



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

4/3/2012

Spirit Lake Health Center  
Indian Health Service  
P.O. Box 800  
3880 74th Ave. NE  
Fort Totten, ND 58038  
(701) 288-1100

LETTER OF GRAVE CONCERN

To: Ms. Sue Settle  
Chief, Division of Human Services  
Bureau of Indian Affairs

From: Michael R. Tilus, PsyD, MP  
Director, Behavioral Health  
Spirit Lake Health Center

Through: Mr. Timothy Q. Purdon, JD  
The United States Attorney's Office  
District of North Dakota

Subject: LETTER OF GRAVE CONCERN  
Spirit Lake Tribal Social Services Grievances

**STATEMENT OF CRISIS:** I believe the children of the Spirit Lake Reservation are not safe due to the unchecked incompetence of the Tribal Social Services (TSS) to operate within established professional standards of social service practice.

**NEED:** As our sister agency on the reservation, the Behavioral Health Department (BHD) of the Spirit Lake Health Center (SLHC) Indian Health Service (IHS) depends on the TSS to adequately, legally, and ethically investigate, assist the court to adjudicate, and case manage to protect the abused and neglected children that are reported on formal #960's by this BHD and other mandatory reporting agencies.

**CONTINUAL DANGEROUS MALPRACTICE HISTORY OF SPIRIT LAKE TRIBAL SOCIAL SERVICES:**

**Legal and Regulatory Violations**

- Over the past five years, the BHD has witnessed dozens of cases where TSS did not follow tribal law; autonomously removed children from their home or dwelling; did not follow through with the proper tribal court authorization establishing temporary legal guardianship; BHD is aware of parents who have had their children illegally removed for upwards of 12 months or more without filing for tribal temporary legal guardianship.
- TSS has presented many of these cases to BHD, representing themselves as the new temporary legal guardian, requesting BHD services, therapy, evaluation, or psychopharmacotherapy. After

multiple cases in which the BHD discovered that in fact, no legal documents had been filed with tribal court authorizing TSS as legal guardians. After reviewing these cases with TSS, it is clear to me that TSS intentionally misrepresented themselves and lied regarding proper legal and regulatory violations. As these cases involved minors, the ongoing dangerous malpractice violations of TSS directly jeopardized the BHD's practice guidelines, legal mandates, and professional liability of licensed behavioral health providers.

- Often, due to the close and very supportive professional relationship the BHD had with the Spirit Lake Tribal Court, and principally, Associate Judge Molly McDonald (since she handled juvenile court matters), BHD often discovered the failings of TSS to secure proper legal authorization to remove minors from their situations. The failure to obtain legitimate custodian orders is egregious conduct, given the fact that the existing tribal court was very approachable, concerned, engaged, and demonstrating active close oversight in judicial activities related to the wellbeing of children. Access to the court was in no way a valid defense for the failure to obtain appropriate legal documentation and orders.
- TSS "Child Protection Services" (CPS) investigator, representing herself as the current temporary legal guardian of a minor, attempted to maneuver and then intimidate me into prescribing atypical antipsychotics for a child she had determined needed something to control his "anger." When I refused, informing her that in my practice, all patients, especially children, will be given a full psychological and psychopharmacological evaluation prior to any possible medication trial. Furthermore, all children would also need to be medically evaluated by a primary physician to rule out any organic cause of these symptoms. After this CPS worker was unsuccessful with me she brought the child to the walk-in at SLHC, again attempting to get this minor child medicated without the parents present; without it being a true psychiatric or medical emergency. The physician refused to medicate as well. In investigating this CPS's claim, I was informed by tribal court that no actions had been filed by the TSS for any temporary guardianship of this child.
- TSS CPS staff came to BHD office requesting I interview a young female adolescent she had recently removed from the reservation high school because she "heard" this adolescent had been sexually molested, and because she herself had been molested as a girl she "knew" this girl was a victim. When the girl's mother called TSS staff to protest her being removed and interrogated, TSS staff threatened to have the mother arrested by tribal police for interference in her "investigation." Teenager was transported by tribal police with TSS staff to my office. TSS staff informed me this teenager was under the temporary legal custody of TSS and she requested I evaluate her for her alleged sexual abuse. TSS staff also hinted at possible suicidal ideation.
- In my interview, I found no clinical evidence to suggest sexual abuse or any other pathological condition. When I informed TSS staff of my findings, or lack thereof, TSS staff informed me that she still believed teenager had been molested. When I attempted to get TSS to sign proper paperwork for me authorizing treatment assessment, TSS staff informed me that she has authority to remove and place any child when she deems fit; with that understanding, this teenager was "in fact" under TSS guardianship. At that time I realized I had been lied to and had been complicit in evaluating a minor without the proper authorization of her legal guardian. I

informed the TSS staff of my anger and disbelief that she would misrepresent herself and this patient to me in this way. In order to protect myself and staffs licenses, I needed to make an administrative decision that the BHD would not accept any more referrals from TSS unless they were truly suicidal. Ultimately, this teenage was still removed without any properly authority and no court documents were filed by TSS to authorized temporary legal guardianship and custodial care. Unfortunately, this type of scenario was repeated constantly over the past five years.

- Accepting a few cases from TSS over the phone proved problematic. TSS tended to not present during the intake; did not complete the legally required Intake Documents with parents or legal guardian's authorization for psychological services. With promises to "get it to you", BHD waited for weeks while attempting to case manage acute cases without proper authorization or information, and on some occasions never received anything returned. Often after a few cases were begun, BHD discovered that in fact, TSS did not have temporary legal guardianship of these children, and the BHD was essentially providing illegal care. If the minors were not suicidal, at that time I informed all BH staff to terminate their therapy immediately, pending full legal authorization for treatment of a minor from either their authorized parent or legal guardian.
- During many of these TSS cases we accepted, BHD therapist/doctor attempted to contact the TSS case manager to discuss acute needs and gather collateral information. Calls would be made multiple times, on multiple days, without response. Parents of the removed children complained about the same problem of being unable to ever reach a TSS case manager and if they did, were treated with disrespect and annoyance. Eventually, BHD also gave up on attempting to reach TSS case managers as this appeared to be a never ending lesson of "no response."
- In ongoing efforts of attempting to work with TSS and the recent Associate Juvenile Judge Molly McDonald, it was apparent to both the court (Judge Molly McDonald) and BHD that TSS staff misrepresented themselves in court, lied about fact finding, and had serious boundary violations in their professional work.
- I consulted with my supervisor, Dr. Candelaria Martin-Arndt, Clinical Director, of SLHC, and with the SLHC Administration on multiple occasions. These legal and regulatory issues were directly impacting the safety of the most vulnerable patients on the reservation- the children. They were also exposing the BHD and the SLHC to significant risk hazard for compliance with unethical, illegal, action towards minors in the malpractice delivery of professional services.
- As the Director of the BHD, I discussed my concerns with multiple TSS CPS staff; I met with the previous TSS Director Kevin Dauphinais on multiple occasions, informing him of my grave concerns and problems working with him and his staff's behavior. He denied problems; vaguely promised change; informed me on another occasion that I simply "didn't understand the Indian people"; or informed me that he and his staff knew the family far better than I did and there wasn't any concern for my filed #960s. Unfortunately, these legal and regulatory problems continued.
- Extensive case management activity began to clearly fall by the wayside as TSS reckless and random behavior continued. Since many of these minors were BHD patients, I began instructing

the only other full time BH provider this department has (a LCSW) that we would have to extend our efforts at doing critical case management activity to ensure our patient's wellbeing, safety, and coordinated care. This has added an exhausting element to the BHD staff that are already overwhelmed with reservation need and lack of resources and staff.

- In 2011, as the Director of Behavioral Health, I made the administrative decision to refuse accepting any more referrals from TSS due to these ongoing professional misconduct and legal irregularities. Services were therefore limited to emergency assessment of suicidal risk where confidentiality and legal authority are waived for patient safety. It was frankly too dangerous professionally to work alongside with TSS. I feared TSS behavior could, or would, expose them, and by complicity BHD, to possible FBI investigation for child abduction, child endangerment, and potentially felony neglect.

#### Public Safety

- Of a major concern to the BHD is growing public health hazard that untold #960s have apparently never been investigated. Child abuse is epidemic in our society and is unfortunately a public health disaster in Indian country. During one fairly recent three week time period the BHD filed approximately ten #960s. Shortly after this time, the TSS CPI staff member was fired. To date, we are not aware of any follow up on any of these filed allegations of potential child abuse. After calling TSS to get an update on these #960's, we were told they had no record of them, and no paper trail to refer any new TSS staff too. No TSS staff had knowledge of anything.
- To date, in many of our BHD therapy cases involving minors where we have filed #960s when BHD has attempted to gain clarification with new TSS staff (previous TSS staff are not working there any more), new TSS staff report they have no record of the #960 documentation; are not aware of the situation; and have no knowledge if anything has been done. Acting TSS Director Dennis Meyer recently informed BHD staff that often the information we were recently inquiring about "is too old" (less than a year in our records), and therefore "can't be followed up any more" concerning a current patient who previously filed #960s and then went to court to secure her grandchildren due to domestic violence in her daughter's home.
- Previous TSS CPS staff has attempted to solicit, triangulate, and set up a formal "evaluation" from BHD to determine if a child had been potentially sexually abused. This is directly the responsibility of the TSS CPS, not the BHD. On several of these attempts, the CPS staff person informed me that "she knew" this child had been molested, because "I just know these things." No other evidence was presented; but the child was removed regardless.
- Parents who have informed us about potential child abuse reported back to BHD staff after months, if not more than a year, that they have never been talked to by TSS CPS on any #960s that they, or we, filed.
- Many parents who were themselves either patients, or parents of minors who were patients, reported they were unable to reach their assigned TSS staff by phone or in person after weeks and weeks of trying. This was the BHD experience as well.

- One previous TSS CPS staff was herself convicted of felony child abuse and still was hired by the TSS Director Kevin Dauphinais who acknowledged this fact when confronted with it. Yet, Director Dauphinais hired this staff person anyway, as a CPS officer.
- An example of one case is included as an attachment (with the identity safely screened) gives the times and dates of BHD's efforts to collaborate and file #960s on behalf of our patients, with the ongoing lack response and regard from TSS for this minor's safety and the public safety. This is but one of our minor patients that the BHD is intensely concerned about.
- As a result of this ongoing problem, BHD now routinely file three #960's: 1) TSS with limited information; 2) full account with FBI; and 3) full account with previous Tribal Juvenile Court Judge Molly McDonald.

#### Professional Misconduct

- Since June of 2007, I have yet to receive one paper document from TSS on a formal CPI investigation finding, a case management report, a SOAP note, or any crisis note. I personally suspect TSS does not keep legal documentation of their efforts.
- Patients have complained to me that on occasion when they went to TSS, there were faxed reports, #960's, and other documentation "lying around where anybody could see it."
- State, federal, and professional health organizations like the American Medical Association or the American Psychological Association generally require maintenance of appropriate professional documents in compliance with HIPPA and Privacy Act standards. I suspect the BIA has some kind of formal standard on this as well.
- Over the past five years, unfortunately, the majority of TSS staff who has been hired, fired, or left have not been licensed or credentialed by any state or national professional behavioral health agency or board. As such, TSS staff do not have to uphold a Professional Code of Ethics Professional Practice Standards as dictated by these regulatory agencies. They are not accountable for their professional behavior or lack thereof, to their licensing or credentialing boards. This is a disservice to the Spirit Lake Nation, as these licensing and regulating agencies are by nature, designed to protect the public and ensure the safe practice of your skill.
- Patients have reported to BHD that TSS have on occasion used them (a minor), while under TSS temporary legal guardianship, to "babysit" TSS children while TSS staff attended a social event- rodeo.
- Recently, a TSS case manager whom was transporting a minor for therapy at BHD stated that they stopped off at Warrick bar to "pick up a pizza". When BHD inquired as to the status of this child's case and future plans of her placement, the TSS case manager reported she knew nothing about it, and only "transported them."
- BHD has several cases where minor children were autonomously removed from successfully placed foster care off the reservation and brought back to an unsafe, substance abusing, violent environment because "the Director said all the kids need is here on the rez" (patients parents words). Subsequent to this forced return, one minor child was raped without legal/police investigation or involvement due to obscure reasons. Minor was previously already a sexual victim and was removed from this environment due to that sexual abuse. Minor's depression

and substance abuse increased, resulting in 2 more substance involved date-rape incidents. Within about six months minor ran away to another state. TSS remained uninvolved.

- Multiple reports from multiple sources and patients allege intimate sexual boundary violations between the previous TSS staff.
- TSS staff have used professional names and titles unethically, i.e., calling themselves a "Social Worker" when they had not earned the academic degree or had the license.

#### Gross Mismanagement and Oversight

- Over the past five years, there have been multiple attempts by many parents who were BHD patients, tribal court officials, BHD SLHC, and other agencies both on and off the reservation, protesting the lack of involvement of TSS with the Spirit Lake Suicide Coalition. Previous Director attended 2, maybe 3, meetings in the 5 plus years, and brought an authoritarian and hostile attitude to the meeting. This lack of active involvement in the reservation wide suicide prevention coalition is, in my opinion, a major failing of the previous Director of TSS. This lack of involvement is also a major loss in the ongoing efforts of all suicide prevention coalition members to have a seamless wrap around service for suicidal people on the Spirit Lake reservation.
- Unfortunately, in my professional opinion, the Spirit Lake Tribal Council (SLTC) failed in their direct oversight of the TSS program and their willingness to tolerate gross mismanagement. In addition, BIA Superintendent Mr. Rod Cavanaugh failed in his federal BIA administrative and #638 fiscal accountability oversight of the TSS program.
- Additionally, in my professional opinion, previous TSS Director Kevin Dauphinais malfeasance is inexcusable with ongoing tragic consequences to many Spirit Lake children.
- In August of 2008, Sister Joanne Streifel and I had already identified this critical problem and discussed potential areas of intervention with TSS. We decided to have Sister Joanne author a "letter of concern" discussing the lack of confidence and grave concern we had with then Director Kevin Dauphinais' misleadership of the TSS and the concern we felt for the abuse and neglected children of the reservation. We felt that since Sister Joanne was both a LICSW professional working at the Indian Health Service, had worked for multiple agencies on the reservation, and is a registered member of the Spirit Lake Tribe, her professional letter might have some influence. This letter was personally sent to then Chairperson Myra Pearson and every Council Member. The BHD and Sister Joanne received no response or inquiry.

#### Result

- I and most of the other agencies on and off the reservation that work together around child welfare have no confidence in the TSS leadership or program, BIA Superintendent, or Spirit Lake Tribal Council to provide safe, responsible, legal, ethical, and moral services to the abused and neglected children of the Spirit Lake Tribe.
- As the Director of the BHD, I have no confidence or trust in filing a #960 with TSS that they will operate ethically, legally, or with the best interests of all the various parties- the child's, the

parents', and the Spirit Lake Nation. I have lots of reasons to believe that #960s will not be investigated; lost; misfiled; or handled by TSS themselves autonomously at their own discretion.

- TSS has not, and does not operate by a professional code of conduct or ethics; they do not have licensed and credentialed Child Protection Service Investigators or therapists trained for this work; and historically, they have had reckless and random professional misconduct. The #960 document is potentially the most confidential and revealing with allegations of possible child abuse or neglect of a minor. To release #960s to this department may in fact violate good practice standards for the BHD.
- The children, elderly, and vulnerable populations on Spirit Lake Reservation are at great risk of increased abuse, neglect, and harm due to unchecked incompetence.

RECOMMENDATIONS: I recommend the BIA DIVISION OF HUMAN SERVICES close the current TSS program with all its staff and begin a thorough program review. I do not believe it is possible to patch up problems or appoint a new Acting Director to the TSS. The problems are too systemic and acute.

I would encourage the BIA to conduct a decisive leadership review of previous Director Mr. Kevin Dauphinais and current BIA Superintendent Mr. Rod Cavanaugh for their gross dereliction of duty and professional misconduct of the TSS program.

In addition, I would encourage the BIA, and request the North Dakota State Board of Social Work Examiners, review current Acting Director of Tribal Social Service Mr. Dennis Meier's for his leadership complicity of these identified ethical, legal, and professional irregularities. Mr. Meier worked alongside previous Director Mr. Kevin Dauphinais for an extended period of time and has been the Acting Director of TSS since Dec 2011 to present. As a professionally trained and licensed LSW (Licensed Social Worker) in the State of North Dakota, Mr. Meier carries an additional professional responsibility and code of ethics to uphold.

Finally, I would request the BIA to re-establish an outside reservation Tribal Social Services program with qualified, credentialed, culturally competent, and appropriately licensed professionals who would work ethically, legally, and morally to protect the Spirit Lake reservation children, elderly, and disabled from abuse and neglect.

It is my professional opinion that with this systemic unchecked incompetence, the abused and neglected children on this reservation face repeated traumatic life altering consequences without an end, ever cycling them through repeated suicidal attempts with increasing grave risk for suicidal completions.

Very respectfully,

A handwritten signature in black ink, appearing to read "Michael R. Tilius", followed by the letters "MP".

Michael R. Tilius, PsyD, MP  
Director, Behavioral Health  
COMMANDER, U. S. PUBLIC HEALTH SERVICE

Enclosure: 1 (Case Study)

cc: Sister Joanne Streifel, LICSW  
Indian Health Service (retired)

Spirit Lake Suicide Prevention Coalition Members  
Fort Totten, ND

Mr. Doug Boknecht, LICSW, BDC  
Assistant Regional Director,  
Lake Region Human Service Center: Region III  
Devils Lake, ND

Ms. Molly McDonald  
Associate Juvenile Judge Spirit Lake Tribal Court (previous)

Ms. Arlene de la Paz, Chief Executive Officer  
Spirit Lake Health Center Indian Health Service

Mr. Dennis M. Meier, LSW  
Acting Director, Spirit Lake Tribal Social Services

Mr. Rod Cavanaugh  
Spirit Lake BIA Superintendent

Ms. Shirley Cain, J.D.  
Chief Judge, Spirit Lake Tribal Court

Mr. Rodger Yankton  
Chairperson, Spirit Lake Tribal Council

Dr. Vickie Claymore-Lahammer, PhD  
Deputy Area Director, Behavioral Health  
Aberdeen Area Indian Health Service

Mr. Weldon B. Loudermilk  
BIA Regional Director  
Great Plains Regional Office

Ms. Jeannie Thomas  
FBI and FBI Victims Advocate



FBI Bismarck Field Office  
North Dakota State Board of Social Work Examiners  
PO Box 914  
Bismarck, ND 58502-0914

North Dakota State Board of Social Work Examiners  
ATTN: Complaints  
PO Box 914  
Bismarck, ND 58502-0914

Center for Native American Youth  
Ms. Erin Bailey, Director  
US Senator Bryon Dorgan (Founder)

Behavioral Health Department  
Spirit Lake Health Center

4/3/2012

### Case Example

Names and privacy data have been removed for confidentiality. This is one of dozens of cases we have attempted to manage with Tribal Social Services over the past four plus years. (DrT)

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#### Comments from Sister Joanne Streifel, LICSW: Suicide Case Manager:

This young lady had had multiple threats of suicide and one attempt. We have worked with the court and school and TSS over two years ago to try and get this young lady into a residential treatment center because of the major dysfunction within her family. Her parents are divorced. Each parent now has a SO in their homes which is very upsetting to this young lady. The custody has shifted back and forth to the father and mother. This young lady was moving from house to house, including her grandmother's home when I first got involved in her treatment. She was acting up in school swearing at teachers and threatening to harm the principle at the time. She was hospitalized at Prairie St. John's. At discharge it was recommended that she be placed at a residential home for intense treatment however TSS did nothing to help with her placement, but only returned her to the dysfunctional home where again she is moving from father's home, where she does not get along with the SO and has threatened in the past to harm their new infant, to mother's home where she is faced daily with alcohol and marijuana usage.

Below is a list of the times that we have assessed her to be suicidal:

1. 3/30/10
2. 6/30/10
3. 9/23/10
4. 9/29/10
5. 10/20/10
6. 12/29/10
7. 11/18/11
8. 1/20/12- attempt by cutting
9. 3/05/12

#960's filed:

1. 8/31/09
2. 4/12/10
3. 4/15/10
4. 9/25/10
5. 1/25/12
6. 2/29/12
7. 3/5/12

Spirit Lake Behavioral Health's attempts to follow up recommendations of the court:

4/7/10 Contact with TSS

4/15 /10 Contact with TSS

4/15 School calls /pt out of control

4/16/10 Mtg with school, court, MH, TSS, Law enforcement and parents

4/22/10 case given to Jessica at TSS

5/7/10 BH called TSS -- no response- court received no response

5/19/10 Contacted court -- still no word from TSS

6/8/10 Contacted court -- no response from TSS

6/30/10 Suicide assessment

7/6/10 No response from TSS

7/8/10 TSS wanting to send pt to Prairie St. John in Fargo- Pt admitted there

7/21/10 TSS wanting to send pt to State Hospital because of Mental retardation

8/6/10 -- Pt roaming back and forth from home to home.

8/31/10 TSS reports no group home will accept pt because GAST is 60

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Therapist Ms. Joni Henry's, LCSW: Comments:

XXX was first introduced to me due to an alleged suicide attempt on 1/21/12 where she was sent to Mercy ER due to a cutting episode after getting into a verbal altercation with her father's SO. The cuts were ruled by the Crisis worker as superficial and the pt was placed back into her mother's care. Since then I have had 7 sessions with XXX. Throughout our time working together I have filed four 960's which pertained to the following incidents:

1/25/12: Upon the verbal altercation with her father's SO she went to her mother's home. On 1/24/12 XXX and her mother were asked to leave her mother's SO home, while the SO was under the influence of ETOH and possibly marijuana. Mothers SO has a history of being physically and verbally abusive toward the mother.

2/29/12: Pt stated that she was slapped by her mother in the head and in the arm to get up for school. Later that morning she got into a verbal argument with her mother and her mother's SO. Later at school she received a text from her mother stated that she cannot go back to the house, which left her without a place to stay. Pt had planned to go to her father's home but was

uncertain if she was allowed to go there, pt was not looking forward to having to stay with her father due to not getting along with her father's SO which resulted in an alleged suicide attempt on 1/12/12.

Pt also stated that she has been dealing marijuana to "survive". Pt stated that she "needs to deal marijuana in order to help provide for her family" pt stated that her mother and father are both aware that the pt deals drugs and "they are okay with it."

3/5/12: Pt disclosed that she was staying with her father again due to an incident that occurred where she was hit in the head by her mother and again asked to leave the her mother's home due to getting into another verbal argument with mother and mother's SO. Pt further stated that her father abuses marijuana and "pills." Pt further mentioned that she continues to struggle with chronic passive suicidal ideation and live in a chaotic environment that involves chronic alcohol and substance abuse, domestic violence, and other chaotic situations.

3/12/12: Pt disclosed that as a young child she was physically beaten with a broom, wire clothes hangers, fly swatter, belt (where the buckle is located), and her father would griper her by her arm and leave bruises where his finger prints were. Pt stated that she continues to be threatened by her parents.

We have had several concerns of XXX and numerous # 960s have been filed on this child in reference to allegations of sexual molestation, being exposed to ETOH and drugs within both parents' homes, child abuse, and child neglect. Pt has been diagnosed with MR and has cognitive limits so she is a very vulnerable minor and at very high risk to being further taken advantage of by others. Pt continues to be at extreme high risk of harming herself; she has an extensive history of suicidal ideation and one attempt.

Case Management: Contact with Spirit Lake Tribal Social Services:

1/31/12: Jackie Bavaro from TSS contacted provider and stated that she had received the 960 in regards to pts safety. She is planning on starting the investigation this week if time permits. Jackie stated that she will continue to keep SLBH updated with the results of the investigation.

2/14/12: pt was expected to have an appointment with provider but pt was a no show/ no call for scheduled appointment. BII staff attempted to contact the school to transport pt, however pt was not in school today.

Provider attempted to contact pts mother, however mother was recently hospitalized in Grand Forks and was unable to talk. Mother was not aware where pt may be and why she was not in school today.

Provider attempted to contact TSS Jackie Bavaro in reference to the 960 that was previously filed. However, provider was unable to reach TSS case worker.

2/15/12: I contacted Jackie Bavaro (TSS) to f/u on the 960 filed on pt last month. Jackie states that if time permits she plans on f/u with family later this week. Informed her of the seriousness of this situation and the need to start working on possible placement. Jackie states she will further investigate this matter.

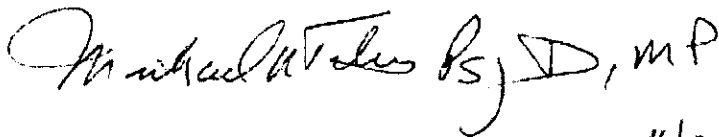
2/21/12: F/u with TSS in reference to 960s (Jackie Bavaro, TSS case manager was unable to f/u with family.)

2/28/12: Continue f/u with TSS in reference to pts placement and the recent concerns about pt selling drugs. (No response from TSS in reference to recent 960).

As of today there has been no further response from Tribal Social Services in the Month of March. Pts "current TSS case manager/investigator was no longer working at TSS". We have not received any further response from TSS since 2/28/12 in reference to XXX. Another 960 was filed on 3/5/12 and 3/12/12.

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Respectfully,



Michael R. Tilus, PsyD, MP  
Director, Behavioral Health

4/3/2012



# SPIRIT LAKE TRIBE

P.O. BOX 359 • FORT TOTTEN, ND 58335 • PHONE 701-766-4221 • FAX 701-766-4126

## MEMORANDUM

April 5, 2012

TO: Michael R. Tilus, PsyD, Director, Behavioral Health  
Arlene de la Paz, CEO SLHC, HIS  
Dennis Meier, SLT SS Acting Director  
Shirley Cain, J.D., Chief Judge SLT Court  
Peggy Cavanaugh, Director, Tribal Health  
Linda Duckwitz, Youth Services Director  
Rod Cavanaugh, Ft. Totten Agency Superintendent

FR: Michael T. Alex, Administrator *M.T.A.*

RE: Social Services **MANDATORY MEETING**  
**Conference Room 4-11-12 9:00 AM**

The Tribal Chairman has directed me to schedule a mandatory meeting regarding Social Services within the Spirit Lake Tribe. The Tribal Chairman is very concerned for the safety of the children of the Spirit Lake Tribe especially the abused, neglected, and suicidal children.

The well being and safety of our children is the highest priority of the Tribal Council. The Social Services issues are of the highest priority of this administration. We are very thankful for the concerns of the agencies that provide services to our children. The Tribal Council wants to ensure that we have a cohesive effort amongst all professional service providers on the Spirit Lake Tribe to address the corrective action with the Spirit Lake Tribal Social Services.

The Tribal Council, along with the administration has been working with the ND Department of Health and Human Services and with the BIA Great Plains Regional Office Social Service officials on compliance issues, Program Improvement Plan and Best Practices pursuant to the League of Social Services.

I would like to thank all of you in advance for your attendance of the mandatory meeting. Any questions or comments please contact me at 766-1714 or 351-1987.

cc: Tribal Council