergency arises, resource parents should immediately seek professional medical care for the child and contact the child protection specialist as soon as possible. If you cannot reach the placing worker at the number provided, you must call Centralized Intake at 1-866-820-5437 and request contact from the appropriate staff.

If the need arises for surgical or any other major care, the child protection specialist or supervisor must be contacted. **Resource parents cannot sign for any major medical care.**

The resource parents and child protection specialist must discuss who may sign for medical treatment. Typically, the birth parents or the agency are the authorized parties to sign for medical attention or surgery, depending on the custody status of the child.

2. Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

Each child in care should have an **EPSDT** screening within 30 days after initial placement. This complete physical assessment includes: a head to toe physical examination, an eye examination, a hearing check, a nutrition check, a growth and development check, blood and urine test, immunizations as needed, and a dental check (at least a yearly visit to a dentist for children after their first tooth comes in). Each part of the screening exam is important for measuring a child's physical, mental and developmental growth. Any child identified by the screening as having health or dental problems is referred for further examination and treatment. Please make sure that screening results and all medical information is forwarded to the child protection specialist for inclusion in the child's file.

In order to take advantage of these expanded services, it must be determined by a medical practitioner that such services are medically necessary. Therefore, early diagnosis is important.

H. MEDICAID TRANSPORTATION:

1. Benefits and Limitations

- Medicaid will reimburse certain travel costs for an individual to obtain medical services determined medically necessary;
- When provided by the least expensive means suitable to the recipient's medical needs;
- When no other resources are available to meet travel costs;
- To obtain Medicaid covered services from the nearest in-state health care provider generally available and commonly used by other residents of the community unless it can be demonstrated that total out-of-state expenses are less costly, and if there is prior authorization when required.

2. School Based Health Services

Medicaid travel will be authorized to transport children in school on a normal school day when school based Medicaid-covered services are being provided. Both the health service and need for transportation must be included in the child's Individualized Education Plan.

3. Prior Authorization for approval of travel reimbursement

All requests for assistance with transportation must be called into the Medicaid Transportation Center at the Foundation **prior to the medical appointment**. The Foundation should be given as much advance notice as possible (at least 24 hours) when requesting authorizations for non-emergency transportation. The Foundation is required to verify current eligibility, individual appointments, consider the nearest appropriate medical provider and ascertain the least expensive and most appropriate mode to travel. If advance

notice is insufficient to allow these steps to be taken, individual trips may be disallowed or will need to be rescheduled by the recipient. Foundation staff is available from 8:00 am through 5:00 pm Monday through Friday. After hours, leave a detailed message on the voice mail.

The Foundation needs the following information on all transports:

- **Patient's name,**
- **Medicaid ID (SSN#),**
- **Sex,**
- **Date of Birth,**
- **Date of appointment,**
- **Pick up point and destination,**
- **Reason for appointment (diagnosis), and**
- **Name of driver**

A dispatcher will return the call the next working day. The Foundation will authorize the travel funds as soon as they can confirm that the trip was taken and necessary medical services were received.

Foundation Telephone Numbers Questions regarding Medicaid transportation should be directed to the number on the back of the card **(800) 292-7114 or (406) 443-6100.**

4. Reimbursement

Mileage is measured directly from the Medicaid patient's point of departure to the destination and return to the point of departure. Only one mileage charge will be reimbursed regardless of the number of individuals transported. Travel advances are only issued when necessary to ensure the recipient can keep the medical appointment.

I. EMERGENCY COMMUNICATION PROCEDURES:

1. In an emergency, resource parents have the right and the responsibility to call their child protection specialist anytime, day or night. If the Child Protection Specialist cannot be reached at the number provided, then the resource parent should call the **Centralized Intake Line at 1-866-820-5437.**

Emergencies include:

- The child is seriously ill or is in an accident requiring hospitalization;
- The child runs away;
- The child is in serious trouble with the school, the police, juvenile court, or anyone else; or
- Anyone, including the child's parents, tries to take the child from the resource home without the child protection specialist's permission.

The office (and business cell) number of the child protection specialist and supervisor should be readily available to resource families. Calls to the child protection specialist

need to be made during office hours.

2. If resource parents cannot keep a child or properly care for him, they should immediately notify CFSD, or the supervising agency, to make other plans for the child. They will need to allow the agency adequate time (a minimum of 72 hours) to arrange an alternate placement for the child. Resource families must remember that not all children fit with every family. If a resource family, for whatever reason, cannot care for a certain child in their home, they should not feel guilt. Remember, it can do harm to a child to keep a child in the home for the wrong reasons.

3. IN THE CASE OF NATURAL DISASTER/EMERGENCY

Your family may not be together if a disaster strikes, so it is important to know which [types of disasters](#) could affect your area. Know how you'll contact one another and reconnect if separated. Establish a family meeting place that's familiar and easy to find.

Should a natural disaster be imminent/occur; notify your placing worker and your resource family specialist as soon as possible or by calling 1-866-820-5437.

Step 1: Put together a plan by discussing these 4 questions with your family, friends, or household to start your emergency plan.

1. How will I receive [emergency alerts and warnings](#)?
2. What is my [shelter](#) plan?
3. What is my [evacuation](#) route?
4. What is my [family/household communication plan](#)?

Step 2: Consider specific needs in your household.

As you prepare your plan tailor your plans and supplies to your specific daily living needs and responsibilities. Discuss your needs and responsibilities and how people in the network can assist each other with communication, care of children, business, pets, or specific needs like the operation of durable medical equipment. Create your own personal network for specific areas where you need assistance. Keep in mind some these factors when developing your plan:

- Different ages of members within your household
- Responsibilities for assisting others
- Locations frequented
- Dietary needs
- Medical needs including prescriptions and equipment
- Disabilities or access and functional needs including devices and equipment
- Languages spoken

- Cultural and religious considerations
- Pets or service animals
- Households with school-aged children

Step 3: Fill out a Family Emergency Plan

Download and fill out a family emergency plan or use them as a guide to create your own.

- [Emergency Plan for Parents](#) (PDF)
 - Review your family emergency plan with your resource family specialist.
 - Provide a copy for your licensing file.

Step 4: Practice your plan with your family/household

J. CHILD ABUSE IN FOSTER CARE:

Children who are in foster care can be demanding. Oftentimes they have not learned appropriate ways to get attention from adults or have experienced inconsistent parenting. In their efforts to exert some control over what is happening in their lives, they may attempt to recreate situations that are familiar to them, including situations that in the past have resulted in abuse.

Resource parents may be unprepared for the feelings such behaviors evoke. Resource parents should contact the placing worker or licensing worker for support and assistance in meeting the child's needs appropriately.

Resource parents are **required** to report any suspected or actual abuse or neglect of the child, including incidents that may occur in foster care. Questions or concerns regarding appropriate responses to problem behavior should be addressed with the child protection specialist.

NOTE: To report any suspected or actual abuse or neglect, resource parents should call **Child and Family Services Centralized Intake. The number is 1-866-820-5437**; it is a toll free call. The hotline is covered 24 hours a day to receive reports of child abuse and neglect for all of Montana.

V. RESOURCES FOR FAMILIES

Resources may be available within the community for a child in your care. Be sure to ask the child protection specialist or resource family specialist about resource available for families in your community and region.

A. IDENTIFICATION CARDS FOR STATE RESOURCE PARENTS:

If you are licensed by the State of Montana and provide out-of-home care for Child and Family Services, you are eligible to apply for a state ID card. The ID card will help to establish you as a professional working with children. It can be presented when taking children to appointments (doctor, dentist, school, etc.). State rates may be available to you at motels across Montana. In addition, you will receive a 10% discount at Wendy’s by presenting your ID card. Contact your Resource Family Specialist for your application or call Child and Family Services at **406-841-2400**. The State ID card application is shown here, so please submit a recent photograph with your application.

State ID Cards for Foster Parents

The Child and Family Services Division recognize that you, the Foster Parents of Montana, make it possible for us to protect abused and neglected children in our state. Without your willingness to care for these children in your homes we could not protect children. In appreciation for all that you do we have designed a Montana State Foster Parent ID card.

The ID card will help to establish you as professionals working with children. The card can be presented when taking children to appointments (doctor, dentist, school, etc). State rates may be available to you at motels across Montana. In addition you will receive a 10% discount at Wendy’s by presenting your ID card. Other discounts are available in each of the five regions. A list of regional discounts will be sent out at a later date.

The cards are designed for individuals, so we need separate pictures of husbands and wives. In order to receive your ID card please send a recent photo (which will not be returned) along with the completed information to CFSD, Attn: Janine Whitley PO Box 8005 , Helena, MT 59604.

Please send the following information along with a recent picture to CFSD, Attn: Janine Whitley, PO Box 8005, Helena, MT 59604

Name: _____

Provider #: _____

SS# _____

County of Licensure: _____

B. FOSTER & ADOPTIVE PARENT ASSOCIATIONS:

1. Local Support Groups

Throughout the state, there are local foster and adoptive parent associations and support

groups on a county level. Most support groups hold monthly meetings and invite speakers and show films on topics of interest to resource parents. Resource parents have the opportunity to meet each other and offer support and suggestions regarding mutual concerns, problems and rewards.

A list of resource and support groups in your area is available directly from your Resource Family Specialist or on the agency website.

When support or resource groups provide training for resource parents those may be able to be counted towards annual training requirements. Please check with your RFS to verify that the training meets agency standards.

2. National Foster Parent Association

The National Foster Parent Association (NFPA.org) is an organization that brings together resource parents, child protection specialists, and other concerned advocates for children. NFPA, the only publicly supported organization devoting its sole efforts to the improvement of the quality of services to foster children, is the largest group of volunteers for foster children in American history.

The national and regional conferences, held yearly since 1971, have provided a responsible national forum for the education and training of hundreds of thousands of resource parents and child protection specialists. Many resource parents from Montana have attended these national and regional conferences held around the country. Membership in NFPA is open to all resource parents, child protection specialists and interested individuals. For information on how to join, contact the regional or state foster parent association.

SECTION II

I. THE LEGAL ISSUES

A. INFORMATION:

A child is considered abused or neglected if the child's normal physical or mental health or welfare is harmed or the child is at substantial risk of harm by an act or omission of his parents or custodian. Harm includes physical or psychological abuse, sexual abuse, failure to provide adequate food, shelter, clothing, education or health care, or abandonment of the child.

Any person who has reasonable cause to suspect that a child may be abused or neglected should report the matter to Child and Family Services Division (CFSD) for investigation. While any person may report suspected child abuse and neglect, certain professionals and officials are **required by law to report**, including school officials, doctors, nurses, clergy, law enforcement officers, **resource parents , resource family specialists and child protection specialists**.

Once a report has been made, CFSD Centralized Intake staff determine if the report will be investigated, or if documentation of the concern is sufficient. If the child is in danger, the department must take action to protect the child. The child protection specialist may decide to place the child in foster care. The child may be placed in care based on either a parental agreement or a court order.

1. Voluntary Foster Care Placement (Parental Agreement)

A birth parent may voluntarily request that his or her child be placed in foster care by signing a foster care placement contract (or agreement) where the parent allows CFSD to provide foster care to the child for up to six months. Placement by voluntary agreement may be terminated at any time by the request of the birth parents. If the department feels it is potentially dangerous to return the child to the family, the department may petition the court for TIA, TLC or PLC.

Under a voluntary placement, the parents continue to have rights and responsibilities and should participate in plans for education, medical care, religious training, employment, application for a driver's license, for hunting and fishing licenses, etc.

2. Petition for Immediate Protection and Emergency Protective Services

This petition is filed when the child protection specialist determines that a child is in immediate or apparent danger of harm and must make an emergency removal of the child from the parent's home. An ex parte order of immediate protection is issued upon filing the petition and additional reliefs may be granted after the show cause hearing.

3. Temporary Investigative Authority (TIA)

A Petition for Temporary Investigative Authority requests that CFSD be granted judicial authority to conduct an in-depth investigation into the child's situation.

The Court may grant a TIA if the child appears to be abused or neglected or is in danger of being abused or neglected. The petition must contain facts establishing probable cause that the child is or is in danger of being abused or neglected. A TIA is used when the child protection specialist has "reasonable cause to suspect" that the abuse or neglect occurred.

The granting of a TIA does not change the "legal" custody of the child and limits the parental rights only as specified in the court order

4. Temporary Legal Custody (TLC)

When a child protection specialist conducts an investigation and determines that the child has been abused, neglected or abandoned, the facts of the case may warrant filing for TLC. Temporary Legal Custody means the legal status created by an order of the court that gives a person or agency the right and responsibility for the care, custody and control of a child on a temporary basis. A transfer of temporary legal custody is time-limited and provides the agency with substantial authority to determine and provide for the needs of the child.

Because the parents' rights have not been terminated, they retain a legal relationship to the child and should be involved in decision-making regarding the child.

5. Termination of Parental Rights (TPR) and the Permanent Legal Custody (PLC)

Under Montana's child abuse and neglect statutes, a court may terminate the parent child legal relationship if any of the following circumstances exist:

- The parents have relinquished the child,
- The child has been abandoned,
- The parent is convicted of a felony in which sexual intercourse occurred and as a result of the sexual intercourse the child is born,
- The parent is a minor adjudicated a delinquent youth because of an act that if committed by an adult would be a felony in which sexual intercourse occurred and as a result of the sexual intercourse the child is born,
- The parent has subjected the child to any of the following circumstances,
 - subjected the child to aggravated circumstances,
 - committed, aided, abetted, attempted, conspired, or solicited deliberate or mitigated deliberate homicide of a child,
 - committed aggravated assault against a child,
 - committed neglect of a child that resulted in serious bodily injury or death, or
 - had parental rights or another child involuntarily terminated and the circumstances are relevant to the care of the child.
- A treatment plan approved by the court has not been complied with or has not been successful; and

- The conduct or condition of the parents rendering them unfit is unlikely to change within a reasonable time.

Once the parents' rights are terminated by a court order, the parents are relieved of all rights and responsibilities regarding the child and the department assumes full responsibility for the child.

6. Appeal of Termination of Parental Rights

When parental rights are terminated, birth parents have 30 days to file a notice of appeal to the Montana Supreme Court the termination order.

C. OVERSIGHT AND REVIEW:

1. Foster Care Review Committee (FCRC)

The Foster Care Review Committee's (FCRC) process is intended to ensure permanent placement for foster children within one year, whenever possible, by monitoring services, placement, the permanency plan, and by making recommendations as deemed appropriate for the best interests of the child.

The FCRC reviews placements on any child who:

- Has been placed in foster care for a period of six months or longer; and
- Is supervised and placed by CFSD **or** care is paid by CFSD.

All children who meet these conditions will be reviewed by the FCRC within six months of the initial placement date and each six months thereafter as long as the child remains in placement.

Resource parents will be notified in writing that they are members of the FCRC for the review of the child living in their care. The notification is sent to the resource parents and birth parents prior to the FCRC meeting and includes the time and place of the meeting and the responsibilities of committee members.

It is important for the child's success in placement that the resource parents actively participate as members of the FCRC. Resource parents should contact the child protection specialist supervisor if they do not receive information about FCRC meetings.

2. Child Protective Teams (CPT)

Interdisciplinary child protection teams are strongly recommended because they assist in assessing the needs of the family, formulating and monitoring a treatment plan and coordinating services for the family. Teams are formed and convened as needed in any particular county. Where a team exists, the supervisor of a service area, or his or her designee, acts as the team's coordinator.

The team membership must include:

- Child protection specialist,

- Law enforcement,
- County attorney, or designee,
- Public school representative,
- Medical professional, and
- If it is an Indian child under review, someone knowledgeable about Indian culture and family matters, preferably an Indian person.

3. Guardian Ad Litem (GAL)

The court must appoint a guardian ad litem (GAL) to represent the interests of a child who is the subject of the proceedings with respect to the child's support, parenting and parental contact. The GAL may be an attorney or a layperson. If a layperson, the GAL is referred to as a court appointed special advocate (CASA).

The duties are as follows:

- Conduct investigations to ascertain the facts constituting the alleged abuse or neglect;
- Interview or observe the child who is the subject of the proceedings;
- Have access to court, medical, psychological, law enforcement, social services and school records pertaining to the proceedings;
- Make written reports to the court;
- Appear and participate in all proceedings;
- Perform other duties as directed by court; and
- If an attorney, to file motions, including but not limited to filing to expedite proceedings to ascertain child's rights.

D. THE COMPLAINT PROCESS:

Child and Family Services Division is accountable for assuring that constituent concerns and/or complaints are addressed. Constituent complaints may be obtained through various avenues; however, it is the intent of Child and Family Services Division to have consistency and efficiency in the resolution process, no matter how the information is obtained. Child and Family Services Division commits to a timely, reflective and responsive approach in attempts to resolve complaints.

CFSD recognizes the following key aspects in complaint resolution:

- Complaints provide information and create opportunity to improve practice;
- Complaints can be resolved at the most immediate and local level;
- Being responsive and reflective about complaints applies to all CFSD staff;
- Mutual respect promotes communication and resolution; and
- Resolution cannot always be achieved.

1. Process

Child and Family Services Division receives complaints through multiple and a variety of avenues:

- Providers/Clients

- Governors Advocate Office
- DPHHS Director's Office
- DPHHS-CFSD Division Administrator's Office
- CFSD Complaint Resolution Process (On-line)
- DOJ Ombudsman

Complaints received through any of these avenues have a specific set of required response timelines and information reporting needs. These standards are set by the office receiving the complaint and require CFSD to respond within the expected timeline and in the required formatted standards.

Complaints received by the Division may be sent directly to the Regional Administrator (RA) and the Critical Incident and Complaint Coordinator (CICC) for coordination of resolution steps and tracking purposes.

Operating principles will be applied to each complaint in an effort to prioritize, in formation gather, and resolve the complaint. The CICC and/or the RA will identify the person responsible for each needed action, timelines for information gathering and the steps needed in gathering the information in response to the following:

- Constituent contact from the CICC (or a designee) by phone, email or in person to confirm receipt of the complaint information will not exceed 48 hours.
- A desk review of the report and/or case records will be completed to identify needed steps.
- The RFS and/or RFSS, CPS and/or CPS Supervisor (CPSS), Child Welfare Manager (CWM) and RA will be contacted to gather further information.
- If necessary, further contacts may also include Permanency Planning Specialist (PPS), Family Engagement Meeting Coordinators, County Attorney, etc. to assist in information gathering that will lend to resolution outcomes.
- A consultation will be set to identify and document the resolution steps for each member involved in the complaint process.

NOTE: Complaints that include safety concerns will have an immediate response and the Regional Administrator/Bureau Chief will be notified of the complaint upon receipt (maximum of 24 hrs).

This documentation will occur on the Case Consultation/Constituent Complaint Activity Form (CFS-451) completed by the CICC or designee.

- All complaints will be tracked and findings documented to include systems issues, personnel issues, policy issues, and/or practice issues.
- Findings and recommendations will be documented and made available to the staff involved in the case.
- A consultation will be set to identify and document the resolution steps for each member involved in the complaint process.

2. Constituent Complaints Resolution

If a constituent wishes to file a formal complaint he or she will be referred immediately to the CFSD Complaint Resolution process. This will occur by either sending them a copy of the Complaint Resolution forms or referring them to the hyperlink which is on the CFSD website. If in fact the constituent submits a formal complaint, the process lined out in the Child and Family Services Complaint Resolution Process will occur.

<http://www.dphhs.mt.gov/cfsd/complaintprocedure.pdf>

E. FAIR HEARINGS:

Child and Family Services Division fair hearings usually involve substantiation of child abuse or neglect, licensing actions or denial of foster care benefits. Resource parents may request a fair hearing if denied foster care benefits or subsidized adoption benefits. If the request for a fair hearing is as a result of a denial, reduction to provisional, suspension or revocation of any kind of license (other than day care) the provider will be notified in writing. The initial letter will define the proposed negative license action. Subsequent correspondence, if a denial will move forward, will provide the provider with the necessary contact information and timelines for the fair hearing process.

SECTION III

I. FINANCIAL INFORMATION

A. FOSTER CARE PAYMENT RATES:

Foster care payment rates are set by the Legislature to reimburse resource parents for expenses incurred in caring for foster children. Foster care payment rates established for care, in a family foster home, vary according to the age of the child. The age ranges are birth through age 12 and 13 through age 17. Current rate information is available online at the agency website (under Rate Matrix) or upon request at any CFSD office or child-placing agency.

1. Rate Reimbursement

Foster parents are entitled to payment for each full day of care beginning on the first day of care and each day thereafter. The last day of care is not reimbursed. Payments are made on a monthly basis, for care provided the preceding month.

2. Reduction of Payment for Absence

If a foster child's payments are made by DPHHS and the child is out of the resource home for five days or less under a plan approved by DPHHS, no reduction in the payment is required. If the child is gone for more than five days but not over a month under a plan that does not involve payment of board, the payment will usually be reduced by the days of absence. Absences of more than five but less than 30 days are reviewed on a case-by-case basis to determine what action should occur

B. PAYMENT PROCESS:

The payment process starts when the placing worker enters a service on the Child and Adult Protective Services (CAPS) electronic database system. All services require the online approval of the supervisor, others require further approval of the regional administrator and a few require approval at the central office. Once the required online approvals are completed, payments are generated by four different means:

1. The payment information appears on the placing worker's Payment Approval screen where they have an opportunity to approve, modify or deny the payment. The last online step is a review of the payment by the Foster Care Payment specialist who releases the payment.
2. A one-time service such as a clothing allowance will create a payment immediately on the Payment Approval screen when the supervisor approves the service. The placing worker approves the payment, and then the Foster Care Payment Specialist releases the payment.

3. Ongoing placement services such as foster care are treated differently. At the end of each month the CAPS system creates a payment for all open placement services.
4. When a child leaves your home the service end date would be entered online immediately. When the service end date is entered, a payment for the partial month is created instantly and should be reviewed, approved and released within a short time of the child leaving your home.

All checks issued by the State of Montana have “return service requested.” This is an instruction to the Post Office to NOT forward the item, but to return the item to DPHHS. It is **your responsibility** to inform your resource family specialist of any address change, including the addition or termination of a Post Office Box. Address changes should be made on a W-9 that will be submitted to the fiscal office.

C. DIRECT DEPOSIT:

Direct deposit or electronic funds transfer (EFT) is available for all providers. To start direct deposit, contact the Foster Care Payment Specialist at 841-2400 or contact your resource family specialist and request a direct deposit form. Once the form is received at the fiscal unit the process will be initiated. You will be notified when the banking information is entered into the system. If you change banks and don't submit a new request for direct deposit, your funds will be returned and a check will be issued. If you move and don't notify CFSD, your EFT notice will be returned to DPHHS.

II. SUPPORTIVE SERVICES

The Department funds certain supportive services for foster children who are expected to be in care for 30 days or longer. Requests for the following services can be made in person or in writing. Supportive services are available as long as funding is available.

These services include:

A. DIAPER ALLOWANCE:

Diaper Allowance: A child is eligible for a diaper allowance if s/he is placed in a licensed youth foster home, and:

- a) the child is expected to be in care more than 30 days;
- b) the child is under age three (the allowance may be paid through the month of the child's third birthday); and
- c) care is paid by the Division; and
- d) the child has a documented need for the diaper allowance as determined by the Child Protection Specialist and the foster parent.

B.CLOTHING ALLOWANCE:

The clothing allowance is intended to ensure that a child in care has at least a basic wardrobe, appropriate for the weather and equivalent to the clothing of children in the same community, within the limits of the funds available for this purpose. Each eligible child may receive up to \$200 per six-month period.

The clothing allowance is provided in addition to the monthly foster care payment and is not meant to replace use of those funds to purchase clothing.

A clothing allowance will be paid if:

- a) the CPS approves a foster parent's request for the funds; and
- b) the CPS determines that clothing is needed for the child.

A child is eligible for a clothing allowance if s/he is placed in a licensed youth foster home and:

- a) placement is expected to be for more than 30 days;
- b) care is paid by the Division; and
- c) The child has a need for a basic wardrobe as determined by the Child Protection Specialist and the foster parents.

The amount of the clothing allowance is determined by the child's wardrobe and the extent to which clothing is needed, but in no case may the amount exceed \$400 per child for the consecutive 12-month period beginning on the date that the Division makes the initial clothing allowance payment.

The Child Protection Specialist Supervisor approves all clothing allowances.

B. RESPITE CARE ALLOWANCE:

Respite care is the short term supervision or care of a foster child, in an emergency or on an intermittent basis.

- a. Respite care provides foster parents relief from the daily care of a foster child whose mental or physical condition requires special or intensive supervision or care.
- b. Respite care is an aid in the prevention of abuse of foster children, foster parent burnout and the loss of experienced quality foster parents.
- c. available for children or youth whose placement is expected to last for 30 days or more,
- d. and whose care is paid by the Division.

The Division shall provide respite care, to the extent that funds are available, for foster children who are:

- e. persons with developmental disabilities and either on a respite care waiting list or not eligible for respite care from another program;

- f. medically demanding; or
- g. suffering from severe emotional problems that are manifested in serious behavior problems.
- h. Respite care may be provided for other children who are in foster care to the extent that funds are available.

Up to 111 hours of respite care may be claimed for each eligible foster child or youth during each fiscal year.

The selection of the person to provide respite care is made by the resource parents. The resource parents should consider the ability of the respite care provider to meet the needs of the foster child and to provide safe, developmentally appropriate care to the child. The resource parents provide any specific training that may be necessary to care for a particular child. Requests for respite care may be denied if the respite care provider selected by the resource parent appears to lack the qualifications and ability to provide adequate care for the foster child.

If respite is to be provided in another person's home, the child protection specialist supervisor can approve the request. If respite is to be provided in the resource parents' home, the regional administrator must approve the request to make sure the resource parents are aware of the federal laws which apply to in-home care and to determine the rate which will compensate for the extra requirements involved.

Resource parents receive the payment for respite care services and are, in turn, responsible for paying the respite care provider. Be federal definition, resource parents may be considered as employers of in-home respite care providers and, therefore, responsible for filing necessary tax forms. It is advisable for resource parents to check with the Internal Revenue Service on tax laws that apply to in-home services prior to making arrangements for respite care.

C. TRANSPORTATION COSTS:

Ordinary or occasional transportation is the responsibility of the resource parents. Allowable reimbursement for unusual transportation costs should be discussed with the child protection specialist.

The above services and amounts are set by the Montana Legislature and can be changed or rescinded during any legislative session. Once the budgeted amount for a particular service has been expended, all other requests for those services during that same budget period will be denied.

Please check with your Child Protection Specialist for current rates as well as the availability of funds. Because of these contingencies, allowances **are not automatic** but must be requested *in advance* by the resource parents and approved by the Child Protection

Specialist Supervisor.

Denial for funding for support resources can be appealed. The first call is to the CPS Supervisor or RFS Supervisor. If the appeal is denied, the family can request that a Regional Administrator review the request. If it continues to be denied the family can request a fair hearing on the denial. Information as to how to request a fair hearing is provided in the denial of benefits section in this guide.

III. GENERAL INFORMATION

A. INCOME TAX:

Resource parents shall contact their local Internal Revenue Service before filling out their income tax return. As a general rule, foster care payments are not reported as income. Expenses that are not covered by the regular foster care payment may qualify as charitable contributions.

B. MEDICAL COSTS:

Most children in foster care are covered for medical costs under the Medicaid program and will receive a Medicaid card shortly after initial placement. In the rare instance that the child is not covered under Medicaid, some kind of medical assistance will be available. The child's Medicaid card must be presented when taking the child for treatment or when obtaining prescriptions. Not all physicians, dentists or pharmacists accept Medicaid cards, so advance inquiry is necessary when making appointments or filling prescriptions to assure that proper payment will be made.

If there are additional medical needs of the child that are not financed through Medicaid, the child protection specialist should be contacted.

Medicaid will only pay for medically necessary services. The DPHHS Medicaid Bureau determines the definition of medically necessary services, not the physician. If a worker or resource parent has a question as to whether Medicaid will pay for a particular medical service, treatment to travel, etc., the worker or resource parent may refer to the recipient the Medicaid Members Guide.

C. EDUCATIONAL COSTS:

Children in care are automatically eligible for free school lunches. The placing worker should provide you with the information necessary to ensure your foster child receives this benefit.

If the agency is subsidizing the adoption of the child, then the child in care is considered as a

member of the parents' household. The *adoptive* family size and total income will then be used to determine the child's eligibility for free or reduced-price meals.

Other school costs such as books, activity tickets, and class projects are considered as part of the monthly payment rate. If the rate does not cover the cost involved for special items and fees, the child protection specialist should be informed. Youth ages 14 and older may receive assistance from the Chaffee program for items not covered by the monthly stipend. Contact your Chaffee provider or the Chafee Program Manager in Central Office for more information.

IV. EARNINGS OF CHILDREN IN FOSTER CARE

Any money earned or received as a gift or allowance by a child in care is the child's personal property.

The resource parents may wish to provide a regular personal allowance to help a child learn about the appropriate use of money and to develop skills in money management. If an allowance is provided, the resource parents are entirely responsible for payment of the allowance.

The amount of the allowance and its frequency depends on the age and maturity of the child. Amounts should be related to a child's specific recreational activities, school and church contributions, and personal grooming. The amount should also follow family and community patterns of providing allowances. The child should be told how much he is to receive and what expenses it is expected to cover. The child should receive what is promised him at regular intervals. Anything purchased by the child with his allowance belongs to the child and should go with him if he moves from the foster home.

V. DENIAL OF BENEFITS

Resource parents who are the subject of any adverse action of DPHHS concerning the provision of the monthly payment or other services considered to be "benefits" may seek an administrative review or fair hearing if they disagree with the action. (See "License Denial, Revocation or Suspension" in this section.)

VI. FOSTER PARENT LIABILITY INSURANCE

DPHHS provides insurance that covers foster parents, relatives of the foster parents living in the foster parent's home and foster children under the age of 18 who are under the care and supervision of the Department placed in the home.

Only foster parents licensed by the Department are covered under the policy.

Coverage includes:

- Bodily injury and property damage,
- Property damage to a foster parent's property,
- Legal defense against allegations of abuse and neglect.

Exclusions to the coverage provided under this policy are fully described in the policy which is available at Central Office through the Foster Care and Guardianship Program Manager (FCGPM).

Foster parents who believe they have a valid claim may file with assistance from FCGPM. The insurance company will notify the agency if the incident which was reported is not covered.

A copy of the policy is available at Central Office.

The total amount that may be reimbursed is:

- \$300,000 per occurrence for bodily injury, personal injury, and property damage liability (Coverage A).
- \$20,000 per occurrence for property damage to foster parent's property (Coverage B).

There is a deductible of \$250.00 for property damage to foster parent's property, which may be paid by the Department at the Department's discretion. There is no deductible for other claims.

A. FILING A CLAIM

Any foster parent who wishes to file a claim may do so by contacting the Fiscal Officer for the region in which the foster parent is licensed. The Fiscal Officer will then submit the claim to the FCGPM who will then submit the claim exceeding \$250 to the Foster Parent Professionals.

Any claim for foster parent property under \$250 will be submitted to the Regional Administrator for consideration.

Any staff person who is contacted by a foster parent regarding a possible claim must assist the foster parent in contacting the Fiscal Officer for the region in which the foster parent is licensed or the FCGPM in Central Office.

A Fiscal Officer who is contacted by a foster parent is responsible to notify the RFS for the family, gather required information regarding the incident, and complete a written referral for sending the referral and completed claim (via e-mail) to the FCGPM.

The FCGPM will then notify the fiscal bureau chief of the claim.

1. Information for Foster Parents

CFS-057 Foster Parent Insurance is a brochure for foster parents that describes the foster parent insurance program and is provided upon request or at KCS training.

SECTION IV

I. WHAT IS ADOPTION?

“Adoption is the act of creating a legal relationship between parent and child when it does not exist genetically. Adoption is a way of providing security for and meeting the developmental needs of a child by legally transferring ongoing parental responsibilities for that child from the birth parent to the adoptive parent, and in the process, creating a new kinship that forever links the birth family and the adoptive family through the child who is shared by both. This new kinship network may also include significant foster families or other significant people who are part of the child’s past.”

Kenneth Watson, M.S.S.S.

Adoption is possible only after parental rights of the birth parent are terminated. When parental rights are terminated, the court relieves the birth parent of all legal rights and responsibilities to their child, and transfers those rights and responsibilities to an agency by awarding the agency Permanent Legal Custody with the right to consent to the child’s adoption. After the adoption is finalized the adoptive parent, rather than child protection specialists or judges, are responsible for all decisions affecting the child’s life.

The primary purpose of adoption is to help a child become a permanent member of a nurturing family that can give the child the care, protection, and opportunities essential for healthy personal growth and development. The well-being of the adopted child is the main objective in the placement of a child for adoption. The needs of the child must be the primary focus of adoption proceedings, with full recognition of the interdependent needs and interests of birth parents and adoptive parents.

A. BECOMING AN ADOPTIVE PARENT:

The Department of Public Health and Human Services CFSD, as well as, child placing agencies that are also licensed as adoption agencies, in Montana, are authorized to complete adoptive home studies. The process of preparation and approval of adoptive parents differs from one agency to another.

1. Expectations

Special needs children may bring many surprises from their past that may challenge a parent’s values and acceptance. It is important to keep your expectations in line with a child’s abilities. Loving family environments provide an atmosphere that allows children to reach their fullest potential.

2. Openness to Outside Resources

Parenting adoptive children can be difficult. Parents often find it helpful to seek support

from other adoptive parents or professional services.

3. Kinship Adoption

If it is in the best interest and the needs of the child can be met, the extended family should be considered as the first adoptive resource.

Relatives or other kin wishing to adopt shall be assessed as any other prospective adoptive parent and must meet the same criteria for approval as any other adoptive parent. Relatives or other kin are required to participate in adoptive training unless a written exception is granted by the regional administrator. Relatives or other kin should be provided with the same opportunities for pre and post placement support as any other family.

4. Foster Parent Adoption

A child's foster family is often the placement of choice when that child becomes available for adoption. Adoption of a child by his foster parents maintains continuity for the child with persons he or she has come to know as caretakers and with whom an attachment may have been formed. Maintaining a relationship between the foster parent and the child **may** be in the best interests of the child. Although foster parent adoption is desirable in many instances, it does not necessarily follow that every child in foster care, who becomes available for adoption, should be adopted by his/her foster parent.

Successful foster parent adoption reflects a mutual decision by the foster family, the child (depending on age) and the agency about the best interests of the child. In an effective decision making process, foster parents are able to distinguish their attachment from commitment. They can examine the attachment that develops naturally through the fostering experience and decide if that attachment can develop into a full lifetime commitment.

Foster parents who are becoming adoptive parents must clearly understand the differences between being a foster parent and being an adoptive parent. With assistance from the child's child protection specialist, they must be able to prepare the child they intend to adopt for this major change in their relationship.

Foster parents who make an informed decision that adopting their foster child is not in the child's (or their) best interest need to know that a child who has formed an attachment and a trust relationship **can** successfully move to another family. With the sensitive, thoughtful and supportive care of a foster family, the child can move into a family who can offer him a lifetime commitment.

Foster parents who proceed with adopting a child because of guilt about the child leaving, feelings of obligation or pressure from other people (including child protection specialists), are setting both themselves and the child up for disruption.

5. Adoption By Families Not Previously Connected

When a determination is made that adoption by relatives or by the child's foster parents is not possible, efforts to locate an appropriate family will be made.

Prospective adoptive parents, who have completed the required preparation sessions, submitted the necessary paperwork and who have been approved as a potential adoptive family, can be considered for placement of a child.

6. Legal Risk Pre-Adoptive Placement

A legal risk pre-adoptive placement is the placement of a foster child with people who have been approved as an adoptive resource, pending the child becoming legally free for adoption.

Legal risk placements are appropriate in cases where the Department, as a minimum, has filed a petition for permanent custody of the child. Legal risk placement is necessary because the child's legal availability for adoption cannot be guaranteed to the prospective adoptive family at the time of placement. This may be because:

- a petition has been filed, but the birth parents' rights have not yet been terminated; or
- a pending legal actions, such as an appeal, is contesting the validity of a court order terminating parental rights.

NOTE: Legal risk should not be confused with the placement of a child with a concurrent planning family.

B. IDENTIFYING AN ADOPTIVE FAMILY:

As soon as possible after the need for an adoptive home is identified, a permanency meeting is held to determine what action is necessary to identify an approved adoptive family and place the child adoptively. If the foster parents are an approved adoptive family and have been determined to be an appropriate family for the child, it is not necessary to circulate the child's history.

A social history is circulated to the Resource Family Specialists and the licensed adoption agencies. If the Department has been granted permanent custody, the child may also be featured in A Waiting Child, A Family for Every Child, Child Bridge's Adoption circulation and AdoptUSKids.

Upon receipt of a request for adoptive home studies for a child, the adoptive family's worker should identify families for the child(ren) from their pool of approved families. A copy of each appropriate family's pre-placement evaluation should be forwarded to the child's worker.

A committee consisting of the placing worker and the workers supervisor, the resource family specialist and supervisor, and the permanency planning specialist will review each of the families submitted for consideration and will select the family that best meets the child's needs.

In selecting a family for a child, the interest of the child outweigh the interest of the state, the birth parents, foster parents or the adoptive parents.

The selected family will be notified by their resource family specialist, who will then notify the placing worker of the family's decision. The placing worker will promptly notify in writing all other workers and agencies that submitted families for consideration that a family has been selected.

Results of a selection committee cannot be appealed or submitted for a fair hearing unless geographic location is determined to be the basis for not selection of a family.

C. PREPARING A CHILD FOR ADOPTION:

Preparation for adoptive placement can (and often should) begin prior to the time a specific adoptive family has been selected. Preparation for adoptive placement is a team process that should eventually involve the child, his or her child protection specialist, foster parents, birth parents (to the extent possible), adoptive parents and the Resource Family Specialist. The child's Child Protection Specialist is the person ultimately responsible for assuring that the child is adequately prepared for adoptive placement.

Preparation for adoptive placement should help the child accept the adoptive placement, and should, as much as possible, protect the child from the emotional trauma associated with abrupt transitioning from a known situation to an unknown one.

Although a child who will be adopted by foster parents does not have to face the adjustments associated with moving to a new home, he does need to be prepared for adoption just as thoroughly as a child who will be moving to a new family.

Resource Families who are selected to adopt a child currently in their care will be encouraged to not accept any new placement for a six month period following adoption finalization.

1. Transitioning

When transitioning a child from foster care to adoption, the importance of the tasks to be accomplished during the preparation and pre-placement visits will differ according to the child's age and developmental stage. Specific issues that must be addressed include separation, loss, grief work and preparation for new attachments. These issues will need to be addressed as the child reaches new developmental stages.

2. Life Story Books

One of the best tools that can be used to help transition a child into adoptive placement is the Life Story Book. If a child does not have a Life Story Book, developing one should be a priority. (See "Life Story Books" in Section 1) The child's Child Protection Specialist or Resource Family Specialist can provide additional resources regarding Life Story Books.

The child's Life Story Book can be shared during pre-placement visits. It is reassuring for the child to see his prospective new parents view his book and it is equally reassuring for the child to have a pictorial glimpse of the important new people and places in his future. That

reassurance is greatly enhanced when the child reviews the book with approving, trusted adults (such as the Foster Parents and Child Protection Specialist). This process also assists in giving the child a feeling of control and self-worth.

3. Pre-placement Visits

Pre-placement visits with the Adoptive Family are essential to prepare the child for adoption. The goal of pre-placement visits is to ease the adjustment for all parties, particularly the child, as he or she moves into a new home.

The number and location of pre-placement visits and the timing of the placement should be determined by the child's age and the particular needs of the child and adoptive family. A well-planned visitation and placement plan builds security and trust.

A written visitation agreement is recommended. The agreement assures that all relevant parties (the child, Adoptive Parents, Foster Parents, Child Protection Specialist and Resource Family Specialist) are aware of the placement plan.

The visitation agreement should address the following:

- The purpose and goals of the visits,
- The place, frequency and number of visits,
- Financial responsibility for visits,
- Involvement of the extended family, and
- Child Protection Specialist and Resource Family Specialist responsibilities.

II. THE LEGAL PROCESS

A. PLACEMENT:

Prior to placing a child in the adoptive home, the adoptive parents and the child's placing worker (or designated staff) will sign an "Adoptive Placement Agreement" form DPHHS-30. This agreement spells out what is expected of the adoptive parents during the period prior to the adoption finalization. This period of time is often referred to as the supervisory period, and it normally lasts from six months to one year. If foster parents are adopting a child who has been in their home, the supervisory period may be waived and the adoption finalized as soon as the adoptive family desires. Until the adoption is finalized, the Department of Public Health and Human Services CFSD retains custody of the child.

If the adoptive parents are licensed as foster parents for the child during the supervisory period, they must meet all foster home licensing requirements until the adoption is finalized. Prospective adoptive parents who will be licensed as foster parents should read the Foster Care section of this handbook for information about licensed foster care.

B. POST-PLACEMENT:

The frequency and content of visits and office contacts will depend on the unique circumstances of each placement. The length of time between placement and finalization will depend on the individual situation.

C. FINALIZING THE ADOPTION:

When the Department and the family agree that the adoption should be finalized, the RFS (or designated staff) will send all necessary paperwork to the central office, where the finalization papers are prepared and sent to the family's attorney or directly to the family. A cover letter containing instructions accompanies the finalization papers.

Upon finalization, the adoptive parents have the same legal relationship to the child as they would have if the child had been born to them.

The lifetime nature of adoption is no more unusual than the lifetime nature of one's gender, race or role. It is just a fact of life. The issues of loss in adoption can be reconciled if they are recognized. The differences can be integrated if they are validated and normalized. Adoption is healing. Adoption is a way of building a family and giving a child a home, a place which to leave and a place to return.

Successful adoption is most often achieved with an open and genuine acceptance of the child's roots. With an open adoption, the child can have the benefit of a legally stable, secure and loving relationship with the adoptive family while maintaining a connection with the birth family. The level of openness must be agreed upon by the adoptive parents and the birth parents (or birth family member), keeping the best interests of the child in mind.

Equally important, openness refers to the attitude of being non-judgmental toward birth parents, no matter what the reason for the child's removal. This acceptance of the birth parents reinforces acceptance of the child and his past. It enhances the child's feelings of being truly claimed. Successful adoptive parenting and positive self-image for the adopted child is based on an attitude of genuine acceptance of the birth parents.

III. POST-FINALIZATION SUPPORT SERVICES

Recognition of the lifetime issues of adoption has led to the current adoption practice of providing services beyond the time an adoption is finalized. Post-finalization services are a practical and logical continuation of services to prevent disruption and to enhance the advantages of adoptive placement.

A. POST-FINALIZATION SERVICES INCLUDE:

Post adoption services are managed by the Post Adoption Program Manager at Central Office. All adoptive families will receive correspondence as part of the adoption finalization process from the Post Adoption Program Manager explaining the role and listing contact

information.

1. Information

Information on training and resource material is available through your Post Adoption Program Manager, your local Child and Family Services office and public libraries have resource material available about adoption.

2. Child Specific Information

Adoptive parents are given the child's medical and social history information prior to finalization. In addition, case records on children placed adoptively are maintained permanently and can be accessed, if needed, by calling the Central Office for help in the future.

3. Intermediary Services

The Adoption Specialist in the Central Office serves as an intermediary in forwarding correspondence between members of the adoption triad. Staff in local offices may assist in arranging for visitation between triad members.

B. ADOPTION SUBSIDY:

1. Adoption Assistance

Federal and state subsidy programs, also referred to as "adoption assistance," are available to families adopting children with special needs to assist them in providing the necessary services and the financial resources to meet the child's ongoing needs. The benefits available through the adoption subsidy program are determined on a case-by-case basis. Benefits may include monthly cash payments, medical assistance through Medicaid coverage, and non-recurring expenses.

The child must meet one of the following criteria to qualify for a subsidy:

- Child is diagnosed as having a physical, mental, or emotional disability,
- Child is recognized to be at high risk of developing a physical, mental, or emotional disability,
- Child is a member of a minority group,
- Child is six years of age or older, or
- Child is a member of a sibling group to be placed together for adoption.

Subsidy payments and Medicaid will end when the child reaches the age of 18. Under special circumstances, the subsidy may be provided until the age of 21, at the State's option. However, it must be determined that the child has an extraordinary mental or physical disability that warrants continuation.

If circumstances significantly change after adoption finalization, families are expected to inform the Department of the change. These changes could include such circumstances as a change of address, no longer being legally responsible for providing support for the child, or the death of the child.

Subsidy payments begin when the DPHHS Central Office has received an approved subsidized adoption agreement and a certified copy of the final decree of adoption. The payments are sent automatically at the beginning of each month. The adoptive parents do not submit vouchers for payment.

Private insurance does not affect Medicaid coverage, but the private insurance is utilized as the first resource for payment of medical expenses.

NOTE: Adoptive parents should be advised to add their adopted child to their private health insurance within 30 days of the adoption finalization. Insurance companies are prohibited from refusing coverage because of pre-existing conditions and the child is enrolled during the period available for enrolling newborns.

2. Non-recurring Adoption Expenses

Adoptive parents may be reimbursed for expenses directly related to the adoption of a child with special needs. These may include adoption fees, court costs, attorney fees and other expenses up to a maximum of \$2,000.00.

Other expenses include the cost of an adoptive study, including health and psychological examinations or consultation, supervision of the placement prior to finalization, as well as the transportation and the reasonable costs of lodging and food for the child and/or the adoptive parents during the pre-placement visitation process.

Reimbursement for non-recurring expenses is made when the CFSD Central Office has received an approved subsidy agreement, a certified copy of the final decree of adoption, and an itemized list of expenditures accompanied by bills or receipts.

3. Adoption Tax Credit

To offset adoption expenses and to encourage adoption, Congress enacted a tax credit for qualified adoption expenses and a new exclusion for employer-provided adoption assistance programs. This credit is available to families who adopt privately or through the public system. Depending on your income, you may be eligible for a tax credit for certain expenses incurred in adopting an eligible child.

Appropriate expenses include reasonable and necessary adoption fees, court cost, attorney fees, travel and other direct expenses for the legal adoption of an eligible child. Expenses that are reimbursed by your employer or any government program are excluded from the credit. If you are interested in learning more about the adoption tax credit, you can request IRS Publication 968 "Tax Benefits for Adopting." Information is also available on the IRS web site or by calling 1-800-829-3676.

SECTION V

GUARDIANSHIP

Guardianship is a permanency option available for some children who cannot be reunited with their birth parents or placed for adoption. Guardianship is the best permanency option for some children. Guardianship is a legal status established by a court that terminates on the child's 18th birthday unless terminated by a court prior to the child's 18th birthday.

Guardianship provides a legally recognized relationship in which the child's caregivers (guardians) have the right and responsibility to make important decisions regarding the child without Department involvement. Guardianship can provide a child with the security of belonging without the need to terminate parental rights. Guardianship is viewed as a more stable placement than long-term foster care. When a guardianship is established with a kin family, it provides legal permanency to existing relationships in a manner which supports cultural norms, returns legal custody to family members and assists family members in meeting the child's needs.

Legal guardianship is established by a district or tribal court order. In state district court, guardianship is a disposition made by the court based on a petition filed by the department or the child's guardian ad litem.

The court may appoint a guardian under MCA §41-3-421, if the court finds the following facts:

- The department has given its written consent to the appointment of the guardian **whether the guardianship is to be subsidized or not;**
- If the guardianship is to be subsidized, the department has given its written consent;
- The child has been adjudicated a youth in need of care;
- The department has made reasonable efforts to reunite the parent and child, further efforts would likely be unproductive and reunification of the parent and child would be contrary to the best interests of the child;
- The Department has either permanent legal custody or temporary legal custody of the child;
- Either termination of parental rights is not in the child's best interests; or parental rights have been terminated, but adoption is not in the child's best interests;
- It is in the best interests of the child to remain or be placed with the potential guardian;
- The child has lived with the potential guardian in a family setting and the potential guardian is committed to a long-term relationship with the child;
- If the child is an Indian child as defined in the Indian Child Welfare Act, the appropriate tribe or tribes have received notification by the state of the proceedings.

The Department will not consent to the appointment of a guardian for a child when adoption has been determined to be in the child's best interests unless no appropriate adoptive family has been located after a diligent search.

An assessment of the prospective guardian and home of the prospective guardian must be completed and approved (and the guardian must meet current licensing standards) and the child or children must have lived with the prospective guardian for at least six months before the Department will consent to the guardianship subsidy. If a general fund subsidy is requested, the Division Administrator must approve the subsidy before a subsidy can be negotiated. If a IV-E guardianship subsidy is requested, the child and the placement resource must both meet standards to allow provision of the subsidy. Information regarding approval as a guardianship resource as well as subsidies and Medicaid can be obtained from the placing worker, the Resource Family Specialist or the FCGPM in Central Office.

A guardianship subsidy consists of monthly financial assistance and Medicaid for children who meet the criteria established by department rule.

The opening of subsidy and Medicaid cannot be initiated until the signed guardianship order has been received by CFSD.

Once a guardianship decree is established, the Department's involvement with the child and the child's guardian is terminated unless a subsidy is being provided. If a subsidy is being provided, the involvement of the Department is limited to issues related to the provision of the subsidy.

Eligible relatives who become a guardian for a child who is not eligible for a guardianship subsidy, or for a child for whom a subsidy is not sought, may apply for a TANF grant on behalf of the child.

A guardianship subsidy can be renegotiated under specific circumstances. The FCGPM is responsible for the renegotiation of the guardianship subsidy.

SECTION VI

I. CULTURE

A. DEFINITION OF CULTURE:

- The totality of socially transmitted behavior patterns, arts, beliefs, institutions, and all other products of human work and thought.
- These patterns, traits, and products considered as the expression of a particular period, class, community, or population.
- These patterns, traits, and products considered with respect to a particular category, such as a field, subject, or mode of expression, *musical culture; oral culture*.
- The predominating attitudes and behavior that characterize the functioning of a group or organization.

B. RESPECTING OTHERS:

The children in the child protection system have often survived many losses in addition to the loss of, and separation from, their birth parents. Not only have the children lost the people in their lives, they also experience the loss of their neighborhood, schools, and all that was familiar to them.

Value all belongings that the child has as he or she enters your home. Do not throw away anything your child brings with them. No matter how insignificant it appears to you, these represent important memories. Even a gum wrapper may hold meaning for the child.

Familiarize yourself with the culture of the child. This is not limited to ethnicity, it includes socio-economic and neighborhood culture.

To develop sensitivity, and to further our ability to meet the emotional needs of children, we must examine our prejudices, biases and stereotypical beliefs regarding those whose race, ethnicity or culture differ from our own. Individuals sometimes hold prejudices towards specific groups of people. Some of these biases stem from a lack of exposure to other cultures; we tend to generalize experiences that may not be based on fact. It is easy to misunderstand the culture of others, applying our cultural norms to everyone.

Every resource person will have their own unique way to care for and provide a healing environment for the children in their care. The ability to “never give up” is one of the most important lessons you share with a child. A child will never forget unconditional acceptance.

“If the white man wants to live in peace with the Indian, he can live in peace...Treat all men alike...Give them all an even chance to live and grow.”

CHIEF JOSEPH, Nez Perce

II. NATIVE AMERICANS

Montana is the home of twelve tribes that live on seven Reservations. There are, however, numerous Indian people of other tribes living in Montana. Although some tribes have similar customs and traditions, each tribe is unique in many ways.

Resource parents caring for Native American children must work in partnership with the tribes who are ultimately responsible for the children. Race and ethnicity do matter, children's connections to their people matter. So much has been taken from children already that resource parents must not add to the losses the child has experienced. When caring for children with ethnic backgrounds different from your own, the goal is to promote and encourage development that includes the cultural heritage of the child. Resource parents then provide the child a lasting connection to their culture.

All Montana tribes are sovereign nations. If you were to visit another country, you would learn some of their customs and develop an appreciation of what you hoped to experience. For many Native American children entering temporary care with a family of European ancestry, values and customs are different than what they have been accustomed to. These differences occur with all cultures, and we need to pay special attention to valuing the heritage of the children in our care.

A. INDIAN CHILD WELFARE ACT (ICWA):

The Indian Child Welfare Act (ICWA) passed in 1978. The new regulations more clearly defining ICWA were promulgated in 2016. ICWA's purpose is to prevent children from being forced from their home, family and tribe. The Indian Child Welfare Act is a mandatory federal law and shall be implemented accordingly.

The ICWA Act reads in part as follows: There is no resource that is more vital to the continued existence and integrity of Indian tribes than their children and that the United States has a direct interest, as trustee, in protecting Indian children who are members of or are eligible for membership in an Indian tribe.

If you have questions or concerns, please call the Indian Child Welfare Act Specialist at the Child and Family Services Division central office at 406-841-2400.

B. DEFINING SOME OF OUR DIFFERENCES:

Everyone has a different perspective on culture. The following article is intended to help appreciate some general concepts about differences between Anglo and Native American cultures.

Traditional Native American Cultures and Contemporary U.S. Society: A Comparison

By Dr. Charles Horejsi with the assistance of Magel Bird, Crow; Wayne Bruno, Blackfeet; Opal Cajune, Salish; Lois McClure, Blackfeet; Linda Warden, Blackfeet; Delma Redneck, Blackfeet; Kathy Ross, Salish; Joe Pablo, Salish; Steve Snell, Assiniboine/Chippewa.

Below we attempt to compare and contrast several of the values and behavioral patterns common to many traditional Native American societies with those that are pervasive within the dominant Anglo society of the United States. (Herein called: "Contemporary U.S. Society"). Deeply held values and beliefs shared by a people cannot be easily or accurately captured in writing. Despite the great difficulty in describing human values, we believe that this comparison will help the reader become more aware of important differences of culture and have a deeper understanding of Native clients and families and their behavior.

Deeply held values and beliefs shared by a people cannot be easily or accurately captured in writing. A word of caution: It must be understood that at best we are offering generalizations about both the dominant Anglo society and the traditional Native American culture. The generalizations we present as descriptions of Native American culture apply to many, but not all, Native American tribes. There is much diversity among the more than 250 tribes in the United States and even among the tribes in Montana.

The Meaning of Time

Contemporary U.S. Society: Time is measured by clock and calendar. Schedules, deadlines, time management and saving the future so it can be "controlled". "Time is money". To waste someone's time or to be late for an appointment is offensive and rude behavior. Man is in a "race with time". There is never enough time to get done all that needs to be done.

Traditional Native American: Traditionally, time was measured by natural events (sunrise, first snow, seasons of the year, etc.). Less pre-occupation with time and planning. More emphasis on living from day-to-day. "Time is a gift from the Creator – an opportunity to discover your life's purpose and experience creation".

Having patience, showing respect and caring for others are of more importance than being "on time" as measured by a clock. To break off a discussion in order to keep another appointment is offensive and rude behavior.

Competition Among People

Contemporary U.S. Society: Emphasis on competition between individuals but also on being a "team player". It is acceptable for an individual to seek to become a "star" and be recognized as outstanding. Self-promotion and some bragging by individuals is expected and accepted.

Traditional Native American: Can be fierce competition between groups (e.g. between basketball teams) but individuals should not seek "stardom" or want to be the center of attention. Emphasis on "we" rather than "I". The team or group can be outstanding but not the individual. Promotion of self is viewed with disdain. Emphasis on humility.

Control

Contemporary U.S. Society: Much emphasis on gaining control of people, things and nature. Terms such as “intervention”, “planning” and “strategy” reflect the desire to be in control. Some ambivalent feelings about manipulation of people, but seen as necessary “in order to get things done”. Man should attempt to improve on the natural state.

Traditional Native American: Emphasis is on living in harmony with nature and adapting to others. To try to control or manipulate others is offensive behavior. Reluctant to interfere in the lives of other people. Strong feelings of resentment toward those that attempt to impose their will. Tendency toward fatalism, i.e., “what is meant to happen will happen and you cannot change it.”

Definition of Self

Contemporary U.S. Society: Identity in adulthood is tied closely to one’s occupation, work organization, formal education and income. Consequently, much emphasis placed on work-related activities and achievements. Family membership is of secondary importance in assignment of status and influence.

Traditional Native American: Identity is tied closely to one’s family or clan membership. (Note: in Montana, the Crow tribe has a true clan system). Consequently, much attention to maintaining family relationships; less importance attached to occupation, work role, income, etc.

Social Interaction

Contemporary U.S. Society: Assertiveness, directness, eye contact and a firm handshake are signs of a confident, trustworthy person. The “hail and hardy” joking, outgoing, back slapping individual is admired. Business seeks out the “can do” and “aggressive” individual. Making some enemies is seen as necessary in the “climb to the top”. Being a “self starter” and a desire to assume a leadership role are valued qualities.

Traditional Native American: Directness and assertiveness are offensive behaviors. In interpersonal relations, the individual is to be patient, humble, quiet and especially respectful toward older people. Great emphasis on maintaining interpersonal harmony, especially within the extended family.

Material Possessions

Contemporary U.S. Society: Emphasis on the acquisition of “things” and on having personal possessions. People are often judged on the basis of what they own. Possessions are symbols of status. Being “successful” means having economic wealth. Much emphasis on private property and ownership. Thrift and the careful management of one’s financial resources are being responsible and wise.

Traditional Native American: Sharing and giving is valued more than getting and keeping. Materialism is viewed as selfishness and a lack of humility. The individual who collects many material possessions is viewed with suspicion. Some tribes have celebrations during which an individual gives away their possessions. Prior to the creation of reservations, the ownership of land was a foreign concept because the Creator gave the earth to all people and man cannot “own” creation.

Personal Space

Contemporary U.S. Society: Much emphasis on having privacy and personal space. Separate space for each family member is highly valued. Everyone wants their own room.

Traditional Native American: Highly social. Compact living is the norm. There is frequent and close contact with others. The value placed on sharing with others extends to the sharing of a room or house. A person who lives alone is pitied.

Individual Freedom

Contemporary U.S. Society: Great emphasis on the exercise of individual rights and on freedom of choice, even if it goes against the wishes of others, including one's parents. Going against the group is to "assert one's rights", to become "independent" and become "one's own person". Important to "look out for #1". The individual is more important than the group.

Traditional Native American: Individual will look to the extended family and to tribal elders for guidance and direction. Decisions are shaped by the preferences of others. Being loyal to the group and avoiding interpersonal disharmony is more important than the exercise of personal preference.

Learning Process

Contemporary U.S. Society: Emphasis on formal education, the ability to conceptualize, on empiricism and the scientific method. Degrees, certification and other credentials are important in establishing credibility. Emphasis on careful selection and structuring of a child's experiences and activities so child will reach certain "learning objectives".

Traditional Native American: Emphasis on learning by doing and by watching others (modeling). Intuition and life experience are valued. Children are given considerable freedom so they will learn from the consequences (both positive and negative) of their decisions and behavior. Limit setting is infrequent in child rearing.

Family

Contemporary U.S. Society: A family is usually defined as consisting of bio-parents plus their offspring (i.e. nuclear family). Bio-parents make major family decisions and do not feel obligated to follow wishes of relatives. In fact, husband and wife may resent "interference" by in-laws and other relatives.

Traditional Native American: A family consists of bio-parents and their children plus grandparents, aunts and uncles. (i.e. extended family). Grandparents are usually key decision-makers and often play a central role in the "parenting" of young children. Other members of extended family may also assume childcare responsibilities and may discipline children. Aunts may be called "mother", uncles may be called "father". A child's cousins maybe viewed as the child's brothers and sisters.

When making important decisions, an individual will consult with and involve other members of the extended family. Much importance is attached to the process of gaining approval from others before proceeding on a course of action. Because so many others need to be consulted, the decision-making process moves slowly.

Much emphasis on maintaining loyalty to and peaceful relations among members of this

extended family. Family members are expected to share what they have and take care of others within the family. Because of the emphasis on being loyal and helping other members of the extended family, an individual who has control over jobs feels obligated to do whatever he/she can to make sure a relative is hired. An individual from the dominant society would label this as nepotism, but to Native people, this is an expression of caring and family loyalty.

Children

Contemporary U.S. Society: Some children are “planned”. A child may be viewed as an “accident”, unwanted or experienced as an inconvenience or embarrassment. Children belong to the bio-parents who are to take primary responsibility for guiding and shaping the child’s life. Children are expected to “leave home” when a young adult and become “independent”.

Emphasis on emancipation of young adult. Corporal punishment is fairly common.

Traditional Native American: All children are viewed as gifts from the Creator and valued, regardless of circumstances surrounding their birth. Children born out of wedlock are readily accepted. Children belong to the tribe, and extended family, not just to the bio-parents. Children are viewed as continuing the existence of bio-parents, grandparents of other ancestors. Adult children are not “pressured” to separate from family—adult children are readily accepted and considered to part of the household.

Mentally retarded persons are considered to be very special people. They are seen as having been “touched” by the Creator and capable of speaking to the Creator. Consequently, a person who is mentally retarded encounters little of the rejection and stigma common to the dominant society. Use of corporal punishment is rare. Shaming and teasing is used to control the child.

Older Persons

Contemporary U.S. Society: The energy and “gusto” of youth is highly valued. Older people—because they are no longer economically productive—are not highly valued. Old people are expected to be confused and old-fashioned. Thousands of dollars are spent yearly for hair dyes, make-up and other items that make older people look younger.

Traditional Native American: Elders are held in high esteem and are looked up to for advice and guidance. Old people are expected to be wise and understanding. Elders exercise much influence in the decision-making process of others.

Religion and Spirituality

Contemporary U.S. Society: Some in dominant society are agnostic or atheistic. Others profess a religious belief but their beliefs seem to have little impact on everyday life. Still others in the society are deeply spiritual people.

Religious practice is institutionalized, i.e. religious activity and ceremony is quite formal. Ritual and many prayers are written and usually of a public nature (e.g. attended by hundreds of people, on TV, etc.). God speaks to and guides man through the written word (scripture) and/or through the interpretation of the written word by specially trained religious leaders. Less emphasis on God communicating with man through nature. Much argument and debate about which beliefs are the “right ones”. Importance placed on “converting” people to a particular way of thinking.

An individual studies for and seeks the leadership role. Formal religious training and ordination are important to establish credibility as a religious leader.

Traditional Native American: As a people, Native Americans are deeply spiritual and prayerful. Other values and beliefs concerning family, children, earthly possessions, interpersonal relations, etc. all emanate from beliefs about the Creator and man's relationship to the Creator. Strong beliefs in the power of spirits.

Religious practice is highly individualized i.e. individuals may have their own special prayers or songs. Ceremonies are based on oral traditions and usually private and conducted within a small group. Religious experiences are mystical. The Creator speaks to man through nature and through life experiences. Visions are sought as a means of learning what the Creator expects. Many Indians are reluctant to share their beliefs or talk about their religious experiences with Anglos because of the private nature of these experiences and because they fear others will devalue or ridicule their beliefs or worse, will steal and abuse these beliefs and ceremonies.

Spiritual leaders emerge within the tribe and are recognized because of their ability to be of assistance to others and because they are a good model. Elders may nurture the spiritual growth of an individual recognized as having special gifts. Actively seeking a position of religious leadership and any kind of self-promotion by a spiritual leader is highly offensive behavior. Self-promotion or a lack of humility in essence, destroys whatever spiritual powers or gifts that individuals may have been given by the Creator.

C. TRIBAL INFORMATION:

Indian culture is celebrated through dance, song, games, language, and religious ceremonies, family leadership ties that, in turn, are "their way of life." A number of tribal celebrations, including rodeos and Pow Wows are listed below. For information about a child's tribe, please call the tribal social services office.

1. Blackfeet Indian Reservation

Places of Interest:

- Museum of the Plains Indians in Browning
- Blackfeet Community College – Extensive Library of Indian History
- Lewis Fight Site
- Glacier Park Hotel (East Glacier)
- Chief Mountain
- Blackfeet Emersion School

Celebrations:

- Indian Days Pow Wow – second weekend in July
- Native American Day – third week in October

For more information call Blackfeet Social Services 406-338-5171

2. Crow Reservation

Places of Interest:

- Chief Plenty Coups State Park / Museum in Pryor
- Bighorn Canyon National Recreation Area
- Yellowtail Dam and Reservoir
- Little Bighorn College
- Little Big Horn Battlefield National Monument - honors the site of the Indian victory over Custer's Seventh Cavalry

Celebrations:

- Crow Fair and Rodeo - always held the third week of August.

For more information call Crow Social Services 406-638-2606.

3. Flathead Indian Reservation Home of the Salish and Kootenai Tribes

Places of Interest:

- National Bison Range
- Salish Kootenai College
- Flathead Lake
- People's Center
- St. Ignatius Mission

Celebrations:

- Arlee 4th of July Celebration Pow Wow
- Standing Arrow Pow Wow – third weekend in July
- Head Start Pow Wow – May
- Veterans Day Pow Wow – November
- Coyote Stores – winter
- Jump Dance - January

For more information call Tribal Social Services 1-800-823-8228 or 406-745-3525 or call the Salish and Kootenai Culture committees for dates of events and to see if the event is open to non-members. Salish Tribes: 406-745-4572 and Kootenai Tribes: 406-849-5541.

4. Fort Belknap Home of the Assiniboine and the Gros Ventre Tribes

Places of Interest:

- Mission Canyon Camp Sites; Pay Tribute to Gros Ventre Historians
- Chief Joseph Battleground
- Fort Belknap Community College
- Fort Belknap Tourism Office and Visitor Center
- Mission Canyon / Natural Bridge - south of Hays

Celebrations:

- Milk River Indian Days
- Hays Annual Pow Wow - first weekend of August
- Annual Midwinter Fair - second week of February
- Chief Joseph Battleground Ceremonies Near Chinook, Mt - October 3rd
- Chief Joseph Pow Wow at Fort Belknap Agency - October 3rd
- Hays Fair Rodeo, Horse Races and Carnival - July 4th Week
- Hays Community Christmas Pow Wow - December 25th
- Veterans Day Pow Wow - Veterans Day
- New Year's Day Pow Wow - New Year's Eve

The Gros Ventre and Assiniboine Tribes are proud of their culture and would like to share their way of life and their heritage. For more information call Tribal Social Services 406-353-2205.

5. Fort Peck Home of the Assiniboine and Sioux Tribes

Places of Interest:

- Fort Peck Assiniboine and Sioux Culture Center and Museum
- Assiniboine Village in Wolf Point recreated traditional village - visitors are welcome
- Fort Peck Community College - Poplar

Celebrations:

- Fort Peck Pow Wow's
- Red Bottom
- Bad Lands
- Fort Kepp
- Wadopana
- Indian Days
- Head Start

For general information call Assiniboine and Sioux Tribes 406-653-1494. For information regarding celebrations call the Cultural Coordinator at 404-768-5155, x 392.

6. Northern Cheyenne

Places of Interest:

- Dull Knife Memorial College
- Northern Cheyenne Tribal Museum

Celebrations:

- Pow Wow 4th of July

For more information call Tribal Social Services 406-638-2606.

7. Rocky Boy's Indian Reservation Home of the Chippewa-Cree Tribes

Places of Interest:

- Stone Child Community College
- Beaver Creek Recreation Area
- Ski Bowl
- Bonneau Dam
- Ceremonial Grounds

Celebrations:

- Annual Pow Wow – first weekend in August
- Sobriety Walk – first week in August
- Native American Week – first week in September

For more information call Chippewa Cree Tribal Social Services 406-395-4673.

8. Little Shell Tribe

The Little Shell Tribe has been preliminarily approved as a federally recognized tribe. The tribe will be working on its infrastructure since there is no tribal court at the present time nor any land base or reservation.

The Tribe takes its name from Chief Little Shell and consists of a current membership who resides in small groups throughout Montana, and some reside out of state. The Little Shell Chippewa Tribe occupied the territory along the Canadian border from the Red River in North Dakota and Minnesota to the Rocky Mountains. Treaties took their land from them in 1863 and 1892 and none of it was reserved for their exclusive use as occurred with other Indian tribes in Montana and North Dakota. It is for this reason the Little Shell Tribe has been referred to as the Landless Indians of Montana. For more information call the Little Shell Tribal Office at 406-452-2892.

For a list of all tribes in the United States: <http://tribaldirectory.com/>

For a list of any tribe in Montana: <http://www.discoveringmontana.com/css/default.asp>

III. MULTIETHNIC PLACEMENT ACT (MEPA)

The Multiethnic Placement Act of 1994 (MEPA) created guidelines for children in care who are non-Indian. The goal of MEPA is to promote the best interest of children by ensuring that they have safe, stable and loving homes that will meet their individual needs. Of particular concern are the African American and other minority children who are dramatically over-represented at all stages of the system. These children wait longer than Caucasian children for adoption and are at greater risk of never experiencing a permanent home.

The specific intentions of MEPA are as follows:

- Decrease the length of time that children wait to be adopted;
- Facilitate the recruitment and retention of foster and adoptive parents who can meet the distinctive needs of children awaiting placement; and
- Eliminate discrimination on the basis of the race color or national origin of the child or the prospective parent.

CLOSING COMMENTS

Please call the placing worker if you have questions regarding a child's case plan, payments, or service approvals. When you have questions regarding licensing, approvals, training, supports, or resources call your Resource Family Specialist.

If you are unsure of who to call, please call 406-841-2400 and ask for assistance.

SUGGESTED READING (contact your local library)

ADOPTION

<u>Raising Adopted Children</u>	Lois Ruskai Melina
<u>Adoption and the Sexually Abused Child</u>	Joan McNamara
<u>The Penguin Adoption Handbook</u>	Edmund Bolles
<u>Adopting the Hurt Child</u>	Gregory Keck & Regina Kupecky
<u>Adopting the Older Child</u>	Gregory Keck & Regina Kupecky
<u>Making Sense of Adoption</u>	Claudia Jewett
<u>The Adoption Resource Book</u>	Lois Ruskai Melina
<u>Toddler Adoption</u>	Lois Gilman
<u>Theraplay: Helping Parents and Children Build Better Relationships Through Attachment-Based Play</u>	Ann M. Jernberg & Phyllis B. Booth

FOSTER CARE

<u>A Child's Journey Through Placement</u>	Vera Fahlberg, MD
<u>Attachment, Trauma and Healing</u>	Terry Levy & Michael Orlans
<u>Helping Children Cope with Separation and Loss</u>	Claudia Jewett
<u>Raising Cain</u>	Richard Delaney
<u>Working with Traumatized Children</u>	Kathryn Brohl

KINSHIP CARE

<u>Grandparents as Parents</u>	Sylvie de Toledo
<u>Grandparents Raising Grandchildren</u>	Marianne Takas
<u>Grandparenting with Love and Logic</u>	Foster Cline & Jim Fay

SUGGESTED WEB SITES

National Association for the Mentally Ill	www.nami.org
North American Council on Adoptable Children	www.nacac.org
Casey Family	www.casey.org/Families/FosterParents
National Foster Parent Association	www.nfpainc.org
Brookdale Foundation	www.brookdalefoundation.org
Child Welfare League of America	www.cwla.org/programs/kinship
Foster Club – foster parent resources	www.fosterclub.com
Child Bridge	www.childbridgemontana.org
Wendy's Wonderful Kids	www.davethomasfoundation.org

Adoptive Families Magazine	http://www.adoptivefamilies.com
Adoptive Family Therapeutic and Educational Resources (AFTER)	http://www.AfterAdoption.org
The Association for the Treatment and Training in the Attachment of Children	http://attach.org
The Child Trauma Academy	http://www.childtrauma.org
Child Welfare League of America	www.cwla.org
Daniel A. Hughes, Ph.D	http://www.danielhughes.org
The Evan B. Donaldson Adoption Institute	www.adoptioninstitute.org
Fostering Families Today Magazine	http://www.fosteringfamielstoday.com
National Adoption Center	www.adopt.org
Tapestry Book	http://www.tapestrybooks.com
National Foster Parent Association - Educational Advocacy-	www.nfpainc.org
National Resource Center-	www.hunter.cuny.edu/socwork/nrcfcpp
North American Council on Adoptable Children	www.nacac.org
Montana State University State Extension "Grandparents raising Grandchildren Project"	www.montana.edu/wwwhd/grg/index
AARP Foundation Grandparent Information Center	www.aarp.org/life/grandparents
Generations United	www.gu.org
Kinship Information Network	www.kinsupport.org
Child Welfare League of America	www.cwla.org/programs/kinship
Children's Defense Fund	www.childrensdefense.org

Children of Prisoners Library

<http://www.fcnetwork.org/cpl/cplindex.html>

Casey Family Programs

www.casey.org/Resources/Publications/CommitmentToKin.htm

National Indian Child Welfare Association (NICWA) <http://www.nicwa.org>

Kincare Blog- For Grandparents

Raising Grandchildren and other Kinship Relatives <http://www.kincare.blogspot.com/>

A Kinship Guide to Rescuing Children for Grandparents and Other Relatives as Parents (2008)
Chicago Road Publishing, PO Box 1073, Okemos, MI 48805. www.chicagoroadpublishing.com

OTHER USEFUL WEBSITES

<http://www.nimh.nih.gov/topics/topic-page-children-and-adolescents.shtml>

<http://the-parenting-center.com/>

<http://www.usa.gov/Topics/Parents.shtml>

<http://www2.ed.gov/parents/landing.jhtml>

<http://www.boystown.org/parenting/guides>

http://www.discoveryeducation.com/parents/index.cfm?campaign=footer_parent

<http://www.pbs.org/parents/parenting/>

<http://www.parenting-resources.com/free-parenting-resources.htm>

http://www.familyandhome.org/view/parenting_help

http://www.dfps.state.tx.us/Training/Trauma_Informed_Care/

<http://www.beyondconsequences.com/articles.html>

<http://calio.org/resources/community-resources#parents>

https://childwelfarestage.icfwebsiteservices.com/cwlibrarian/index_act.cfm?topicId=5&pubMonth=01&pubYear=2016

www.fosterparents.com

www.fosterparentcollege.com/

www.fosterparenttraining.com/

<http://wcpds.wisc.edu/caseworker-training/special-skills/Default.aspx>

<http://allianceforchildwelfare.org/content/training-videos>

<http://www.acrf.org/resources-self-study-online.php>

<http://nfpaonline.org/>

http://www.impact-publications.com/category/general_info_fcsn

<http://www.bravekids.org/resources/recommended-reading/>

<http://spock.fcs.uga.edu/ext/pubs/ece.php?category=Grandparents%20Raising%20Grandchildren>

<http://adoptuskids.org/for-families/post-adoption-resources>

<http://www.summitkids.org/FosterCare,AdoptionKinship/FosterCare/FosterParentHomework/tabid/80/Default.aspx>

<http://store.msuetension.org/Departments/Family-and-Community-Topic-Categories.aspx>

CONTACT INFORMATION

CFSD – Central Office
Park Avenue Building
301 S Park

Mailing Address:
PO Box 8005
Helena MT 59604-8005
Phone: 406-841-2400
FAX: 406-841-2487

Central Office staff includes:

- Division Administrator,
- Fiscal, Program, Centralized Intake and Operations Bureau Chiefs,
- Foster Care, Licensing and Guardianship Supervisor,
- Systems Integration and Innovations Supervisor
- Adoption and Interstate Program Supervisor,
- Chaffee, Guardianship, Adoption, Adoption Subsidy, and Post Adoption Program Managers.

CFSD is divided into six Regions administered by Regional Administrators. Licensing staff are supervised by four Resource Family Specialist Supervisors that cover the six region area.

Eastern Region I

(Carter, Custer, Daniels, Dawson, Fallon, Garfield, McCone, Phillips, Powder River, Prairie, Richland, Roosevelt, Rosebud, Sheridan, Treasure, Valley, Big Horn and Wibaux)

Eric Barnosky, Regional Administrator

PO Box 880

Office located at 708 Palmer Miles City, MT 59301

406-234-1385

406-234-6755 FAX

Jen Daniels, Resource Family Specialist Supervisor

(Carter, Custer, Daniels, Dawson, Fallon, Garfield, McCone, Powder River, Prairie, Richland, Rosebud, Treasure, Big Horn and Wibaux)

Office located at 2525 4th Ave N, Suite 309 Billings, MT 59101

406-657-3120

Doug Miller, Resource Family Specialist Supervisor

(Phillips, Valley, Daniels, Roosevelt and Sheridan)

Office located at 2300 12th Ave S, Suite 211 Great Falls, MT 59405

406-727-7746

North Central Region II

(Blaine, Cascade, Chouteau, Hill, Liberty, Petroleum, Fergus, and Judith Basin)

Marti Vining, Regional Administrator
Doug Miller, Resource Family Specialist Supervisor

Office located at 2300 12th Ave S, Suite 211, Great Falls, MT 59405
406-727-7746
406-761-8663 FAX

South Central Region III

(Gallatin, Park, Sweet Grass, Carbon, Stillwater, Golden Valley, Musselshell, Wheatland, and Yellowstone)

Jason Larson, Regional Administrator
Jen Daniels, Resource Family Specialist Supervisor
(Carbon, Stillwater, Golden Valley, Musselshell, Wheatland, and Yellowstone)

Office located at 2525 4th Ave N, Suite 309, Billings, MT 59101
406-657-3120
406-657-3178 FAX

Colleen Lippke, Resource Family Specialist Supervisor
(Gallatin, Park, and Sweet Grass)

Office located at 2024 9th Ave, Helena, MT 59601
406-444-5900

Southwest Region IV

(Beaverhead, Broadwater, Deer Lodge, Granite, Jefferson, Lewis & Clark, Madison, Powell, Silver Bow, and Meagher)

Jennifer Hoerauf, Regional Administrator

Office located at 700 Casey St, Butte, MT 59701
406-496-4950
406-496-4966 (FAX)

Colleen Lippke, Resource Family Specialist Supervisor

Office located at 2024 9th Ave, Helena, MT 59601
406-444-5900

Western Region V

(Lake, Mineral, Missoula, and Ravalli)

Nicole Grossberg, Regional Administrator

Office located at 2677 Palmer St, Suite 300, Missoula, MT 59808
406-523-4100
406-523-4150 Fax

Dan Donnelly, Resource Family Specialist Supervisor

Office located at 121 Financial Dr. Ste. C, Kalispell, MT 59901
406-751-5950

Northwestern Region VI

(Flathead, Lincoln, Glacier, Pondera, Toole, Teton, and Sanders)

Scott Warnell, Regional Administrator

Dan Donnelly, Resource Family Specialist Supervisor

(Flathead, Lincoln, Glacier, and Sanders)

121 Financial Dr. Ste. C, Kalispell, MT 59901
406-751-5950
406-751-5957 Fax

Doug Miller, Resource Family Specialist Supervisor

(Teton, Toole and Pondera)

Office located at 2300 12th Ave S, Suite 211, Great Falls, MT 59405
406-727-7746