

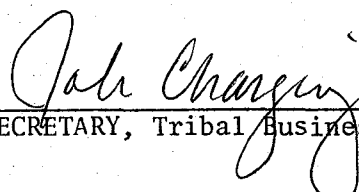
RESOLUTION OF THE GOVERNING BODY OF  
THE THREE AFFILIATED TRIBES OF THE  
FORT BERTHOLD RESERVATION

- WHEREAS, This Nation having accepted the Indian Reorganization Act of June 18, 1934, and the authority under said Act; and
- WHEREAS, The Constitution and Bylaws of the Three Affiliated Tribes authorizes and empowers the Tribal Business Council to engage in activities for the welfare and benefit of the tribes and Tribal members; and
- WHEREAS, The Three Affiliated Tribes recognizes that Child Abuse and Neglect is a problem on the Fort Berthold Reservation; and
- WHEREAS, The Three Affiliated Tribes is cognizant that interagency cooperation is necessary for identification, prevention and treatment of Child Abuse and Neglect; and
- WHEREAS, The Three Affiliated Tribes endorses the multidisciplinary approach in the form of a Child Protection Team composed of a; Tribal Social Services worker, Child Protective Services worker, Medical personnel, Mental Health workers, Alcoholism, Indian Health Service, Special Education representative, County Social Services, Clergy, Law Enforcement, School representatives of children being referred.
- WHEREAS, The purpose of the Child Protection Team will be to provide the Child Protection Service worker with; support for carrying out difficult case decisions; advice and consultation regarding the case, based on individual members' expertise; a forum that can be used to gauge community values and standards; community advocacy on behalf of children.
- NOW THEREFORE BE IT RESOLVED, that the Three Affiliated Tribes will convene a Child Protection Team for the preceding purposes;
- BE IT FURTHER RESOLVED, that the Three Affiliated Tribes' Child Protection Team will function according to the "Three Affiliated Tribes Child Protection Team Policies and Procedures."


C E R T I F I C A T I O N

I, the undersigned, as Secretary of the Tribal Business Council of the Three Affiliated Tribes of the Fort Berthold Reservation, hereby certify that the Tribal Business Council is composed of 11 members of whom 7 constitutes a quorum, 10 were present at a REGULAR Meeting, thereof duly called, noticed, convened and held on the 11 day of April, 1986; that the foregoing resolution was duly adopted at such a meeting by the affirmative vote of 10 members, 0 members opposed, 0 members abstained, 0 members passed, and that said resolution has not been rescinded or amended in any way. Chairman (Voting) (~~Not Voting~~)

DATED This 11 DAY OF APRIL, 1986.

  
SECRETARY, Tribal Business Council

ATTEST:



## THREE AFFILIATED TRIBES CHILD PROTECTION TEAM POLICIES AND PROCEDURES

### I. DEFINITION:

A multidisciplinary child protection team is comprised of a group of professionals representing various disciplines and agencies who work together toward the common goal of improving the life situation of children who are abused or neglected or who have special needs that are not being adequately addressed.

### II. PURPOSE:

The primary purpose of a multidisciplinary approach is to provide to the child protection service worker:

- A. Support for carrying out difficult case decisions;
- B. Advice and consultation regarding the case, based on individual members' expertise;
- C. A forum that can be used to gauge community values and standards;
- D. Community advocacy on behalf of children.

### III. BASIC TEAM FUNCTIONS

- A.) To review reported cases of child abuse and neglect within the jurisdiction of the Three Affiliated Tribes.
- B.) To assist in analyzing information provided by Child Protection workers to determine if additional information is needed for decision making.
- C.) To assist in assessing the needs, strengths and problems of a child, family, and individual family members.
- D.) To assist CPS staff in determining if there is probable cause to believe that child abuse and/or neglect is indicated.
- E.) To assist in determining when court action should be requested
- F.) To make recommendations as to services which can assist in the alleviation of identified problems.
- G.) To assist in determining which available resources within the community can be utilized.
- H.) To re-examine cases when requested by CPS workers.
- I.) To participate in an ongoing in-service training program and serve as resource people to community and professional organizations or groups.
- J.) Determination of Indian Child Welfare Act case intervention.

### IV. TEAM MEMBERSHIP

- A.) The Child Protection Team is a multidisciplinary team which may be composed of, but not limited to:
  - Tribal Social Services caseworker
  - Child Protective Services Worker
  - Juvenile Court
  - Mental Health Workers
  - Medical person
  - Law Enforcement
  - School Personnel - When a child from a community other than New Town is involved a representative from their school district will be invited.
  - Special Education Representative
  - County Social Service Representative
  - Alcoholism & Indian Health Services
  - Clergy
  - Attorney

Situations may arise in which ad hoc team members may be utilized for specialized consultation regarding a specific case. When this is done, it must be by the concensus of the team via telephone contact for voting. The team chairman alone will notify the person to attend the meeting.

## V. EXPECTATIONS OF TEAM MEMBERS

A.) Confidentiality

All regular & ad hoc team members will be expected to maintain clients' confidentiality. Child protection team members will be expected to protect and guarantee the confidentiality of reports and names of individuals and/or families reported. See Tribal Child Welfare code \_\_\_\_\_ for requirements and penalties.

B.) Attendance

It is required that each team member attend and participate in every meeting, unless job requirements prevent this. In this case, he/she must send a reliable and informed representative from the department. Excuses for non-representation will be determined by majority of the Team and outlined in Dismissal Policy. The team must be notified in advance, by letter, from team member who anticipates termination of participation because of job changes, move to another area, or other reasons for resignation.

C.) Support and Advocacy

It is the responsibility of each team member to provide advocacy support to the investigating worker and the team process. Discussion of case information and team functioning out of the group will be considered unprofessional behavior and could be considered breach of confidentiality should anyone not on the team overhear it.

D.) Education

Team members are expected, whenever possible, to assist in the education of the community and persons interested in child protective services. The team may want to develop an annual plan for community education.

E.) Each team member will advocate for and support recommendations or referrals made from the team or case manager to the respective agencies.

F.) Community Standards

Each team member is expected to assess cases in the context of community standards and not by their personal value systems.

G.) Investigating

It is possible, when appropriate, certain team members could be asked to assist in the initial investigation of a report of suspected child abuse and/or neglect.

VI. Meeting OperationsA.) Times

In the beginning the CPT will meet weekly until familiarization and implementation of the team concept is adequately met. This will be

determined by the Team Coordinator. Weekly meetings may be necessary initially to manage the backlog of cases which need consultation. These meetings may convene on a bi-weekly basis when the team feels it is necessary. When the meetings are changed to biweekly, the meeting time may be increased from 1½ hours to 2 hours, but not to exceed 2 hours.

B.) Managerial Positions

1.) Moderator: The moderator should be elected for a 1 year term.

The moderator responsibilities will include:

1. That conferences do not exceed the time limit. (1½ to 2 hours)
2. That case discussion time limit maximum is sixty minutes.
3. That oral presentation time is three minutes.
4. Start on time, stay on the subject, and end on time.
5. Case data is presented in a logical sequence or order.
6. That an agreed upon written format for case information is used.
7. That all comments are addressed to a specific family problem area.
8. Make sure the team's recommendation is recorded during the meeting.
9. Focus only on critical decisions, postponing those for which data is not available.
10. Team members must give practical recommendations.
11. If one member has questions about placement out of the home, continue the discussion to consensus.
12. Consultants cannot overrule the diagnosis of a primary case professional.
13. Give a five minute warning before closing case discussion.
14. Summarize orally the team's recommendations, and modify as necessary.
15. Gain the team's approval for the recommendations.
16. Set the time for case review by the team.
17. Have the teams recommendations distributed to professionals who are directly involved with the family.
18. Special aspects to keep in mind, do not hold crisis meetings, help new members get acquainted, attend to trust and mutual respect, don't complain about meetings except in the group.
19. Notify special ad hoc consultants of the request for their presence during a specific case after securing majority consensus via phone.

2.) Recorder: The recorder should be elected for a 1 year term. The recorders duties will include:

1. Record missing data identified during discussion as needing pursuit.
2. Record answers to questions and the rationale for those choices.
3. Record tasks to be completed and who is to do them.
4. Record any letter that becomes necessary.
5. Revise any part noted as inaccurate during the meeting.
6. Collect xeroxed copies of meeting records to use in the revision. (with notes from team members)
7. Call any team member if a comment written on their record needs clarification.
8. Note team PROCESS for later discussion as to it's effect on discisions

C.) Other Factors

1. Hold regular meetings.
2. Discuss all types of cases.
3. Have all members present.
4. Have case presentors come prepared.
5. Have agency representative with decision making power present, as needed.

## V. DISMISSAL POLICY

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The basis for dismissal of a Team Member is as follows:

1. Change of job; if the person is representing an agency, when the person is no longer employed there, his appointment to the team is dissolved.
2. Lack of attendance/representation; a designated Team member will be dismissed for non-attendance of two meetings without any effort to contact the Moderator.
3. Breach of confidentiality; Breach of confidentiality is grounds for dismissal.
4. Non-Cooperation; Disruptive behavior and efforts to circumvent the efforts of the Team in planning for the best interests of the children and families will be reviewed by the team as grounds for dismissal. This will be determined by a simple majority of team members.

## VI. DETERMINATION OF PROBABLE CAUSE

### A.) Definition

The definition of probable cause is where the facts and circumstances including those within the person's individual knowledge and those of which he/she has reasonable trustworthy information, are sufficient in and of themselves to warrant a person of reasonable caution in the belief that abuse or neglect took place.

The determination of probable cause is made on the information provided in the completed investigation reports. Elements to consider when making a determination are:

1. Age of the child
2. Frequency and consistency of abuse and/or neglect
3. Severity of abuse and/or neglect
4. Pervasiveness of abuse and/or neglect
5. Duration of abuse and/or neglect

### B.) Responsibility for determination

The child protective services is ultimately responsible for probable cause determination. The team assists with the determination but does not have the authority to make the final determination of probable cause.

## VII. CHARACTERISTICS OF TEAM MEMBERS

There are certain basic characteristics of the type of person who can successfully be involved in team dynamics. The following are examples of positive team characteristics.

### A.) Broadly educated

Although each team member may only be an expert in one discipline, he must have a good basic knowledge of the medical, legal, social, and family dynamic aspects of child abuse and neglect so that he can properly utilize the other disciplines. He/she should understand the place of child abuse and neglect in our society. Therefore, generalist do better in such teams than sub specialists.

### B.) Family oriented

It is best if a team member understands families, their strengths and stresses. Child abuse must be looked upon as a problem in family functioning and treatment must be regarded as an exercise in family rehabilitation. Professionals who are not polarized into child advocates or parent advocates do best with team interaction.

C.) Flexible

Team members need to be flexible in thinking, and willing to change his/her position, if it proves to be based on erroneous suppositions. He/she must be able to accept constructive criticism and learn from it. He/she cannot be defensive about his/her conclusions.

D.) Trustful

The ability to trust other professionals and to respect other accomplished people is critical to good team functioning. Team members must be able to listen carefully to each other. The team must be able to trust the child protection service worker to implement the team's recommendations; on the other hand, the CPS worker must trust the team's judgement and seriously consider their recommendations.

E.) Supportive

People who are struggling with difficult problems and family dilemmas need full support from their colleagues. Criticism must be used sparingly and constructively.

F.) Reliable

The team member must be reliable in terms of attendance as well as following through on commitments he/she makes related to team business.

G.) Anger-Resilient

Team members must be able to handle anger . . . Anger must not be taken personally nor result in a counter-attack.