



# **NORTH DAKOTA CHILD & FAMILY SERVICES PLAN**

## **2012 Annual Progress and Services Report**

**TITLE IV-B SUB PART I**

**TITLE IV-B SUB PART II**

**CAPTA**

**CHAFEE ILP**

**October 1, 2011 – September 30, 2012**

**Issued by:**

**JACK DALRYMPLE, GOVERNOR**

**Administered by:**

**NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES**

**Children & Family Services Division**

**Tara Muhlhauser, Division Director**

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Jack Dalrymple, Governor  
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June 22, 2012

Marilyn Kennerson, Regional Administrator  
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Denver, CO 80202

Dear Ms. Kennerson:

As the Executive Director of the North Dakota Department of Human Services, I am pleased to present to you the updates to the 2010-2014 Child and Family Services Plan and the Annual Progress and Services Report (APSR) for fiscal year 2012. The Child and Family Services Plan represents a consolidation of four state plans including Title IV-B Sub Part I, Title IV-B Sub Part II, the Child Abuse Prevention & Treatment Act, and the Chafee Foster Care Independence Act Program Plan.

Please note that the updates to our Program Improvement Plan (PIP) have been integrated into our Child and Family Services Plan. We are nearing the end of our work on the PIP and we anticipate that the five strategies, action steps and benchmarks, will be met as outlined in the plan.

North Dakota remains committed to providing quality services to achieve safety, permanency and well-being for vulnerable children who enter the child welfare system.

Sincerely,

A handwritten signature in black ink that reads "Carol K. Olson". The signature is written in a cursive, flowing style.

Carol K. Olson  
Executive Director

Enclosures

## I. BACKGROUND

### A. INTRODUCTION

The accompanying 2012 Annual Progress and Services Report (APSR) of the Child and Family Services Plan includes: IV-B Subparts I and II, the Child Abuse Prevention and Treatment Act Plan, and the Chafee Foster Care Independence Program Plan. This plan reflects activity through Federal Fiscal Year 2012.

### B. ADMINISTRATION OF THE PLAN

The North Dakota Department of Human Services has been designated by the Governor of North Dakota as the single state agency responsible for administering Title IV-B of the Social Security Act, Child Welfare Services, CAPTA, and the Chafee Foster Care Independence Program Plan. The Children and Family Services Division of the North Dakota Department of Human Services (**ATTACHMENT A**) has administrative responsibility for the Child and Family Services Plan, the policies and procedures relating to children and families, and for program supervision and technical assistance for the delivery of public child welfare services.

#### **Children and Family Services Division**

The Children and Family Services (CFS) Division administers child protection services, foster care services, adoption services and family preservation services. These include child abuse and neglect prevention and intervention, Children's Trust Fund, Community-Based Grants for the Prevention of Child Abuse and Neglect (CBCAP), Child Fatality Review Panel, Institutional Abuse, Interstate Compact on the Placement of Children, Refugee Services, Independent Living Services, Subsidized Guardianship, Subsidized Adoption, services to pregnant teens, Parent Aide services, Prime Time Child Care services, Respite Care services, Safety/Permanency Funds, Intensive In-Home Family Therapy services, Family Group Decision Making (FGDM), Family Team Decision Making (FTDM), Early Childcare Services, and Head Start.

#### **County Social Service Boards**

There are 48 local county social service boards providing child welfare services in North Dakota, with one district made up of 4 counties (Dakota Central) and one district consisting of 2 counties (Lakes District). The child welfare delivery system is county administered and state supervised. The county child welfare personnel are county employees and operate child welfare programs in accordance with state policy, direction, law, regulation and contracts.

#### **Regional Human Service Centers**

The eight Human Service Centers are located in the primary economic, medical and business centers of the state. The 1981 North Dakota Legislative Assembly created these regional human service centers. Each Human Service Center has a Regional Representative/Supervisor who serves as the liaison between the counties and the CFS Division. These representatives provide direction and program supervision of child welfare services provided by the county social service agencies.

### **Target Populations**

The target populations for the CFSP delivery system are identified as follows:

- Parents in need of parent education and family support;
- Children who are suspected of being abused or neglected and their families;
- Children who have been adjudicated to be deprived, delinquent, or unruly and who are in need of foster care and their families;
- Children from the foster care system who are free for adoption (or an adoption is planned) and their adoptive families;
- Children who are at risk of becoming any of the above populations;
- Children and their families in need of early childcare services;
- Unaccompanied minor refugee children and refugee families requiring case management; and
- Children who choose to sign themselves back into foster care until the age of 21;
- Former foster youth who have aged out of care.

## **II. CHILDREN & FAMILY SERVICES DIVISION'S MISSION, VISION AND VALUES**

### **A. MISSION STATEMENT**

“North Dakota Department of Human Services’ mission is to provide quality, efficient and effective human services which improve the lives of people.”

### **B. VISION AND VALUES**

The Children & Family Services Division of the North Dakota Department of Human Services has adopted the Wraparound Practice Model as the case management model for the child welfare system. Our vision and values reflect the principles and beliefs of this model. Therefore, the CFS Division affirms the following as our vision/values:

#### **Unconditional commitment to working with families and children is provided**

- A commitment to never give up on helping children and families, while keeping children safe.
- Families are treated with respect, honesty and openness.
- The family’s language is utilized and jargon is avoided.
- Setbacks may reflect the changing needs of family members, not resistance.

#### **The process is team driven**

- Partnering with other systems and natural supports of families helps bridge the complexity of the work.
- Families, children, natural supports, conventional supports and agencies are all part of the team.
- A multi system assessment is completed to provide the family with necessary resources.

- Collaboration between systems and team members is important in building and delivering effective services to families through the sharing of core values, beliefs and principles.
- The multi system approach provides shared risk with involved families.
- The team approach provides for an integrated system of care.

#### **Families are full and active partners and colleagues**

- Safety is paramount in all programs and systems; choices are made to ensure that children, families and communities are safe.
- The family's view is respected. Families are the experts with their own children.
- The expertise of the system is valuable when discussing "bottom lines" such as: legal mandates, court orders, negotiable and non-negotiable rules/policies etc. The system can let go of power and allow families to make decisions when safety is assured.
- Family members have clear voice and choice in the process. They are full members in all aspects of the planning, delivery, management and evaluation of services and supports.
  - Voice: The family is listened to, heard and valued. The skills and knowledge of the family members are essential to the change process.
  - Choice: Families are provided information on choice and identifying where choices exist and where there are limitations on choice. The outcomes of different choices are discussed.
- Wraparound is a joint decision making process with the family rather than "deciding for" the family.

#### **The Child and Family Team process focuses on strengths and competencies of families, not on deficiencies and problems**

- Services and supports are built on strengths that are unique to the family and child.
- Strengths discovery is central to getting to know the family.
- Strengths are utilized in addressing the safety needs of the child and family.
- Strengths are utilized in developing and implementing the care plan with the family.

#### **Care plans are outcome-based**

- The needs of all family members are identified and addressed in the care plan.
- Goals and tasks with measurable outcomes are established to address change rather than compliance.
- Family members are full partners in establishing care plans.
- The care plan is utilized across systems.
- The Wraparound Practice Model provides outcome oriented plans rather than compliance based plans.

#### **Services are culturally responsive.**

- Each family is culturally unique.
- Cultural diversity is valued and respected.
- Differences are valued as strengths.
- The impact of culture on Wraparound Practitioner and agencies is recognized and understood.

 **Services and care plans are individualized to meet the needs of children and families.**

- Care plans are flexible in nature.
- The family and children should have access to services they need.
- Services and supports can be coordinated into one plan.

 **Resources and supports, both in and out of the family, are utilized for solutions.**

- The family is key in identifying supports.
- A balance of formal and informal, natural and conventional supports is utilized.
- The community is recognized and respected as a key resource and support.

 **People are the greatest resource to one another.**

- Family Engagement: The key to success in the child and family team process is building positive and strong relationships between the Wraparound Practitioner and the family members.

### III. 2012 ANNUAL PROGRESS AND SERVICES REPORT

#### A. GOALS & OBJECTIVES

North Dakota’s Five-Year Child and Family Services Plan incorporates both the state’s Program Improvement Plan (PIP) and four additional strategies that speak directly to the Division’s mission, vision and values. Woven throughout is fidelity to North Dakota’s Wraparound Practice Model.

**2012 UPDATE:** We are nearing the end of the ND PIP. Updates on those Objectives due for report in 2012 have been provided in the following table.

GOALS	OBJECTIVES	MEASURES OF PROGRESS (TASK)	TIMELINE (YEAR)	2011 UPDATE
I. Strengthen the risk and safety assessment practice components of the Wraparound Practice Model to enhance safety outcomes across the child welfare service delivery system.	A. Develop and implement consistent policies for all child welfare programs, identifying critical decision points in the life of the case where a formal safety/risk assessment is required	A. Consistent policy is developed and implemented	A. Y 2 ✓	A. Task was completed in Year 2.
	B. Support supervisors as implementation agents of the ongoing assessment of safety and risk across the life of the case consistent with the Wraparound Practice Model.	B. Utilize TA from NRC on Organizational Improvement & NRC on Action for Child Protection; core supervisory work group is formed; a work plan is developed and implemented	B. Y3 ✓	B. Task was completed in Year 2.
II. Strengthen the child and family engagement practice components (direct and supervisory) of the Wraparound Practice Model to enhance permanency and well-being outcomes across the child welfare service delivery system.	A. Ensure regular and high quality case worker visits with children and youth in both foster care and in-home cases and with their parent(s)	A. Consistent policies developed and implemented; monthly reports are generated and disseminated; written guidance developed and disseminated	A. Y 2 ✓	A. Task was completed in Year 2.
	B. Improve involvement of non-custodial / absent parent / significant other / parent figure across foster care and in-home programs	B. Formal policy issuance; checklist tool developed and disseminated; child welfare certification training strengthened and child welfare staff is trained	B. Y 3 ✓	B. The Child and Family Team Meeting Outline (tool for case managers in ensuring all areas are addressed at team meetings) is now available as a link on FRAME. The PI’s specific to family engagement and caseworker visits for foster care, in-home, and children’s mental health were developed and disseminated in June 2011. The curriculum for child welfare certification has been updated. Per the Family Engagement TA plan, training was provided to child welfare supervisors, regional supervisors, and DJS supervisors in May 2012. Family engagement training for caseworkers will be held at the 2012 Children’s Justice Symposium in July 2012. Additionally, a second round of the supervisory training on family engagement (for partner agencies) will occur in the fall of 2012. This task is completed.

	C. Develop post-certification skill-based modules regarding family engagement	C. TA consultation from NRC for Permanency & Family Connections and plan developed; training curricula developed and child welfare staff trained	C. Y 3 ✓	C. The NRC for Permanency & Family Connections and the NRC for In-Home Services assisted the CFS Division in developing a TA plan. The American Humane “The Work of the Coach” training for supervisors was chosen and the training was provided to county supervisors, regional supervisors, and DJS supervisors by Michelle Howard, M.S., LPC in May 2012. The second phase of training will be held in fall 2012 and the target audience will be partner agency supervisors. This task is completed.
	D. Support supervisors as change agents in the implementation of family engagement consistent with the Wraparound Practice Model	D. Utilize TA from NRC on Organizational Improvement; core supervisory work group is formed; a work plan is developed and implemented	D. Y 3 ✓	D. Task was completed in Year 2.
<b>III. Strengthen:</b> <b>a.</b> Child permanency practice components (direct and supervisory) of the Wraparound Practice model; and <b>b.</b> Intra-agency case practice to enhance permanency outcomes across the child welfare service delivery system.	A. Statewide and regional recruitment and retention plans ,that are consistent with the Wraparound Practice Model, will reflect increased efforts to recruit homes that are child specific and appropriate for sibling groups, older youth and Native Americans	A. TA consultation from NRC for the Recruitment & Retention of Foster & Adoptive Parents/Adopt US Kids; plan developed; funding announcement disseminated; training plan developed and training provided; and recruitment and retention plan implemented; TA from NRC on Organizational Improvement regarding measurement	A. Y 3 ✓	A. The NRC for Recruitment and Retention of Foster and Adoptive Parents/ Adopt Us Kids assisted the state in developing the recruitment and retention training plan. The CFS Division disseminated the funding announcement in June 2011. The training plan was developed and training was provided to 90% of the recruitment/retention staff, with a plan to share the training with the remaining 10% during the next coalition meeting. The state recruitment & retention plan is a compilation of the eight regional plans, which emphasize recruitment for sibling groups, Native American families, and families to foster/adopt older children. This task is completed.
	B. Improve the quality and consistency of Child & Family Team meetings to accurately establish case plan goals for children and youth, document and work toward the goals, and evaluate/monitor progress toward achieving permanency	B. Written guidance is provided; training plan developed and training provided; ongoing reports from Regional Supervisors regarding Child & Family Team meetings	B. Y 2 ✓	B. The Child and Family Team Meeting Outline (written guidance) is available as a link in FRAME. The training on this tool was provided in May 2011. Diana Weber, CFSR Manager, continues to discuss aspects of child and family team meetings at each regional supervisor meeting. This task is completed.
	C. Support supervisors as implementation agents to increase the implementation and documentation of clear and timely permanency goals, consistent with the Wraparound Practice Model	C. Develop Wraparound Practice Model manual; utilize TA from NRCOI for plan development; core supervisory work group is formed; a work plan is developed and implemented	C. Y 3 ✓	C. Task was completed in Year 2.
<b>IV.</b> Use multiple sources of data to engage court partners in ongoing dialogue and county-specific strategies to achieve timely	A. Develop strategies for encouraging opportunities for the child’s caregiver to have input into reviews or hearings with respect to the child	A. TA consultation from NRC on Legal & Judicial Issues, ABA, and NRC on Organizational Improvement; plan developed; report on collaboration with ND Supreme Court	A. Y 3	A. The TA plan developed by Tara Muhlhauser, CFS Director and Jenn Renne, ABA was presented to the ND Court Improvement Project (CIP) in September 2011. Training for judges is scheduled in June 2012. The report on

permanency goals for children in foster care.				collaboration with the ND Supreme Court will occur at the conclusion of the PIP.
	B. Achieve timely permanency for children and youth in foster care	B. Analysis and report on data; target site identified and improvement plan developed and implemented; evaluation report completed and disseminated; TPR protocol developed; Assistant Attorney General hired to do this specialized work	B. Y 3	B. Grand Forks County was selected as the target site for the TPR pilot project. The improvement plan has been developed and implementation has begun, but as of this writing the plan has not been in place for a sufficient period of time to warrant evaluation. The TPR protocol was developed in September 2011 but a specialized Assistant Attorney General has not been hired as of this writing. The Children's Bureau is aware of the current situation.
V. Develop collaborative approaches, both formal and informal, to address service array issues	A. Identify and address the barriers to accessing needed services for children and families and ensure that there is an array of essential services across the state to support individualized plans of care for children and their families	A. Assessment completed and information posted; meetings held quarterly with tribal directors	A. Y 2 ✓	A. The assessment is completed and the information was posted for a period of time. The Native American Training Institute (NATI) has links published on their website with local tribal customs, upcoming events, etc. The CFS director and NATI director co-facilitate quarterly meetings with tribal child welfare directors. This task is complete.
	B. Improve provision of adequate and appropriate mental health services to meet children's assessed needs	B. Evidence-based mental health screenings will be part of Health Tracks Screenings for foster children - training on screening instruments provided	B. Y 2 ✓	B. Task was completed in Year 2.
	C. Enhance the capacity of the system to provide individualized planning for children and families consistent with the Wraparound Practice Model	C. Utilize TA support from NRC on Organizational Improvement to develop a peer mentoring model; peer mentoring model developed and rollout completed	C. Y 3 ✓	C. A statewide group of county supervisors convenes quarterly in Bismarck. They received training on a peer mentoring model, "Learning Circles," in January 2012 and have implemented this model into their quarterly meetings. Pete Tunseth, CFS Training Center Director, provides TA to this group as needed. This task is completed.
	D. Increase capacity to fully meet the needs of Priority 1 and 2 youth	D. Report on budget request; plan developed and implemented	D. Y 2 ✓	D. Task was completed in Year 2.
VI. Work together with partners in the field regarding caseload standards	A. Meet with state partners to review current information related to caseload standards	A. Meetings have occurred and caseload standards are in place for all child welfare programs	A. Y 4	A. The CFS Committee indicated a need work on this area as a priority when the five year plan was created. Because the casework is done by county employees and under the administration of the counties, CFS determined that while supporting this work initiative, it would have to be led by county leadership. The request for resources to do this work is included in the Casey Family Program contract with CFS, at the request of the County Directors. At the current time, the County Directors group

				has chosen to focus on other issues, but has kept the work on this initiative on the table for discussion. Recently, the County Directors did an anecdotal survey of county staff workload in child welfare programs to reassess elevating this work priority. No decision has been made to elevate the priority of the work at this time.
	B. Determine a protocol for applying caseload standards in all CFS programs	B. Protocol for caseload standards is developed and applied	B. Y 5	A. Task not completed at the time of this writing.
VII. Strengthen relationships with tribal child welfare partners in the state to promote effective communication and enhance collaboration	A. Schedule quarterly meetings with tribal child welfare directors	A. Quarterly meetings are scheduled	A. Y 1 ✓	A. The tribal directors' group, SSNAP, has been meeting quarterly. Meetings have been very productive and well attended. This task is completed.
	B. Invite tribal child welfare staff to trainings and policy/plan-building meetings	B. Tribal child welfare staff are invited to trainings and meetings	B. Y 1 ✓	B. Tribal child welfare staff have been invited to CFS sponsored trainings (ex. Wraparound Certification, Parent Aide Training, CFS Conference) and will continue to be invited in the future. This task is completed.
	C. Continue to explore collaboration opportunities with Tribal partners	C. Collaboration opportunities are explored	C. Y 1 ✓	C. The CFS Division continues to look for collaborative opportunities. We have been involved with the Indian Affairs Commission on collaborations that will support best child welfare practice in the state (as a part of the Interim Health and Human Services Interim Committee on the ND State Legislature). This task is completed.
VIII. Continuous Quality Improvement to ensure safety, permanency and well-being across all stages of the child welfare service delivery system	A. The state will use CFSRs & Peer Reviews as QA review tools	A.1 Local CFSR reviews are taking place	A.1 Y 1 ✓	A.1 In the past year a total of 71 case reviews were completed throughout the state, with 17 of these being completed in the largest metropolitan area (Cass County). Please see <a href="#">ATTACHMENT D</a> for the ND CFSR Annual Report and the state's 2012-2013 CFSR schedule. This task is completed.
		A.2 Peer Review process is launched	A.2 Y 2	A.2 The current QA process in North Dakota is considered a peer review process in that the majority of case reviewers are county child welfare workers. However, this remains an area where further exploration and work is needed. This discussion was tabled due to the demands of the PIP work. The Children's Bureau has granted an extension of this task.
	B. Annual review of CPS case files	B. Annual reviews are completed and results disseminated to the field	B. Y 1 ✓	B. This task was completed in Year 1.

<p><b>X.</b> In response to the Governor's Healthy North Dakota Initiative, the CFS Division and its partners will develop and implement a Health Care Services Plan to ensure Foster Care children receive screening, assessment and treatment as appropriate for their physical, dental, and mental health.</p>	<p>A. The Health Care Services Plan as outlined in the 2010-2014 CFSP will be implemented with support from the Healthy North Dakota Early Childhood Alliance (HNDECA) and the North Dakota Social Emotional Developmental Alliance (NDEDA)</p>	<p>A. Health Care Services Plan is implemented in the state</p>	<p>A. Y 5</p>	<p>A. Refer to the Health Services Plan section of this report. Tasks not completed at the time of this writing.</p>
	<p>B. The Treatment Collaborative for Traumatized Youth (TCTY) will be expanded in the state</p>	<p>C. TCTY is expanded</p>	<p>B. Y 2 ✓</p>	<p>B. TCTY continues to be expanded to provide evidence based treatment throughout the state. From July 1, 2011 – June 30, 2012 the TCTY trainings continued to be offered to Clinicians at the Human Service Center Staff on the evidence based treatment of Trauma Focused Cognitive Behavioral Therapy and Structured Psychotherapy for Adolescents Responding to Chronic Stress. In October 2011 TCTY added the evidence based treatment method of Alternative for Families: This is a one year learning collaborative on this cognitive – based therapy for Intensive In Home Therapists at the Human Service Centers. The Department of Human Services Division of Mental Health &amp; Substance Abuse continues to be committed to the ongoing expansion of this collaborative. This task is completed.</p>

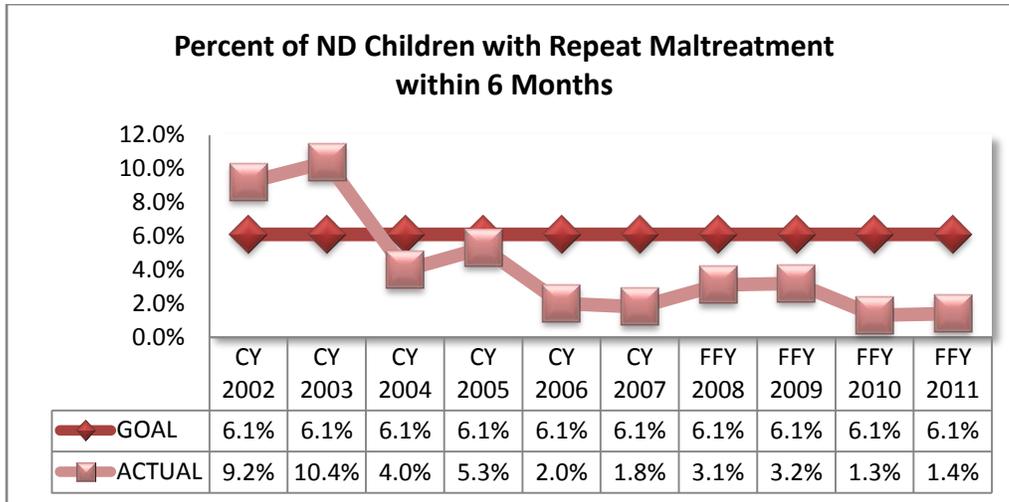
**B. FEDERAL MEASURES**

The CFS Division, with support from the ND DHS Decision Support Services Division, maintains data on each of the Federal Measures. Following are graphs showing the most recent data for each of these measures.

**Child Protection**

**FEDERAL MEASURE:** Of all children who were victims of child abuse and/or neglect (services required) during the first 6 months of the year, 6.1% or fewer children will have another services required report within 6 months of the first report.

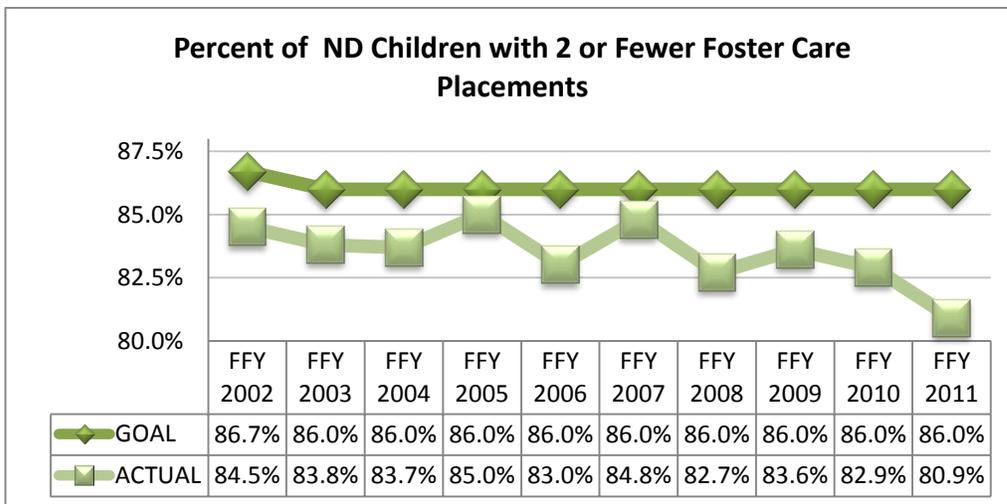
**2012 UPDATE:** In FFY 2011, 1.4% of North Dakota children had another services required report within 6 months of the first report.



**Foster Care**

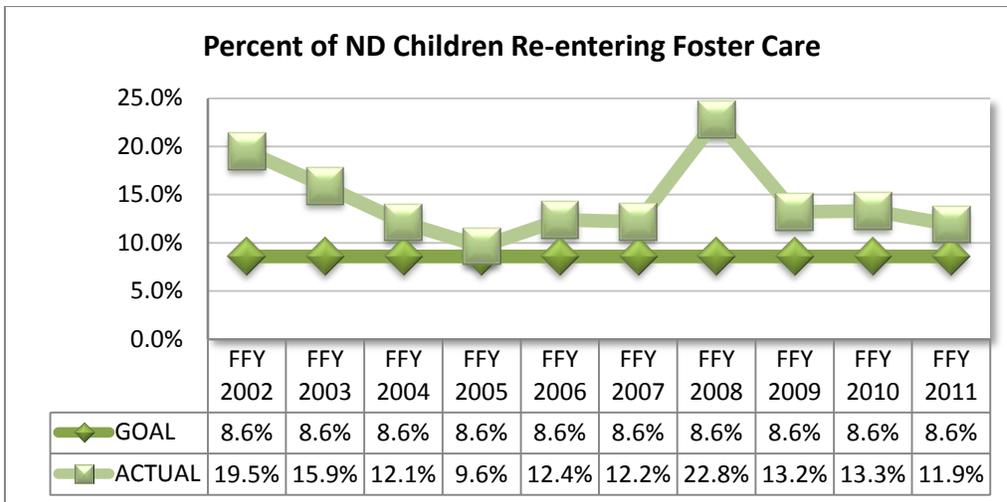
**FEDERAL MEASURE:** Of all children served in foster care during the 12 month target period who were in foster care for at least 8 days but less than 12 months, 86.7% will have two or fewer placement settings.

**2012 UPDATE:** In FFY 2011, 80.9% of North Dakota children in foster care less than 12 months had two or fewer placement settings.



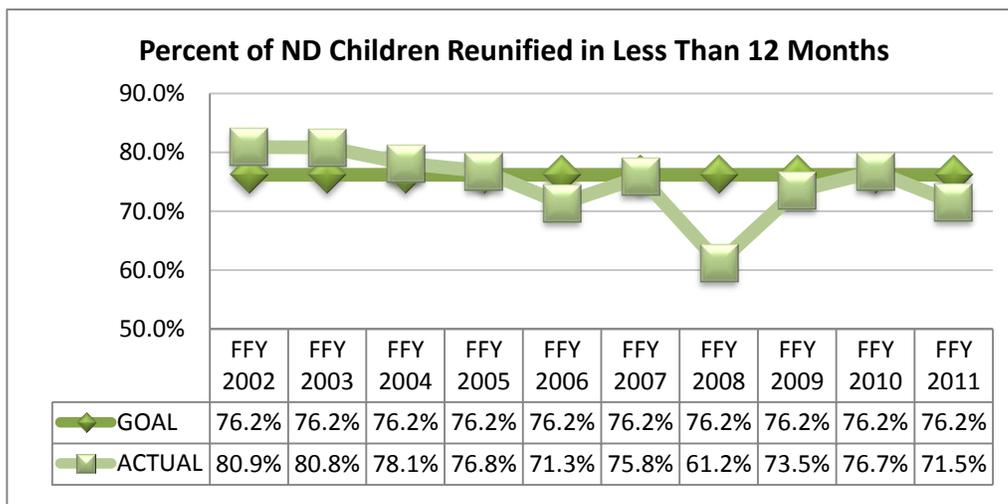
**FEDERAL MEASURE:** Of all children discharged from foster care to reunification in the 12-month period prior to the year shown, 8.6% or fewer will re-enter foster care in less than 12 months from the date of discharge. Dis

**2012 UPDATE:** In FFY 2011, 11.9% of North Dakota children re-entered foster care within 12 months of a prior foster care placement.



**FEDERAL MEASURE:** Of all children who are reunified with their parents or caretakers at the time of discharge from foster care, 76.2% or more children will be reunified in less than 12 months from the time of the latest removal from home.

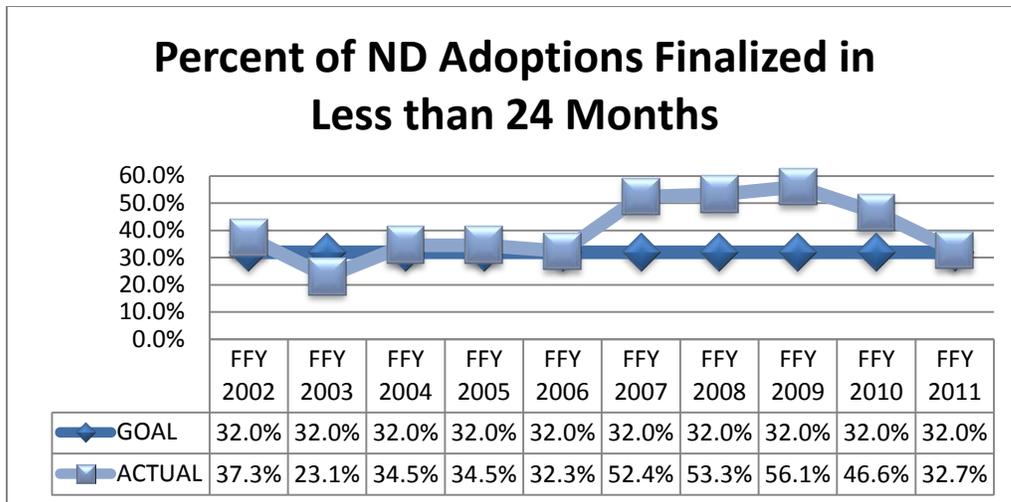
**2012 UPDATE:** In FFY 2011, 71.5% of North Dakota children were reunified in less than 12 months from the time of the latest removal from home.



**Adoption**

**FEDERAL MEASURE:** Of all children who exit foster care to a finalized adoption, 32% or more children will exit care in less than 24 months from the time of the latest removal from home.

**2012 UPDATE:** In FFY 2011, 32.7% of North Dakota children exited foster care to a finalized adoption within 24 months.



### C. SERVICE DESCRIPTIONS

In FFY 2010, North Dakota expended the federal funds entrusted to the state through the Title IV-B Subpart 1 & 2 for the following child welfare programs:

#### **Child Protection Services**

The North Dakota Department of Human Services – Children and Family Services Division is responsible for administering Child Protection Services (CPS). CPS protects the health and welfare of children by encouraging the reporting of children who are known to be or suspected of being abused or neglected. CPS provides adequate services for the protection and treatment of abused and neglected children and to protect them from further harm. CPS identifies the cause of children’s deaths, where possible and identifies those circumstances that contribute to children’s deaths. In doing so, CPS recommends changes in policy, practices, and law to prevent children’s deaths.

- Child Fatality Review Panel (CFRP): The CFRP is required to meet at least semi-annually to review the deaths of all minors and to identify trends or patterns and systemic issues in regard to the deaths of minors. Typically, the CFRP meets quarterly. The CFRP is responsible for making recommendations for changes in policy, practices, and law to prevent children’s deaths.

**2012 UPDATE:** The CFRP met quarterly to review the deaths of all minors occurring during the timeframe of this report. The Child Maltreatment Prevention Services Administrator facilitated these meetings in Bismarck. The Panel members are listed as part of the CAPTA Plan.

The North Dakota Child Fatality Review Panel receives death certificate information from the state’s Vital Records Division of the ND State Health Department to initiate the process of child fatality review. As part of the review process, existing records are requested from law enforcement agencies, coroners, and the State Medical Examiner’s office. Child maltreatment death data is extracted from FRAME and reported to the National Child Abuse and Neglect System (NCANDS). Prior to submitting data to NCANDS, the FRAME data is

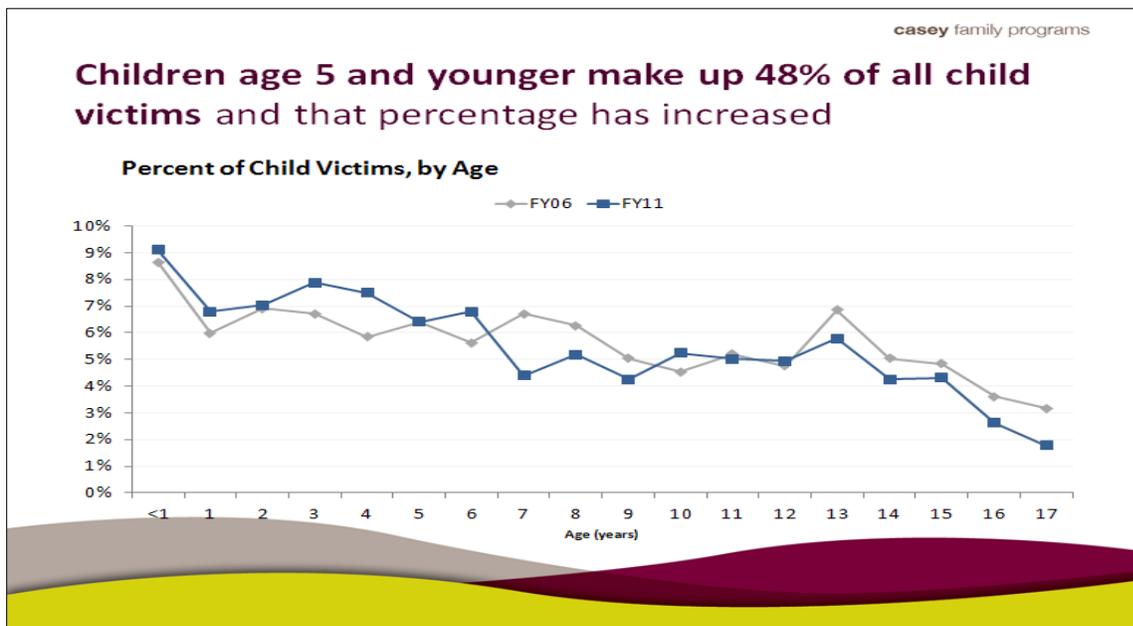
reconciled with the CFRP data to ensure that all child maltreatment deaths are accounted for in the final submission.

In 2007, 41 child deaths were reviewed in-depth by the CFRP. These accounted for 40.6% of all child deaths in 2007. In 2008, 29 child deaths were reviewed in-depth, accounting for 34.9% of all child deaths that year. In 2009, 43 child deaths were reviewed in-depth, accounting for 45.3% of all child deaths that year. Child fatality data from 2010 to present is not yet available.

- Citizen Review Committee (CRC): The CRC will continue to meet quarterly for case review and to discuss program and policy issues.

**2012 UPDATE:** The Child Fatality Review Panel has continued functioning as the state’s designated existing entity serving in the capacity of a Citizen Review Panel in compliance with Sec. 106 (c) I B ii 2 b. 2 c 1 B i and ii of CAPTA. The CFRP previously served in this capacity from 1996 until 2006. The CFRP meets on a quarterly basis in fulfillment of the CAPTA requirement for Citizen Review Panels.

- **NEW IN 2012 – POPULATIONS AT GREATEST RISK OF MALTREATMENT:** According to data analysis of NCANDS data provided by Casey Family Programs (see below), children ages 5 and younger comprise the population at greatest risk for maltreatment. Services are targeted to this population through referrals to Early Intervention programs for all children under age three, who are identified as victims of child maltreatment, Health Tracks Screening for all children entering foster care, and referral to county case management services for individualized child and family service plans.



## Family Support Services

In order to maintain the level of service and meet the needs in Family Support, the CFS Division analyzes available state and federal funds to determine the amount of Title IV-B, Subpart 2 funds needed for this program area. Because funding streams are braided, the percentages vary depending upon funds received from TANF and also the general funds appropriated by the North Dakota legislature. For FFY 2010, the CFS Division projects nearly 28% of IV-B, Subpart 2 funds will be allocated to Family Support services.

North Dakota will continue to provide Family Support services as follows:

- The Nurturing Parent Program: The North Dakota Nurturing Parent Programs are group-based programs in which both parents and their children participate. This field-tested and nationally recognized program provides a common learning experience and enhances positive interactions for parents and children. Nurturing Parent programs offer, “The Nurturing Program for Parents and Children Ages 5-12”, and “The Nurturing Parent Program for ages Birth to 5 Years”. The Nurturing Parenting Program is recognized by the SAMHSA National Registry of Evidence-based Programs and Practices (NREPP) and by OJJDP’s Model Programs Guide as a Promising Program.

**2012 UPDATE: The Nurturing Parent Program (NPP) operated at 10 sites in 2010-2011, offering 24 NPP sessions (an increase of 7 sessions over 2009-2010). Of the families who enrolled in the sessions, 62.2% completed the program. Evaluation of the program is based on participant completion of the Adult Adolescent Parenting Inventory (AAPI) pre-test and post-test. AAPI results indicated positive, practical, or educational differences in test constructs concerning:**

- Expectations of children
- Parental empathy toward children
- Use of corporal punishment
- Parent-child family roles
- Children’s power and independence

**The full report for the Nurturing Parent Program is available upon request.**

- Parent Resource Centers: Currently seven Parent Resource Centers (PRCs) are receiving grant awards of CBCAP dollars to fund specific parent support and education activities for the prevention of child abuse and neglect. PRCs contract to provide parenting education and in doing so they offer the following:
  - Parenting education designed to assist parents or primary caregivers to strengthen their knowledge and skills and enhance understanding and performance of positive parenting practices, which prevent child abuse and neglect and reduce primary risk factors: caregiver problems with mental health, substance abuse, family and community violence, and other negative conditions in the child and family’s life situation
  - Meaningful involvement of parents in the development, operation, evaluation, and oversight of the funded programs;
  - Collaborative community activities specific to Child Abuse Prevention Month;
  - Identification and community needs for parent education and support, and strategies to address the identified needs;

- Parent education outreach activities which include referrals to social services and community supports and participation in the Family Resource Center Network.

These seven centers are local, collaborative efforts providing opportunities for parents. Each PRC participates in the Family Resource Center Network coordinated through the Family Life Education Program, a partnership with North Dakota State University Extension Service. The Network provides for site visits, a peer review process and an evaluation component for the individual centers as well as for the Network.

**2012 UPDATE:** The Department of Human Services, the CFS Division, and the North Dakota State University Extension Service are mandated by statute (NDCC 50-06-06.10) to enter into an agreement to design a program to provide support for families and youth that specifically address:

- Child and youth development
- Parent education with an emphasis on parents as educators
- Human development
- Interpersonal relationships
- Family interaction and family systems
- Family economics
- Intergenerational issues
- Impact of societal changes on the family
- Coping skills
- Community networks and supports for families

Services are provided in seven of the eight state human service planning regions and efforts continue to gather resources that will allow for formation of a Parent Resource Center in the remaining region of the state.

The goal of the Family Life Education Program (FLEP) is to promote the family/parent resource center concept as a means of providing educational opportunities, information and support for individuals at all points within the family life cycle. The objectives are:

1. To promote the enhancement of the ND PRC Network; and
2. To coordinate and enhance the established ND PRC Network by providing resources, support and assistance to the parent resource centers across the state

▫ **NEW IN 2012 – FAMILY SUPPORT SERVICES PEER-TO-PEER MENTORING & SUPPORT GROUPS FOR PARENTS/PRIMARY CAREGIVERS:**

- **Parent Resource Centers:** The PRCs utilize parent involvement and parent to parent support by encouraging leadership and ownership of the classes and support groups in which they are involved. The Centers do this through parents facilitating the parent support groups, completing satisfaction surveys, choosing parenting topics that interest them, being a referral source to each other for parenting classes, contributing stories to parenting newsletters, and becoming representatives on the PRC's board. One PRC reported that by validating the

parents' participation and contributions, they build self-esteem and confidence and therefore the parents are more likely to continue their active participation.

Members of the Parent Education Network have developed strategies to foster parent leadership and parent to parent support within their organizations and will continue to promote this growth in parent leadership.

One PRC offered this as an example of parent support:

*The facilitator of the group encouraged parents to become more involved in leadership roles. She has asked parents to volunteer to call when a parent does not attend meetings (checking in with them and making sure everything is okay). Parents are also bringing relatives and friends to the group. This year parents have taken ownership by sharing the group with new people who join and this gives everyone the opportunity to offer support to each other.*

- **Parent to Parent Support Services Program:** The Parent to Parent Support Services Program continues to provide support and education to parents, organize activities for family training and parent support for children's mental health, assist in training service providers by providing the parent perspective on training topics and assist in the continuous quality improvement process for the children's system of care in North Dakota. The Parent to Parent Support Services continue to collaborate with other private nonprofit entities and use both paid and natural supports. Their goal is to have a statewide collaborative effort with multiple systems to engage, train, educate, and support parents who have children with serious emotional disturbances.
- **Decision Making Process for Family Support Services:** In 2007, North Dakota consolidated the individual grants to local PRCs into one contract with the North Dakota State University Extension Service for Network coordination, training and technical assistance, and evaluation as well as salary and operating expenses for parent education/resource centers in seven of the state's eight planning regions. Although this number is presently reduced to six regions, currently there are efforts underway to support local communities and restore the seventh PRC. In addition, we plan to provide funding to the remaining region so that all eight regions have a Parent Resource Center in the Network this biennium.
- The contractual consolidation and support will be continued during SFY 2010.

Additionally, in North Dakota's most recent legislative session, the amount of state funding allocated to NDSU Extension Service for the support of PRCs was increased. Under the umbrella of the Family Life Education Program, this state funding has been "braided" with CBCAP dollars to provide greater stability and consistency for the Parent Education Network, enabling increased parent support and parent education services statewide. This enhanced collaboration with the North Dakota State University Extension Service is envisioned to enable more consistent programming, which meets criteria outlined for CBCAP Evidence-Based and Evidence –Informed Programs and Practices and CBCAP Annual Report Participant Numbers Guidelines. Additionally, strengthening the state-level collaboration will continue to provide access to training and

technical assistance resources and bolster evaluation and data collection capacities of the local programs. This collaboration will also continue to facilitate broadening the Parent Education Network to include Resource Centers in the state that are not currently receiving funding under CBCAP, creating a greater and more consistent footprint of services across the state.

The criteria for funded local programs will be established based on the currently funded contracts. These contracts will require and assure the local resource center's agreements and capacities will meet the provisions established by the lead agency and those contained within this program instruction. This will include evidence-based/evidence-informed parenting education to address issues of child abuse and neglect, parent support groups, parent leadership, child abuse and prevention month activities, assessment of community needs, outreach, referral, network participation, evaluation and reporting requirements.

Statewide programs funded with CBCAP funds will focus on child abuse and neglect prevention activities and other programs or services as outlined within this application. The contract language is integrated into a state contract system (copies of contracts are available upon request).

#### **Family Preservation Services and Time Limited Family Reunification Services**

North Dakota is committed to the continued use of both Federal and state funds to Family Preservation Services and Time-Limited Family Reunification Services. In order to maintain these services, the CFS Division analyzes available state and federal funds as a means of determining the amount of Title IV-B, Subpart 2 funds needed for these program areas. Because funding streams are braided, the percentages vary depending upon funds received from TANF and also the general funds appropriated by the North Dakota legislature.

**2012 UPDATE: The CFS Division expended 71% of IV-B, Subpart 2 funds for Family Preservation services and 14% for Time Limited Family Reunification services. The majority of Time Limited Family Reunification services are funded with federal TANF dollars and state general funds.**

The CFS Division provides an array of services designed to help families alleviate crises that could possibly lead to out of home placement of children; maintain the safety of children in their own homes; support families preparing to unify; and assist families in obtaining services and other supports necessary to address their multiple needs in a culturally sensitive manner. These services focus on family strengths and competency, safety and well-being of children, and are intense and time-limited. During FFY 2010 these services included the following:

- **Prime Time Child Care:** Prime Time Child Care provides temporary child care to children of families where child abuse and/or neglect have occurred or there is a risk of it occurring. It gives parents an opportunity to attend counseling, addiction treatment, or other needed services while their children are cared for in a licensed facility.

**2012 UPDATE:** Services were funded in 22 counties assisting approximately 83 families.

- **Respite Care:** Respite Care is temporary child care for families with disabled children, including chronically or terminally ill children, children with serious behavioral or emotional difficulties, and drug-affected children. This service is intended to provide care givers with periods of temporary relief from the pressures of caring for children.

**2012 UPDATE:** Respite Care services were funded in one northwestern county through a state Memorandum of Agreement and in the past year this service was provided to 3 families. Three regional Human Service Centers (HSCs) also provided Respite Care services during the year and 74 families utilized this service. These three HSC programs were not funded with Title IV-B dollars.

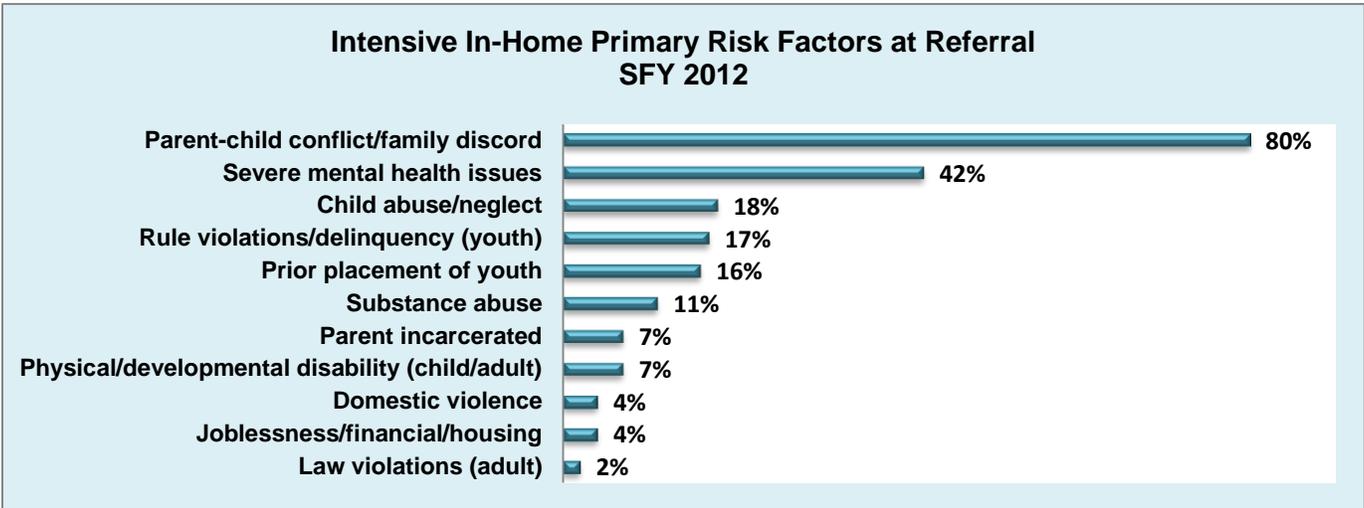
- **Parent Aide Services:** Parent Aide services are designed to improve parenting skills with parents who are at risk of abusing or neglecting their children, by reinforcing parents' confidence in their strengths and helping them to identify where improvement is needed and to obtain assistance in improving those skills. It uses the relationship between the parent and the parent aide as a tool to encourage, teach, and assist parents.

**2012 UPDATE:** Parent aide services were funded by state Memorandum's of Agreement in 41 North Dakota counties. Parent aide services were provided to approximately 430 families this past year. Two regional Human Service Centers also provided Parent Aide services and they served 65 families in the past year. The two HSC programs were not funded with Title IV-B dollars.

- **Intensive In-Home:** The Intensive In-Home family therapy service was provided through a contract with The Village Family Service Center throughout North Dakota. Three regional Human Service Centers also provide Intensive In-Home family therapy services. These programs are not funded with Title IV-B Subpart 2.

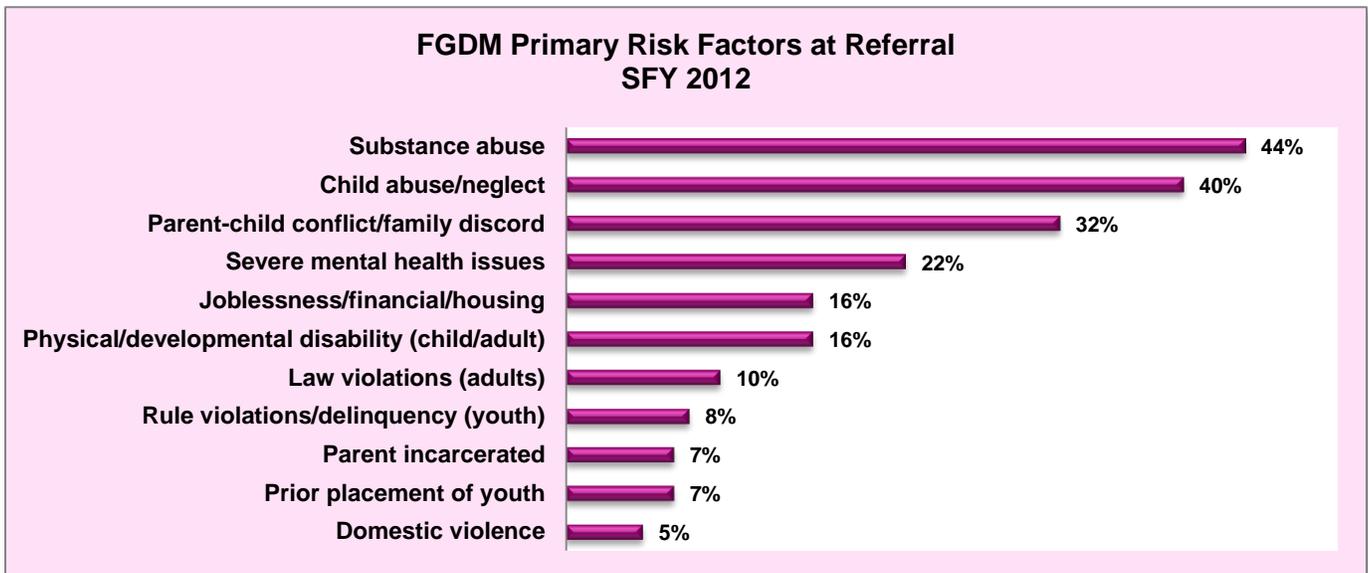
**2012 UPDATE:** In SFY 2012 Intensive In-Home services were expanded to include Region I (Williston) through a contract with The Village Family Services Center. With this expansion, this service is now available in every region of the state. Approximately 299 families with 481 children received Intensive In-Home services in the past year. Of the children at risk of being placed out of home, placement was prevented in 88% of these cases. County child protection/child welfare referred the almost half (49%) of the cases. Most of the families served had an annual household income of \$20,000 or less. The Human Service Centers served an additional 127 families during SFY 2011. The families served through the regional HSCs do not receive Title IV-B funds for this service and therefore are not included in the data below.

Following is a graph showing the primary risk factors reported at the time of referral for The Village's Intensive In-Home cases for SFY 2012. Please note that more than one risk factor can be selected by the referral source.



- **Family Group Decision Making (FGDM):** The Family Group Decision Making process is utilized by families in order to prevent out-of-home placement of children and it involves bringing family members, conventional and nonconventional supports, and providers to the table in order to conference together in the development of a comprehensive plan. FGDM services are contracted through The Village Family Service Center.

**2012 UPDATE:** During SFY 2012 Family Group Decision Making services were expanded to include every region of the state through a contract with The Village Family Services Center. In SFY 2012, services were provided to a total of 86 families. Over 81% of the referrals came from county child welfare agencies. Following is a graph showing the concerns/risk factors at the time of referral. Please note that more than one risk factor can be selected by the referral source.

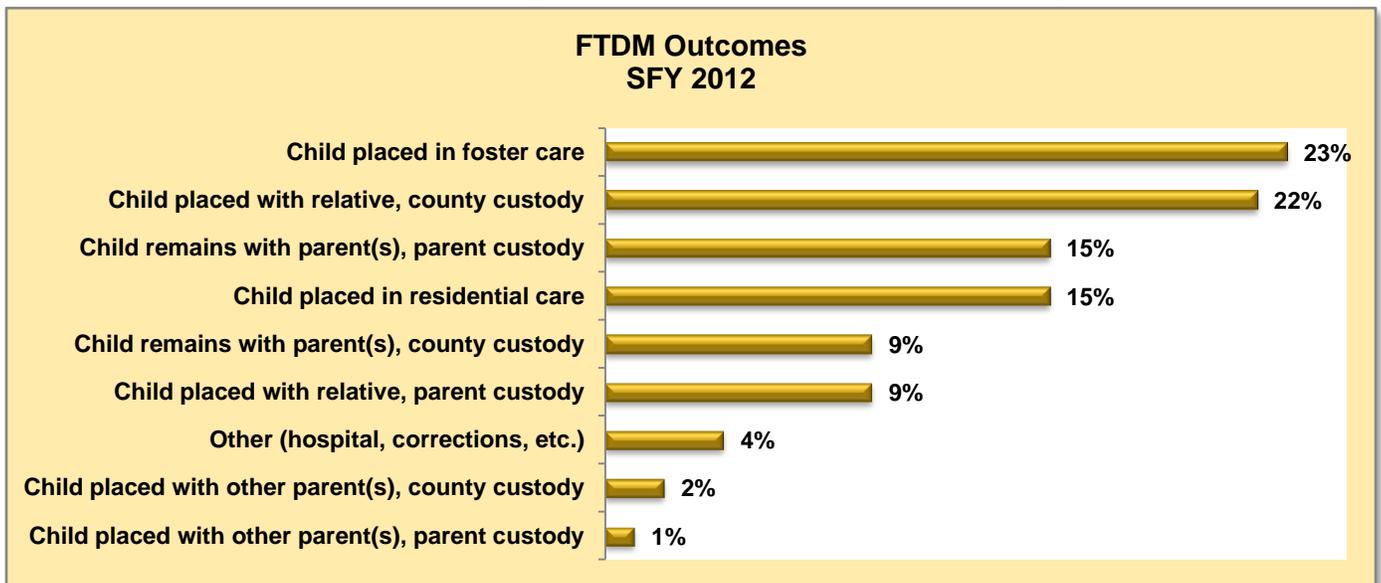


- The 2009 ND Legislative Assembly allocated funds to expand Family Preservation Services in the state by piloting a new, innovative practice. ND DHS chose the Family

Team Decision Making (FTDM) process and the pilots began in Cass, Burleigh, and Morton Counties in the last year. FTDM is a facilitated team process which can include birth or adoptive parents, guardians, extended family members, youth, community members, service providers, child welfare staff and other caregivers. These meetings have only one purpose: to make critical decisions regarding the removal of children from their homes, changes in out-of-home placement, and reunification or placement into a permanent home. The goal of FTDM is to arrive at consensus regarding a placement decision to keep the child safe and ensure his or her best interest. The priorities of FTDM are to protect children, preserve or reunify families, and prevent placement disruption. FTDM services are contracted through The Village Family Service Center. Staff from The Village and counties received intense training by a Washington state FTDM trainer. Ongoing consultation with the trainer continues and another training session is planned at the upcoming CFS Conference in July. Data on FTDM is being collected and will be reported as part of the 2012 APSR.

**2012 UPDATE:** During SFY 2012 Family Team Decision Making (FTDM) services were available in Cass and Burleigh Counties through a contract with The Village Family Services Center. The service is considered a highly effective pilot that promotes the principles of the ND Wraparound Practice Model.

In SFY 2012 a total 149 FTDMs were held in the pilot sites. Over 70% of the FTDM referrals came from Child Protection Services. Just under 30% of the referrals came from Juvenile Court, the majority of those in Burleigh County. Following is a graph showing the outcome plans identified at the conclusion of the FTDMs. In 58% of the FTDMs, the child outcome was to be placed with a parent or relative and in 42% of the FTDMs the child outcome was to be placed in foster or congregate care. Please refer to the following chart for the FTDM outcomes, by percentage, for SFY 2012. Please note more than one outcome may have been indicated if more than one target child was identified in the family.

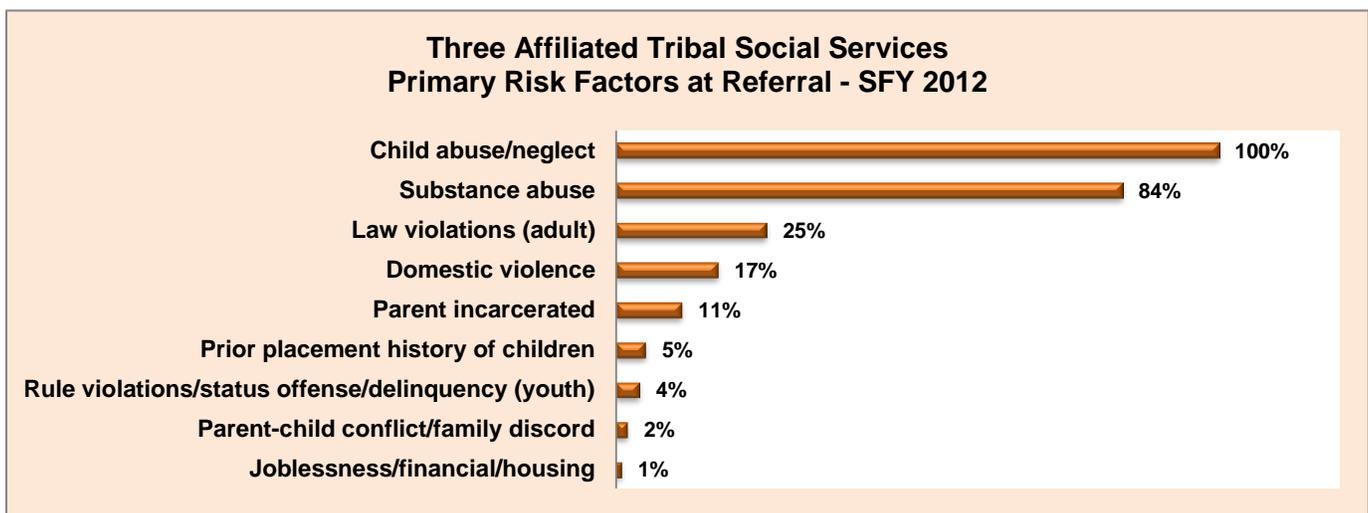


- **Tribal Child Welfare Services:** ND DHS contracts with tribal child welfare agencies in the state to provide Family Preservation services. The tribal agencies provide the non-federal match for the Title IV-B funding. Each agency was given the option to provide any or all of the Family Preservation services which include Wraparound case management, parent aide and/or intensive in-home family therapy.

**2012 UPDATE:** All four tribal child welfare agencies have service grants with ND DHS to provide Family Preservation services.

**Three Affiliated Tribes Social Services** contracted with ND DHS to provide Intensive In-Home and Parent Aide services to families on the Ft. Berthold Reservation. During SFY 2012 they served 36 families with 81 children. Services were referred by child protection services in nearly half of the referrals. Out of home placements were prevented in 81% of the families served.

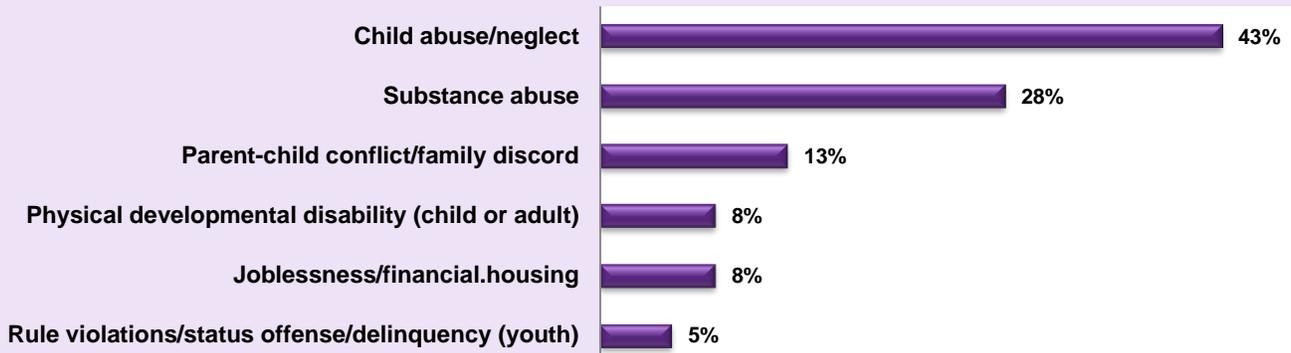
Please refer to the following graph for the primary risk factors reported at the time of referral. Please note that more than one risk factor can be selected by the referral source.



**Turtle Mountain Band of Chippewa Tribal Social Services** contracted with ND DHS to provide Wraparound case management and Parent Aide services to families residing on the Turtle Mountain Reservation. During SFY 2012 the agency provided Wraparound case management to 16 families with 51 children. Most of the referrals were received from within the agency. Placement was prevented in 72% of the cases. During SFY 2012 Turtle Mountain Tribal Social Services provided Parent Aide services to 6 families. Almost all the referrals were received from child protection services. Out of home placements were prevented in 70% of the cases.

Refer to the graph below for the primary risk factors reported at the time of referral (data inclusive of both Wraparound and Parent Aide services). Please note that more than one risk factor can be selected by the referral source.

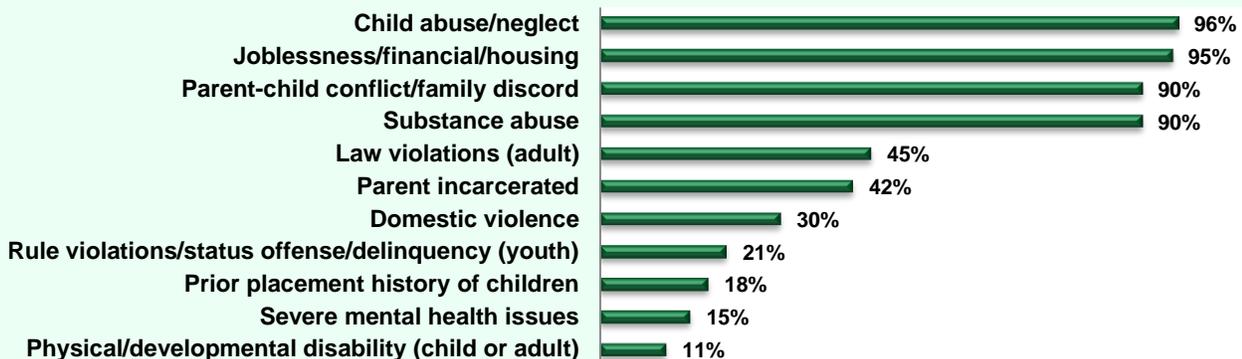
**Turtle Mountain Band of Chippewa Tribal Social Services  
Primary Risk Factors at Referral - SFY 2012**



**Spirit Lake Tribal Social Services** contracted with ND DHS to provide Parent Aide services to children and families residing on the Spirit Lake Reservation. Spirit Lake Tribal Social Services reported parent aide services were provided to 57 families during SFY 2012. Out of home placements were prevented in 78% of the cases.

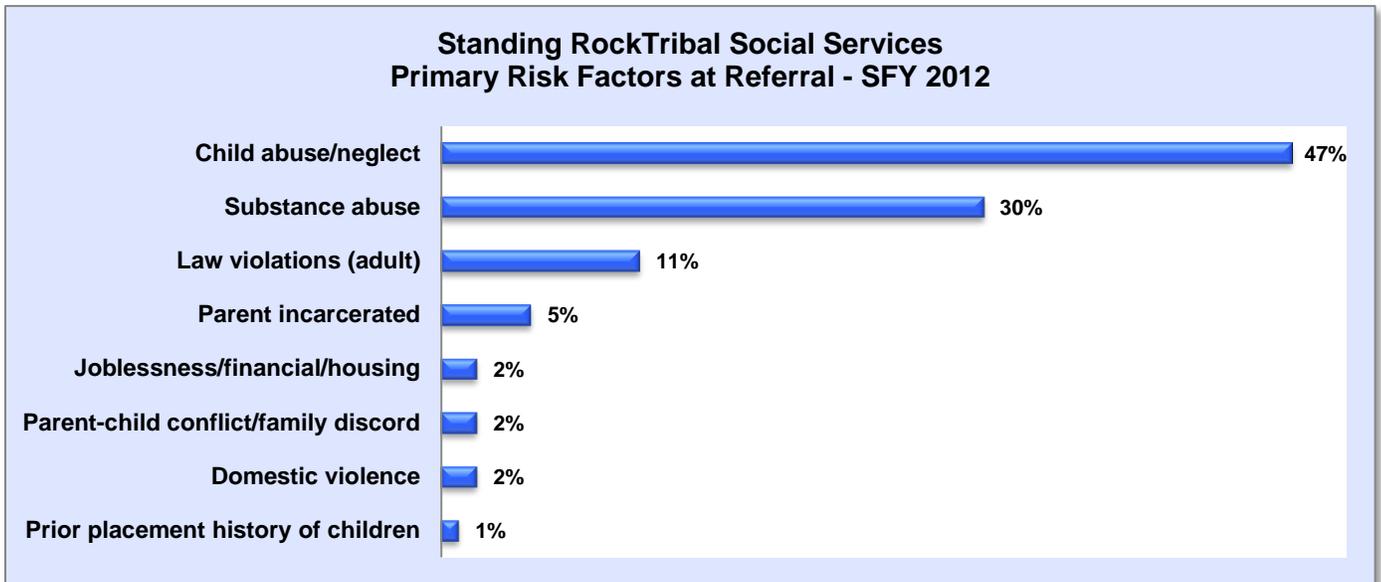
Refer to the graph below for the primary risk factors reported at the time of referral. Please note that more than one risk factor can be selected by the referral source.

**Spirit Lake Tribal Social Services  
Primary Risk Factors at Referral - SFY 2012**



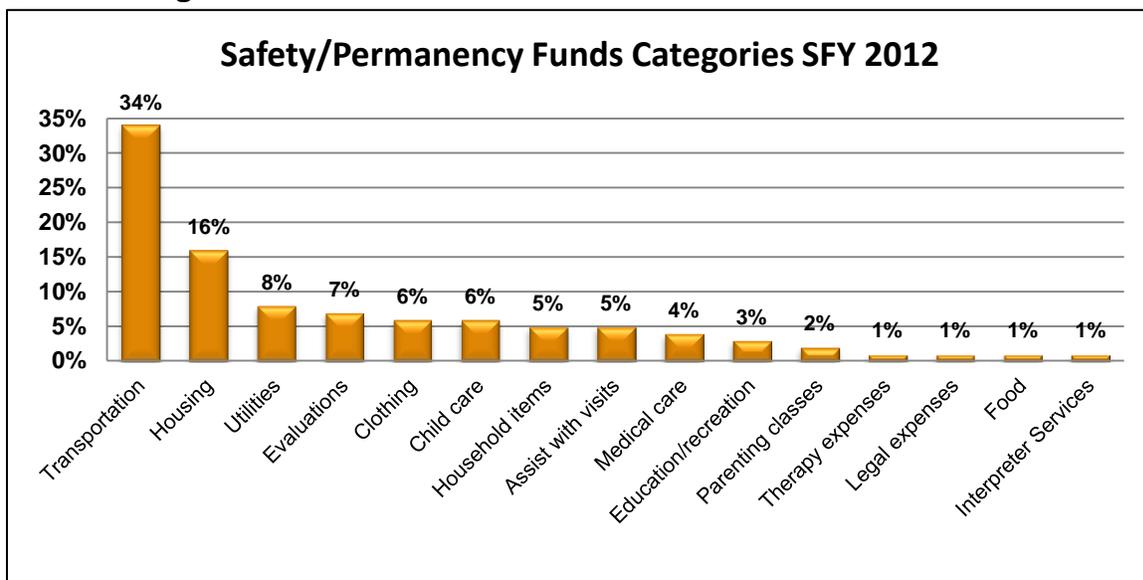
**Standing Rock Tribal Social Services** contracted with ND DHS to provide Parent Aide services. During SFY 2012 the agency served 99 families with 167 children. The majority of referrals were received from child protection services. Out of home placements were prevented in 59% of the cases.

Refer to the graph below for the primary risk factors reported at the time of referral. Please note this agency reported the primary risk factor selected by the referral source.

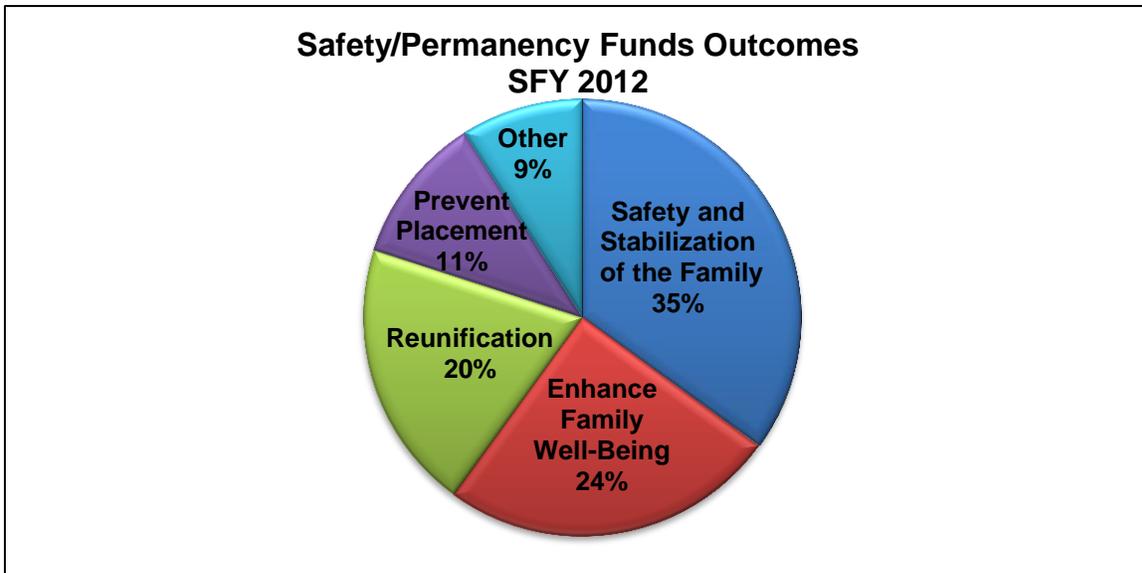


- Safety/Permanency Funds: Safety/Permanency Funds are distributed each biennium to the eight regions in North Dakota in proportion to child population rates. The funds are managed by the Regional Supervisors with oversight by the Family Preservation Administrator.

**2012 UPDATE:** Safety/Permanency Funds were provided to approximately 885 families. This is the first year Safety/Permanency Funds were used for interpreter services for non-English speaking families. Therefore, this has been added as a category in policy and in the data. Safety/Permanency Funds were approved for the following reasons:



Safety/Permanency Funds requests are tracked by the Family Preservation Administrator in order to determine trends and to explore frequency of permanency outcomes. The SFY 2012 data is referenced in the graph below.



▫ **NEW IN 2012 – TIME LIMITED FAMILY REUNIFICATION PEER-TO-PEER MENTORING & SUPPORT GROUPS FOR PARENTS/PRIMARY CAREGIVERS:**

- **Child and Family Team Process:** The ND Wraparound Practice Model provides for family voice and choice at the table during every stage of the family's involvement in the child welfare system. Families participate in case planning and therefore have opportunity to share their views and preferences on plan goals and tasks, family visitations, and permanency decisions.

When children are placed in foster care, county agencies work together with parents and foster parents through the team process to ensure children have opportunity for consistent and quality visits with family members.

- **Therapeutic Foster Care:** PATH North Dakota, Inc. also provides in-home family support, respite, reunification services, assessment homes, and adoption services collaboratively with Catholic Charities ND (collaboration occurs through CFSR inclusion, ongoing meetings for discussion of issues, licensure through ND DHS, case reviews for licensure and audits, policy issuances from the department).
- **Residential Facilities:** Residential Child Care Facilities (RCCFs) and Psychiatric Residential Treatment Facilities (PRTFs) work as closely as they can with families to include biological, foster, extended family members in the process of creating and building an individual plan of care for the child placed in the facility. Families are encouraged to visit, engage in family activities, write letters, maintain phone contact, etc. RCCF and PRTF programming does vary throughout North Dakota, however some facilities provide family therapy, offer a family engagement and strengths building classes, pay for travel expenses to get families to and from the facility, as well as house the families in separate apartment units to accommodate the distance in travel.

### Administrative Costs

Administrative costs are determined by client eligibility for TANF Emergency Assistance. The IV-B, Subpart 2 funds are used for those clients who are not eligible for TANF. The amount spent varies monthly based on reports provided to the CFS Division by the county directors.

**2012 UPDATE: For FFY 2013, the CFS Division projects spending 10% of the IV-B, Subpart 2 funds for administrative costs.**

### Foster Care Services

Foster care is 24-hour out-of-home care for children whose parents are unable, neglect, or refuse to provide for their children's needs. This includes food, clothing, shelter, security, safety, guidance and comfort. In nearly all cases, the child in care has been removed from the home by a court order, with custody given to a public agency, such as the Division of Juvenile Services, County Social Services, or Tribal Social Services. The ND Department of Human Services' CFS Division is responsible for rules for licensure of foster care homes and facilities to maintain a standard for the safety and well-being of the children in care. The CFS Division is also responsible for the review of all license assessments prior to issuing a license for care.

**2012 UPDATE: The sixty-second legislative assembly of North Dakota passed SB 2192 to create and enact a section of NDCC 27-20 relating to the disposition of a child needing continued foster care services after the age of eighteen and under the age of twenty-one. This law relates to the jurisdiction, venue, contents of petition, summons, right to counsel, reasonable efforts to prevent removal or to unify, and limitations of time on orders of disposition for the noted population. Policy was issued to the field surrounding program eligibility and requirements, and the law went into effect on January 1, 2012. Since the effective date, North Dakota has proceeded with the utilization of Title IV-E funding to extend foster care services to the noted population as outlined in the Fostering Connection to Success and Increasing Adoptions Act of 2008 (PL 110-351).**

The CFS Division issued policy to the field clarifying the need, process and documentation requirements for foster care case managers concerning the monthly visitation of parents whose children are in foster care.

The CFS Division issued a policy clarification surrounding the Safe and Timely Interstate Placement of Foster Children Act of 2006. This clarification noted that it is the custodial agency's responsibility to give timely written notice of upcoming hearings and a right to be heard to the foster parent, pre-adoptive parent or relative care giver of a child in foster care.

The CFS Division issued a policy surrounding requirements resulting from the Child and Family Services Improvement and Innovation Act (P.L. 112-34). The policy issuance surrounded the requirement of custodial agencies to assist foster children, ages 16 and older, in obtaining an annual copy of their consumer credit report, interpreting the results, and resolving any credit inconsistencies. The policy

also clarified that the annual report must be made a part of the foster child's file from age 16 until they are discharged from foster care.

▫ **NEW IN 2012 - SERVICES TO CHILDREN UNDER THE AGE OF FIVE:**

AFCARS data indicates a steady trend line between 2007 and 2010; approximately 24% of the children in foster care are children under the age of five.

- On September 30 of 2010, 23% of the children in foster care were under the age of five, a decrease from 26% a year earlier.
- Because Head Start is a close partner to child welfare (the Head Start Collaboration office is located in CFS), we have already been discussing the availability and use of Head Start and Early Head Start for young children in care
- All children in Foster Care receive a Health Tracks screening, which include developmental and mental health assessments, as well as assessments for physical health needs.
- **North Dakota Plan:**
  - We have just begun to track this group of children and more specific data analysis will be done in the next year to analyze demographics and characteristics of these children using AFCARS data and FRAME data, with particular emphasis on native youth in this age range in care. Casey Family Program resources will be used for this tracking process, as well as the assigned CFS data analyst. Data available through the ND Supreme Court Odyssey system will also be requested in order to give CFS a full snapshot of this age group in care. This collaboration will assist in assessing permanency issues for this group in the legal process, as well as analysis of entries and exits into care.
  - FRAME does allow us at present to track Head Start and Early Head Start enrollment for children in foster care. However, at present this field is not a required field in FRAME. In the next year, CFS will pursue a change in FRAME to make this a required field, which will allow us to track the percentage of this population using Head Start and Early Head Start services. This data will assist us identifying areas where referrals are not being made with placements for this population and address this issue with a statewide and local plan/response.
  - Linda Rorman, the Head Start Collaboration Administrator in CFS has joined and led a discussion in several quarterly meetings with Regional Supervisors. We will continue and build on this activity and relationships by working with the Adoption and Foster Care Task Force (child welfare field representatives from across the state) to promote referrals to Head Start and Early Head Start to address early education and development needs of children in placement (including a review of policies which support a high level of care) for this group. PATH, a therapeutic foster care provider already has a very low child to parent ratio for this, and other age groups, needing this level of service.

- By nature of the age and vulnerability of young children, the safety assessment guidelines already consider this factor in prioritizing a CPS referral. In addition, the CAPTA requirements will trigger a developmental referral for this age group; thus, if the child is placed into care as a result of a CPS incident, a developmental referral will automatically ensue per law and policy.
- Over the next year, the Head Start Collaboration Administrator in CFS will convene a process for planning for assessing service array and creating a plan to address a protocol/policy for Head Start and Early Head Start referrals and collaboration with local Head Start and Early Head Start programs in the next year. The CFS Foster Care Administrator and other CFS staff will be invited to join this process.
- CFS will plan additional training at the 2013 CFS Conference in regard to meeting the developmental needs of young children in care for front-line child welfare staff and supervisors, including a review of the data completed in the above analysis. CFS and UNDCFSTC will work together with the ND Foster Parent Association to address training needs for foster parents in this area in the next year.
- CFS will work with the regional Human Service Centers (HSC), which provides services to young children with developmental delays, to assess their capacity to serve all foster children needing assessment and services to assure developmental progress. Regional HSC have an array of services available including developmental assessments and therapy for children in this age range.
- **Child Welfare Data Snapshot:** The trends in North Dakota foster care placements are shown on the “Child Welfare Data Snapshot.” This data is gathered annual by Decision Support Services in collaboration with the CFS Division.

**UPDATE:** The 2011 Child Welfare Data Snapshot is located on the following two pages.

## Child Welfare Data Snapshot

### Children in Foster Care by Placement Type, FFY 2004-2011

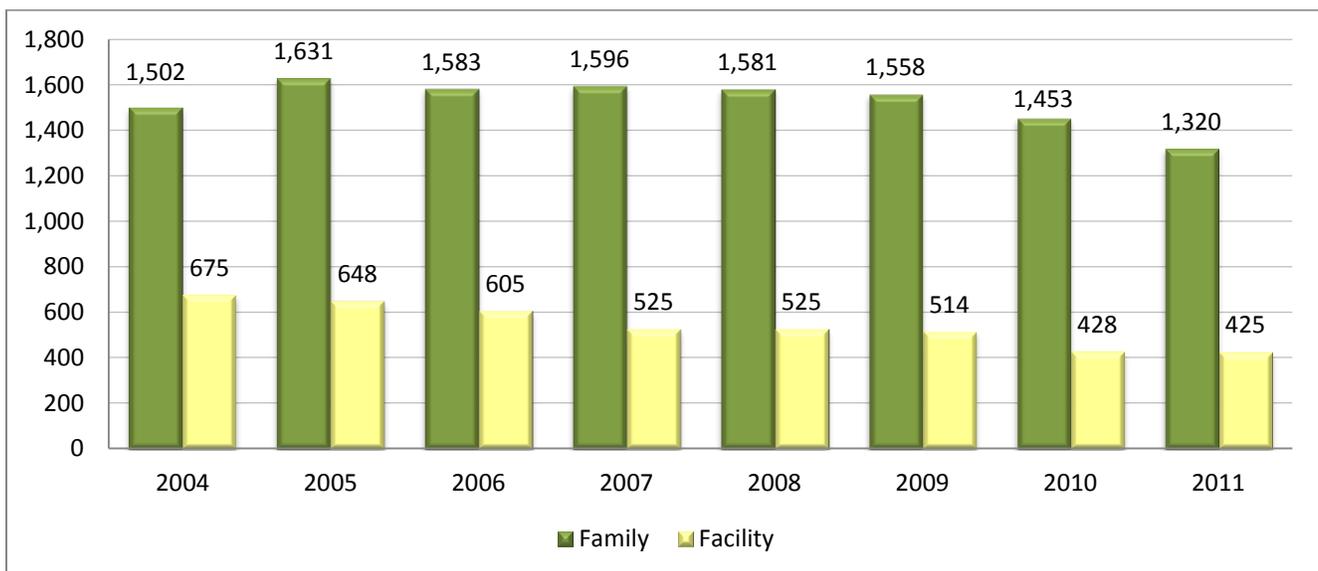
Placement Type	2004	2005	2006	2007	2008	2009	2010	2011	% Change 2004-2011
Pre-Adoptive Home	207	228	252	260	289	244	212	166	-19.8%
Relative Placement	383	507	569	400	303	309	204	187	*13.1%
Family Foster Care	912	896	762	718	689	691	735	721	-20.9%
Trial Home Visit				218	300	314	302	246	
Group Home	120	96	95	85	72	58	36	41	-65.8%
Facility	555	552	510	440	453	456	392	384	-30.8%
Missing Data	28	35	21	31	28	34	31	17	
<b>Total</b>	<b>2,20</b>	<b>2,31</b>	<b>2,20</b>	<b>2,15</b>	<b>2,13</b>	<b>2,10</b>	<b>1,91</b>	<b>1,76</b>	<b>-20.1%</b>
Discharged on 18 <sup>th</sup> Birthday	49	38	45	58	54	76	51	35	
Discharged Older than 18	63	77	51	55	61	62	51	10	
**Remaining in Care (18 or Older)	47	30	32	28	27	31	37	27	

AFCARS, FFY 2004-2011, 11/01/2011. \*To calculate percent change for Relative Foster Care required adding Trial Home Visit to Family Foster Care for 2011.

Family Type Placements

Facility Placements

### Trends in Family Foster Care and Facility Placements, FFY 2004-2011



AFCARS, FFY 2000-2009; AFCARS FFY 2011 updated on 1-20-2011.

### Foster Care

- On September 30, 2011 there were 1,107 children were in foster care (includes tribal IV-E cases, DOCR-Division of Juvenile Services youth placed in foster care and pre-adoptive placements).
- Native American children accounted for 31.9% (n=353) of this point-in-time foster care count.
- The average age of children on Sept 30, 2011 was 10.1 years old.
- 54.2% (n=600) of children in care had a permanency goal of reunification.

### Child Protection

- Between May 1 2011 and April 30, 2012, 10,385 reports of suspected child abuse and neglect were received in 2011. Of these reports, 6,948 were in the jurisdiction of CPS and met the criteria for CPS assessment.
- 3,842 full assessments were completed. In 2009, changes to the CPS data entry system allow multiple reports for the same case to be included in a single CPS assessment. During the assessment process, some assessments are terminated because of new information related to the case or a change in jurisdiction.
- To illustrate the trend in the number of full assessments, compared to 2000 when 4,145 full assessments were completed, a decrease of 7.31% was seen in 2011 (n=3,842).  
A decision of "Services Required" was made in 736 (19.2%) of the 3,842 full assessments.

### Adoption

- Data not available at the time of this writing.

### Permanency Outcomes (Point-in-time data)

- Data not available at the time of this writing.

### Chafee Independent Living Program (10/1/10-9/30/11)

- In SFY 2011, 371 youth participants were served in the Chafee Foster Care Independence Program.
- 48% (n=178) of participants were current foster care youth.
- 52% (n=193) of participants were Foster Care Alumni, youth who had exited or aged out of foster care.

## Adoption Services

Pursuant to statute, the CFS Division is served notice of all adoptions that occur in the state of North Dakota. However, adoption services are provided by private providers within the state. The CFS Division facilitates a contract with a private provider to provide adoption services to children in foster care and the families who adopt them. The contracted agency accepts referrals from the county social service agency when the plan for a specific child is adopted (or there is a concurrent plan for adoption). The private agency then provides all adoption related services including child preparation and assessment, child specific recruitment, general family recruitment, family assessment and preparation, placement and post -placement services. The agency also assists families in applying for adoption assistance.

### **2012 UPDATE: In FFY 2013, the CFS Division projects spending over 20% of the Title IV-B, Subpart 2 funds for Adoption Promotion and Support.**

- Adoption Performance-Based Contracting Overview: The Department of Human Services has long contracted with private vendors to provide adoption services in North Dakota (Adults Adopting Special Kids – AASK). Catholic Charities North Dakota (CCND), in collaboration with PATH ND, is the current contracted vendor to provide adoption services to children in foster care and the families who adopt them. Services provided by the vendor include child preparation and assessment, family preparation and assessment, general recruitment functions, technical assistance to the public agency on adoption matters, placement and placement supervision, services to finalize the adoption, assistance with application for adoption subsidy, and post adoption information and support. Under this contract, payment for services relates to adoption placement, finalization and timeliness in adoption (consistent with the national standard). An additional payment is made for those adoption finalizations where specialized recruitment was necessary to facilitate placement (degree of difficulty payment). This performance based contracting system has been in place since July 1, 2005. A 2009 request for proposals has been completed and the state will again contract with Catholic Charities ND (in collaboration with PATH ND) for this service for the 2009-2011 biennium.

**2012 UPDATE: During the period of July 1, 2011 through May 31, 2012, the Adults Adopting Special Kids (AASK) program placed 103 children in adoptive placement (of those, 8 children were from other states and 2 children were tribal custody children placed due to the efforts of the AASK program) and finalized 117 adoptions. Of these final adoptions, 59 met timeliness criteria in that the adoption was finalized within 12 months of the termination of parental rights and 21 met the degree of difficulty criteria in that the children required additional recruitment efforts.**

- Inter-Country Adoptions: Children adopted from other countries qualify for adoption and post adoption services, as would any child who is a resident of the state. Adoption specialists provide information and referral services to families who inquire or present with a need. Family Preservation services are available to families who are at risk for out of home placement and can be accessed through the local county child welfare agency. Pursuant to PA 01-01, it is unlikely that foreign-born adopted children would qualify for

adoption assistance, other than reimbursement of nonrecurring expenses for those few children who may be designated as special needs and whose parent applies for such reimbursement prior to finalization of the adoption.

**2012 UPDATE: In the past year there were no children adopted internationally who entered foster care.**

- **Adoption Incentive Payments:** North Dakota anticipates receiving adoption incentive funds as reauthorized in PL 110-351. Incentive Funds will be used to fund North Dakota's special needs adoption collaborative, the AASK Program. Services provided by this program include recruitment, training and assessment of families, child preparation and placement, child-specific recruitment, and post placement follow up services. Should the state receive adoption incentive funds, consideration will be given to funneling those dollars to additional specific post adoption services; in particular, the provision of case management services in concert with the Wraparound practice model for those post finalization families who are in need of the service.

**2012 UPDATE: Adoption Incentive Funds received in 2011 have been used to supplement funding for the adoption service contract, as well as provide professional development opportunities for adoption workers in the AASK Program.**

- **Coordination with the Tribes (Adoption Program):** The contracted adoption provider, AASK, works collaboratively with the North Dakota tribes when placing Native American children for adoption. AASK places children within the ICWA order of preference unless "good cause" has been established by the court to do otherwise, or the child's tribe has approved placement outside the ICWA order of preference.

AASK adoption specialists work with adoptive families to develop a cultural plan for all Native children being placed for adoption with non-Native families that is forwarded to the child's tribe when requesting their approval to place outside the order of preference.

Adoption services are provided to Turtle Mountain tribal child welfare through the AASK program, with a half-time adoption specialist located in the PATH ND office in Belcourt, ND. At the request of the three other North Dakota tribes and with prior approval of the Administrator of Adoption Services, the AASK program will provide adoption services to children in the custody of North Dakota tribes where the tribe has a plan for adoption.

The ND DHS services will provide adoption assistance in the form of Medical Assistance for families who are adopting child through a North Dakota tribe and the tribe is providing the monthly adoption subsidy (a 638 funded subsidy).

**2012 UPDATE: Adoption services are provided to all the tribes through the AASK program, at the request of the Tribe and with prior approval of the Administrator of Adoption Services, for any child in the custody of the Tribe who has a plan for adoption. Generally, these services include an adoption assessment of the family and assistance in applying for adoption subsidy (if the child is eligible).**

- **NEW IN 2012 – AFCARS Improvement Plan:** North Dakota has report element logic and data clean-up activities to address in relation to satisfying the AFCARS Improvement Plan. The plan was begun in 2003 and continues to present day.

#### **D. CHILD AND FAMILY SERVICES CONTINUUM**

The CFS Division is responsible for program supervision and technical assistance for the delivery of public Child Welfare services. Due to rural nature of North Dakota, it is vital that the service continuum involves consistent and continued coordination and consultation with all of our partners. What follows are brief descriptions of those CFS Division programs not funded through IV-B Subpart I or Subpart II funds but considered integral to the continuum of care in North Dakota's child welfare system.

##### **TANF Kinship Care Program**

Kinship Care became a statewide program available to County Social Service Agencies and the Division of Juvenile Services in February 2005. TANF currently does not include tribal social service agencies in the Kinship Care program due to lack of funding.

**2012 UPDATE:** An average of 22 families with 29 children received Kinship Care services in SFY 2012. This program has made it possible for families to receive TANF Kinship Care supportive services, as well as a TANF benefit, while relative children are in foster care. The program will continue to be available to all children in the care, custody and control of County Social Services, the Division of Juvenile Services, or the DHS Executive Office.

##### **Refugee Services**

The Department of Human Services, and specifically the CFS Division, is the agency designated by the Governor to administer services for refugees arriving in the United States and into North Dakota. Federal funding is available to meet the needs of newly arriving refugee families and Unaccompanied Refugee Minor Youth. Primary resettlement sites are in Cass County, Grand Forks County, and Burleigh County.

**2012 UPDATE:** The transition of the majority of refugee services from ND DHS to Lutheran Social Services of North Dakota (LSS-ND) during the last reporting period has been totally accomplished during this reporting period. This has included both the actual transfer of the administration of identified services, and the final completion of reporting responsibilities to the Office of Refugee Resettlement (ORR).

ND DHS continues to administer and report on the Unaccompanied Refugee Minor (URM) Program and Refugee Medical Assistance (RMA) programming. The Office of Refugee Resettlement (ORR) funded programs for Wilson/Fish, Social Services, Targeted Formula Assistance, Preventive Health, and Refugee School Impact Grant all continue to be administered and reported on by LSS/ND.

The strong collaboration between the ND DHS and LSS/ND has been ongoing for many years and continues to include service provision in many areas to refugee populations.

- Refugee population: The number of new arrivals had been increasing annually over the last 4 years, ranging from 182 individuals up to 470 individuals. During this past reporting period the number of new arrivals dropped to 354 individuals.

**2012 UPDATE:** In FFY 2011, newly arriving refugee numbers dropped from 470 individuals in FFY 2010 to 354 individuals. These arrivals were placed in Fargo/West Fargo, Grand Forks and Bismarck. This reduction in numbers was attributed to economic downturn, and the inability of the Fargo/West Fargo community infrastructure to continue to absorb higher numbers of new arrivals. It is anticipated that very similar numbers will be realized at the end of FFY 2012. LSS/ND continues to contract for direct services with local providers utilizing federal funds made available through grant proposals to the ORR for this population. Services were provided in a culturally sensitive manner and utilizing multilingual staff whenever possible.

The bullets below have been updated to reflect the changes that have occurred in the provision of refugee services. The changes have been bolded.

- The State Coordinator for Refugee Services continues to be employed by LSS/ND to oversee and assist in the coordination of efforts for the refugee population in North Dakota. **ND DHS and LSS-ND are currently working on an amendment to our current contract which would enable LSS-ND to hire a State Refugee Health Coordinator. This position would be responsible for the overall coordination and reporting of health services available to refugees and new arrivals.**
- Upon arrival to North Dakota, Unaccompanied Refugee Minor (URM) children continued to be placed into licensed foster care homes and were provided services through the resettlement agency. When appropriate, the resettlement agency applied for guardianship of these children and youth. The Department of Human Services continues to apply state standards and licensing processes for URM foster home licensure **as per North Dakota Century Code 75-03-36. LSS-ND has also agreed to start accepting victims of human trafficking along with URM youth.**
- Collaboration efforts continued to be a major function of the State Coordinator, joining together with state and local groups. Efforts included collaboration with local providers, volunteers, mentors, and local organizations in the joint activity to facilitate the rapid self-sufficiency and integration of newly arriving refugees into North Dakota as residents and integral members of their new communities.
- A collaborative effort between LSS/ND and ND DHS produced North Dakota's 2012 Refugee Services State Plan. This plan was reviewed and accepted/approved by the ORR in December of 2011.

- **LSS-ND participated in two program reviews during this past reporting period. In July 2011, the Department of State conducted a review, and in May of 2012 two national organizations (VOLAGS) conducted a review. Both of these reviews focused on refugee reception and placement contracts that LSS-ND administers. Both reviews found LSS-ND to be in total compliance with reception and placement requirements.**
- LSS/ND had its Licensed Child Placing Agency (LCPA) status reviewed and renewed by ND DHS in May of 2012 as required by NDAC 75-03-36-Licensing of Child-Placing Agencies. This is required by ND DHS in order for LSS/ND to continue to administer the Unaccompanied Refugee Minor (URM) foster care program. **A 2 year license was granted to LSS-ND after that review.**

### **Early Childhood Services**

In the next five years, the Early Childhood Services (ECS) Program will continue to be administered through the CFS Division and will be responsible for overall child care licensing for Early Childhood Services in North Dakota including policy and rule development and proposing legislation. The ECS Administrator consults and collaborates with diverse groups of individuals, organizations, and foundations to meet the program requirements of the Child Care Development Fund block grant.

For the next biennium, the CFS Division will continue to contract with Child Care Resource and Referral (CCR&R) to provide child care information and referrals to parents. The CCR&R will also provide training and consultation for child care providers and potential child care providers on business practices, early childhood development, health and safety, emergency preparedness, and infant-toddler care-giving as part of the Growing Childcare Initiative, a statewide program designed to increase capacity and improve quality of childcare and to provide professional development support to the early childhood workforce.. The CCR&R work plan includes the responsibilities and deliverables (data and products) for each of their agencies. The CCR&R agency directors provide regular reports to the ECS Administrator based upon this detailed work plan.

**2012 UPDATE: The CFS Division has completed the revision of the Administrative Rules for Early Childhood Services. The rules became effective January 1, 2011 and the CFS Division collaborated with CCR&R to develop online trainings for child care providers on the new rules. The Early Childhood Services Policy Manual was completely revised in March 2012. The CFS Division continues to work with an advisory board of child care providers to identify needed changes in regulation.**

**In July of 2011, the CFS Division launched Growing Futures, the statewide early childhood professional development system and online training registry. This registry may be accessed at [www.ndgrowingfutures.org](http://www.ndgrowingfutures.org).**

### **Head Start – State Collaboration Office (HSSCO)**

The purpose of the Head Start – State Collaboration Office grant is to facilitate collaboration among Head Start and Early Head Start agencies and entities that carry out activities designed to benefit low-income children from birth to school entry and their families. The specific responsibilities of the Head Start –State Collaboration Office are

detailed in Section 642B (a)(1) of the Head Start Act. Over the last sixteen years, the overall goals of the Head Start – State Collaboration Office have been:

- Assist in building early childhood systems and in continued access to comprehensive services and support for all children with low-income;
- Encourage widespread collaboration between Head Start and other appropriate programs, services, and initiatives and augment Head Start's capacity to be a partner on behalf of children and families with low-income and;
- Facilitate the involvement of Head Start in state policies, plans, processes and decisions affecting the Head Start and Early Head Start target population.

In addition, the Head Start – State Collaboration Office is charged with the requirements cited in the Improving Head Start for School Readiness Act of 2007 (P.L. 110-134), and based on the results of the most recent HSSCO Needs Assessment of the local grantees program staff and the development of the HSSCO Five Year Strategic Plan (see link [www.nd.gov/dhs/services/childfamily/headstart/resources.html](http://www.nd.gov/dhs/services/childfamily/headstart/resources.html)) which addresses the scope of work and the priorities outlined in the 2011 Head Start Collaboration Framework including:

- Fostering seamless transitions and long- term success of Head Start children by promoting continuity of services between the Head Start Child Development and Learning Framework and the North Dakota Early Learning Guidelines, including pre-kindergarten entry assessment and the development of interoperable data systems.
- Collaborating with institutions of higher education to promote professional development through education and credentialing programs for early childhood education and care providers and professionals.
- Coordinating activities with the State agency responsible for the State Child Care Development Block Grant program and the child care resource and referral to make full-working- day and full calendar year services available to children; to include Head Start Program Performance Standards in State efforts to develop Quality Rating and Improvement Systems (QRIS); and to support Head Start programs in participating in QRIS and in partnering with child care and early childhood systems at the local level.
- Supporting other Office of Head Start Regional priorities such as family and community partnerships; health, mental health and oral health initiatives; disabilities; support to military families; and other initiatives and areas identified by the Office of Head Start Regional Office.

## **E. COORDINATION & COLLABORATION**

The CFS Division coordinates and collaborates with a number of public and private providers in carrying out the continuum of Child Welfare Services. Coordination and collaboration occurs in a variety of capacities, from day-to-day conversations, planned meetings on a

regular basis, etc. For example, as we developed the Program Improvement Plan, we invited numerous public/private partners to the table. These partners included: Regional Human Service Centers, private/non-profit agencies, county social service agencies, tribal child welfare agencies, Division of Juvenile Services, State legislators, ND court representatives, Department of Public Instruction. The collaborations listed below illustrate the importance of the public/private partnerships in North Dakota. We continue to find ways to collaborate with our state and federal partners and this list continues to grow as new relationships are developed. These partnerships include but are not limited to:

- ✚ Catholic Charities and PATH of North Dakota for special needs adoption services (collaboration takes place through monthly meetings, staff review, placement proposals, review of contract work, etc.).
- ✚ Family foster homes, therapeutic family foster homes (PATH and North Homes), group homes, residential child care facilities and residential treatment centers for the provision of foster care (collaboration occurs through CFSR inclusion, federal audits – IV-E and IV-B, licensure review and oversight by ND DHS, coalition attendance by all, ongoing dialogue with all, policy issuances from department).
- ✚ PATH North Dakota, Inc. also provides in-home family support, respite, reunification services, assessment homes, and adoption services collaboratively with Catholic Charities ND (collaboration occurs through CFSR inclusion, ongoing meetings for discussion of issues, licensure through ND DHS, case reviews for licensure and audits, policy issuances from the department).
- ✚ The Village Family Service Center for intensive in-home family services and Family Group Decision-Making services (collaboration occurs through a contract for provision of services along with regular contact by phone and supervisory meetings every other month).

**2012 UPDATE: Family Team Decision Making (FTDM) pilot in Burleigh and Cass Counties has been in place for over a year. Burleigh and Cass County CPS workers, supervisors, and directors report this service has been very beneficial in redefining the role of CPS with families. It has led to earlier engagement and better teamwork between social workers and parents.**

- ✚ **NEW IN 2012 –FTDM/FGDM FOR NATIVE AMERICAN CHILDREN: The Village Family Services Center and the ND Department of Human Services – CFS Division entered into an MOU in support of a Discretionary Grant through the Children’s Bureau entitled “Family Engagement for Native American Youth.” Native American children are overrepresented in the foster care population in North Dakota. The intent of the project is to reduce the number of Native American children placed in state foster care throughout the state through the implementation of two family engagement processes: Family Team Decision Making (FTDM) as a front end intervention to reduce foster care placement rates, and Family Group Decision Making (FGDM) as an intervention to reunify children already in foster care.**

**Six counties with the highest rates of Native American children entering foster care agreed to participate in the project – Cass, Burleigh, Morton, Ramsey, Rolette, and**

**Mountrail County.** These counties represent the largest number of children in foster care and most border Native American Indian Reservations. The Village projects to serve 100 Native American youth each year during the 3-year grant.

This demonstration project will allow The Village to conduct a rigorous evaluation of family conferencing with the following goals in mind:

1. Generate new knowledge about implementation and outcomes of FTDM/FGDM with Native American populations;
2. Determine the extent to which the proposed intervention is successful at addressing the disproportionality and reducing the number of Native American children in foster care and/or increasing kinship placements in North Dakota;
3. Determine the extent to which children served by FTDM/FGDM processes experience reoccurrence of neglect or abuse; and
4. Inform future family-centered child welfare practices.

- ✚ The University of North Dakota for training of foster and adoptive parents, child welfare social workers and system partners.
- ✚ Youthworks for shelter care has been developed and is utilized by the Bismarck/Mandan community as needed. Another \$200,000 was appropriated during the last ND legislative session to Youthworks for increased availability of shelter care.
- ✚ PATH for Independent Living Services.

**2012 UPDATE:** An RFP was developed with the goal to leverage resources across the state and work with one financial entity to offer consistency in use of funding as well as service delivery to benefit the youth participants. In July 2011, ND DHS Children and Family Services advertised a Request for Proposal (RFP) to operate the Chafee Foster Care Independence Program (CFCIP) statewide beginning October 1, 2011. There were two applicants for the RFP and one of the applicants did not successfully meet RFP qualifications. The other applicant, PATH ND had previously provided CFCIP as a private provider in Region III and contracted provider through Sargent county in Region V. The PATH ND application qualified them to receive the CFCIP contract and employ Chafee Independent Living Coordinators to deliver service to eligible youth statewide.

- ✚ Division of Juvenile Services, PATH and Mental Health and Substance Abuse Division for collaboration and implementation of the Wraparound process across systems.

**2012 UPDATE:** As part of the PIP work, family engagement training for supervisors was held in May 2012. The agency supervisors in attendance included county social services and DJS. The training, developed by American Humane, emphasized the importance of engaging noncustodial parents in the case planning process and service delivery as a means to obtain positive outcomes for children. The training information was congruent with the ND Wraparound Practice Model. A case worker training on family engagement, also developed by American Humane, is scheduled for the Children's Justice Symposium in July 2012. A second session

**of the supervisory training will be held in the fall of 2012 and the target agencies will be children's mental health and contracted providers (i.e. AASK, The Village, Lutheran Social Services, PATH, etc.).**

- ✦ Prevent Child Abuse North Dakota for coordination and implementation of child abuse and neglect prevention activities (collaboration takes place through a contract to provide child abuse and neglect prevention activities, including Child Abuse Prevention Month activities each April, along with regular meetings of the Alliance for Children's Justice Task Force and Steering Committee, and regular contact by phone, e-mail and face-to-face meetings).
- ✦ Parent and Family Resource Centers for parenting education and parent mutual self-help groups for child abuse and neglect prevention (collaboration takes place through a contract with North Dakota State University Extension Service, regular meetings of the Parent Education Network and annual CBCAP grantees meeting, as well as through informal contacts with the Network Coordinator).
- ✦ Child Advocacy Centers (CACs) to assist in the assessments of child physical and sexual abuse. The Centers are located in three communities in North Dakota (soon to be four communities). The CAC Directors are member of the Children Justice Alliance and meet with this multi-disciplinary team quarterly.
- ✦ State Treatment Collaborative for Traumatized Youth (TCTY) Project that includes physical participation for the education and support of parents/foster parents who care for traumatized children.
- ✦ Native American Training Institute (NATI) for training of child welfare case managers.
- ✦ North Homes, Inc., a therapeutic foster care provider (collaboration through state licensure oversight and review, case reviews for licensure and audit, ongoing meetings for discussion of issues, coalition attendance together, policy issuances from the department).
- ✦ North Dakota State University (NDSU) Extension offices throughout the state for parent resource centers and parenting classes.
- ✦ Collaboration Workgroup – a group whose mission is to increase collaboration at the local level among the Child Support Enforcement, TANF, Medical Services, Children and Family Services, and Job Service programs in order to improve services to individuals served by those programs, and to increase performance within the state (monthly meetings of administrators, seminars are offered to the field as well as annual reviews/reports on progress towards identified Action Plans).
- ✦ North Dakota Children's Social Emotional Development Alliance (NDSEDA) - collaborative effort with system partners to promote awareness and understanding of health social and emotional well-being of individuals birth to 21 and their families (meet quarterly to make progress towards achieving priorities outlined on Strategic Plan).
- ✦ The CFS Division collaborates with the North Dakota Foster Adopt Parent Association on foster and adopt parent issues including programming and training. The CFS Director sits as a board member of the association, representing the state child welfare agency.

- ✚ The CFS Division has an established MOU with Lutheran Social Services-ND for administration of most refugee services in North Dakota.
- ✚ A Constituent Stakeholder group is on the roster of the full CFSR review process. This gives our constituents a specific time and place to appear to deliver comments regarding the child welfare services provided in the region.

**2012 UPDATE: Constituent stakeholder meetings were held in Grand Forks and Minot during the 2011-2012 CFSRs this past year.**

- ✚ The CFS Division engaged with Casey Family Programs in a formal contract to accept dollars and technical assistance to address identified needs in the child welfare system in North Dakota. Specifically, the engagement will focus on building data-driven decision-making capacity, developing Family Team Decision-making data capacity, establishing Permanency Roundtables and analysis of county caseload and workload issues. The identified issues were cross-walked with the PIP and 2010-2014 ND Child and Family Services Plan goals so that we are aligned in regard to the child welfare practice model and vision for child welfare services and improvements in the coming years.
- ✚ **2012 UPDATE: The CFS Division continues to work with Casey Family Programs in a formal contract to accept dollars and technical assistance to address identified needs in the child welfare system in North Dakota. Specifically, the engagement will focus on building data-driven decision-making capacity, developing Family Team Decision-making data capacity, establishing Permanency Roundtables and analysis of county caseload and workload issues. The identified issues were cross-walked with the PIP and 2010-2014 ND Child and Family Services Plan goals for alignment in regard to defining and refining the child welfare practice model and vision for child welfare services and improvements in the coming years. The first debut of Casey generated data (AFCARS and NCANDS) was rolled out to supervisors and CFS staff in a session in April.**

✚ **Additional Collaborations:**

- ND Supreme Court on the Children’s Justice Symposium for North Dakota:  
CFS Division staff and the ND Supreme Court staff have begun planning and work on the second Symposium to be held in the summer of 2010. Emphasis will be on outreach to the law enforcement community and for those in the newly created role of parent coordinators in divorce and custody cases. Topics will include diversity issues, engaging families, and enhancing connections for children in care. This training event is planned semiannually; it will share the “flip” year of the semiannual CFS conference, a smaller conference with a long history planned for the child welfare community and hosted by the CFS Division. CFSTC is also involved in both of these events – they coordinate all the contracts and work with the trainers/presenters on the agenda.

**2012 UPDATE: The third biennial Children’s Justice Symposium will be held July 23-26, 2012. The conference is a collaborative effort between the CFS Division – ND Department of Human Services and the ND Court Improvement Project. Highlights of this symposium include family engagement and engaging fathers, foster youth and education issues, and other child safety, permanency and well-**

being topics. Attendance is expected to be a multi-disciplinary group of approximately 400 participants.

- County Social Service Agency Director Involvement: The CFS Division will continue to meet with a sub-group of County Directors on a quarterly basis to discuss issues related to services for children and families. The County Directors as a whole meet monthly. The CFS Director and other administrators will meet with this larger group as needed. Quarterly meetings with the Child Welfare supervisors of Wraparound Case Management will be scheduled. These meetings will continue to occur quarterly to discuss child welfare topics as appropriate. CFS Division staff are invited to attend these meetings upon request to provide technical assistance and policy updates.

**2012 UPDATE: These meetings continue to be held quarterly with agenda opportunities to address practice issues and other identified issues that need discussion and resolution. CFS Committee is co-chaired by the Cass County Social Services Director and the CFS Director.**

**CFS Division administrators also meet with the County Supervisors, by request, at their quarterly meetings. Different topics are discussed at their invitation and request, or by suggestion and consultation from CFS.**

- Regional Representatives: The CFS Division staff will continue to meet with the Regional Representatives of County Social Service Programs, who provide technical assistance to the field, every other month to discuss program and policy issues and changes. On the off month, an Interactive Video Conferencing is scheduled. Information shared at the meetings have included, but are not limited to, CPS Manual, Wraparound Manual, FGDM, Kinship Care, Relative Search, Subsidized Guardianship, Background Checks, CFSR, Adoption, among others.
- County Supervisors: The CFS Division staff will continue to meet with the County Supervisors upon invitation to provide policy updates and technical assistance related to all of the child welfare programs as well as SPOC and the new FRAME system. Per the North Dakota PIP, the CFS Division plans to convene a group of county supervisors to function as an advisory group in the development of a supervisory practice model in a concerted effort to implement a clear model of supervision that supports the Wraparound case management practice model.

**2012 UPDATE: The county supervisor meetings continue to be held quarterly with agenda opportunities to address practice issues and other identified issues that need discussion and resolution. In January 2012 the county supervisors received training on peer mentoring utilizing the Learning Circles approach. They have elected to reserve time at each meeting to convene the learning circles. CFS Division staff attend the county supervisor meetings upon request to discuss policy and practice related issues.**

- Court System: The CFS Division staff will continue to work closely with the Court Improvement Project (the Director of the Division has a seat on the Court Improvement Committee) through the Supreme Court to improve communication with Judges, Court

Administrators, State's Attorneys, Juvenile Court staff and tribal staff and to address systemic issues across the various systems. As indicated in many of the CFSR stakeholder meetings in the regional CFSR reviews, foster parents and social workers in some regions are concerned about the delay in the legal process or defects in the legal process for children who are in the custody of the County and or Department.

The North Dakota Supreme Court has a long history of consultation and coordination with the Department of Human Services and the tribes. The Court Improvement Committee/Project (CIP) was formed in 1998 and in 1999 was integrated with the ASFA Implementation Committee from CFS. The Director of CFS has served in the last as the chair of the data subcommittee for the CIP. Currently, the CFS Director serves as a member of the Training Subcommittee. Conversations have begun on the development of a shared data plan once both entities launch their new data systems and have access to data warehouses as part of those new systems for both entities. This past summer representatives from the ND Supreme Court and CFS (IT and administration from both entities) attended a Regional Training/Development session on collaboration and data sharing. A plan emerged from that session that includes processes to data from the new FRAME system with judges and court personnel, including a FRAME enhancement that will notify judges and court personnel when a child's placement setting changes.

The CFS director will continue to serve on the training committee of the ND Court Improvement Project. Plans are being made to sponsor two regional forums in the fall of 2009 to cover new legislation (regarding the Fostering Connections changes to state law) and other child welfare related issues. The targeted audience is the multi-disciplinary professionals working in child welfare or with child welfare-related cases.

**2012 UPDATE: The CFS Director continues to serve as an active member of the Court Improvement Committee and as a member of the Training Subcommittee. Dean Sturn, Foster Care Administrator, serves on the CIP ICWA Subcommittee.**

- **Court Collaboration on Child Welfare Practice Issues:** ND DHS and the CFS Division will continue to collaborate with court partners on practice issues in the field. Frequently, we call together an ad-hoc "team" to discuss system, court order, or relationship issues in individual cases. We continue to cross-pollinate by inviting and attending "field staff" meetings with Juvenile Court or ND DHS personnel.

**2012 UPDATE: The CFS Division met twice with the ND Supreme Court data analyst and other Supreme Court staff to discuss data issues across the two governmental entities and the possibility of data sharing and collaboration, particularly regarding Termination of Parental Rights cases and continuances in these cases. In addition, the CFS data analyst is also a member of the data sharing group and conversation at the invitation of the court. Both entities continue to share data and collaborate on date use and availability. FRAME now provides electronic notice directly to Juvenile Court when children placed in care change placements to alert judges and juvenile court staff regarding the child's placement.**

The CFS Director has given a presentation on the CFSR and the ND PIP at two meetings during the last program year to inform and update members of the work of the PIP, including the items that directly impact the CIP - TPR work and the foster parent notification issue (court rule). In addition, the CFS Director appeared before the Court Improvement Committee to ask for committee support of the proposed legislation regarding the changes needed to establish court orders in support of 18+ year olds staying in foster care with IV-E dollars, as per Fostering Connections. The committee gave their support to the proposed legislation and updates were given to the committee prior to implementation in January of 2012. At that time, tools provided to judges and prosecutors (and the child welfare practice field) were also distributed to CIP members.

We continue to collaborate with the Assistant State Court Administrator on CFSR issues, and he participates as a member of the CFSR team on Full CFSR Reviews (he doesn't attend the case reviews-full reviews only). He has been very active in convening local court officials to address issues that come forward in the stakeholder meetings following the full reviews.

## F. PROGRAM SUPPORT

### NEW IN 2012 – INFORMATION ON CHILD WELFARE WORKFORCE:

#### ▫ Recruitment

In North Dakota degrees and certifications are required for child welfare workers and other professionals responsible for the management of cases and child welfare staff. All county child welfare professionals must have a license to practice social work in North Dakota which requires a minimum of a Bachelor's degree in Social Work.

CFS has a contract in place with the University of North Dakota Department of Social Work to support IV-E Stipend for graduate level and undergraduate social work students. Approximately 4-6 stipends will be given per year with the requirement that stipend students will attend Child Welfare Certification Training prior to completing their academic work and will work in a child welfare capacity as "pay back" for the stipend received for their educational costs. This supports development and recruitment of a trained, skilled and educated workforce.

#### ▫ Orientation/Training

Child Welfare Certification is required of all social workers employed by the counties, AASK, PATH, and some Tribal Social Service agencies. Child Welfare Certification is a four week training course (spread over a four month period). The training is provided by the Children and Family Services Training Center at the University of North Dakota. County Child Welfare Workers are required to complete the training within the first year of employment. The training is competency based program that incorporates in class, on-line, and practical field assignments.

▫ **Demographics**

((i.e. – do we have accessible information on current staff and recent hires? Examples follow))

- **Level of Education**
  - Bachelor of Social Work (BSW)
  - Title IV-E supported BSW
  - Master of Social Work (MSW)
  - Title IV-E supported MSW
  - Other degree
  
- **Because North Dakota’s child welfare system is state supervised and county administered, data for the following is not kept at the department:**
  - Years of child welfare experience or other related experience
  - Race/ethnicity
  - Caseloads
  - Staff turnover and vacancies to include, retirements, dismissals, lateral/promotional moves, and voluntary resignations
  - Supervisor-to-worker ratios
  
- **Salary**
  - Most counties in North Dakota choose to use the state’s salary range structure. Salary ranges vary based upon the social worker’s level of education and experience.
  
- **Position types**
  - Administrative assistant
  - Direct service (social workers, parent aides)
  - County supervisor
  - County director

▫ **Ongoing Training**

Training Center staff participate in quarterly Regional Supervisor meetings, County Supervisor meetings, Child Protection Task Force, Foster Adopt/Task Force, Recruitment and Retention Task Force, Independent Living Work, PIP Work Group and other committees as requested to discuss the on-going needs of the system. Direct feedback of ongoing training needs is also solicited at every training session coordinated or sponsored by the Training Center or the CFS Division. The Training Center also receives feedback directly from workers, supervisors and administrators at the CFS Division.

▫ **Skill Development**

In Child Welfare Certification skill is measured through the completion of the assignments as well as through self-assessment of competencies assigned for each week of training.

The CFS Division, through a contract with the Children and Family Services Training Center (CFSTC) located at the University of North Dakota in Grand Forks, ND provides an array of trainings throughout the year, as described below.

**2012 UPDATE:** Please see **ATTACHMENT B** for the SFY 2013 CFSTC Training Plan.

#### **✚ Child Welfare Certification Training**

This program is a competency based training curriculum. The training is designed to meet certain goals specific to the responsibility of Child Protective Service Social Workers in response to reports of suspected child abuse and neglect and in the delivery of additional child welfare services to protect children and strengthen families. Specialized knowledge and a specialized set of skills are necessary for the social workers in this very important field.

**2012 UPDATE:** Child Welfare Certification Training was provided to 50 social workers in SFY 2012. Distribution of trainees: 34 county social workers, 9 Professional Association of Treatment Homes (PATH), 0 Adults Adopting Special Kids (AASK), 4 Tribal, 2 Human Service Center, and 1 Head Start. Six of the participants were supervisors.

#### **✚ CFS Training Center Special Projects**

**2012 UPDATE:** For SFY 2012, the Children and Family Services Training Center (CFSTC) facilitated several special training projects that included:

- **PRIDE Model – Conducting a Mutual Family Assessment:** Offered one session and 10 case managers were trained (0% supervisors, 100% case workers).
- **Children’s Justice Symposium:** The North Dakota Children’s Justice Symposium Will be held in July 2012.
- **Children and Family Services Conference:** The Children and Family Services Conference was held July 25-28, 2011. 232 people participated in the multi-disciplinary conference.
- **Parent Aide Training:** A one-week training for new parent aides or parent aide supervisors in the state. Ten people were trained (8 parent aides, 2 supervisors).
- **PRIDE Train-the-Trainer:** Five additional people were trained as trainers during the fiscal year. Two of the new trainers were foster and/or adoptive parents, two were social workers, and one was a supervisor.
- **ND Foster Parent Conference:** The 2011 North Dakota Foster and Adoptive Conference was canceled because of flooding in Minot. It was not possible to move the training to a new venue. The next scheduled conference will be held in October 2012.

### **Wraparound Certification Training**

Wraparound Certification Training continues to be a collaborative effort between the Division of Juvenile Services (DJS), Children's Mental Health, Federation of Families and PATH. It is a required training for all newly employed county case managers, children's mental health workers, DJS workers, and private partner agencies providing contracted services through the Department. The Wraparound case management practice model training is Week 2 of the Child Welfare Certification Training.

**2012 UPDATE: Sixty-six participants completed Wraparound Certification Training this year. Distribution of trainees: 32 county social services, 5 Partnerships/Human Service Center Staff (children's mental health care coordinators), 13 Professional Association of Treatment Homes (PATH), 0 Adults Adopting Special Kids (AASK), 2 CFS, 6 Village, 3 Lutheran Social Services, 2 DJS , 1 Head Start and 3 Tribal. Nine of these participants were supervisors.**

Wraparound Recertification: Certified Wraparound case managers are required to complete recertification biennially in order to continue practicing Wraparound case management in North Dakota and this requirement is fulfilled through attendance at an approved conference.

**2012 UPDATE: During SFY 2012, Wraparound Recertification trainings were offered at the following statewide conferences: North Dakota Family Based Services Association (NDFBSA) Conference, Children & Family Services Conference, and the annual Indian Child Welfare Conference. These conferences are primarily family-based and offer sessions pertinent to skill advancement in the practice of Wraparound case management as well as other child welfare, mental health, and juvenile justice issues. Other seminars were approved by the CFS Division if they met the requirements of recertification. During SFY 2012 over 220 public and private practitioners were recertified.**

### **PRIDE Training**

The CFSTC provides and coordinates PRIDE Training. Foster PRIDE/Adopt PRIDE is a program for the pre-service training, assessment and selection of prospective foster parents and adoptive parents. This program is based on the philosophy that knowledgeable and skilled foster parents and adoptive parents are integral to providing quality family foster care and adoption services. They, like social workers, should be qualified, prepared, developed, selected and licensed or certified to work as members of a professional realm whose goal is to protect and nurture children and strengthen families. The CFSTC helps coordinate all PRIDE activities in the state. It trains trainers, compensates regional trainers who provide the local training, and provides reimbursement to foster parents who attend the training. The foster parent's role in preparing youth for independent living was expanded upon this year. All foster parents will receive Independent Living resources at the PRIDE training.

**2012 UPDATE: As of this writing there are approximately 100 "active" trainers in the state. The CFSTC has maintained a total of the number of individuals (not the number of licensed families) who attended PRIDE pre-service training. These would**

include both foster and adoptive parents. During SFY 2012, 415 new foster/adoptive parents attended this training.

### PATH Training

The CFS Training Center provides training for PATH ND Inc. (Professional Association of Treatment Homes), which includes the following:

- Crisis Prevention Institute Training: Treatment Foster Care in the state of North Dakota, as administered by PATH ND Inc., has adopted the Non-Violent Crisis Intervention model developed by the Crisis Prevention Institute (CPI) of Brookfield, Wisconsin. This program is a copyrighted proprietary model of therapeutic interventions. The overall goal of the CPI model is to intervene in a crisis situation in a way that provides for the care, welfare, safety, and security of all who are involved in the incident. The program clarifies the basic elements of a crisis and how a situation can escalate into a crisis. Proven strategies of de-escalation are identified and discussed within the context of having foster children in one's home.

All PATH foster parents and staff are required to attend a 12-hour session on Non-Violent Crisis Intervention presented by certified trainers in the CPI model. It is also a PATH requirement that all should attend an annual refresher course that reviews the major elements of the CPI model.

**2012 UPDATE: During SFY 2012, 80 participants attended this training.**

- Treatment Foster Care Training: PATH foster parents are required to complete the Treatment Foster Care Training within the first 18 months of licensure. This training consists of seventeen (17) hours of training on specific topic areas designed to address the special needs of children in treatment foster care. Areas covered during this training include but are not limited to:
  - Family engagement
  - Fostering the chemically dependent/recovering youth
  - Adolescent depression and suicide
  - Cultural diversity
  - Understanding emotionally and behaviorally disturbed youth
  - Helping Youth Transition to and from Home Visitations

This training was assessed annually for curriculum changes to ensure that the needs of the foster parents were being met efficiently. Three to six sessions are held annually.

**2012 UPDATE: During SFY 2012, 60 participants attended. PATH foster parents were also required to complete the PRIDE training with the first six months of licensure.**

- Additional Foster Parent Training: The CFSTC also coordinated foster parent training throughout the state. The Training Center met annually with the regions to put together a training plan to provide opportunities for foster parents. Information was gathered from foster parents (through survey) and social workers.

**2012 UPDATE:** During the period 04/01/10-03/31/11, 12 different training opportunities were held across the state with 255 foster parents attending.

- County foster parents are required to complete 12 hours of annual training. Each agency was responsible for tracking the hours for their foster parents. The annual training was required for re-licensure.

**2012 UPDATE:** This training was completed in a number of ways:

- **Opportunities coordinated and arranged through the CFS Training Center or by qualifying events in the community. The social services agency determined, for the most part, if the training was appropriate to meet the requirements. If there were questions about the appropriateness of training, the agency consulted with the CFSTC.**
  - **Foster parents could also receive 6 hours of annual training through independent study (books, videos, etc.). Any independent study had to be approved by the licensing agency and a report had to be submitted to the licensing agency and the CFSTC.**
  - **On-line training was considered independent study. A certificate of completion was submitted in lieu of a written report.**
- PATH foster parents are required to have 30 hours of annual training.

**2012 UPDATE:** In SFY 2012, the CFSTC was instrumental in getting the training needs of PATH foster parents met.

- **NEW IN 2012 – SUPERVISOR TRAINING REPORT:** Training was provided to supervisors in a variety of ways during the year. In October of 2011, the county supervisors participated in training, “Utilizing Learning Circles in the Peer Mentoring Process.” Twenty-three supervisors participated. They have integrated the training process into their quarterly meetings. Training was also provided in May 2012 on “The Work of the Coach: Supervisors Helping to Engage the Non-Resident Father”. This training was provided in partnership with the American Humane Association. Fifty-nine supervisors participated in the training. This training was also developed through the use of the TTA network with the assistance of the National Resource Center for permanency and Family Connections and the national Resource Center for In-Home Services.
- **NEW IN 2012 – SAFETY ASSESSMENT TRAINING:** In response to the PIP the Training Center provided Safety Assessment Training to 153 workers and supervisors who partner with Child Welfare Services. Included in the training were DJS, AASK, PATH, Partnerships, and intensive-in home providers. It also provided some refresher training for child welfare case managers. Additionally, 161 workers participated in policy training around safety assessment in November 2011.

- The CFSTC supports ongoing training in other ways as well.

**2012 UPDATE:** In SFY 2012, the CFSTC assisted county social service agencies and PATH in accessing other training opportunities by providing reimbursement for costs related to attending training including registration fees, lodging, meals, mileage, and child care expenses.

## **G. COORDINATION WITH TRIBES**

The coordination and collaboration efforts with the tribes are listed below.

- ✚ Funding of administrative IV-E dollars to the tribes:
  - Pay IV-E foster care and state match for the IV-E eligible children living on the reservations;

- Contract to provide IV-E training dollars to the Native American Training Institute;

**2012 UPDATE:** Court order (IV-E) training was held in two locations in the state during the year (tribal and state partners were invited), and also at the 2012 ICWA conference. At the request of the Standing Rock Child Protection agency, a special session was also held at Standing Rock in May 2012. The training includes discussion of early identification of ICWA application in cases and what that involves in terms of the required eligibility and legal process. A contract remains in place with NATI to provide consultation for tribal IV-E Admin claims through the state. Tom Pomonis is the consultant for NATI for this work.

- The CFS Director serves as an advisory member on the board of the Native American Training Institute;
- CFS Division Staff serve on the planning committee for the annual Indian Child Welfare Conference and assist with funding;

**2012 UPDATE:** The Department of Human Services – CFS Division continued to provide fiscal support for the annual ICWA conference (which included various sessions on “ICWA 101” (Judge Thorne) and ICWA compliance in general, typically with a panel presentation and discussion. The SSNAP group (Strengthening State and Tribal Partnerships) also held a meeting during the ICWA conference that focused on ICWA compliance, with the assistance of resources from Casey Family Programs.

- Provide a performance-based contract for adoption services that include services to one of the reservations;

**2012 UPDATE:** The AASK program no longer has a specific worker assigned to a tribal reservation area, rather all tribes are able to request adoption services be provided for those children in the custody of the Tribes who have a plan for adoption, by request to and approval of the Administrator of Adoption Services.

- The Department of Human Services has a IV-E Stipend program with the University of North Dakota. The stipend program is for persons committed to working in child welfare with the requirement of working in a IV-E eligible agency (tribal social service agency, county social services, division of juvenile services, etc.) after graduation;

**2012 UPDATE: CFS Division has a contract in place with the UND-Department of Social Work to provide IV-E Stipends for students who are interested in working with children and families. In addition to building workforce, this stipend requires that participants attend the Child Welfare Certification training and work to “pay back” stipend dollars by working in rural or urban child welfare positions. In 2012, four students received stipends through this contract.**

- Training, support, and consultation concerning cultural competency and ICWA;

**2012 UPDATE: NATI has a contract in place with the Department of Human Services – CFS Division to provide cultural competency services including foster parent training, maintaining a cultural resources service directory on the NATI website, and maintaining web posting of cultural resource guides for all the tribes.**

In the same contract, NATI also will provide four regional sessions on cultural issues to both child welfare workers and to foster parents. NATI is also responsible in the contract for providing support and organizational planning for the quarterly SSNAP meetings. In addition to these activities, the CFS Division was actively involved in providing legal and case consultation and resources in ICWA cases to the field through the request of counties, court personnel and state’s attorneys, and private child welfare providers.

Strengthening State and Native American Partnerships (SSNAP) meetings were held quarterly with tribal child welfare directors, staff and CFS director and staff (with NATI facilitating). In this past year several were held in tribal communities and several were held in Bismarck. Meetings included information and data sharing on Casework Visits (required 30 day visits) from FRAME and other issues regarding IV-E requirements and service array planning and development.

CFS conducted a IV-E casework and eligibility file review in Spirit Lake in January of 2012. As a result of the review findings, access to IV-E dollars for Spirit Lake was removed until they can complete the required casework activity. They have recently completed the required activity, including development of the required Program Improvement Plan.

CFS has a representative (Dean Sturn) on the Court Improvement Project- ICWA Subcommittee that is actively exploring ICWA compliance tools and opportunities to review compliance in ND.

- ✚ Inclusion of a tribal representative on the regional Child and Family Service Reviews to assist in looking at ICWA compliance.

**2012 UPDATE: ICWA compliance was reviewed in every randomly drawn CFSR case where ICWA applied during the eight regional CFSR reviews around the state. A tribal child welfare representative was not available to assist with the regional CFSR reviews during this reporting period; we have been actively recruiting tribal child welfare staff to join the cadre of CFSR reviewers. The size and demands of their caseloads effectively diminish their ability to participate in this review activity.**

- ✚ DHS provides service grants to all 4 reservations for Family Preservation Services (Wraparound case management, parent aide and/or intensive in-home services);

**2012 UPDATE: All four tribes had Family Preservation contracts in place (state general fund dollars) and actively used the dollars for Parent Aide activities and other activities to prevent placement of children in foster care and preserving family connections.**

- ✚ The CFS Division will exchange copies of the APSR. The annual reports are also published on the state website.

**2012 UPDATE: The CFS Division will provide electronic copies and links to the 2012 APSR to the tribal child welfare directors when we have a finalized submission. APSR will be reviewed and discussed at the fall SSNAP meeting (September 2012) with the four tribal child welfare directors and NATI staff.**

- ✚ The Regional IL Coordinators serve all counties in North Dakota; this includes youth involved and/or residing on one of the four tribal reservations. IL Coordinators work with the tribal reservation closest in proximity to educate IL youth on regional cultural events (pow-wows, classes, educational awareness, scholarships, etc.) In Region VII specifically, the IL Coordinators are employed by Sioux County Social Services providing direct access to Fort Yates tribal activities, events, programs, etc. In addition, Region III works closely with Turtle Mountain Reservation collaborating with the Tribal Scholarship Program and “Cultural Considerations of Native American Children in Foster Care” educational classes.

**2012 UPDATE: The state Chafee IL Administrator continued work with Chafee IL Coordinators to ensure that CFCIP and ETV benefits are made available to Native American youth (Title IV-E or 638 youth) on the same basis as non-native foster care youth in North Dakota. After the CFCIP provider transition, the state Chafee IL Administrator spoke at the Strengthening State & Native American Partnerships (SSNAP) state meeting to explain the new CFCIP referral process and encourage Native American youth participation. In addition, Chafee IL Coordinators made written and face to face contact with each Tribe to ensure applications and release of information paperwork was available onsite at each Tribal office to apply for CFCIP services and ETV funding opportunities.**

**H. HEALTH CARE SERVICES PLAN**

The CFS Division staff has developed a Health Care Services Plan that builds on work already being done in the state through the Governor’s Healthy North Dakota initiative. The CFS Division’s plan embraces the efforts of statewide committees such as Healthy North Dakota Early Childhood Alliance (HNDECA) and North Dakota Social Emotional Developmental Alliance (NDSEDA). CFS Division staff sit on these committees and the members of each meet regularly to tackle the complex issues specific to the health care needs of our children. Below are the updates on the CFS Division’s Health Care Services Plan.

ND CFS DIVISION – HEALTH CARE SERVICES PLAN  
FFYs 2010-2014

STRATEGIES	ACTION STEPS	2012 UPDATES
<p>1. Develop a schedule for initial and follow up health screenings that meet reasonable standards of medical practice.</p>	<p>a. North Dakota will continue to use the Health Tracks Screenings process within the first 30 days of foster care placement.</p>	<p>a. <b>The practice of scheduling Health Tracks Screenings within the first 30 days of foster care placement continues. Action step is ongoing.</b></p>
	<p>b. The CFS Division staff will review/update the policy concerning Health Tracks Screenings for foster children.</p>	<p>b. <b>Policy is in place through the CFS Division that sufficiently addresses the provision of screenings for all children placed in care. Similar policies are in place through the Mental Health and Substance Abuse Division and Medical Services Division. Action step completed in 2012.</b></p>
	<p>c. The CFS Division staff will consult with the Head Start Collaboration Administrator regarding dental care for foster children.</p>	<p>c. <b>The North Dakota Oral Health Coalition, the North Dakota Department of Health, through the Oral Health Director have an Oral Health Strategic Plan that can be accessed at <a href="http://www.ndhealth.gov/oralhealth/">http://www.ndhealth.gov/oralhealth/</a> The Oral Health Strategic Plan addresses partnerships and policies that improve oral health, ensuring reasonable and affordable access to oral health services for all North Dakotans. In 2012 the ND Medicaid Medical Advisory Committee collaborated with Ronald McDonald House Charities of Bismarck and Bridging the Dental Gap, Inc. to establish the Ronald McDonald Dental Mobile. This mobile provides access to oral health care to underserved children ages 0-21 in their own neighborhoods. The vehicle is a 40-foot state of the art dental clinic with a dentist, dental hygienist, assistant, two patient exam/treatment rooms, a laboratory/instrument sterilization area, and reception/dental records area. The clinical service provider is Bridging the Dental Gap, Inc. The mobile began serving central/western North Dakota communities in February 2012.</b></p>
	<p>d. The CFS Division Director will invite a representative from ND Medicaid to assist with the Health Tracks Screenings plan.</p>	<p>d. <b>A representative from ND Medicaid worked closely with CFS Division staff and the Children’s Mental Health administrator to develop a plan to ensure physical, dental and mental health assessments are routinely completed during Health Tracks Screenings. Action step was completed in 2011.</b></p>
	<p>e. CFS Division staff will develop a plan for health needs identification, monitoring and treatment through the Health Tracks Screenings.</p>	<p>e. <b>NDSEDA, in partnership with ND Medicaid, provided training to all state Health Tracks Screeners in Fall 2010. Training on specific evidence-based assessment instruments was provided as well as needs identification and treatment referral. The training was videotaped for future use. Action step was completed in 2011.</b></p>

	<p>f. The CFS Division staff, in collaboration with the Children's Mental Health Administrator, will gather information concerning any pilot projects occurring in North Dakota or neighboring states that are aimed at addressing mental health screenings for foster children.</p>	<p>f. Through the work of the ND Social Emotional Development Alliance, this was addressed in "e." See above for comments. <i>Action step was completed in 2011.</i></p>
<p>2. Determine how medical information will be updated and appropriately shared.</p>	<p>a. The CFS Division Director will invite a representative from ND Medicaid to assist with the development of the Health Care Services Plan.</p>	<p>a. The FRAME system has streamlined the sharing of medical information across systems. With the development of a workgroup to address psychotropic medication monitoring for the foster care population, ND Medicaid continues at the table to assist with the Health Care Services Plan.</p>
	<p>b. The CFS Division staff will collaborate with health professionals regarding a Medical Passport Program designed to track foster children's medical care while they are in foster placement.</p>	<p>b. Discussions for a Medical Passport Program have taken place, a possible pilot in the largest region of the state is being considered. No further development in the past year.</p>
	<p>c. FRAME, as an electronic record, will maintain current medical information on all foster children. Physicians/psychiatrists will be included as team members so that they receive the plan of care updates.</p>	<p>c. Partnerships (children's mental health) and child welfare workers use FRAME as their management information system to include documentation of all youth medical information. The workers extend invitations to physicians and/or psychiatrists to attend team meetings. The workers ensure the medical personnel have updated care plans to include medical and emotional/behavioral health goals. <i>Action step was completed in 2011.</i></p>
<p>3. Develop a plan to ensure the continuity of health care services which may include establishing a medical home for every child in care.</p>	<p>a. Case workers will utilize both the Health Tracks Screenings and the Child &amp; Family Team Meetings as a means to review the continuity of health care services.</p>	<p>a. Caseworkers are utilizing Health Tracks Screenings and Child &amp; Family Team Meetings as a means to ensure continuity of health care services. The FRAME system is used to document these efforts. <i>Action step is ongoing.</i></p>
<p>4. Oversee prescription medications for all foster care children.</p>	<p>a. Case workers will review current prescription medications at the Child &amp; Family Team Meetings.</p>	<p>a. Partnerships (children's mental health) and child welfare workers use FRAME as their management information system for documentation of prescription medications for all youth involved in the program, so it can be assessed ongoing at the Child &amp; Family Team meetings. The Child &amp; Family Team outline is a resource tool provided as a link in FRAME to assist case managers in covering all necessary information at the child and family team meetings. Medical information, including prescription medication updates, is one of the items tabbed in this outline. Regional Supervisors ensure all items on the outline are addressed at team meetings. <i>This action step is complete in 2012.</i></p>
	<p>b. Medication updates will be documented in the FRAME system.</p>	<p>b. Partnerships (children's mental health) and child welfare workers use FRAME as their management information system for documentation of medication updates on all youth involved in the program. <i>Action step was completed in 2011.</i></p>
	<p>c. Physicians/psychiatrists will be included as team members and provided with care plans and updates to the care plan.</p>	<p>c. Partnerships (children's mental health) and child welfare workers extend invitations to physicians and/or psychiatrists to attend team meetings and provide them with care plans/updates to the care plan. The workgroup charged with developing a plan to monitor psychotropic medications for children/youth in foster care will include this area in their work plan.</p>
<p>5. Actively consult with and involve physicians or other appropriate medical or non-medical professionals in</p>	<p>a. Case workers will report consultations with medical personnel at the Child &amp; Family Team Meetings and will document updates in FRAME.</p>	<p>a. The Child and Family Team Meeting Outline has been disseminated to Regional Supervisors, County Supervisors, and workers to guide team meetings and ensure all areas are covered including the health and well-being of children. Partnerships (children's mental health) and child welfare workers provide updates on medical consultations at team</p>

<p>assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children.</p>		<p>meetings and the updates are documented in FRAME. <i>Action step was completed in 2011.</i></p>
	<p>b. The CFS Division staff members and the Children’s Mental Health Administrator will participate on the Healthy North Dakota Early Childhood Alliance (HNDECA), a subgroup of the Governor’s Healthy North Dakota Initiative.</p>	<p><b>b. The Children’s Mental Health Administrator continues to attend and participate in the HNDECA meetings held quarterly. She reports updates to CFS Division staff in a timely manner. <i>This action step is ongoing.</i></b></p>
	<p>c. The North Dakota Children’s Social Emotional Development Alliance (NDSEDA), along with HNDECA, will develop a MOA/MOU with Medicaid to ensure providers will offer Health Tracks Screenings, to include mental health screenings, to all children in care.</p>	<p><b>c. ND Medicaid developed and disseminated policy requiring that all children who receive a Health Tracks Screening will have an evidenced-based mental health screening completed. Therefore, an MOU was not needed. <i>Action step was completed in 2011.</i></b></p>
<p>6. NEW IN 2012 – The state will monitor and treat emotional trauma associated with a child’s maltreatment and removal from the home</p>	<p>a. The ND Department of Human Services will continue to support the provision of the Treatment Collaborative of Traumatized Youth (TCTY) and Structured Therapy for Adolescents Responding to Chronic Stress (SPARCS) through the regional human service centers.</p>	<p><b>a. The North Dakota Department of Human Services will conduct a 6 month learning collaborative pilot project with the children’s mental health program (Partnerships) that will train all Partnership Care Coordinators on what a trauma informed system of care is, how to recognize the symptoms of trauma, and how to work with families and youth who have experienced traumatic events. In addition the Trauma Training will assist Partnerships staff in making appropriate referral for therapeutic services to HSC clinicians who have been specifically trained through the TCTY. This learning collaborative pilot project will also test pilot a Trauma Screening Instrument that will assist with identifying trauma indicators. Following an assessment of the outcomes from the six month learning collaborative pilot project with Partnerships, the department will take the next step towards providing the Trauma Informed System of Care training to all human service employees. This statewide training will include a training specific to recognition of trauma and on how to administer the trauma screening instrument. The plan is that all clients at the HSC will be screened for Trauma with appropriate referrals made if there are indicators of trauma.</b></p>
	<p>b. County social service agencies and DJS agencies will continue to refer children and youth as appropriate to the TCTY and SPARCS groups at the regional human service centers</p>	<p><b>b. The CFS Division and CMHSA will monitor the regional human service center data on referrals to TCTY and SPARCS.</b></p>
	<p>c. The ND Department of Human Services – CFS Division will explore options to provide necessary training on TCTY and SPARCS to county social service agencies, DJS agencies, and contracted service providers.</p>	<p><b>c. The CFS Division will meet with CMHSA to explore options for training child welfare staff statewide.</b></p>
	<p>d. PATH (therapeutic foster care) staff and foster parents have received the Trauma Training through TCTY so they can address trauma issues with the children and youth they serve.</p>	<p><b>d. PATH will ensure ongoing TCTY training for new staff and foster parents joining their agency.</b></p>

**2012 UPDATE – MONITORING PSYCHOTROPIC MEDICATIONS:** A workgroup on psychotropic drug use in the foster care population has been convened with representation from the CFS, Medical Services (MS), and Children’s Mental Health and Substance Abuse (CMHSA) Divisions. The workgroup is currently in the process of reviewing and developing protocols used to monitor the use of psychotropic medications for children in the foster care system. Through the Governor’s Healthy North Dakota initiative, as noted above in the Health Care Services Plan, North Dakota is already engaged in steps to ensure the health of children in foster care. This includes initial and follow-up health screenings through ND Health Tracks, the updating and sharing of medical information, ensuring the continuity of health care services, oversight of prescription medication usage, and consultation strategies to assess and ensure physical and mental health of foster youth.

During this reporting period, special attention has been given to the review and development of protocols for the appropriate use and monitoring of psychotropic medications as per section 422(b)(15)(A)(v) of the Social Security Act. The workgroup participants have taken part in the webinars organized and presented by the Children’s Bureau (CB) surrounding psychotropic medications. Informational resources provided by CB have also been utilized to take steps toward the formulation of further specific protocols. Representatives of all three divisions will attend the national convening on the topic in August of 2012 to gain further insight on the development of protocols concerning psychotropic medications and work on the development of a state plan to address this issue.

As a part of protocol development, data has been gathered and analyzed surrounding the use of psychotropic medications among all foster children in North Dakota comparing the use of psychotropic medications among non-foster children in North Dakota. This data was also compared to national averages. The data will be stratified into a number of categories for purposes of comparison to determine prevalence, patterns, and areas of concern as a next step in the analysis. The categories include:

- Type/category of drug
- Number and category of drug(s) prescribed to each recipient
- The provider prescribing the drug(s)
- The prescribing provider’s specialty
- The number of drug recipients by county and number/types of drugs prescribed
- Age of child prescribed medication
- Demographic information including geographic and race data

Information that is gathered and protocols that are developed in this area will be disseminated to state and tribal welfare providers. It is felt that this is an important step in identifying patterns in order to continue to develop protocol surrounding the usage and monitoring of psychotropic medications.

**I. DISASTER PLAN**

The North Dakota Disaster Plan for foster families, foster/adopt families and children under the custody of a North Dakota public agency was revised in March 2009. The Disaster Plan ensures the safety, permanency and well-being of North Dakota’s foster youth. Please refer to **ATTACHMENT C** to view the Disaster Plan.

**2012 UPDATE:** The State Disaster Plan remains unchanged (**ATTACHMENT C**). The plan has proven effective in meeting the needs of foster children during disastrous events. In the spring of 2011 widespread flooding occurred in North Dakota. As a result, President Obama approved a major disaster declaration for 39 counties (75% of the counties in the state) and two tribal reservations. Four additional counties were later added because of flood/disaster related events that were not anticipated in the early spring declaration.

During the months of flooding, the CFS Division’s toll-free telephone was manned 24/7 to accept calls from foster, adoptive, or kinship care families who were forced to evacuate and were unable to reach their county agency to advise them of their relocation. The CFS director, or foster care administrator, followed up immediately on all telephone calls or voice messages that were received, ensuring that the local agencies were aware of the relocation information. A regional spreadsheet was maintained in the CFS Division that gathered information from each caller. Below is a graph showing foster families who reported to the CFS Division evacuation of their homes due to flooding:

<b>ND FOSTER FAMILY RELOCATIONS DURING HISTORIC 2011 FLOODS</b>		
<b>REGION</b>	<b># OF FOSTER FAMILIES</b>	<b># OF YOUTH IN FOSTER CARE AFFECTED</b>
NORTHWEST – Williston area	9	10
NORTH CENTRAL – Minot area	10	13
LAKE REGION – Devils Lake area	1	2
SOUTHEAST – Fargo area	1	1
WEST CENTRAL – Bismarck area	5	8
<b>TOTALS</b>	<b>26</b>	<b>34</b>

State licensed facilities located in flooded areas also relocated foster children to other sites in the state. Youth placed at Dakota Girls & Boys Ranch (DBGR) in Minot were moved to other DBGR facility locations in Bismarck and Fargo not affected by the flood. At that time DBGR consisted of two different locations within the Minot community. As a result of this evacuation, 49 (33 RCCF + 16 PRTF) youth were transferred to new residential locations. In addition, a group home in Williston briefly relocated youth to Bismarck as a precautionary measure and a group home in Minot (located on high ground) contacted the Department to verify their safety plan as the water was restricted in the city.

The affected facilities communicated frequently with the CFS Division while following their own disaster plan, as required by the State Disaster Plan. Safety plans were also discussed with facilities where flooding was a possibility.

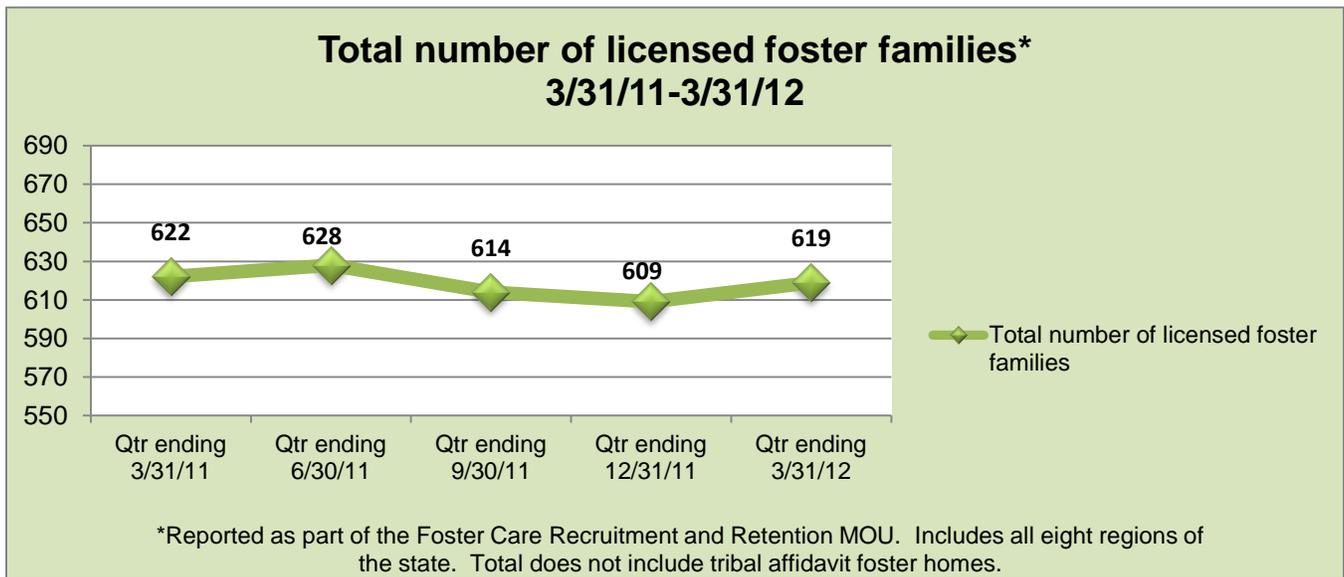
Throughout the flood disaster, the State and County officers were able to easily track foster, adoptive and kinship care families as well as foster youth during their evacuation and relocation. Only one facility location was destroyed during this flood disaster; the DBGR Minot Community Youth Home building was lost and not rebuilt.

**J. FOSTER AND ADOPTIVE PARENT RECRUITMENT**

**2012 UPDATE:**

**Foster and Adoptive Parents Recruitment and Retention Efforts:**

Statistics reported as of March 31, 2012 are noted on the following graph. These totals do not include tribal affidavit foster homes.



The budget for recruitment and retention was cut by approximately 30% for the 2011-2013 biennium. As a result, the state did not retain any dollars in anticipation of funding special projects during this time period. Funding was awarded to the eight regions of the state according to their population, usage of funding during the 2009-2011 biennium, and proposals which addressed the region’s needs in recruiting and retaining family and adoptive homes.

**Statewide Recruitment and Retention Task Force:** A Statewide Foster/Adopt Recruitment and Retention Task Force meeting was held in September 2011. Representatives from 7 of the 8 regions of the state attended as well as individuals from Standing Rock Tribal Child Welfare, PATH and AASK. Those attending provided overviews of their strengths and challenges in recruiting and retaining foster and adoptive parents in their regions along with ideas related to successful and unsuccessful recruitment efforts.

**Technical Assistance:** A work plan was developed and approved by North Dakota's federal regional office in January, 2012. The work plan outlined ways in which the National Resource Center on the Recruitment and Retention of Foster and Adoptive Parents (NRCRRFAP) and the National Resource Center for Tribes (NRC4Tribes) could assist North Dakota Children & Family Services in gaining a foundation and greater knowledge of recruitment and retention strategies focused on recruiting homes for teens, and sibling groups and to increase the pool of Native American families.

The NRCRRFAP and NRC4Tribes provided technical assistance for two days in March, 2012. The first day was spent with CFS administrative staff reviewing data, reviewing examples of recruitment and retention plans from other states, and envisioning the changes desired for the recruitment and retention plan process for the next biennium. The second day key leaders from across the state who are responsible for the recruitment and retention of foster and adoptive homes received training. Trainers described methods and benefits of both general and targeted recruitment. Recruitment and retention strategies were offered and discussed with the group. An overview of North Dakota's data related to providers and foster children was also presented, promoting the benefits of data driven decision-making.

The State Foster/Adopt Recruitment and Retention Plan is currently in draft form. The Foster and Adopt Task Force, which will meet August 2012, will assist in finalizing the plan. The goal is to have a reasonable, achievable, and measurable State Plan that will direct overall recruitment and retention activities in North Dakota.

## **K. MONTHLY CASEWORKER VISITS**

The North Dakota Foster Care Manual Chapter 624-05 was amended in May 2009 to reflect that monthly face to face case worker visits with all foster youth are required. It also notes that the majority of those visits must occur in the youth's primary residence. Each of the eight regions in the state has submitted a plan outlining how each of the counties within the regions is going to meet this requirement. These plans will be monitored and updated by the Regional Supervisors.

**2012 UPDATE:** The monthly "Foster Care Case Load Visitation Report" is once again being produced and disseminated to the field through the FRAME system by the state office on a monthly basis. Individual agencies have access to these reports within FRAME at any given time if they want to check the status of case worker visitations more frequently. There has been an added ability to look at visitation statistics from an individual county/child specific level and not just from a state or regional level.

A "foster care placement report" has been created and is currently being tested for deployment to production within the FRAME system. It is anticipated, with access to be able to run this "real time" report, that counties, DJS, and tribes will be able to determine where all foster youth are placed at any given time and collaborate more easily to ensure that monthly visitation are taking place for youth in foster care

placement. This applies to youth placed at any level of care, both in state and out of state.

**✚ Outline:**

- North Dakota will continue to provide on-going training for Regional Supervisors, County Supervisors, County Directors, the Division of Juvenile Services and front line staff, emphasizing that all children in foster care must be visited every month primarily in their place of residence. The primary place of residence will include residential child care facilities, family care, therapeutic care, psychiatric care, residential treatment centers and the home of the parent/legal guardian of the child. Additionally, this will include all children placed out of state in a foster care setting. The visitation requirement will be specifically addressed with the foster care case workers in the Child Welfare Certification Program and through various educational conferences.

**2012 UPDATE: Continued conversations and trainings have occurred with Regional Supervisors, county supervisors, county directors, tribes, and DJS surrounding the requirements and goals relating to monthly case worker visitation of all foster youth. These requirements and goals have also been addressed in various conferences and within the Child Welfare Certification Program. Statistics surrounding case worker visitation continue to be disseminated at these meetings. Approved allowances for collaborative visitations and techniques are also discussed. There has been continued reinforcement that the content of the monthly visitation must address the safety, well-being and permanence of the youth in care, and that the content of these conversations must be documented in the FRAME system.**

- By October 1, 2011, 90% of the children in foster care will be visited by the case workers on a monthly basis each and every full month they are in care, and the majority of those visits will occur in the residence of the child.
- In order to meet the 90% caseworker monthly visitation requirement, progressive goals have been established with increased compliance being divided evenly between FFYs 2009-2011. The goals are as follows: FFY 2009=39%, FFY 2010=65% and FFY 2011-90%.

**2012 UPDATE: The goal for case worker visitation for FFY 2011 was set at 90% (i.e. the expectation was that 90% of youth in care would be seen each and every full month they were in care). As noted in the following chart as of April 30, 2012 56.7% of youth in care were seen each and every full month that they were in care, with the majority of those visits (83.3%) occurring in the youth's primary place of residence. North Dakota did submit data for the complete 2011 fiscal year by December 15, 2010 as required. North Dakota will continue to strive to ensure that all caseworker visitations are accurately recorded.**

REPORTING PERIOD 5/1/11- 4/30/12 TOTAL FOR ALL AGENCIES		
CASE COUNT	1,644	
MONTHS IN FOSTER CARE	11,754	
VISIT MONTHS	9,725	
IN HOME VISIT MONTHS	7,945	
VISITS EVERY MONTH	5,894	
VISIT EVERY MONTH CASE COUNT	932	56.7%
VISITS IN HOME EVERY MONTH	7,945	83.3%
LEGEND		
<ul style="list-style-type: none"> <li>• CASE COUNT = total number of cases in care at least one full calendar month</li> <li>• MONTHS IN FOSTER CARE = number of full calendar months in care for cases included in the CASE COUNT</li> <li>• VISIT MONTHS = total number of months in which a visit occurred (subset of the MONTHS IN FOSTER CARE)</li> <li>• IN HOME VISIT MONTHS = total number of months in which a visit occurred (subset of the MONTHS IN FOSTER CARE)</li> <li>• VISITS EVERY MONTH = total number of months in which a visit occurred for each and every calendar month the child was in foster care, for cases included in the CASE COUNT</li> <li>• VISITS EVERY MONTH CASE COUNT = total number of cases, out of the cases included in the CASE COUNT, in which a visit occurred for each and every calendar month the child was in foster care</li> <li>• PERCENT = ratio of VISIT EVERY MONTH CASE COUNT to the CASE COUNT</li> <li>• VISITS IN HOME EVERY MONTH = total number of months in which an in-home visit occurred, out of the cases included in the VISIT EVERY MONTH CASE COUNT</li> <li>• PERCENT = ratio of VISITS IN HOME EVERY MONTH to the VISIT EVERY MONTH</li> </ul>		

**2012 UPDATE – MONTHLY CASE WORKER VISITATION FORMULA GRANTS:** Monthly case worker visitation formula grants were, and are utilized to help agencies purchase laptop computers for their case workers. It is felt that enabling the workers to have a portable means to conduct and document the content of their case visitations will both save them time, and improve the quality of the visit/documentation. Some of the grant monies were/are utilized to help support the University of North Dakota Children and Family Services Training Center (UND CFSTC). Specifically, the required four week Child Welfare Certification program has bolstered its programming to focus more thoroughly on case worker training surrounding assessment and decision making concerning the safety, permanence and well-being of foster youth.

Continued use of the formula grants for this type of equipment and training in 2013 is likely. It is felt that providing this equipment and training will help to recruit, more thoroughly train and prepare case workers. Hopefully this will lead to increased retention of well trained and effective case workers.

## L. QUALITY ASSURANCE SYSTEM

Evaluation, Technical Assistance, and Quality Assurance is accomplished through the CFS Division using a number of processes as detailed below. These processes will include state office personnel, Regional Supervisors (our programmatic supervisors in the field), county supervisors, county directors, and front-line staff. The CFS Division's QA plan is integrated and cross-walked between program, process and activity.

- Annual case file reviews are completed on CPS cases in every county by Regional Supervisors. Regional Supervisors use a standardized form to review cases based on compliance with law, policy and best practice standards; at the completion of the review the findings are made available to administrators and supervisors in the county agency and to the state office.

**2012 UPDATE: Regional Supervisors have continued quality assurance case reviews have during this reporting period and provide a report of the review results to the CPS Program Administrator.**

- The CFS Division plans to continue the local CFSR process with the latest federal instrument. The cadre of reviewers comes from the ranks of peers, supervisory and administrative staff, experienced and retired staff, and partners from the court sector. Review findings will be used to inform statewide trends, address local practice issues, and build a training and TA agenda for the state.

**2012 UPDATE: From April 2011-March 2012 the CFS Division reviewed 71 cases, with 25% being in the largest metropolitan area (Cass County). In six regions the Division held "Case File Reviews" (i.e. case record review plus interviews with case managers/supervisors); and in the two remaining regions the Division held "Full Case Reviews" (i.e. case record review plus case manager interviews, client/family interviews, other service agency partner interviews, and eight Stakeholder meetings).**

**In each of the regional CFSR's, the reviewers evaluated randomly drawn cases using the entire CFSR instrument (v. July 2008). Specific attention was directed to the ratings for items 4, 10, 17, 18, 19, and 20 as these are the items being tracked per the results of the 2008 Federal CFSR. This second year of reviews was to show evidence of improvement, per the improvement goals established following the establishment of the baseline during the first year of the PIP. North Dakota achieved the improvement goal for item 10 but not for the remaining five items. The CFS Division is currently negotiating a plan to address this with the Children's Bureau. Please see [ATTACHMENT D](#) for the "ND CFSR Annual Report" and the regional CFSR schedule for April 2012-March 2013.**

- The new Program Improvement Plan themes are included as part of the 2010-2014 CFS Plan. The 4 themes distilled from the findings of the federal review are: 1) Building On the Wraparound Practice Model; 2) Safety Planning; 3) Caseworker Contact & Quality Services for Children & Their Families; and 4) Engaging Child Welfare Partners in System Change. The cross-cutting theme which is overarching for all four themes is the "Supervisor's Role in Quality Services". Planning for the PIP has been inclusive of CFS

administrators, field staff, county workers, county directors, other child welfare partners, tribes, county commissioners, and state legislators.

**2012 UPDATE: At the time of this writing, the ND PIP is nearing completion. The CFS Division is on target to complete the action steps and benchmarks outlined in the PIP by June 30, 2012. The exception is meeting the measurements of improvement on those items being tracked through the PIP. As stated above, this is currently in negotiations with the Children's Bureau.**

- ✚ The FRAME system has been designed to expedite the review process for the CFSR and also for random case selections for review. FRAME will also provide additional data to assist with the state's QA process by providing data to identify trends, allowing data to be viewed and used between programs, and to assist with tracking and monitoring the state's performance on federal data measures.

**2012 UPDATE: The use of FRAME to access the information in case reviews has proven to be effective in the state's QA process.**

- ✚ The CFS Division will use InfoLink software to monitor federal data measures based on AFCARS data. This software has the ability to compare data trends across time and place (for counties, regions, units, etc.). Training in the use of this data tool and availability of this data tool will be rolled out to the counties and regional staff and integrated into the CFSR local review process. Developers of this innovative software will integrate NCANDS data into the software package. When this function is available, this software will give us a comprehensive view of current trends (and past trend lines) within our child welfare system and give us an immediate read on comparisons with federal data standards.

**2012 UPDATE: As reported in the 2011 APSR, InfoLink is no longer on track as a viable software tool based on the issues encountered in the development of FRAME reports in the Cognos environment.**

- ✚ QA case reviews and specially requested case staffing are available at the request of county agencies or personnel, parents/relatives, county administrators, or Regional Supervisors. The content and/or process of these staffing or reviews are usually case-specific and often negotiated between the parties involved. At times, other stakeholders or partners may be brought into the process to participate in the review or staffing.
- ✚ Finally, because Regional Supervisors participate in/facilitate the Child and Family Team meetings, they serve in the capacity as an in-time QA reviewer when plans are built, and to address the needs of the child, parent and relative, foster/adopt parent in the team planning process.

## **M. MANAGEMENT INFORMATION SYSTEM**

FRAME, a web-based application created to capture case management activities along with better data collection, was implemented in November 2009. The application has been set up to use drop down boxes in areas where we will be using the information for reports, data

collection and possible longitudinal studies to better follow children through the child welfare system to see how their history affects their adulthood. We can capture data for the NCANDS and AFCARS reports out of FRAME allowing us to complete more elements of both reports and provide better data. The information from FRAME will be transferred to Cognos, which is the data warehouse for FRAME. From this application, North Dakota will be able to create reports in a variety of ways using the various fields from FRAME.

**2012 UPDATE:** FRAME continues as the state's management information system for Child Welfare and Children's Mental Health. The Comprehensive Child Welfare Information Program System (CCWIPS) operates within FRAME keeping the payments process, foster home licensing and adoption information. The CPS index registry is also integrated into the FRAME application. The CFS Management Team, Information Technology Services Division (ITS-DHS), Decision Support Services (DSS-DHS), and Information Technology Department (ITD) continue to meet regularly to discuss the statuses of various "fixes" and enhancements to the application.

#### **N. CAPTA**

**2012 UPDATE:** The Child Abuse Prevention and Treatment Act (CAPTA) report is submitted as a separate document.

#### **O. LICENSING WAIVERS**

The North Dakota Administrative Code (NDAC) 75-03-14 outlines family foster home licensing standards. CFS has drafted changes to this rule. Which included the licensing waiver standards.

##### **2012 UPDATE:**

In anticipation of this rule change the following changes were made to our CCWIPS system, effective December 1, 2010, to capture the number of relatives licensed whereby a waiver was granted (CCWIPS contains our provider licensing information).

1. Licensed relative? Yes/No
2. Waiver granted? Yes/No
3. List the licensing standard that is being waived?

Changes were made to FRAME (automated child welfare system) effective December 1, 2010, to gather information about foster youth who are placed in an unlicensed relative family foster home. A drop down box was added to the system to capture reasons why the relative is not licensed. The drop down box contains the following reasons:

1. Cannot meet the safety standards
2. Financially able to care for the child
3. Kinship care program
4. Other
5. Short-term placement
6. Training

If “Other” is chosen, a short description is required. A comments section is available if more detail is needed.

If a waiver is granted, the foster care license is specific to the relative foster child. Other unrelated foster children cannot be placed in this foster home that received the waiver.

Regional Supervisors of County Social Service Boards have the decision-making authority for all requested waivers and will provide the oversight for each waiver that is granted. The State Foster Care Administrator is available to assist Regional Supervisors, as needed, in making this determination.

The following numbers and percentages were taken on March 31, 2012 from the AFCARS report:

- ✚ Number & percentage of children placed in licensed relative foster family homes:
  - **2 children (1.5%) were placed in licensed, relative foster family homes.**
- ✚ Number & percentage placed in unlicensed relative foster family homes:
  - **129 children (98.5%) were placed in unlicensed relative foster family homes.**
- ✚ Frequency of waivers:
  - **During this reporting period no waivers of non-safety related licensing standards were requested.**
- ✚ Types of non-safety licensing standards waived:
  - **N/A for this reporting period.**
- ✚ Assessment of how these waivers have affected children, including their safety, permanency and well-being:
  - **Waiving non-safety related licensing standards will increase the number of licensed family foster care providers. Foster youth will be able to remain with family members with whom they already have established connections.**
- ✚ Reasons why relative homes may not be licensed despite authority to waive non-safety standards:
  - **Families are apprehensive of the home study outcome.**
  - **Relatives do not need financial assistance.**
  - **Families are reluctant to begin the home study process due to the amount of time it takes to complete the foster care home study.**
  - **Families are unwilling to take time off work to complete the PRIDE training.**
  - **Families apply for TANF benefits or are supported through the Foster Care Kinship Care Program.**
  - **It is anticipated that the youth will only be in foster care for a short period of time.**

- ✚ Actions the state plans to take, or is considering, to increase the percentage of relative fosters family homes:;
  - **Licensing agencies continue to be encouraged to provide additional information to families regarding foster home licensure, positively portraying the benefits to the family, as well as fully explaining the agency’s ability to waive non-safety related standards. Conversations continue to take place with regional, county and tribal personnel about waivers of non-safety related standards.**
- ✚ Suggestions the State has for administrative actions to increase licensed relative care.
  - **Disseminate updated policy and NDAC 75-03-14 when revised. This will further reinforce this option to the licensing agencies and further simplify the process for relatives to become licensed family foster homes.**

## **P. GRANT OPPORTUNITIES**

- ✚ **Family Connection Discretionary Grant:** As part of the ND DHS response to the CFSR review, the department is partnering with the Village Family Service Center to respond to the funding opportunity entitled Family Connection Discretionary Grants (grant number HHS-2009-ACF-AC&F-CF-0078). The Department of Human Services and the Village Family Service Center partnered together in 2006 to bring Family Group Decision Making to North Dakota through a grant funded by the Bush Foundation.

In responding to the federal RFP, we hope to enhance the FGDM program in three pilot sites (Cass, Ramsey, and Burleigh counties). We hope to present the model called Family Team Decision Making (FTDM) to the Child Protection units in these three pilot sites. Our ultimate goal is to give “front-end” service to kids and families within 72 hours after a child has been placed in foster care. We hope that our outcomes will show safety, permanency and well-being for children by reducing the risk of children being placed in out-of-home care through exploring connections through the family/kinship program.

**2012 UPDATE: FGDM is now offered statewide through state general funds, Title IV-B, and Casey Family Programs dollars. FTDM is offered as a pilot in two sites – Burleigh/Morton and Cass counties and is funded through state general funds and Casey Family Programs contract dollars.**

**At the time of this writing the CFS Division has no upcoming grant opportunities.**

**Q. CFCIP/ETV**

This section offers an overview of the Chafee Foster Care Independence Program (CFCIP) and the Education Training Voucher program (ETV) for FFY 2011 as well as plans to meet the seven purposes of CFCIP and the ETV services for FFY 2012.

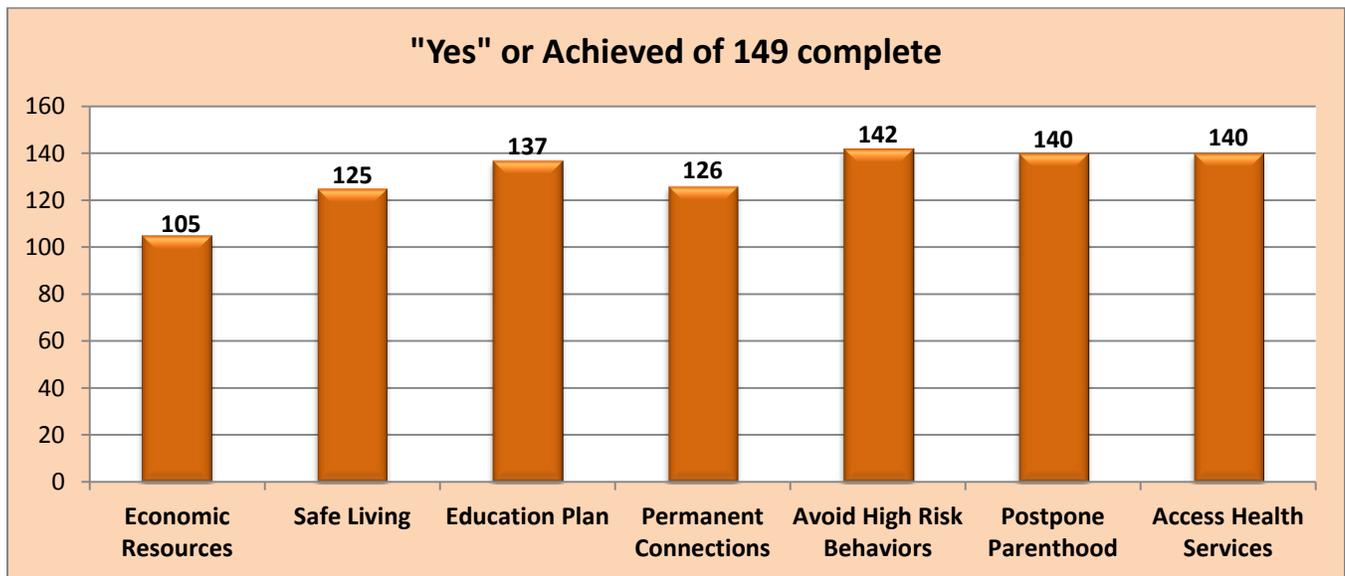
**General Overview**

The North Dakota Department of Human Services, Child & Family Service Division administers the Chafee Foster Care Independence Program grant and supervises the Regional CFCIP and ETV Programs across the state.

North Dakota’s overall goal continues to be that every young adult who lived in foster care as a teenager will meet the following outcomes by age 21:

1. All youth leaving the foster care system shall have sufficient economic resources to meet their daily needs.
2. All youth leaving the foster care system shall have a safe and stable place to live.
3. All youth leaving the foster care system shall attain academic or vocational/educational goals that are in keeping with the youth’s abilities and interests.
4. All youth leaving the foster care system shall have a sense of connectedness to persons and community.
5. All youth leaving the foster care system shall avoid illegal/high risk behaviors.
6. All youth leaving the foster care system shall postpone parenthood until financially established and emotionally mature.
7. All youth leaving the foster care system shall have access to physical and mental health services.

**2012 UPDATE:** In January 2011, the CFS Division created a ND Chafee Assessment to assist youth participants in the development of their individualized independent living plans. These 149 assessments were completed January 1, 2011 and through September 30, 2011 with youth participants ages 17 and greater. Outcome results may be viewed on the following graph.



**CFCIP Assessment outcome results indicated that 70% (105) of youth felt they have sufficient economic resources available, 84% (125) felt they have a safe and stable place to live, 92% (137) have an achievable education plan in place, 85% (126) have permanent connection in the community, 95% (142) felt they have avoided illegal or high risk behaviors, 94% (140) have postponed parenthood, while 94% (140) felt they have the knowledge and skills to access physical and mental health services. North Dakota will continue to evaluate these outcomes and assist youth in building skills that will enable them to successfully transition to living independently.**

The “Comprehensive Independent Living Flow Chart” provides an overview of current programming to continue through 2014.

**2012 UPDATE: The flow chart can be found in [ATTACHMENT E](#).**

North Dakota continued serving youth across the state ensuring that all political subdivisions in the eight regions and 53 counties were served by the CFCIP, including tribal youth and youth in custody of the Division of Juvenile Services. In North Dakota, all youth who are at least 14 years of age, are not yet 21 years of age, and who are or were in foster care after the age of 14 are eligible for components of CFCIP. In addition, all youth in foster care, age 16 and older, are required to have their independent living needs assessed.

**2012 UPDATE: In April 2011, ND DHS announced that CFCIP would be reorganizing statewide. The six county partners and one private provider (PATH ND) were provided generous notice that the CFCIP program would issue a Request for Proposal (RFP) and that the current Memorandum of Agreements or contracts with CFCIP providers would terminate September 30, 2011. In July 2011, ND DHS Children and Family Services advertised a Request for Proposal (RFP) to operate the Chafee Foster Care Independence Program (CFCIP) statewide beginning October 1, 2011. There were two applicants for the RFP; one of the applicants did not successfully meet RFP qualifications, while the other applicant had previous experience and met eligibility.**

**PATH ND had previously provided CFCIP as a private provider in Region III and contracted provider through Sargent county in Region V. The PATH ND application qualified them to receive the CFCIP contract and employ Chafee Independent Living Coordinators to deliver service to eligible youth statewide. PATH ND maintained two of their previous Chafee IL Coordinators, absorbed two Chafee IL Coordinators from county employment and hired three new staff to have seven Chafee IL Coordinators staffed statewide. Maintaining and absorbing previous staff offered stabilization during the program transition. Overall, the goal behind this restructuring was to leverage resources across the state and work with one financial entity to offer consistency in use of funding as well as service delivery to benefit the youth participants.**

**North Dakota received national Training and Technical Assistance (T/TA) to assist with CFCIP transition. The National Resource Center for Youth Development (NRCYD) provided T/TA in July at the CFS Conference presenting on youth in transition, then carried additional training over to the CFCIP program to promote**

positive youth development, merge statewide programming into one effort, and energize the Chafee IL Coordinators. The T/TA was helpful and the new CFCIP structure has been going very well, clients and staff appear satisfied with the program transition. The current CFCIP Regional Offices are as follows:

REGION	LOCATION OF IL COORDINATOR/S
I NORTHWEST- Williston	Dickinson PATH office
II NORTH CENTRAL – Minot	Minot PATH office
III LAKE REGION – Devils Lake	Belcourt PATH Office (Turtle Mt Reservation)
IV NORTHEAST - Grand Forks	Grand Forks PATH office
V SOUTHEAST – Fargo	Fargo PATH office
VI SOUTH CENTRAL – Jamestown	Fargo PATH office
VII WEST CENTRAL – Bismarck	Bismarck PATH office
VIII BADLANDS – Dickinson	Dickinson PATH office

**2012 UPDATE:** A contract was signed by PATH ND (private provider) who agreed to implement and operate CFCIP statewide from October 1, 2011 to June 30, 2013 (FFY 2012 and ½ of FFY 2013). PATH ND manages local programming, follows federal and state CFCIP policy, completes an annual Quality Assurance Review conducted by the state Chafee Independent Living Administrator, and enters all relevant CFCIP data into FRAME (ND data management system). Reminder in the past, CFCIP data was tallied by hand with eight different interpretations. In November 2010, Children and Family Services worked with the FRAME application to create space to include CFCIP data entry. The FRAME data management system has experienced many growing pains; however CFCIP is now retrieving more realistic data with less duplication after staff received additional training and began entering into the online system.

Previous duplication errors noted:

- Regions transferring a case would both report/count this one youth.
- If a youth entered CFCIP, closed their case, then re-opened, Chafee IL Coordinators were counting that youth twice.
- Interpretation of After Care Youth (now referred to as Foster Care Alumni) versus Current Foster Care Youth was not consistent.

Below is data reflecting CFCIP participation in North Dakota comparing annual timeframes to best reflect FFY totals. FFY 2012 is the new data and FFY 2011 and FFY 2010 data has been updated/ revised. The numbers reported in 2011 IV-B report indicated a total of 337 CFCIP participants. This number was recently determined by ND DHS Decision Support Data Analyst as low as ND used data from October 1, 2010 to May 31, 2011 instead of a full year snapshot. The new FFY 2011 data was pulled and is a better representation of service delivery in our state for a full year timeframe. The FFY 2010 data was determined high and inaccurate due to the duplication error possibilities determined above. See the history of ND CFCIP participation is noted below:

FFY Totals	CFCIP Youth	Current Foster Care Youth	Foster Care Alumni	Priority 1 Youth Served	Priority 2 Youth Served	Native Americans Served	Notes
FFY 2012 Total	409	233	176	333	76	107	New
FFY 2011 Total	371	178	193	303	68	80	Revised/ Updated data #s
FFY 2010 Totals	403	226	177	Φ	Φ	102	Revised/ Updated data #s
FFY 2009 Totals	394	218	176	Φ	Φ	90	Same
FFY 2008 Totals	440	275	165	Φ	Φ	134	Same

Φ = Data not recorded during the reporting timeframe. This further analysis began in FFY 2011.

**Planned Activities to Design, Conduct and/or Strengthen the Seven Purpose Areas**

**Purpose #1: Help youth (who are likely to remain in foster care until 18 years of age) transition to self-sufficiency.**

**2012 UPDATE:** Chafee IL Coordinators attended Child and Family Team Meetings (CFTMs) and worked collaboratively to support the youth in becoming self-sufficient young adults. Chafee IL Coordinators worked closely with community partners and made referrals to needed services. Community partners include: Job Service, Job Corps, Adult Learning Centers, Housing Authorities, Community Action, Vocational Rehabilitation Services, Salvation Army, Youthworks and many other private organizations who provide resources for young adults.

Chafee IL Coordinators assisted custodial case managers in completing a foster care youth discharge checklist. This checklist was used to assist youth aging out of care to retrieve the necessary education, resources, and personal identification information (ID, SSN, Birth Certificate, etc.) prior to their discharge.

Chafee IL Coordinators provided education statewide of the new CFCIP provider structure and the process and contacts for referral. Chafee IL Coordinators and youth continued to provide awareness of the ND Youth website. To view the website, please visit <http://www.nd.gov/ndyouth>.

Coordinators hosted regular local meetings to encourage group socialization, hands-on food preparation classes, as well as educational opportunities such as how to obtain a GED, career exploration, tax preparation, vocational training, job placement and retention, daily living skills, budgeting and financial management

skills, substance abuse prevention and preventive health activities. All topic areas increased youth knowledge of self-sufficiency and were relevant to the seven purpose areas.

**FFY 2013 Plans:** Collaborate with partners to create a Chafee Resource and Referral Q & A document to assist partnering agencies in understanding the program and eligibility. Continue dispersing the CFCIP brochure to encourage program participation. Continue to promote the use of the ND Youth Website.

**Purpose #2:** Help youth receive the education, training, and services necessary to obtain employment.

**2012 UPDATE:** Chafee IL Coordinators offered one-on-one assistance to youth who chose to complete their high school diploma and/or GED, attend post-secondary education, or begin employment. Chafee IL Coordinators assisted youth in preparing for the ACT/SAT exams, submitting college applications, attending college tours, completing their FAFSA, and in applying for ETV funding.

For the youth interested in pursuing employment and not college, Chafee IL Coordinators discussed the importance of continued education, provided necessary tools for future reflection, and then assisted youth in gathering information necessary for gaining employment (i.e. Social Security cards, birth certificates and driver's licenses). Youth are provided access to "50 Best Career" booklets, job fairs, Job Corps contacts, and knowledge that if a two or four year school is not their preference that a youth can choose to attend the Hair Academy or other vocational school. Chafee IL Coordinators also provided access to youth to participate in resume building, mock interviews, and seasonal employment.

Chafee IL Coordinators maintained contact and relationships with representatives of regional Work Investment Act (WIA) programs offered through North Dakota Job Service. Chafee IL Coordinators continued to provide awareness of the ND Youth website, which offered direct access to youth interested in employment and education.

**FFY 2013 Plans:** Continue awareness and updating of information on the ND Youth website to offer direct access to youth interested in employment and education.

**Purpose #3:** To help youth prepare for and enter post-secondary training and educational institutions.

**2012 UPDATE:** The Chafee IL Coordinators assisted youth in preparing for post-secondary education and training through efforts to ensure that information is shared and requirements for enrollment are completed. In addition, they assisted youth in developing their IL educational plan. Plans included communication with secondary educational counselors and support persons, planning for successful completion of secondary education/training, required applications, tests, and

financial aid forms, as well as planning for support during post-secondary educational attendance including needs for housing, child care and tutoring.

The state Chafee IL Administrator became a member of the College Goal Sunday planning board and the ND College Access Network council to provide awareness of the needs of the foster care population as well as gain insight about what was available in post-secondary education options.

Chafee IL Coordinators maintained partnerships with local Job Corps, coordinated class schedules as needed with the public schools, and helped youth search for scholarships. Chafee IL Coordinators assisted youth in completing their FAFSA (financial aid), paying ACT/SAT college application fees, and enrollment in TRIO; a college program that motivating and supporting students from disadvantaged backgrounds in their pursuit of a college degree. TRIO provided academic tutoring, personal counseling, mentoring, financial guidance, and other supports necessary for educational access and retention.

The state Chafee IL Administrator and Chafee IL Coordinators provided awareness about the Education and Training Voucher (ETV) Program to foster care youth and statewide professionals assisting foster youth. The CFS UND Training Center integrated information about the ETV Program into the Child Welfare Certification Training; a required training for all new North Dakota child welfare workers. **FFY 2013 Plans:** Develop a more detailed plan for marketing the ETV program as well as look at state policy to identify if there is room to expand the opportunity to foster care youth in care less than twelve months.

**Purpose #4:** To provide personal and emotional support to youth aging out of foster care, through mentors and the promotion of interactions with dedicated adults.

**2012 UPDATE:** Chafee IL Coordinators, case managers, foster parents, treatment staff, and other team members provided individualized support to youth to assist in the transition to self-sufficiency and independent living. A combined effort of Chafee IL Coordinators and custodial case managers completed foster care youth discharge checklists and transition planning efforts with youth.

ND Youth Leadership Board meetings invited youth presently in care as well as Foster Care Alumni to meet and discuss youth issues across the state of North Dakota. The Board provided a supportive environment for youth to share information as well as develop peer mentoring relationships. The ND Youth Leadership Board will undergo a transition in membership after reflection of the process indicated that youth were coming to the meetings, but goals were not being fully developed or completed. The Board will transition from allowing 24 members to participate when it allowed, to an application process where five youth members commit to progress and having their voice heard to better ND child welfare practice. The application process began in May 2012 and will continue to develop ongoing in the months to come.

**FFY 2013 Plans:** Continue to seek mentoring opportunities in communities. Continue to provide supportive contact with youth through face-to-face, email, Facebook, and texting when appropriate. A North Dakota Facebook page will be developed in the next few months as a gathering space for current and former foster care youth.

**Purpose #5:** To provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for, and then making the transition from adolescence to adulthood.

**2012 UPDATE:** The CFCIP's primary focus is on foster youth age 16 and older identified as "likely to age out of care," as well as those who have aged out of care and become Foster Care Alumni. Due to priority, the Chafee IL Coordinators offered more in-depth assistance to the neediest youth. Before youth age out of care, the Chafee IL Coordinator provided them with information that emphasizes where to continue to get emotional, financial, vocational and educational support. Youth were provided with the Renting 101 guide book and coaching about good communication skills and phone etiquette when working with professionals. Youth were also provided access to CFCIP flex funds, community resources, mentoring and ETV programming.

CFCIP local meetings allowed for education and training opportunities for youth to gain additional knowledge and resources for self-sufficiency. In addition, youth who graduate from high school or receive their GED are rewarded with \$50 and a laundry basket full of household items and toiletries to assist them in setting up their own living environment.

Affordable housing in North Dakota has become an ever growing problem for youth aging out of foster care to plan for as well and for Foster Care Alumni to maintain. The oil boom in western ND (Dickinson, Williston, Minot, and Bismarck areas) has led individuals and families to not afford the \$1000 to \$1300 monthly rent for a one bedroom or efficiency apartment; while a two or three bedroom apartment costs anywhere from \$1500 to \$2500 per month. Chafee IL Coordinators in three regions have been instrumental in teaming up with local Housing Authorities to write Housing and Urban Development Family Unification Vouchers (FUP) grants. The FUP grants have been accepted and in use in Grand Forks, Minot, and Fargo, this resource is beneficial to Chafee IL participants, but is not the answer as the availability of apartments for reimbursement by FUP funds are not accessible. Apartment managers and landlords are taking tenants from oil companies over local community members because the oil company will pay the higher rate for tenants to live onsite. This is a continued problem that CFCIP will be involved with as our state and local communities continue to problem solve solutions.

**FFY 2013 Plans:** Continue affordable housing involvement. Continue providing assessments to identify areas of need for youth participants and providing resource

development in relation to our seven CFCIP North Dakota Outcomes.

**Purpose #6:** To make available vouchers for education and training, including post-secondary training and education, to youth who have aged out of foster care.

**2012 UPDATE:** The North Dakota Educational and Training Voucher (ETV) Program provided post-secondary educational financial assistance to help eligible youth make the transition to self-sufficiency and receive the education, training and services necessary to obtain employment.

Chafee IL Coordinators assisted youth in completing necessary ETV paperwork and applications. North Dakota did see a slight drop in ETV participation; however it was determined likely to be the result of the fluctuation in service delivery with the CFCIP program transition.

The state Chafee IL Administrator partnered with College Goal Sunday and the ND College Access Network to gain knowledge of youth opportunities and awareness about post-secondary education options. The state Chafee IL Administrator also created a new ETV brochure to provide awareness of the ETV to youth and various community partners throughout the year. The Chafee IL Administrator supervised the ETV Program and determined eligibility for ETV awards. Each youth awarded an ETV was issued a letter and the ETV check was sent to their educational institution for the identified semester needs.

**FFY 2013 Plans:** Develop a more detailed plan for marketing the ETV program and how to apply for funds. Provide ongoing awareness of the ETV programming to eligible youth and partnering agencies.

**Purpose #7:** To provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.

**2012 UPDATE:** CFCIP is designed to serve youth who are current or former foster care youth. CFCIP remains available to the former foster youth in a kinship guardianship arrangement on the same basis. ND DHS Children and Family Services Division collaborated with the state, county, regional, and referring partners including private entities to offer Chafee and ETV programming to youth who have been adopted or were in kinship guardianship care. The Chafee IL Administrator attended the Foster Care Adoption Task Force to collaboratively address youth-related issues including kinship guardianship, adoption, ETV, and CFCIP goals. The CFS Adoption Manager corresponded with adoption workers on a regular basis and forwarded CFCIP and ETV information to adoption workers for dissemination as appropriate.

**FFY 2013 Plans:** Continued assistance to and awareness of CFCIP benefits to youth adopted or who enter kinship guardianship care.

✚ General Reporting Requirements Related to the CFCIP Seven Purposes

- **2012 UPDATE on Coordinated Services:** ND DHS CFS Division collaborated with PATH ND as the contracted entity to provide the CFCIP services statewide. ND DHS, PATH ND, Chafee IL Coordinators collaborate with many private/nonprofit agencies including Job Service, Housing Authorities, Human Service Agencies, School Districts, Vocational Rehabilitation Services, Career Options, Community Action, Tribal partners, and more. Partnering with various community organizations is the largest strength of the program. After community connections have been made, Chafee IL Coordinators teach youth how to navigate the many program systems effectively. This form of teaching “how to do” rather than “doing it for” the youth sends a consistent message and gets better results. Our ND CFCIP goal and mission is to ensure that youth involved in the foster care system receive services and support which will enable them to successfully transition to living independently. In addition, the statewide regional Human Service Centers developed Transition to Independence (TIP) programming for transitioned aged youth. This partnership continues to grow as TIP becomes more established. Transitional living programming continues to be a focus as the lack of affordable/ supportive housing is a huge need in North Dakota.
- **2012 UPDATE on Training:** Chafee Independent Living meetings are held for Chafee IL Coordinators and ND Youth Leadership Board members quarterly in Bismarck, ND. Training and program updates are provided on a regular basis as well as general sharing of information. The Chafee IL Administrator facilitates these meetings in order to give and receive updates on CFCIP from each region and to discuss program revisions, needs, or concerns. Specific training topics are addressed during quarterly meetings (social security, Medicaid requirements, mental health, educational scholarship information, FAFSA training, agency programming, etc.) ND DHS received T/TA from NRCYD on topics related to positive youth development and leadership training. Chafee IL Coordinators are encouraged to attend professional development training as it relates to CFCIP service delivery (Indian Child Welfare Act conference, Children’s Justice Symposium conference, etc.) Additional training is done locally for the youth on various topics related to independent living skill building.

The CFS Training Center located at the University of North Dakota in Grand Forks provided Wrap Around Certification Training to all CFCIP Chafee IL Coordinators. In addition, the CFS Training Center provided Child Welfare Certification training to social workers; one segment of this training is Chafee Independent Living and the importance of youth transitioning to independence. PRIDE training is offered to foster parents providing information about preparing youth for transition and how to build independent living skills while the youth is in the foster home or facility. The CFS Training Center also has a representative trainer attend the Chafee IL quarterly meetings to provide various training topics to Chafee IL Coordinators throughout the year (diversity, cultural awareness, leadership training, etc.)

- **2012 UPDATE on Youth Involvement in State Agency Efforts:** North Dakota continues to replicate the Federal CFSR Process as part of a Program Improvement Plan. Youth Stakeholder meetings are conducted in each of the eight regions of our state during full CFSR Reviews; two locations per year. Youth Stakeholder meetings were held in Grand Forks and Minot; a nice representation of youth attended and had the opportunity to share with state staff their perspective of what has gone well in foster care and what areas could be improved.

The Transition to Independence Program (TIP) Advisory Council did seek youth representation and one CFCIP Foster Care Alumni participated on that council for six months. Also, the North Dakota Federation of Families Mental Health Transitions Conference requested Youth Leaders to help organize and run the two day summer conference; three CFCIP youth participated as Conference Youth Leaders.

The National Youth in Transition Database federal meeting requested the participation of one youth representative from each state. ND DHS proudly supported the attendance of one Foster Care Alumni who represented North Dakota very well and engaged with his peers to support NYTD program development.

Initial effort has been made to revamp the ND Youth Leadership Board membership. Once this transition of the Board is complete the plan is to build leadership skills, gain opportunity for youth to engage in mentoring roles, conference panels, local and state efforts to better the child welfare system and to further assist in the National Youth in Transitions Database federal effort.

- **2012 UPDATE on Medical Assistance:** A low number of former foster youth are accessing Medicaid, even when they are eligible for the program. Youth have indicated that they do not understand the re-determination process, which complicates their ability to reapply for Medical Assistance once they age out of foster care. The state Chafee IL Administrator requested a state training for all Chafee IL Coordinators, which occurred in October 2011. This training provided updated information on what youth are eligible and how to complete application information. Chafee IL Coordinators have continued to make an effort to help youth understand the Medicaid redetermination process and provide more information and assistance to access this program.
- **2012 UPDATE on Native American Youth:** North Dakota provided information to ensure Native American youth had fair and equitable access to all CFCIP services across the state. In the past, North Dakota had CFCIP programs operating via a Memorandum of Agreement (MOA) with Sioux County Social Services (Region VII) partnering with Standing Rock Sioux Tribe (Fort Yates) and PATH ND (Region III) partnering with Spirit Lake (Devils Lake) Turtle Mountain Band of Chippewa (Belcourt). When the PATH ND contract became effective October 1, 2011 all four federally recognized tribes in North Dakota were notified of the provider change and were given contact and referral information; including applications and

release of information paperwork to use as needed. The Chafee IL Administrator spoke at the Strengthening State & Native American Partnerships (SSNAP) state meeting to explain the CFCIP referral process and encourage Native American youth participation. In addition, Chafee IL Coordinators made written and face to face contact with each Tribe to ensure admittance for CFCIP and ETV funding opportunities.

Recently, Chafee IL Coordinators have received more referrals from Standing Rock Tribal Social Services (Fort Yates), Spirit Lake Social Services (Devils Lake), Turtle Mountain Band of Chippewa (Belcourt) and Three Affiliated Tribes (New Town). Region III (Devils Lake and Belcourt) worked with the highest number of Native American youth in North Dakota. Chafee IL Coordinators worked with Native American youth to ensure that enrollment in their designated Tribe was complete, and assisted youth to complete the Tribal Certificate with enrollment number applications, receive a tribal enrollment card and Certificate of Degree of Indian Blood (CDIB). Native American youth were also provided contact information for their Tribal office, local social service offices, as well as the Higher Education office of his/her Tribe.

Chafee IL Coordinators continued to consult tribal members and Tribal Social Services as well as research culturally related information to ensure competence in working with and meeting the cultural needs of tribal youth. In turn, Chafee IL Coordinators offered culturally sensitive Independent Living programming to CFCIP participants. Youth active in CFCIP were encouraged to discuss their culture and activities viewed applicable to the local CFCIP programming. This encouraged cultural diversity to other youth in the monthly meetings. The state Chafee IL Administrator continues to work with Chafee IL Coordinators to ensure that CFCIP and ETV benefits are made available to Native American youth (Title IV-E or 638 funded youth) on the same basis as non-native foster care youth in North Dakota.

- **2012 UPDATE on Trust Fund:** North Dakota does not have a trust fund nor do they have plans to initiate a trust fund at this time.
- **2012 UPDATE on National Youth in Transition Database (NYTD):** North Dakota implemented the NYTD requirements on October 1, 2010 capturing data relevant to the served and baseline populations. A NYTD work group was developed with representative professionals from ND DHS including Information & Technology, Decision Support Services, Children and Family Services, and Fiscal.

The served population statistics were collected by county social service foster care case managers, Division of Juveniles Service case managers, Chafee IL Coordinators, and Partnership Care Coordinators to gain the most insight about independent living services received by youth already established within our FRAME (data management) application.

The baseline population surveys were very successful in North Dakota. From October 1, 2010 to September 30, 2011 there were only three surveys that were not

administered (88/91 = 97% surveyed). The North Dakota county case managers who are asked to administer the NYTD survey did a great job with an extremely high response rate. The state Chafee IL Administrator works directly with case managers providing a survey packet, instructions, a \$10 gift card for youth incentive upon completion, and reminder emails along the way.

- The state Chafee IL Administrator is the ND NYTD Lead and does oversee the NYTD efforts statewide. The state Chafee IL Administrator will continue to work with the NYTD work group to identify an online survey option, outreach and tracking of age 19 youth, etc.

**✚ Education and Training Voucher Program**

In compliance with P.L. 110-351, The North Dakota Education and Training Voucher (ETV) Program provided post-secondary education financial assistance to help eligible youth make the transition to self-sufficiency and receive the education necessary to obtain employment. Youth are determined eligible for ETV programming according to the following:

- Youth that were discharged from foster care on their 18<sup>th</sup> birthday, or continue to be in foster care past their 18<sup>th</sup> birthday, provided they were in foster care for at least one year, and have not reached their 21<sup>st</sup> birthday at the time of application.
- Youth who after attaining 16 years of age, are adopted from, or enter kinship guardianship from foster care, but have not reached their 21<sup>st</sup> birthday.
- Youth participating in the ETV program on their 21<sup>st</sup> birthday can remain eligible until they turn 23, as long as they are enrolled and making satisfactory progress toward completing their post-secondary education or training program.
- Youth who are United States Citizens or qualified non-citizens.
- Youth who are, or will be enrolled into a program at an accredited or pre-accredited College, University, Technical or Vocational school.

**2012 UPDATE:** North Dakota had a slight drop in ETV participation; however it was determined likely to be the result of the fluctuation in service delivery with the CFCIP program transition. CFCIP youth are educated on the process and given one-on-one assistance in completing the ETV, financial aid, and college applications. Chafee IL Coordinators spend a great deal of time reviewing with the youth their education plan and providing resources. The updated data includes ETVs awarded to unaccompanied refugee minors (URMs) per the table below.

Data Review	2007	2008	2009	2010	2011	2012
ETV's Awarded	37	55	54	58	59	51
Individuals Served	31	37	38	42	45	41
New Recipients	22	21	20	25	21	21
*URM Youth ETVs				1	6	12

*\*URM means Unaccompanied Refugee Minor youth who are not paid for out of ND ETV funds, but who follow the same application procedures for academic financial support through the URM budget.*

The ETV Program is administered by ND Department of Human Services Child and Family Services directly supervised by the State Independent Living Administrator. The IL Administrator continues to review ETV applications assuring recipients are in compliance with Chafee ETV Federal conditions and then determines the amount of the ETV awards. The ETV award amounts are determined through final review and audit of the application including the youth's Federal financial aid resources, the educational institution's Cost of Attendance, along with other documents required for complete application submission. The State IL Administrator ensures that the Federal assistance does not exceed the total cost of attendance as well as avoids duplication of Federal benefits. Youth are notified through a written letter from the state IL Administrator of their ETV award and the ETV voucher amount is sent directly to their educational institution.

**2012 UPDATE: There are currently no issues of concern regarding the issuance of the ETV awards. Conversations continue to be had about revising state policy revolving eligibility standards to apply for the ETV. An addition to federal eligibility that North Dakota requires is that the youth must have been in foster care for at least 12 months. If ETV funding continues to not be used in its entirety, North Dakota may consider lowering or allowing flexibility to the length of time in care.**

## **R. STATISTICAL AND SUPPORTING INFORMATION**

### **+ Timely Home Studies Reporting and Data**

Since the enactment of The Safe and Timely Interstate Placement of Foster Children Act of 2006 (P.L. 109-239), the CFS Division has made every effort to follow the guidelines related to the federal law. The ICPC Deputy Compact Administrators for Foster Care and Adoption instituted the guidelines for timely home studies whether North Dakota was the receiving or sending state.

Soon after the public law was enacted, it became evident that the CFS Division's child welfare data system did not have the capability to track the frequency of requests for an extension to complete timely home studies, why the request for an extension was needed, and how the extension resulted in the resolution of the issues that made it necessary to request the extension.

The CFS Division had been focusing on building a more "user friendly" Child Welfare Data System (FRAME) and began that process around the time that P.L. 109-239 was enacted. This process involved the time and commitment of several staff from the CFS Division as well as our IT business consultants and took precedence over developing a data system specific to The Safe and Timely Interstate Placement of Foster Children Act. At this time the CFS Division is in the final stages of development of FRAME and is in the process of rolling it out statewide and training all users. One of the capabilities is that FRAME has been built so that enhancement can be added to get other types of data not already built into the system.

In late June 2009 the CFS Division Director, along with the ICPC Deputy Compact Administrators for foster care and adoption, and ITS business analysts met to assess the feasibility of adding an enhancement to FRAME regarding timely home studies reporting.

This enhancement would enable ICPC staff to generate reports to Congress that are required by law. The IT unit will move forward and develop an interim access database to begin to gather the required data until the enhancement to FRAME can be completed. The goal is to have the enhancement completed by June 30, 2010.

**2012 UPDATE:** The CFS Division completed the process of building a more “user friendly” child welfare data system (FRAME). There is a continued commitment from the CFS Division, as well as our ITS business consultants, to add an enhancement to FRAME to obtain data specific to the Safe and Timely Interstate placement of Foster Children Act. Until this enhancement can be added, an interim excel database to gather data was developed and is being used by the ICPC Deputy Compact Administrators for foster care and adoption.

**Juvenile Justice Transfers**

A point in time case count was requested from the Division of Juvenile Services that reflects the number of youth under the care of the state child protection system who were transferred into the custody of the state juvenile justice system.

**2012 UPDATE:** Following is the point in time DJS case count taken on June 1, 2012. DJS cases are down from June 1, 2011 at which time they had a case count of 196. The case transfers across the state have also decreased from a year ago, at which time the data showed 33 cases transferred from Social Services to DJS (16%).

DJS OFFICE	6/1/2012 CASE COUNT	# TRANSFERRED FROM SOCIAL SERVICES TO DJS	% TRANSFERRED FROM SOCIAL SERVICES TO DJS
Williston	10	4	40%
Minot	19	3	15%
Devils Lake	32	4	12.5%
Grand Forks	24	2	8%
Fargo	33	1	3%
Jamestown	10	0	0%
Bismarck	51	9	17%
Dickinson	7	1	14%
<b>TOTAL</b>	<b>186</b>	<b>24</b>	<b>Average: 13.5%</b>
West	87	19	21%
East	99	5	5%

**S. PAYMENT LIMITATIONS**

**2012 UPDATE:** Please refer to the CFS-101 documents on pages 85-87.

In reference to the CFS-101, Part I, all non-federal funds expended for foster care maintenance payments are used to match federal foster care funds. In FFY 2012 North Dakota did not spend any Title IV-B, Subpart 1 funds in child care, foster care maintenance, or adoption assistance payments.

In reference to the CFS-101, Part II, for FFY 2013 it is projected North Dakota will spend a minimum of 20% of the Title IV-B, Subpart 2 PSSF grant funds in each of the four

**service categories: prevention and support services (family support), crisis intervention (family preservation), time limited family reunification services, and adoption promotion and support services.**

**In reference to the CFS-101, Part III, the Administrative Costs were \$76,279 in FFY 2010. In the 2009-2011 biennium the state spent \$769,726 in state general funds for family preservation services.**

**T. MAINTENANCE OF EFFORT**

**BREAKDOWN OF PROGRAMS INCLUDED IN CHILDREN AND FAMILY SERVICES  
GRANT CATEGORIES FOR 1991-1993 BIENNIUM AND 2011-2013 BIENNIUM**

Cost Center	Program	11-13 Budget	State/Local	Federal	91-93 Budget	State/Local	Federal
<b>OUT-OF-HOME CARE GRANTS</b>							
4135	Independent Living Program	822,971	0	822,971	275,535	60,000	215,535
4137	Independent-Educ & Trng Prgm	238,928	0	238,928	0	0	0
4151	Unaccompanied Refugee Minor Program	0	0	0	450,740	0	450,740
4262	SED Out-Of-Home Care	0	0	0	63,906	44,734	19,172
4263	Foster Care - IV-E	23,702,884	11,164,936	12,537,948	5,073,433	1,212,468	3,860,965
4265	Foster Care - Regular	33,207,812	11,357,425	21,850,387	8,842,319	8,626,279	216,040
4266	Foster Care - Services	1,598,716	581,818	1,016,898	681,596	681,596	0
4270	Foster Care - Specialized Family	0	0	0	369,206	362,469	6,737
4270	Guardianship	503,161	125,790	377,371	0	0	0
4272	Foster Care - Therapeutic	6,154,228	2,579,326	3,574,902	1,442,749	1,416,780	25,969
4273	Foster Care - Shelter Care Services	75,115	75,115	0	163,946	70,000	93,946
4286	Foster Care – Services – IMD	1,987,070	1,762,190	224,880	0	0	0
<b>Total Out-of-Home Care Grants</b>		<b>68,290,885</b>	<b>27,646,600</b>	<b>40,644,285</b>	<b>17,363,430</b>	<b>12,474,326</b>	<b>4,889,104</b>
<b>ADOPTION SERVICES GRANTS</b>							
4119	Special Needs Adoption	0	0	0	316,667	105,000	211,667
4268	Subsidized Adoption - FM	14,094,829	6,200,584	7,894,245	564,157	99,189	464,968
4269	Subsidized Adoption - Regular	6,113,895	6,113,895	0	307,485	277,449	30,036
<b>Total Adoption Services Grants</b>		<b>20,208,724</b>	<b>12,314,479</b>	<b>7,894,245</b>	<b>1,188,309</b>	<b>481,638</b>	<b>706,671</b>
<b>FAMILY SUPPORT SERVICES GRANTS</b>							
4117	Adoption & Unwed Parents - Admin.	0	0	0	70,000	17,753	52,247
4126	Bush Foundation	251,448	0	251,448	0	0	0
4134	Wraparound Case Management	2,825,977	503,427	2,322,550	0	0	0
NA	Dependent Care - DPI	0	0	0	60,000	0	60,000
4139	Tribal Social Services	873,864	0	873,864	515,658	377,773	137,885
4143	Juvenile Services - Case Management	707,891	0	707,891	200,000	0	200,000
4144	Tribal Permanency Planning	600,000	282,864	317,136	400,000	25,000	375,000
4149	Quality Improvement	0	0	0	240,375	0	240,375
4150	Crossroads Program	0	0	0	150,000	0	150,000
4153	Refugee Assistance - Social Services	1,244,110	0	1,244,110	0	0	0
4249	Early Childhood	728,772	98,655	630,117	0	0	0
4250	Early Childhood Resource & Referral	5,867,399	3,316,221	2,551,178	0	0	0
4251	Outpatient Counseling	0	0	0	45,460	45,460	0
4254	County Reimb. - Child Abuse Standards	6,080,993	1,333,287	4,747,706	2,530,754	749,074	1,781,680
4255	County Reimb. - Prime Time Day Care	117,100	19,907	97,193	480,529	228,889	251,640
4256	County Reimb. - Parent Aide	1,733,483	308,808	1,424,675	1,387,066	787,066	600,000
4257	Wraparound Targeted Case Management	2,688,799	969,850	1,718,949			
NA	Day Treatment – DHS/DJS/DPI	0	0	0	631,490	194,916	436,574
4258	Healthy Families	500,000	500,000	0	0		
4260	Respite Care	12,000	0	12,000	76,230	0	76,230
4267	Foster Care - Training	1,890,392	18,760	1,871,632	0	0	0
4271	Foster Care - Intensive In-Home Services	0	0	0	1,484,828	902,093	582,735
4277	Foster Care - Intensive In-Home Services (Medicaid)	1,116,182	477,279	638,903			
4274	Foster Care Recruitment	165,045	41,295	123,750	0		
4282	Juvenile Crisis Intervention Program	200,000	0	200,000	0	0	0
<b>Total Family Support Services Grants</b>		<b>27,603,455</b>	<b>7,870,353</b>	<b>19,733,102</b>	<b>8,272,390</b>	<b>3,328,024</b>	<b>4,944,366</b>
<b>GRAND TOTAL – GRANTS</b>		<b>116,103,064</b>	<b>47,831,432</b>	<b>68,271,632</b>	<b>26,824,129</b>	<b>16,283,988</b>	<b>10,540,141</b>

**U. ANNUAL BUDGET REQUEST**

Please refer to pages 84-86 for the following documents:

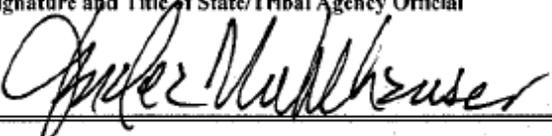
- ✚ CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP and ETV
- ✚ CFS-101, Part II: Annual Estimated Expenditure Summary of Child and Family Services
- ✚ CFS-101, Part III: Annual Expenditures for Title IV-B, Subpart 1 & 2, CFCIP and ETV for FFY 2010

CFS-101, Part I  
 U. S. Department of Health and Human Services  
 Administration for Children and Families

Attachment B  
 OMB Approval #0980-0047  
 Approved through October 31, 2014

**CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV**

Fiscal Year 2013, October 1, 2012 through September 30, 2013

<b>1. State or Indian Tribal Organization (ITO):</b> North Dakota		<b>2. EIN:</b> 45-0309764	
<b>3. Address:</b> ND Department of Human Services - CFS Division, 600 E. Boulevard Avenue Dept. 325, Bismarck, ND 58505-0250		<b>4. Submission:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Revision	
<b>5. Total estimated title IV-B Subpart 1, Child Welfare Services (CWS) Funds</b>		\$471,022	
a) Total administration (not to exceed 10% of title IV-B Subpart 1 estimated allotment)		\$47,102	
<b>6. Total estimated title IV-B Subpart 2, Provides Safe and Stable Families (PSSF) Funds. This amount should equal the sum of lines a - f.</b>		\$467,245	
a) Total Family Preservation Services		\$139,918	
b) Total Family Support Services		\$105,644	
c) Total Time-Limited Family Reunification Services		\$93,363	
d) Total Adoption Promotion and Support Services		\$106,355	
e) Total for Other Service Related Activities (e.g. planning)		\$0	
f) Total administration (FOR STATES ONLY: not to exceed 10% of title IV-Bsubpart 2 estimated allotment)		\$21,965	
<b>7. Total estimated Monthly Caseworker Visit (MCV) Funds (FOR STATES ONLY)</b>		\$29,518	
a) Total administration (FOR STATES ONLY: not to exceed 10% of estimated MCV allotment)		\$2,952	
<b>8. Re-allotment of title IV-B subparts 1 &amp; 2 funds for States and Indian Tribal Organizations:</b>			
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the following programs: CWS \$0, PSSF \$0, and/or MCV(States only)\$0			
b) If additional funds become available to States and ITOs, specify the amount of additional funds the States or Tribes requesting: CWS \$, PSSF \$, and/or MCV(States only)\$			
<b>9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required):</b> Estimated Amount plus additional allocation, as available. (FOR STATES ONLY)		\$97,087	
<b>10. Estimated Chafee Foster Care Independence Program (CFCIP) funds</b>		\$500,000	
a) Indicate the amount of State's or Tribe's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)		\$	
<b>11. Estimated Education and Training Voucher (ETV) funds</b>		\$117,515	
<b>12. Re-allotment of CFCIP and ETV Program Funds:</b>			
a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out CFCIP Program		\$	
b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out ETV Program		\$	
c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for CFCIP Program		\$	
d) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for ETV Program		\$	
<b>13. Certification by State Agency and/or Indian Tribal Organization.</b>			
The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.			
Signature and Title of State/Tribal Agency Official		Signature and Title of Central Office Official	
			

**CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services**

State or Indian Tribal Organization ( ITO North Dakota

SERVICES/ACTIVITIES	TITLE IV-B			(e) CFCIP	(f) ETV	(g) TITLE IV-E	(h) STATE, LOCAL, & DONATED FUNDS	(i) NUMBER TO BE SERVED		(k) GEOG. AREA TO BE SERVED	
	(a) Subpart I- CWS	(b) Subpart II- PSSF	(c) Subpart II- MCV *					Individuals	Families		
1.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	204,181	105,644					103,275	330,008	1,157	Reports of abuse and neglect	STATEWIDE/ RESERVATION
2.) PROTECTIVE SERVICES			92,233				66,408	3,842	10,385		STATEWIDE/ RESERVATION
3.) CRISIS INTERVENTION (FAMILY PRESERVATION)	59,307	139,918					31,121		3,180	Crisis, Risk of FC	STATEWIDE/ RESERVATION
4.) TIME-LIMITED FAMILY REUNIFICATION SERVICES		93,363					35,452		247	All eligible children	STATEWIDE/ RESERVATION
5.) ADOPTION PROMOTION AND SUPPORT SERVICES		106,355							61	All eligible children	STATEWIDE/ RESERVATION
6.) FOR OTHER SERVICE RELATED ACTIVITIES (e.g. planning)											
7.) FOSTER CARE MAINTENANCE: (a) FOSTER FAMILY & RELATIVE FOSTER CARE (b) GROUP/INSTR CARE											
8.) ADOPTION SUBSIDY PMTS.											
9.) GUARDIANSHIP ASSIST. PMTS.	160,432										
10.) INDEPENDENT LIVING SERVICES											
11.) EDUCATION AND TRAINING VOUCHERS				500,000			93,730	409		All eligible children	STATEWIDE/ RESERVATION
12.) ADMINISTRATIVE COSTS	47,102	11,861			117,515		29,379	51		All eligible children	STATEWIDE/ RESERVATION
13.) STAFF & EXTERNAL PARTNERS TRAINING		10,104					6,138,213			All eligible children	STATEWIDE/ RESERVATION
14.) FOSTER PARENT RECRUITMENT & TRAINING				4,854			31,072			All eligible children	STATEWIDE/ RESERVATION
15.) ADOPTIVE PARENT RECRUITMENT & TRAINING							41,535			All eligible children	STATEWIDE/ RESERVATION
16.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING							47,307			All eligible children	STATEWIDE/ RESERVATION
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING											
18.) TOTAL	471,022	467,245	29,518	97,087	117,515	15,633,061	23,320,399				

\* States Only, Indian Tribes are not required to include information on these programs

**CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence (CFCIP) and Education And Training Voucher (ETV) :  
Fiscal Year 2010: October 1, 2009 through September 30, 2010**

1. State or Indian Tribal Organization (ITO): North Dakota	2. EIN:45-0309764	3. Address: ND Department of Human Services, CFS Division, 600 E. Boulevard Ave., Dept 325, Bismarck, ND 58505-0250	4. Submission: [ X ] New [ ] Revision		Description of Funds	Estimated Expenditures	Actual Expenditures	Number served		Population served	Geographic area served
			Individuals	Families							
5. Total title IV-B, subpart 1 funds			\$549,713	\$549,713				1,286		Crisis/Risk of FC	STATEWIDE/RESERVATION
a) Total Administrative Costs (not to exceed 10% of title IV-B, subpart 1 total allotment)			\$54,971	\$54,971							
6. Total title IV-B, subpart 2 funds (This amount should equal the sum of lines a - f.)			\$524,791	\$524,791							
a) Family Preservation Services			\$262,396	\$262,396							
b) Family Support Services			\$131,198	\$131,198							
c) Time-Limited Family Reunification Services			\$0	\$0							
d) Adoption Promotion and Support Services			\$110,206	\$110,206							
e) Other Service Related Activities (e.g. planning)			\$0	\$0							
f) Administrative Costs (FOR STATES: not to exceed 10% of total title IV-B, subpart 2 allotment after October 1, 2007)			\$20,991	\$20,991							
7. Total Monthly Caseworker Visit Funds (STATE ONLY)			\$31,163	\$31,163							
a) Administrative Costs (not to exceed 10% of MCV allotment)			\$0	\$0							
8. Total Chafee Foster Care Independence Program (CFCIP) funds			\$500,000	\$500,000							
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)			\$0	\$0							
9. Total Education and Training Voucher (ETV) funds			\$119,464	\$119,464							
10. Certification by State Agency or Indian Tribal Organization (ITO). The State agency or ITO agrees that expenditures were made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.											
Signature and Title of State/Tribal Agency Official						Date		Signature and Title of Central Office Official		Date	
Spoke Muhlhausen						6/19/12					

**V. ASSURANCES**

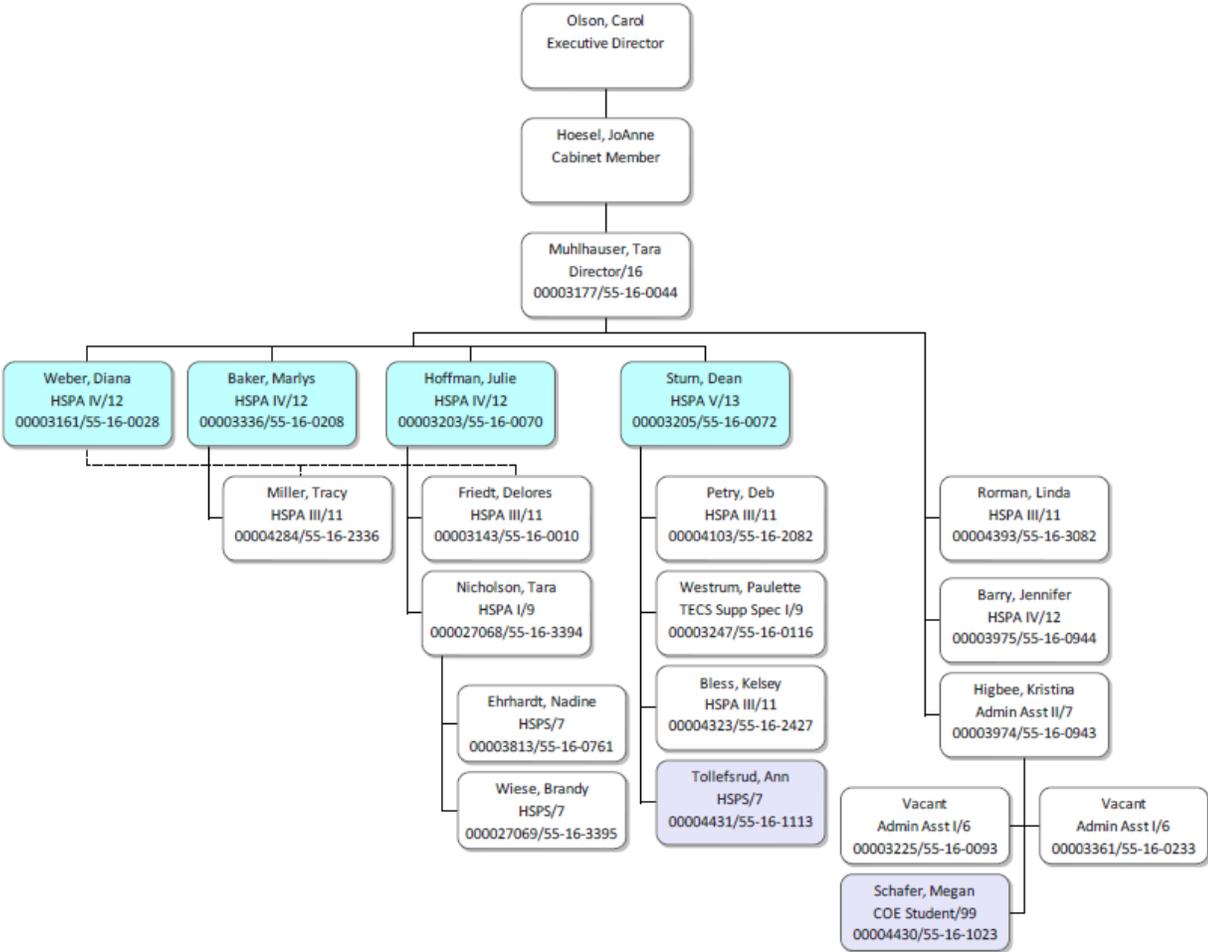
All required Assurances have been signed by the Governor of North Dakota and submitted in prior APSRs.

**W. ATTACHMENTS**

- +** ATTACHMENT A: CFS Division Organizational Chart (p. 89)
- +** ATTACHMENT B: UND CFSTC Training Plan (pp. 90-96)
- +** ATTACHMENT C: Disaster Plan (pp. 97-105)
- +** ATTACHMENT D: ND 2011-2012 CFSR Summary Report & 2012-2013 Schedule (p. 106-152)
- +** ATTACHMENT E: Comprehensive IL Program Flow Chart (p. 153)

ATTACHMENT A

ND Department of Human Services  
Children & Family Services



Revised 4/5/12

**ATTACHMENT B**

**THE DEPARTMENT OF HUMAN SERVICES  
CHILDREN AND FAMILY SERVICES TRAINING CENTER  
WORK PLAN**

July 1, 2012 – June 30, 2013

The work plan expectations of the Children and Family Services Training Center (CFSTC) are:

All CFSTC activity will relate to the Work Plan. Division and/or CFSTC staff will propose amendments to the work plan with final approval by the Management Team. Quarterly reports on the activity related to each item in the work plan are made by the 15<sup>th</sup> of October, January, April and August.

All the work of every Training Center staff member paid through the Division funds will be directly related to the work plan.

A. The CFSTC Director will attend field staff meetings of the Children and Family Services (CFS) Division (otherwise referred to in the Work Plan as “Division”).

B. The CFSTC Director and staff will develop child welfare training connections with other child welfare related state training centers and National Resource Centers.

C. CFSTC staff will be proactive in recommending to the Division methods, products and materials that will strengthen and improve the training of child welfare staff.

D. The Division’s approval of staff hired at CFSTC will be required. Division staff may take part in the interviews of prospective staff. For the position of the Director of the CFSTC, the Division shall participate in the interviews.

E. The selection of any trainer to carry out foster care, child welfare certification training, Independent Living training, Wraparound Recertification or any other training under this work plan shall be a joint decision between the Division and CFSTC.

F. CFSTC staff will record and retain records on child welfare social workers who participate in trainings facilitated or organized through the Training Center or Division.

G. The Division (CFS Management Team) will hold a quarterly meeting (in-person or via phone) with CFSTC in October, January, April and June to update and communicate on the progress of the work plan.

## **I. CHILD WELFARE CERTIFICATION TRAINING (CWCT)**

Two complete sessions of CWCT will be completed in this contract year using the developed curriculum, unless determined otherwise by the Division and CFSTC.

Each session will include no more than 25 participants, giving priority to county child welfare social service workers and other child welfare workers in the private sector (AASK, PATH). The lodging costs, meal costs and all training costs will be included. The only cost PATH, AASK or counties will be asked to provide is travel to the training site. Reimbursing for any costs to others will be done only with approval from CFS Director or designee. CFSTC will:

- A. Send a prospective attendees list to the CFS Director prior to confirmation of acceptance to the training.
- B. Evaluate the training and the curriculum through trainee evaluations, ongoing staff meetings, and consultation with Division program administrators. Provide a summary of the evaluations to the Division within 45 days after the final unit of each session. Debrief about the Training Session with the Division Management Team upon completion of the evaluation summary.
- C. After each of the two full sessions, provide Division Director the names of social workers who did not complete the certification program due to attendance issues or incomplete assignments. An update of child welfare certification participants, those that have completed and those that are in the process of completing will be included in the quarterly report.
- D. By January 15, 2013, compile the names of all staff that have completed the certification training with the name of the agency where the staff person was working at the time of the certification. Provide the list to the Division's Director.
- E. Adjustments to the training will be made to maintain consistency with any policy adjustments. Adjustments will be documented in the CFSTC quarterly reports and meetings.
- F. Adapt CWCT to provide consistency with changes in policy and response to the PIP.
- G. Continue to make adjustments in the FRAME training in consultation with Division staff to maintain consistency in practice.

## **II. FOSTER/ADOPTIVE PARENT TRAINING**

CFSTC will:

- A. Plan and provide the necessary budgetary support to include materials, trainers, mileage, childcare, food and lodging, and other anticipated costs for foster parent training.
- B. Evaluate the training delivery and the curriculum through trainee evaluations, ongoing staff meetings, and consultation with the Foster Care and Adoption Administrators.
- C. Conduct one PRIDE "Train the Trainer", if needed, and participate in PRIDE curriculum training in selected sites as negotiated with Foster Care and Adoption Administrators.

D. Based on requests from the field and in consultation with CFS, conduct a PRIDE Pre-Service Training session over the Interactive Video Network as requested by foster care licensing agencies and AASK.

E. Provide various training supports to local foster parent training activities in selected sites as negotiated with Foster Care and Adoption Administrators. These activities include:

1. Reimburse foster parents and social workers for attending the PRIDE sessions.
2. Reimburse foster parents for up to twelve hours of annual training for travel, per diem, and childcare expenses.
3. Provide technical assistance regarding training and resources to social workers conducting local foster/adopt parent training.
4. Provide training upon request of regional supervisors, and foster care administrator, on specialized topics to foster parent groups (taking budget constraints into consideration). Build an evaluation component into these training events and submit a summary of the evaluation to the Foster Care Administrator.
5. Seek advice from regional and county staff on foster parent training needs annually.

F. Subcontract with individuals and teams to provide PRIDE training across the state. Teams should have representation of foster care, adoption workers and foster/adopt parents.

G. Serve on the PRIDE National Advisory Committee.

H. Work with the North Dakota Foster/Adopt Parent Association and partners to facilitate an annual joint “foster parent” conference.

I. Coordinate, deliver, and evaluate regional trainings for foster/adopt parents throughout the Work Plan year. Joint planning for the trainings will be facilitated by the Training Center with county social service agencies, PATH of North Dakota and North Homes.

J. Participate in the discussion on “next steps” and future plans for the Trauma Training for Foster Parents pilot project in Fargo.

K. Serve as a member of the Foster Care/Adopt Task Force.

L. Maintain formal connections with the National PRIDE CWLA membership. CFS Division work with CFSTC to evaluate and discuss issues that arise. CFS will maintain the membership/use fee for this requirement.

### III. FOSTERING COMMUNICATIONS NEWSLETTERS

CFSTC will write and publish a foster care/adoption newsletter three times during the contract period. The newsletter will be distributed to foster care providers including foster and adoption family homes, residential facilities, public and private human service agencies, county social service offices and regional foster care supervisors in the state.

- A. Write, edit and produce Fostering Communications three times annually, and distribute the newsletter.
- B. Review foster care and adoption literature and various publications for ideas and stories for development and/or reprinting in “Foster Communications”.
- C. Provide newsletter draft copy for Foster Care Administrator or designee’s review and comment prior to publication.
- E. CFSTC will distribute the newsletter electronically.

**IV. THERAPEUTIC FOSTER CARE**

- A. The Foster Care Administrator (or designee), the Director of CFSTC, and the Executive Director of North Dakota PATH (or designee), will meet to review the Therapeutic Foster Care training delivery process and activities by January 1, 2013. CFSTC will meet with North Homes as requested to review training requirements.
- B. CFSTC will coordinate, deliver and evaluate the Treatment Foster Care training curriculum in partnership with PATH Therapeutic Foster Care providers. Four initial training sessions will be offered during the Work Plan year. The curriculum will be evaluated for the appropriateness of the content by January 1, 2013, with the PATH Education Committee.
- C. CFSTC will implement changes in the Treatment Foster Care curriculum by October 1, 2013.
- D. Deliver five session of the Non-Violent Crisis Intervention Training to new ND PATH Therapeutic Foster Care foster parents.
- E. Develop regional foster parent training plans with input from the ND PATH regional directors, foster parents and social workers, the executive director of ND PATH or executive director’s designee, and the executive director or designee for North Homes utilizing the foster parent training assessments by June 1, 2013. This effort will be in cooperation with the county social service agencies.
- F. Reimburse PATH therapeutic foster parents for training expenses as outlined in the CFSTC reimbursement guidelines.
- G. Participate in the PATH Education Committee.

**V. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM (CFCIP)**

CFSTC will:

- A. Attend CFCIP Quarterly Independent Living meetings and trainings as requested.
- B. With the assistance of Division staff, provide education/training to custodians, foster parents, RTC and RCCF facility staff, etc. as needed.

C. CFSTC will provide/coordinate training for IL Coordinators at the request of the IL Administrator.

## **VII. CHILD CARE LICENSOR TRAINING**

CFSTC will facilitate the delivery of the developed curriculum on licensing Early Childhood Services facilities by assisting with registration and logistics, in consultation with the Administrator of Early Childhood Services, as requested and for no more than two events over the work plan year.

## **VIII. RESOURCES LIBRARY**

CFSTC holds a library of resources available for use for training purposes, educational development, and skill building of individuals in, and related to, human service agencies. CFSTC will:

- A. Maintain resources materials and library holdings to lend to human service personnel.
- B. Review, evaluate, and recommend films, videos, and printed materials to the Division program administrators for additions to the resource material library. Any resources purchased with contract funds should first be reviewed with the Division Director.
- C. Maintain online bibliography.

## **IX. WRAPAROUND CASE MANAGEMENT PRACTICE MODEL**

CFSTC will assist with the implementation of the Wraparound case management practice for delivery to children and their families. CFSTC will:

- A. Facilitate logistics for one additional week of Wraparound Certification training, annually, if needed (based on registrations).
- B. Review the Wraparound training curriculum with CFSR manager and make changes in curriculum to support policy by December 31, 2012.

## **X. GENERAL TRAINING ACTIVITIES & SPECIAL PROJECTS**

In addition to the above-mentioned activities, CFSTC may be involved in other training activities that directly support or compliment these aforementioned activities. For these additional various training activities; each request will be evaluated in accordance with all current activities, contract scope of service, availability of funds and must be approved by the Division Designee prior to implementation.

The following training activities are expectations for CFSTC for this Work Plan period:

- A. Make payment for in-state and out-of-state travel, registration fees and per diem expenses for foster parents, county social workers, regional supervisors and Division staff upon approval of the Division Director.

- B. Serve as a member of the CPS Task Force, which meets at least quarterly during the contract period.
- C. Attend out-of-state and in-state training conferences as requested by the Division Director or Designee.
- D. Serve on other Task Forces and initiatives at the request of the Division Director or Designee.
- E. Serve as a member of the Alliance for Children’s Justice.
- F. Participate in CFSR activities as requested by CFS Director, recognizing there will be negotiations regarding available staff time in order to participate.
- H. Continue developing, with Division staff, electronic methods and options for delivery of child welfare training.
- I. Participate, with CFS program staff, in determining the criteria for Wraparound certification for CPS social workers who completed certification training prior to 2006. Facilitate the certification process for these social workers by assisting to identify those who will need to be certified, identifying potential resources for initial certification and providing technical assistance to complete the initial certification.
- J. Facilitate the youth stakeholder meeting for the regional CFS Reviews throughout the work plan year.
- K. CFSTC staff will participate when requested and when calls are scheduled, via conference phone, in the debriefing of the stakeholder comments.
- L. Continuously update the CFSTC web site for training and resource information.
- M. Conduct up to two PRIDE Mutual Family Assessment Training sessions during the work plan period, if needed. This training will be expanded to include training on general licensing requirements.
- N. Analyze the use of the Adoption Competency Curriculum for AASK workers in conjunction with AASK Director and the State Adoption Administrator to determine the areas of duplication between the curriculum and CWCT. CFSTC will provide recommendations for future training structure and deliver by June 30, 2013.
- O. Provide ongoing consultation to the county supervisor group on the Peer Mentoring Model (use of Learning Circles in Peer Mentoring).
- P. Coordinate and deliver and training for new child welfare supervisors. The training will be two to four days in length and target supervisors who have not previously participated in “Mastering the Art of Child Welfare Supervision.”
- Q. Coordinate and deliver one training for child welfare supervisors, including partner agencies, on “The Work of the Coach: Supervisors Helping to Engage the Non-Resident Parent.”
- R. CFSTC will coordinate an annual training for supervisors, in consultation with CFS and as requested by the County Supervisors group.

S. Deliver up to two Family Assessment Instrument (SSRA) refresher training sessions for partner agencies/child welfare agency as requested by CFS Director.

## **XI. OTHER TRAINING, TASKS, & PROJECTS**

CFSTC will:

- A. Notify the CFS Administrator of any request from regional, county, or private agency staff for training on North Dakota child welfare policy and procedures in order to make joint decision on response to request.
- B. Schedule and conduct Initial Parent Aide training for new parents aides annually. This training will occur only if there are at least 6 or more individuals needing to receive the training.
- C. Provide coordination for an annual CFS Conference or Children’s Justice Symposium, along with CFS Division staff.
- D. CFSTC staff will meet with the Native American Training Institute twice yearly to facilitate integration of training session/schedules, collaboration and coordination of training activities and resources and to explore opportunities for enhanced collaboration.
- E. CFSTC will participate in the “training consortium” established by the ND Supreme Court to deliver multi-disciplinary child welfare training in the state.
- F. CFSTC will coordinate a “forensic interviewing” training with the National Children’s Advocacy Center.
- G. Develop, with David Conrad, a Secondary Trauma training and support program for child welfare workers in North Dakota (see attachment).



## **DISASTER PLAN**

(Revised March, 2009)

## Background

North Dakota has developed and implemented a Disaster Preparedness Plan to better facilitate services to foster families, foster/adopt families and children under the custody of a North Dakota public agency. Creating a comprehensive and effective plan is of great importance for two reasons. First, North Dakota will be fulfilling federal mandates; second, and most important, it ensures the safety, permanency, and well-being of our youth. Natural and home-made disasters come in many forms and may dramatically overwhelm North Dakota's current welfare services service system.

## **Emergency Preparedness**

The North Dakota Plan will include meeting the following criteria:

1. Identify, locate and continue availability of service for children under the custody of a North Dakota public agency who are displaced or adversely affected by a disaster.
2. Respond to new child welfare cases in areas adversely affected by a disaster.
3. Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of the disaster.
4. Preserve essential program records, coordinate services, and share information with other states.

## **Types of Disasters**

1. Total or partial destruction of the North Dakota State Capitol building.
2. A disaster that would impact our outlying facilities or foster homes, such as: floods, tornado's, high winds, power loss, winter and summer storms, to name a few.
3. A disaster that would destroy all or some level of the Comprehensive Child Welfare Information and Payment System (CCWIPS).

## **Disaster Preparedness Guideline**

1. The identification and location process of children and foster or foster/adopt families who may be displaced.
2. Communication protocols for state and local area emergency plans.
3. Training for state, regional, and county professionals.

## **Identification and Location**

Children and Family Services (CFS) has established a system for gathering and providing information on foster families and foster/adopt families. Effective January 2, 2009, all foster parents and foster/adopt parents must outline evacuation plans that consider primary and secondary planning. At the time of licensing and relicensing, applicants will disclose their disaster/evacuation plan which is made part of the 'licensing file'. A copy of the plan is then forwarded to CFS where the information is input into the "Q" drive at the North Dakota State Capitol. The "Q" drive is allows access to any State employee, which includes the regional human service centers. Any individual who has access to the "Q" drive can:

1. Edit information in the database to ensure accuracy and up-to-date information; and

2. Run a query to the database which will readily sort families by
  - a. County
  - b. City
  - c. Name

Foster parents and foster/adopt parents are given an “Emergency North Dakota Foster Care Call In” card at the time of licensure or re-licensure. This card describes who to email or who to call in case of a disaster. The department has established a CFS email address and two designated telephone numbers (one is toll-free) as ways in which to report a disaster. The following message has been placed on the two designated telephone numbers:

*You have reached the Children & Family Services Division of the North Dakota Department of Human Services. If you are a foster parent or foster/adoptive parent that has been displaced as a result of a disaster, please leave your telephone number and current address, as well as the name of the foster child or children that are currently with you. We will contact you as soon as possible.*

If a disaster has occurred in any region of the state, CFS staff will immediately follow up on all voice messages left or emails received. Depending upon the extent of the disaster, CFS staff is prepared to provide weekend staff coverage.

Group and residential child care facilities are also required to have written plans and procedures for meeting disasters and emergencies. Staff members must be informed of these plans and procedures, as well as youth who are placed in these facilities. Procedures shall be reviewed with youth at admission and every two months thereafter, Fire evacuation drills are also performed on a regular basis.

A special topic of discussion during the 2009 facilities’ compliance review will be disaster and emergency plans.

The Comprehensive Child Welfare Information and Payment System (CCWIPS) contains placement information on all children in foster care. This system can be accessed by county, region, and state employees. Although there are limits as to what information counties have access to, regional supervisors can view all cases within their regional responsibility. CFS has access to every case entered into CCWIPS. If the State Capitol is experiencing a disaster, this information is also available to the two CCWIPS Helpdesks which are located in Williston and Minot.

**Example:**

If the city of Grand Forks, ND (and/or surrounding areas) were to succumb to a flood, the documentation and location of foster families can be accessed by any other regional office, or by the State Office. Information is available as to the foster parent’s primary and secondary evacuation plan, including emergency contact information.

Foster or foster/adopt youth placed in the region can be tracked through CCWIPS. A report can be generated through this system which will outline the placement resource for all children within this county and/or region.

**Communication:**

The CFS director, or designee, will work in tandem with the human service center regional supervisors to develop processes that are specific to each region so as to respond to the disaster utilizing the appropriate services in that particular region/area. Regional and state child welfare offices partner with the following state agencies: Department of Health (utilizing the COOP plan), Department of Agriculture, Department of Public Instruction, Environmental Quality Departments, Department of Justice and the Department of Corrections and Rehabilitation, Disaster and Emergency Services, Military Affairs, Labor and Industry Departments, Department of Commerce, Department of Revenue and Department of Transportation, the Red Cross, Salvation Army, local, state and regional disaster directors, Homeland Security and other private and professional agencies and associations.

No one can predict when and where a disaster may strike. It is even more difficult to plan for every scenario to produce the best possible outcome to get through such tragic events. However, we have a basic flow chart of communication and contacts that may be helpful in the event of a disaster.

1. The regional office is the primary connection between the local social service agencies and the state office. Each regional office has a list of foster youth in their region, as well as emergency procedures/evacuation plans for identified service providers in their region. Regional supervisors in the human service center are the direct connection between the state office and local staff in a disaster situation.

In the event that the human service center is also affected by the disaster, the neighboring regional human service center has agreed to act as a backup. They will provide available services to foster families and/or foster children who have become displaced.

2. The Department of Health will be preparing and sending out press releases regarding the disaster. There is a website available to provide emergency information to foster care providers.
3. Child Protection Services will continue to deliver services through the local agency, with backup support from other North Dakota regions or counties. The established crisis on-call process will remain in place, under the direction of the State Child Protection Administrator.

**Training**

Training for state, local, and county offices includes training the trainer, training on line and specifying a team/individual to train state, county and local offices in disaster preparedness. Training is ongoing and updated when necessary. All CFS staff has access to the Disaster Plan which is posted on the department's website. This information will also be disseminated at the time of a new hire at CFS. CFS will participate with regional offices in mock drills to better prepare for a disaster.

## **Records Preservation**

Permanent archived adoption records are stored either on microfiche (prior to 1990) or in electronic storage. Electronic records are on the state's server system which is backed up daily and stored off-site. Servers are in a secure location and access is monitored.

## **State Office Function**

CFS will continue to observe all mandates regarding state and federal requirements, including report completion, grant management and information system oversight.

Critical incident stress debriefing will be offered. Should the disaster leave personnel requiring assistance in coping with the tragedy, personnel will be offered counseling.

A strategic plan will be developed should CFS administration determine that staff and essential services from another area needs to be dispatched to the disaster affected region, or if services are being utilized inappropriately.

## **Disaster Follow-Up**

The ability of the stakeholders to carry out the disaster plan will be evaluated, as well as CFS's ability to obtain assistance from designated partners. Utilization of CFS's toll free telephone number and division email address will be reviewed.

Administration will review all information available stemming from the disaster. An assigned team will determine if policies and/or the disaster plan needs to be revised or if new policies need to be written, to adequately address future disasters.

## **Addenda**

- Letter to Foster/Adopt Parents requesting an evacuation plan
- Family Evacuation Disaster Plan
- Emergency Card

TO: Foster/Adopt Parents

FROM: Lutheran Social Services  
County Social Services Directors  
Catholic Charities North Dakota  
Tribal Social Services  
PATH Regional Directors

Because of a change in the federal law, all states must have a comprehensive disaster preparedness plan. We are asking you to complete the attached evacuation plan for your home and return in the enclosed envelope by November 30, 2007.

Each plan should include a first and second choice for evacuation.

Please be specific and include telephone numbers (land lines and cell phone numbers), names and addresses when developing your plan.

Thank you again. We couldn't do this without you.

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

FAMILY EVACUATION DISASTER PLAN

Foster/Adopt Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email \_\_\_\_\_

This document contains my relocation plan in the event that I am required to leave my home address due to a natural disaster or catastrophic event.

If I need to evacuate my home, I would relocate to:

FIRST CHOICE, WITHIN THE SAME COMMUNITY: (name, address, phone number, cell number, other contact information – email, etc.)

\_\_\_\_\_  
\_\_\_\_\_

SECOND CHOICE, WITHIN THE SAME COMMUNITY: (name, address, phone number, cell number, other contact information – email, etc.)

\_\_\_\_\_  
\_\_\_\_\_

FIRST CHOICE, OUT OF REGION: (name, address, phone number, cell number, other contact information – email, etc.)

\_\_\_\_\_  
\_\_\_\_\_

SECOND CHOICE, OUT OF REGION: (address, phone number, cell number, other contact information – email, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Contact information for the person with whom I will be in touch in case of an emergency, and who the agency can contact if necessary: (e.g., family member or friend, living outside of the immediate area) (address, phone #, cell phone #, other) \_\_\_\_\_

\_\_\_\_\_

I understand that there are critical items I am urged to take with me when we evacuate. These may include:

- Agency contact information (e.g. agency emergency contact number)
- My foster child's information (e.g. prescriptions, recent medical reports, physicians name and contact information, immunization history)

I understand that in the event that I must evacuate my home, I am required to report my location to the legal custodian, licensing agent or the North Dakota Department of Human Services. To contact the North Dakota Department of Human Services, I can call 1-800-245-3736 (toll free in-state), 701-328-3591, or email my location to dhscfs@nd.gov.

I understand that if any of the information included in this plan changes, I am to update the legal custodian, licensing agent or the North Dakota Department of Human Services within 14 days of the change.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

11/2007

# NORTH DAKOTA FOSTER CARE/ADOPT CALL IN

In the event that you must evacuate your foster/adopt home, please call or e-mail your location to the legal custodian or licensing agency at

\_\_\_\_\_,'

or, the

ND DEPARTMENT OF HUMAN SERVICES

1-800-245-3736

CHILDREN AND FAMILY SERVICES

701-328-3541

[dhscfs@nd.gov](mailto:dhscfs@nd.gov)

**ATTACHMENT D**

Children & Family Services Division  
ND Department of Human Services

# North Dakota CFSR Annual Report Summary

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April 2011 – March 2012

djweber  
6/20/2012

**Introduction**

The 2011-2012 Child & Family Service Reviews (CFSRs) were held in each of the eight regions and in Cass County from April 2011 through March 2012 using the federal CSFR Instrument (July 2008 version). The cases were drawn randomly by Decision Support Services to include both rural and urban counties. The cases reviewed comprised approximately 60% foster care cases (one DJS case per region) and approximately 40% in-home cases for a total of 71 cases. North Dakota was required to review at least 65 cases statewide with 25% being from the county with the largest metropolitan area. To satisfy this requirement, 17 case reviews were completed at Cass County on a quarterly basis over the past year.

CFS Division staff, including at least one member of the CFS Management Team, attended each regional CSFR and served as a member of the QA Team. At least one Regional Supervisor from the region participated on each QA team as well. Team reviewers were previously trained on the CSFR instrument/review process and highly experienced reviewers were designated as Team Leads.

For each case, the review teams rated all twenty-three items and all seven outcomes where applicable for the period under review (a one-year time frame). The Division directed specific attention to the ratings for items 4, 10, 17, 18, 19, and 20. These are items addressed in the state’s Program Improvement Plan (PIP) and are being tracked by the Children’s Bureau.

The first round of reviews established our baseline measurement for the PIP. In the second year of case reviews we were required to show a measure of improvement, or increase in the percentage of cases rated as “Strength,” as determined by the Children’s Bureau. The first round of outcomes, measures of improvement, and the actual outcomes in the second round of CSFRs for the tracked items are as follows:

ITEM	YEAR 1 OUTCOMES	IMPROVEMENT GOAL	YEAR 2 OUTCOMES
<b>Item 4</b> <i>Risk assessment and safety management</i>	94%	<b>95.9%</b>	80.2%
<b>Item 10</b> <i>Other planned permanent living arrangement</i>	100%	<b>N/A</b>	Achieved Year 1
<b>Item 17</b> <i>Needs and services of child, parents, and foster parents</i>	68.6%	<b>72.3%</b>	47.9%
<b>Item 18</b> <i>Child and family involvement in case planning</i>	76.1%	<b>79.4%</b>	57.7%
<b>Item 19</b> <i>Caseworker visits with the child</i>	82.1%	<b>85.1%</b>	70.4%
<b>Item 20</b> <i>Caseworker visits with parents</i>	58.7%	<b>64.2%</b>	45.7%

With the exception of Item 10, the outcomes for the second year of CSFRs did not meet the measures of improvement set by the Children’s Bureau. The CFS Division determined that an unusually harsh winter, statewide flooding, and the community stress of energy impact in the western third of the state significantly contributed to the decline in performance on these items. We have requested a one year extension for the measurement plan so the child welfare system has more time to show the outcome improvements.

The 2011-2012 case reviews were held in accordance with the following schedule:

QUARTER	REGION	DATE	REVIEW TYPE	NUMBER OF CASES
<b>QUARTER 1 April-June, 2011</b>	West Central – VII	May 17-19, 2011	Case Review	8
	Lake Region – III	Jun 14-16, 2011	Case Review	6
	Cass County	Varied	Case Review	4
<b>QUARTER 2 July-Sept, 2011</b>	Northeast – IV	Aug 16-18, 2011	Full Review	6
	Southeast – V	Sep 20-22, 2011	Case Review	8
	Cass County	Varied	Case Review	4
<b>QUARTER 3 Oct-Dec, 2011</b>	Badlands – VIII	Oct 18-20, 2011	Case Review	8
	Northwest – I	Nov 15-17, 2011	Case Review	6
	Cass County	Varied	Case Review	4
<b>QUARTER 4 Jan-Mar, 2012</b>	North Central – II	Jan 17-19, 2012	Full Review	6
	South Central – VI	Feb 21-23, 2012	Case Review	8
	Cass County	Varied	Case Review	3
<b>TOTAL</b>				<b>71</b>

A “case review” means:

- 1) the complete case was reviewed for the time frame designated as the period under review; and
- 2) the case manager of each case was interviewed by the assigned review team.

A “full review” means:

- 1) the complete case was reviewed for the time frame designated as the period under review;
- 2) the case manager, children, family members, and service providers of each case were interviewed by the assigned review team; and
- 3) eight Stakeholder meetings were facilitated by CFS Division staff (refer to the summary of Stakeholder comments by region included in this report).

As with Year 1, a summary report of each region’s CFSR results was written following every review. Cass County also received summary reports of the CFSR findings following their quarterly reviews. Those agencies who received ratings of Areas Needing Improvement in their cases were asked to develop a County Practice Improvement Plan (C-PIP), or in the case of DJS a DJS-PIP, to address planned improvements in those specific items. They were asked to include the role of the supervisor in building these plans and develop a plan to assess progress in case practice. Progress Reports outlining the agency’s progress toward meeting their C-PIP goals were to be submitted at six months and again at twelve months from the date of the report dissemination. The Regional Supervisor and CFSR Manager from the Division are responsible for assisting the agencies in the development of their plans and for monitoring progress.

What follows is a summary of the statewide CFSRs. Please refer to the Case Rating Summary attached to this report for an overview of the findings on the 71 cases reviewed. Reference to the Case Rating Summary will be made throughout this report. The 2010-2011 Case Rating Summary is also included for comparison purposes.

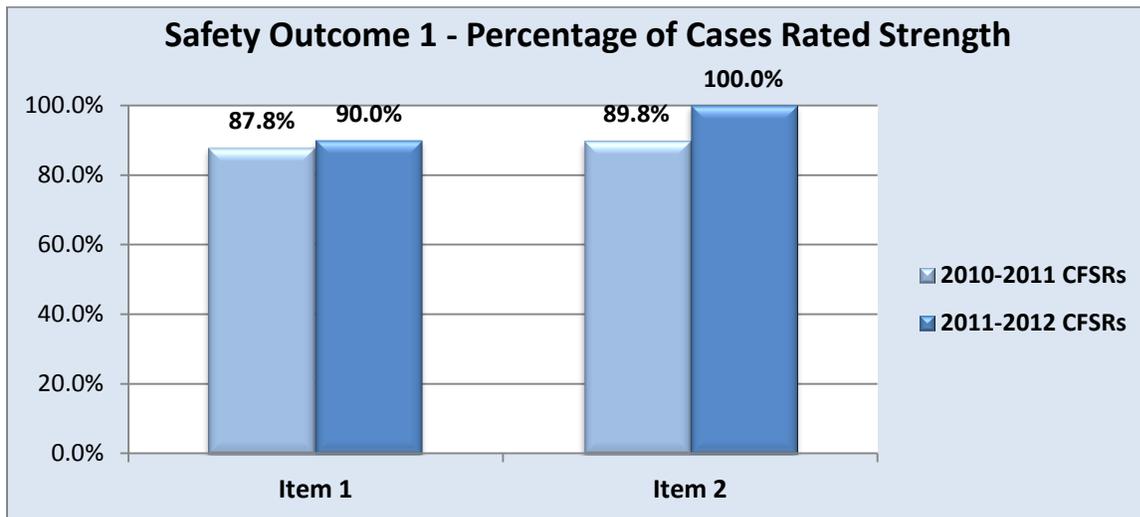
## Safety Outcome 1 Items 1-2

**Safety Outcome 1:** “Children are, first and foremost, protected from abuse and neglect” was applicable in 42 cases. It was rated Substantially Achieved in 36 cases, Partially Achieved in 3 cases and Not Achieved in 2 cases.

**Item 1,** “Timeliness of initiating investigations of reports of child maltreatment,” determines whether responses to all accepted child maltreatment reports received during the period under review are initiated, and face-to-face contact with the child made, within the time frames established in policy. Item 1 was applicable in 40 cases. It was rated as a Strength in 36 cases and as an Area Needing Improvement (ANI) in 4 cases. The cases were rated ANI because face-to-face contact with the children did not occur according to the state’s time frames and requirements for a report of that priority. Please note that in the great majority of cases reviewed, state policy time frames were followed and the work was well-documented.

**Item 2,** “Repeat maltreatment,” determines if any child in the family experiences repeat maltreatment within a six-month period. Item 2 was applicable in 22 cases and was rated as a Strength in all of these cases. Casework practice specific to this item was strong.

Below is a comparison of 2010-2011 CFSR and 2011-2012 CFSR ratings for Safety Outcome 1.



## Safety Outcome 2 Items 3-4

**Safety Outcome 2:** “Children are safely maintained in their homes whenever possible and appropriate” was rated Substantially Achieved in 56 cases, Partially Achieved in 8 cases and Not Achieved in 7 cases.

**Item 3,** “Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care,” determines whether, during the period under review, the agency made concerted efforts to provide services to the family to prevent children’s entry into foster care or re-entry after

reunification. Item 3 was applicable in 47 cases. It was rated as a Strength in 43 cases and as an Area Needing Improvement (ANI) in 4 cases. Generally, the cases were rated ANI because the agencies did not make concerted and ongoing efforts to protect the children after safety issues had been identified.

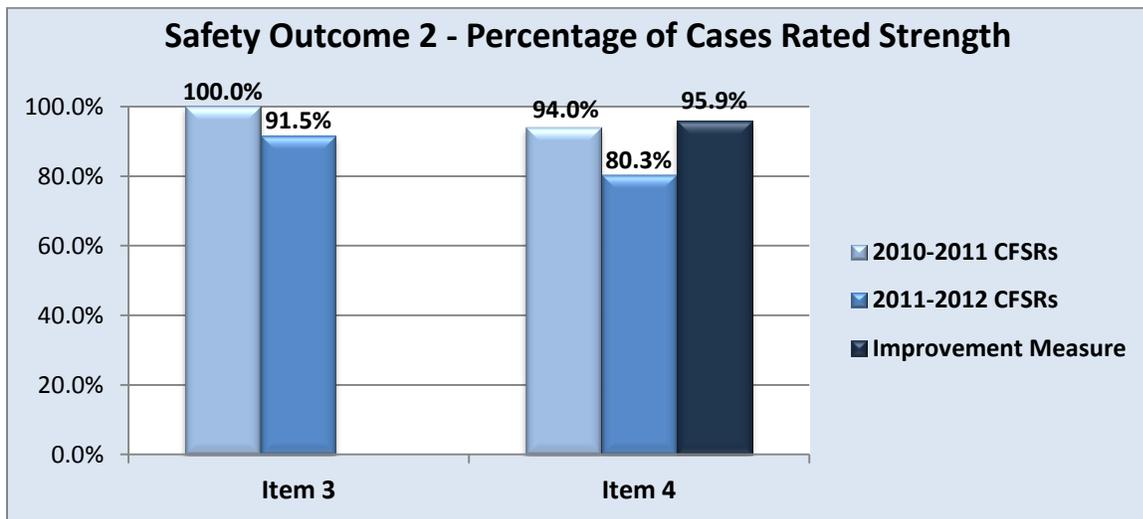
**Item 4**, “Risk assessment and safety management,” determines whether, during the period under review, the agency made concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care.

Item 4 was applicable in all cases. It was rated as a Strength in 57 cases and an ANI in 14 cases. The cases were primarily rated ANI for the following reasons:

- No initial or ongoing assessment of safety/risk completed on the children
- No safety plan developed even though there were safety issues identified

Item 4 is being tracked through the ND Program Improvement Plan. In the second round of CFSRs we did not meet the measure of improvement established by our federal partners.

Below is a comparison of 2010-2011 CFSR and 2011-2012 CFSR ratings for Safety Outcome 2.



**Permanency Outcome 1  
Items 5-10**

**Permanency Outcome 1:** “Children have permanency and stability in their living situations” is only applicable to foster care cases. It was rated Substantially Achieved in 32 cases and Partially Achieved in 7 cases.

**Item 5**, “Foster care re-entries,” assesses whether children who entered foster care during the period under review have re-entered within 12 months of a prior foster care episode. Item 5 was applicable in 18 foster care cases and all were rated as a Strength. This area of casework practice is a notable strength of the child welfare system in North Dakota.

**Item 6**, “Stability of foster care placement,” determines if the child in foster care is in a stable placement at the time of the onsite review and that any changes in placement occurring during

the period under review are in the best interest of the child and consistent with achieving the child's permanency goal(s). Item 6 was applicable in all 39 foster care cases. It was rated as a Strength in 31 cases and rated as an ANI in 8 cases. The cases were rated ANI for the following reasons:

- In 6 cases there were unplanned placement disruptions during the period under review
- In 2 cases the child's placement during the period under review was not stable

**Item 7**, "Permanency goal for child," determines whether appropriate permanency goals are established for the child in a timely manner. Item 7 was applicable in all 39 foster care cases. It was rated as a Strength in 37 foster care cases and as an ANI in two cases. The cases were rated ANI because:

- In one case the concurrent permanency goal was not clearly defined in the case record
- In one case the court order language related to the permanency goal was not clear nor was there documentation in the case record to support the court order

Overall, casework practice specific to this item was very strong.

**Item 8**, "Reunification, guardianship, or permanent placement with relatives," determines whether concerted efforts are made during the period under review to achieve reunification, guardianship, or permanent placement with relatives in a timely manner. Item 8 was applicable in 23 foster care cases and all were rated as a Strength. This area of casework practice is a notable strength of the child welfare system in North Dakota.

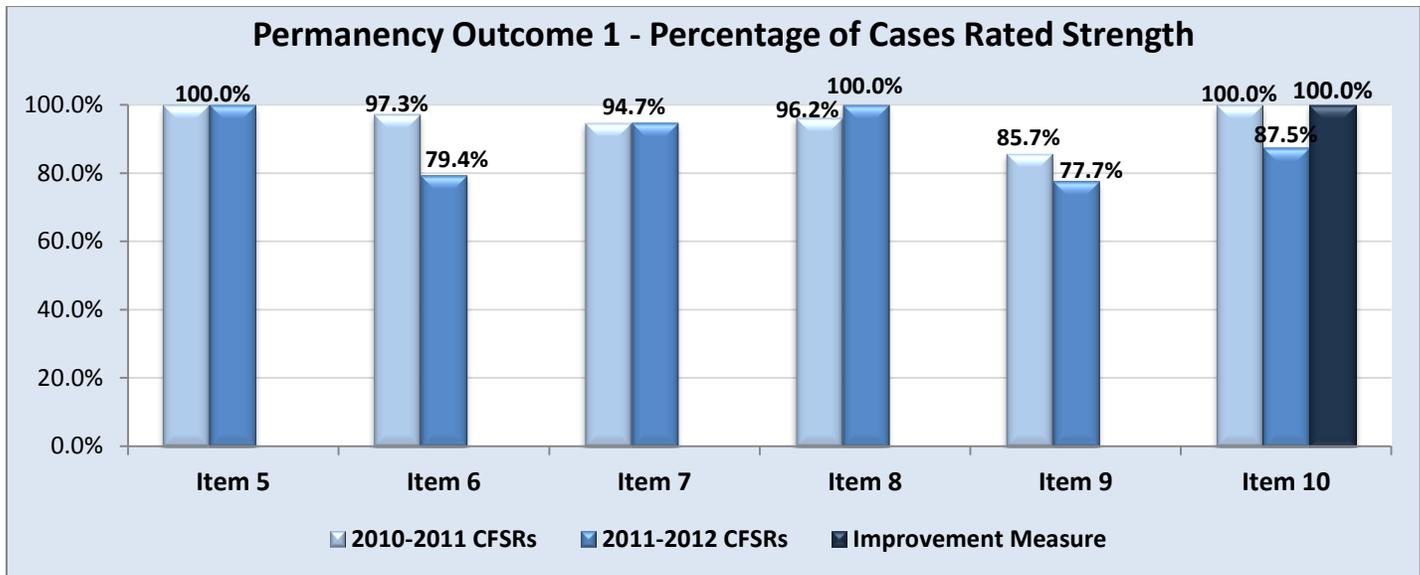
**Item 9**, "Adoption," determines whether, during the period under review, concerted efforts are made to achieve a finalized adoption in a timely manner. Item 9 was applicable in 9 foster care cases. It was rated as a Strength in 7 cases and as an ANI in 2 cases. The cases were rated ANI for the following reasons:

- No efforts to achieve the goal of adoption were documented during the period under review
- The goal of adoption was not accomplished in a timely manner

**Item 10**, "Other planned permanent living arrangement," determines whether, during the period under review, the agency makes concerted efforts to ensure the child is adequately prepared to make the transition from foster care to independent living; or that the child remaining in foster care is in a "permanent" living situation with a foster parent or relative caregiver until reaching the age of majority; or that the child is in a long-term care facility and will remain there until transition to an adult care facility. Item 10 was applicable in 16 foster care cases. It was rated as a Strength in 14 cases and as an Area Needing improvement (ANI) in 2 cases. The cases were rated ANI because while there was an identified permanency goal of "Other Planned Permanent Living Arrangement" for the youth, the reviewers could find no documentation to demonstrate the goal was being worked on by the agency.

Item 10 is being tracked through the ND Program Improvement Plan. This item is considered achieved by our federal partners.

Below is a comparison of 2010-2011 CFPSR and 2011-2012 CFPSR ratings for Permanency Outcome 1.



## Permanency Outcome 2 Items 11-16

**Permanency Outcome 2:** “The continuity of family relationships and connections is preserved for children” is only applicable in foster care cases. It was rated Substantially Achieved in 27 cases and Partially Achieved in 12 cases.

**Item 11,** “Proximity of foster care placement,” determines whether, during the period under review, concerted efforts are made to ensure that the child’s foster care placement is close enough to the parent(s) location to facilitate face-to-face contact between the child and the parent(s). Item 11 was applicable in 36 foster care cases and all were rated as a Strength. This area of casework practice is a notable strength of the child welfare system in North Dakota.

**Item 12,** “Placement with siblings,” determines if, during the period under review, concerted efforts are made to ensure that siblings in foster care are placed together unless separation is necessary to meet the needs of one of the siblings. Item 12 was applicable in 16 foster care cases. It was rated as a Strength in 15 cases and as an Area Needing Improvement (ANI) in 1 case. The case was rated ANI because the child was not placed with a sibling in foster care and no valid reason for the separation was documented in the case record. Overall, casework practice specific to this item was strong.

**Item 13,** “Visiting with parents and siblings in foster care,” determines if, during the period under review, concerted efforts are made to ensure that visitation between a child in foster care and his or her mother, father, and siblings in foster care is of sufficient frequency and quality to promote continuity in the child’s relationship with these close family members. Item 13 was applicable in 38 foster care cases. It was rated as a Strength in 26 cases and as an ANI in 12 cases. In the majority of the cases rated ANI for this item, the agency did not make concerted efforts to encourage visits between the children in foster care and their fathers. Other reasons for the ANI rating included no arrangements for face to face visits between the child in foster care and the siblings, and no documentation on the quality of the child’s visits with family members.

In the majority of foster care cases reviewed the agency made concerted efforts to support frequent quality visits between the child and family members, and ensured those efforts were documented in the case record.

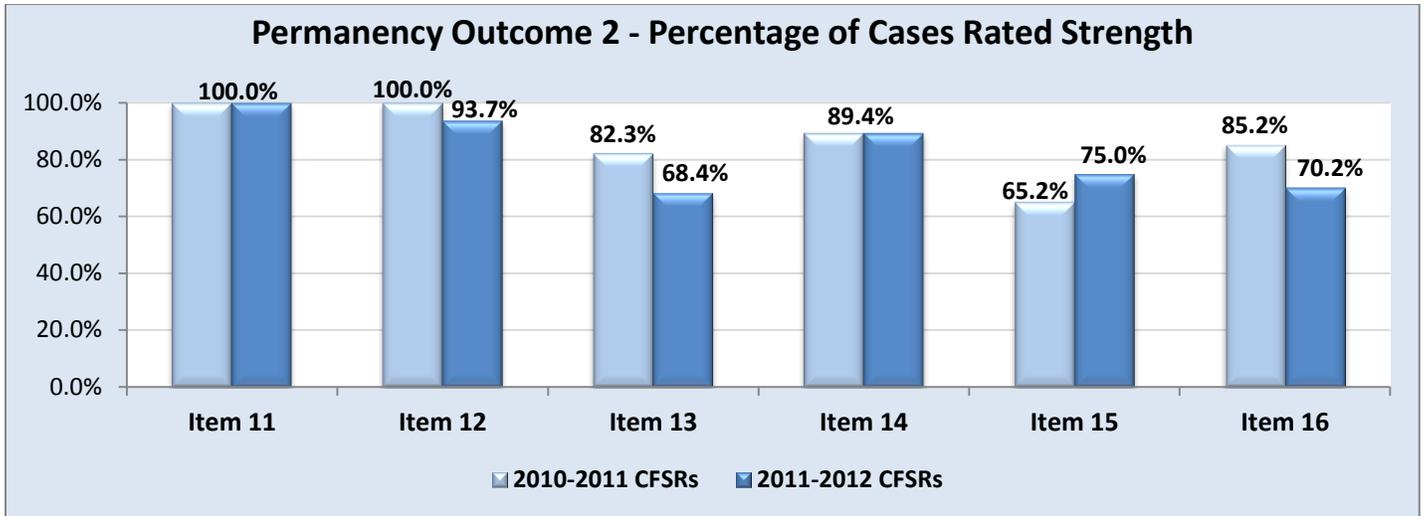
**Item 14**, “Preserving connections,” determines whether, during the period under review, concerted efforts are made to maintain the child’s connections to his or her neighborhood, community, faith, extended family, tribe, school, and friends. Item 14 was applicable in 38 foster care cases. It was rated as a Strength in 34 cases and as an ANI in 4 cases. The cases rated ANI had no documentation concerted efforts were made to ensure important connections were maintained for the child. In the majority of foster care cases reviewed the agency did make concerted efforts to preserve the child’s connections, and ensured those efforts were documented in the case record.

**Item 15**, “Relative placement,” determines whether, during the period under review, concerted efforts are made to place the child with relatives when appropriate. Item 15 was applicable in 24 foster care cases. It was rated as a Strength in 18 cases and as an ANI in 6 cases. The cases were rated ANI because there was no documentation of concerted efforts to locate or contact maternal and/or paternal relatives as possible placement options for the child.

**Item 16**, “Relationship of child in care with parents,” determines whether, during the period under review, concerted efforts are made to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregiver(s) from whom the child is removed through activities other than just arranging for visitation. Item 16 was applicable in 37 foster care cases. It was rated as a Strength in 26 cases and as an ANI in 11 cases. The great majority of the cases rated ANI for this item were due to lack of concerted efforts to promote and support the child’s relationship with the father/noncustodial parent during the period under review.

In the majority of foster care cases reviewed, the agency made concerted efforts to support positive relationships between the child and his or her parents and ensured those efforts were documented in the case record.

Below is a comparison of 2010-2011 CFSR and 2011-2012 CFSR ratings for Permanency Outcome 2.



**Well-Being Outcome 1  
Items 17-20**

**Well-Being Outcome 1:** “Families have enhanced capacity to provide for their children’s needs” was rated Substantially Achieved in 33 cases, Partially Achieved in 25 cases and Not Achieved in 13 cases.

**Item 17,** “Needs and services of child, parents and foster parents,” determines whether, during the period under review, the agency makes concerted efforts to assess the needs of children, parents, and foster parents to identify services necessary to achieve case goals and adequately addresses issues relevant to the agency’s involvement with the family, and provide the appropriate services.

Item 17 was applicable in all cases. It was rated as a Strength in 34 cases and as an ANI in 37 cases. A majority of the cases were rated ANI because there was no formal or informal comprehensive assessment conducted of the father/noncustodial parent’s needs, nor were services offered or provided to the father/noncustodial parent. Other reasons noted for the ANI ratings included no assessment of the children and parents’ needs in the case, no assessment of either custodial or noncustodial parents’ needs, and no assessment of foster parents’ needs.

While this is an area of challenge, the Division recognized some noteworthy casework practice in relation to this item. In the great majority of cases agencies consistently assess the children’s needs and ensure services are provided to meet their identified needs. Also, in the great majority of cases agencies consistently assess the needs of foster parents and ensure services are provided to foster parents.

Item 17 is being tracked through the ND Program Improvement Plan. In the second round of CFSRs we did not meet the measure of improvement established by our federal partners.

**Item 18,** “Child and family involvement in case planning,” determines whether, during the period under review, concerted efforts are made to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis. Item 18 was applicable in all

cases. It was rated as a Strength in 41 cases and as an ANI in 30 cases. A majority of the cases were rated ANI because the fathers/noncustodial parents were not involved in case planning. Other reasons noted for the ANI ratings included not involving the children in the case planning process, or not involving either parent in the case planning process.

Item 18 is being tracked through the ND Program Improvement Plan. In the second round of CFSRs we did not meet the measure of improvement established by our federal partners.

**Item 19**, “Caseworker visits with the child,” determines whether the frequency and quality of visits between caseworkers and the child(ren) in the case are sufficient to ensure the safety, permanency, and well-being of the child and promote achievement of case goals. Item 19 was applicable in all cases. It was rated as a Strength in 50 cases and as an ANI in 21 cases. In the cases rated ANI, the case manager did not have visits with the child with sufficient frequency and quality to ensure safety, permanency, and well-being and to promote achievement of the care plan goals according to case record documentation.

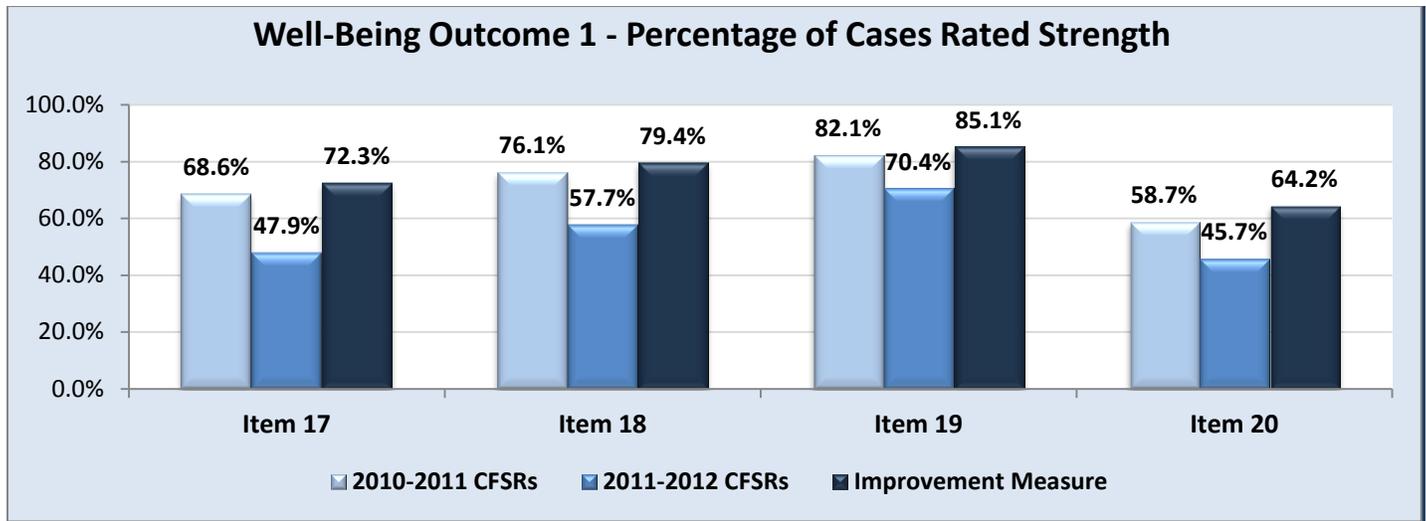
In the majority of cases reviewed, the caseworker visited the children with sufficient frequency and the visits were of good quality to support case plan goals.

Item 19 is being tracked through the ND Program Improvement Plan. In the second round of CFSRs we did not meet the measure of improvement established by our federal partners.

**Item 20**, “Caseworker visits with the parent(s),” determines whether, during the period under review, the frequency and quality of visits between caseworkers and the mothers and fathers of the children are sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals. Item 20 was applicable in 70 cases. It was rated as a Strength in 32 cases and as an ANI in 38 cases. In the majority of cases rated ANI, the case manager did not have visits with the noncustodial parents. Additionally, in over one-third of the cases rated ANI the case manager did not have visits with either parent. According to state policy (PI-11-07), face-to-face visits are required when possible. If face-to-face visits are not possible, telephone or written contact is acceptable.

Item 20 is being tracked through the ND Program Improvement Plan. In the second round of CFSRs we did not meet the measure of improvement established by our federal partners.

Below is a comparison of 2010-2011 CFSR and 2011-2012 CFSR ratings for Well-Being Outcome 1.



**Well-Being Outcome 2  
Item 21**

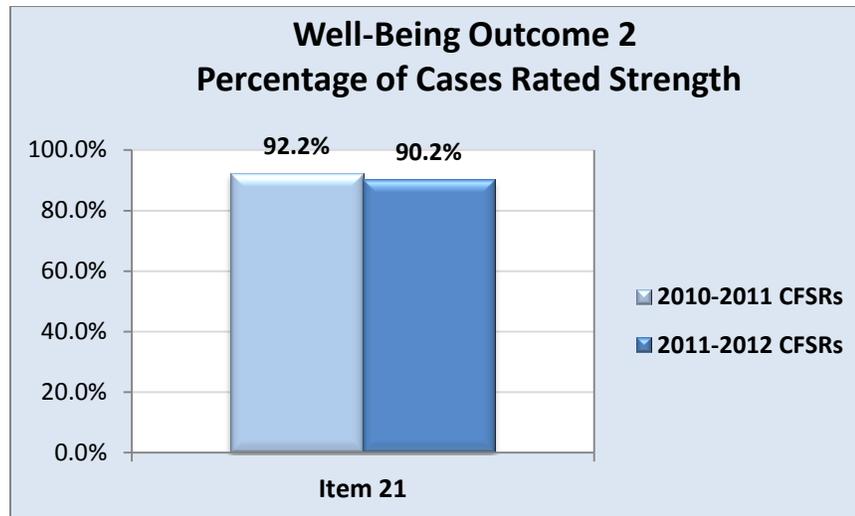
**Well-Being Outcome 2:** “Children receive appropriate services to meet their educational needs” was applicable in 51 cases. It was rated Substantially Achieved in 46 cases and Not Achieved in 5 cases.

**Item 21**, “Educational needs of the child,” assesses whether, during the period under review, the agency makes concerted efforts to assess children’s educational needs at the initial contact with the child (if the case was opened during the period under review) or on an ongoing basis (if the case was opened before the period under review), and whether the identified needs are appropriately addressed in case planning and case management activities. Item 21 is applicable in all foster care cases and in those in-home cases where the assessment of educational issues are relevant to the reason for the agency’s involvement or it is reasonable to expect the agency would address educational issues given the circumstances of the case.

Item 21 was applicable in 51 cases. It was rated as a Strength in 46 cases and as an Area Needing Improvement in 5 cases. The cases were rated ANI because the agency did not make concerted efforts to assess and/or address the children’s educational needs initially or on an ongoing basis, according to case record documentation.

In the majority of applicable cases reviewed, the agency made concerted efforts to assess and address the children’s educational needs.

Below is a comparison of 2010-2011 CFSR and 2011-2012 CFSR ratings for Well-Being Outcome 2.



### Well-Being Outcome 3 Items 22 & 23

**Well-Being Outcome 3:** “Children receive adequate services to meet their physical and mental health needs” was applicable in 66 cases. It was rated Substantially Achieved in 54 cases, Partially Achieved in 9 cases and Not Achieved in 3 cases.

**Item 22,** “Physical health of the child,” determines whether, during the period under review, the agency addresses the physical health needs of the child, including the dental health needs. Item 22 is applicable in all foster care cases and in those in-home cases where the assessment of physical health issues are relevant to the reason for the agency’s involvement or it is reasonable to expect the agency would address them given the circumstances of the case. Item 22 was applicable in 56 cases. It was rated as a Strength in 46 cases and as an ANI in 10 cases. The cases were rated ANI for the following reasons:

- In three foster care cases the dental needs were not assessed
- In three foster care cases there was no assessment of physical health needs during the period under review
- In four in-home cases, where it would be reasonable to expect physical health would be assessed given the circumstances of the case, no assessment occurred during the period under review

In the majority of applicable cases reviewed, the agency made concerted efforts to assess and address the children’s physical health needs.

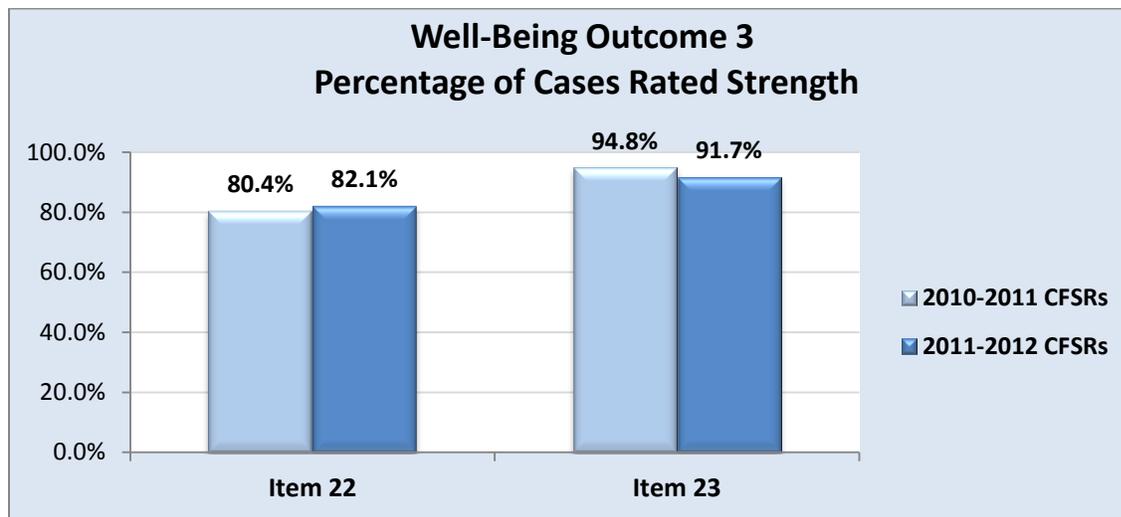
**Item 23,** “Mental/behavioral health of the child,” determines whether, during the period under review, the agency addresses the mental and behavioral health needs of the children. Item 23 was applicable in 60 cases. It was rated as a Strength in 55 cases and as an ANI in 5 in-home cases. The cases were rated ANI for the following reasons:

- In three in-home cases, where it would be reasonable to expect mental/behavioral health would be assessed given the circumstances of the case, no assessment occurred

- In two in-home cases some, but not all, children living in the home were assessed. For in-home cases, all children living in the home are considered for the CFSR case review.

In the majority of applicable cases reviewed, the agency made concerted efforts to assess and address the children's mental and behavioral health needs.

Below is a comparison of 2010-2011 CFSR and 2011-2012 CFSR ratings for Well-Being Outcome 3.



In each Regional CFSR Summary Report, the regions were provided with information concerning regional strengths and challenges, systemic strengths and challenges, and suggested practice improvements. Following is a summary of the themes that surfaced during this round of CFSRs.

### **Statewide Themes – Case Practice Strengths**

- In most cases reviewed, the agency responded to reports of child maltreatment within the time frames established in state policy.
- Agencies made concerted efforts to provide services to prevent children's entry into foster care (or re-entry after reunification), whenever safe and appropriate.
- In the foster care cases reviewed, no children re-entered foster care within 12 months of a prior foster care episode.
- In all but two foster care cases the children's permanency goals were established in a timely manner.
- In all applicable foster care cases reviewed, concerted efforts were made to achieve reunification, guardianship, or permanent placement with relatives in a timely manner.
- In all applicable foster care cases, concerted efforts were made to ensure children's foster care placements were close enough to parent(s) to facilitate face-to-face contact and efforts were well documented.

- In the majority of foster care cases reviewed, agencies made concerted efforts to maintain the children's important connections (i.e. neighborhoods, communities, extended families, schools, etc.) and efforts were well documented.
  - Agencies consistently assessed the children's needs and ensured services were provided to meet their needs.
  - Agencies consistently assessed and addressed the needs of foster parents.
  - In the majority of cases reviewed, the agency made concerted efforts to ensure the children's educational needs were assessed and addressed in case planning.
  - In the majority of cases, children's mental and behavioral health needs were assessed and addressed.
  - Caseworkers and team members demonstrated creativity in addressing the needs by utilizing the strengths of children and families.
- 

#### **Statewide Themes – Case Practice Challenges**

- Generally, when cases received ANI's the reviewers could not find supporting documentation for the items being reviewed nor could the case managers interviewed provide information to demonstrate the required casework tasks aligned with these items was completed.
- In many areas of the state, case workers faced unprecedented challenges in doing their work with the myriad of natural disasters that affected not only the families they served but their personal lives as well.
- When compared to the 2010-2011 CFSTRs, there was over a 12% reduction in the number of cases where initial and ongoing assessments of safety/risk occurred during the period under review. This resulted in the measure of improvement for Item 4 not being met.
- Concerted efforts were not consistently made to ensure completion of relative searches for maternal and paternal relatives (not only for placement options, but also to ensure family connections for the child).
- Concerted efforts were not consistently made to ensure that visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child's relationship with these close family members.
- In over 40% of cases reviewed there was a lack of documented concerted efforts to assess and address the needs of fathers/non-custodial parents. In over 15% of cases the needs of the custodial parents were not assessed or addressed. In 7% of cases the needs of the children were not assessed or addressed. The combination of these practice challenges resulted in the measure of improvement for Item 17 not being met.
- In over 30% of cases reviewed there was a lack of documented concerted efforts to ensure fathers/non-custodial parents involvement in case planning at whatever level was safe and

appropriate. In 14% of cases there was a lack of documented concerted efforts to ensure children were involved in case planning. In nearly 10% of cases the custodial parents were not involved in case planning. The combination of these challenges resulted in the measure of improvement for Item 18 not being met.

- In nearly 30% of cases reviewed there was a lack of documentation in the case record to ensure that the caseworker met with the child with sufficient frequency and quality to ensure safety, permanency and well-being and to support case plan goals. This resulted in the measure of improvement for Item 19 not being met.
  - In nearly 55% of cases reviewed, noncustodial and at times custodial parents were not visited with sufficient frequency and quality to ensure safety, permanency and well-being of the children and to promote achievement of the case plan goals. This resulted in the measure of improvement for Item 20 not being met.
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### **Statewide Themes – Systemic Strengths**

The systemic strengths were consistent with the 2010-2011 CFSTRs as follows:

- The Review Teams and QA Team noted positive working relationships and good collaboration efforts between public and private agencies throughout the state.
  - Agencies continue to be innovative in accessing and using the services available in their respective regions.
  - Family Preservation services were used effectively in the state.
  - The regional Human Service Centers provided needed services to children and families in a timely manner. Most regions reported there were short or no waiting lists for children and families when accessing these services.
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### **Statewide Themes – Systemic Challenges**

- As stated in the introduction, an unusually harsh winter, statewide flooding, and energy impact in the western third of the state significantly contributed to the system challenges.
- Housing shortages, high rental costs, and homelessness in the energy impact regions of the state.
- The impacts of statewide flooding compounded housing shortages and caused either temporary or permanent homelessness for many North Dakota families.
- An ongoing shortage of child care providers throughout the state.

- An ongoing shortage of mental health services – psychiatry, inpatient care and shelter beds were specifically noted in all regions. This included outreach services to rural communities such as adult and adolescent chemical dependency treatment and counseling.
  - Lack of transportation and limited access to services in rural communities.
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**Statewide – Recommended Practice Improvements**

- Support and training to supervisors regarding best practice and current policy for caseworker visits (quantity and quality).
  - Casework practice and documentation specific to family engagement:
    - Ongoing efforts to engage non-custodial parents and children in the case planning process
  - Casework practice and documentation specific to in-home cases:
    - Case manager visits (quantity and quality) with custodial and non-custodial parents and the children
  - A clearly identified Supervisor for each caseworker with supervision occurring on a regular basis to support individualized case planning and provides continuity when staff changes occur.
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**2011-2012 STATEWIDE CASE RATING SUMMARY (T = 71 CASES)**

<b>Case Rating Summary</b>							
Reviewers should check the nonshaded box for each performance item and outcome that corresponds to the rating assigned.							
<b>Performance Item or Outcome</b>	<b>Item Ratings</b>			<b>Outcome Ratings</b>			
	Strength	Area Needing Improvement	N/A*	Substantially Achieved	Partially Achieved	Not Achieved	N/A*
Item 1: Timeliness of initiating investigations of reports of child maltreatment	36	4	31				
Item 2: Repeat maltreatment	22	0	49				
Outcome S1: Children are, first and foremost, protected from abuse and neglect				36	3	2	30
Item 3: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care	43	4	24				
Item 4: Risk assessment and safety management	57	14	0				
Outcome S2: Children are safely maintained in their homes whenever possible and appropriate				56	8	7	0
Item 5: Foster care re-entries	18	0	53				
Item 6: Stability of foster care placement	31	8	32				
Item 7: Permanency goal for child	37	2	32				
Item 8: Reunification, guardianship, or permanent placement with relatives	23	0	48				
Item 9: Adoption	7	2	62				
Item 10: Other planned permanent living arrangement	14	2	55				
Outcome P1: Children have permanency and stability in their living situations.				32	7	0	32
Item 11: Proximity of foster care placement	36	0	35				
Item 12: Placement with siblings	15	1	55				
Item 13: Visiting with parents and siblings in foster care	26	12	33				
Item 14: Preserving connections	34	4	33				
Item 15: Relative placement	18	6	47				
Item 16: Relationship of child in care with parents	26	11	34				
Outcome P2: The continuity of family relationships and connections is preserved for children.				27	12	0	32
Item 17: Needs and services of child, parents, and foster parents	34	37	0				
Item 18: Child and family involvement in case planning	41	30	0				
Item 19: Caseworker visits with child	50	21	0				
Item 20: Caseworker visits with parent(s)	32	38	1				
Outcome WB1: Families have enhanced capacity to provide for their children's needs				33	25	13	0
Item 21: Educational needs of the child	46	5	20				
Outcome WB2: Children receive appropriate services to meet their educational needs				46	0	5	20
Item 22: Physical health of the child	46	10	15				
Item 23: Mental/behavioral health of the child	55	5	11				
Outcome WB3: Children receive adequate services to meet their physical and mental health needs				54	9	3	5

**2010-2011 STATEWIDE CASE RATING SUMMARY (T = 67 CASES)**

<b>Case Rating Summary</b>							
Reviewers should check the nonshaded box for each performance item and outcome that corresponds to the rating assigned.							
<b>Performance Item or Outcome</b>	<b>Item Ratings</b>			<b>Outcome Ratings</b>			
	Strength	Area Needing Improvement	N/A*	Substantially Achieved	Partially Achieved	Not Achieved	N/A*
Item 1: Timeliness of initiating investigations of reports of child maltreatment	29	4	34				
Item 2: Repeat maltreatment	16	2	49				
Outcome S1: Children are, first and foremost, protected from abuse and neglect				28	5	1	33
Item 3: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care	42	0	25				
Item 4: Risk assessment and safety management	63	4	0				
Outcome S2: Children are safely maintained in their homes whenever possible and appropriate				63	3	1	0
Item 5: Foster care re-entries	20	0	47				
Item 6: Stability of foster care placement	37	1	29				
Item 7: Permanency goal for child	36	2	29				
Item 8: Reunification, guardianship, or permanent placement with relatives	26	1	40				
Item 9: Adoption	6	1	60				
Item 10: Other planned permanent living arrangement	14	0	53				
Outcome P1: Children have permanency and stability in their living situations.				35	3	0	29
Item 11: Proximity of foster care placement	32	0	35				
Item 12: Placement with siblings	8	0	59				
Item 13: Visiting with parents and siblings in foster care	28	6	33				
Item 14: Preserving connections	34	4	29				
Item 15: Relative placement	15	8	44				
Item 16: Relationship of child in care with parents	29	5	33				
Outcome P2: The continuity of family relationships and connections is preserved for children.				33	5	0	29
Item 17: Needs and services of child, parents, and foster parents	46	21	0				
Item 18: Child and family involvement in case planning	51	16	0				
Item 19: Caseworker visits with child	55	12	0				
Item 20: Caseworker visits with parent(s)	37	26	4				
Outcome WB1: Families have enhanced capacity to provide for their children's needs				41	22	4	0
Item 21: Educational needs of the child	47	4	16				
Outcome WB2: Children receive appropriate services to meet their educational needs				47	0	4	16
Item 22: Physical health of the child	41	10	16				
Item 23: Mental/behavioral health of the child	55	3	9				
Outcome WB3: Children receive adequate services to meet their physical and mental health needs				51	8	3	5

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**STAKEHOLDER COMMENTS – REGION IV (NORTHEAST) CFSR**

Stakeholder Comments  
**YOUTH**  
August 16, 2011

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**Strengths of the Foster Care System:**

- I liked that foster care (FC) worked to keep my larger family together. We were able to see one another (even after a sibling was adopted).
- Had the option to sign myself back into care.
- I don't get in as much trouble, I have more structure. I used to hang out with the wrong people.
- FC has helped me change my ways and I no longer drink and misbehave.
- I was placed in care with my brother, so that was helpful.
- Foster home allows for unlimited contact with my biological family.
- Structure of facility placements.
- Having involvement in the Chafee programming is the only connection I have to resources. It is the only stable connection I have in my life today after FC.
- Felt my voice was heard, foster parents and case worker listened to my needs.

**Challenges in the Foster Care System:**

- Placement out of my home community was hard.
- Facility placements for addiction – crooked behavior and drugs brought into the facility making it hard to stay clean.
- I bounced around a lot making it difficult to maintain connections.
- Was not allowed contact with brothers while in care, because we acted out when we were together.
- I have to walk everywhere; my foster mom does not want to drive me to see friends, to school, etc. A house rule is that we are not allowed at the house alone, so we have to walk to the public library (even further). Even in the winter!!! In the summer, I have to leave the house when she goes to work, it is crazy. Case worker is aware and sides with my foster mom.
- Can't ride with friends without my foster parents seeing the driver's license.
- Treatment facilities should hire more staff that have had personal experience working through foster care, drug addiction, etc. They always say, "I know what you are feeling," but really, they do not.
- Can be hard to ask questions and ask for things when I am not comfortable with my caseworker always transitioning from one worker to the next.

**Caseworker Visitations:**

- She came to see me every month and sometimes felt like she was a second mom to me. She was always checking up on me and it looking out for me.
- I saw my DJS caseworker only 4 times in 14 months.

**Parent Visitations:**

- I get to see my mom and I have unlimited texting, calling to her.

- Limited contact with mom while in care; I would get in trouble while on home visits and she did not come to the facility.
- Biological mom is ill and I have not had the ability to see her, there are reasons why I am not allowed to see her. It hurts to not be able to talk to my biological parents.

**Cultural Beliefs:**

- I felt my beliefs were honored. I had the option to go to church and I was baptized Catholic while in foster care.
- I did not feel my beliefs were honored. My culture is not activity driven; it is different in my non-Native foster care home.

## Stakeholder Comments

**CASE MANAGERS**August 16, 2011

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**Strengths:**

- Strong relationships with the other professionals/agencies. Carried out through working together over the years. Modeling by seasoned workers. Introduce new workers to the contacts in the community/agency.
- Open and honest communication worker to worker and with other agencies.
- Walsh County states how helpful Grand Forks County has been to rural counties also. They are willing to mentor workers and assist in getting them connected to agencies.
- Walsh – great relationship with law enforcement in respect to Child Protection Services (CPS) and other programs at the county also.
- Invite other agencies in to teach on new programs.
- Commitment to seeing kids monthly. We work together as a team to make sure the kids are getting seen when in placement – it's well coordinated.
- In-home – do really well with monthly visits with the kids.
- The Parent Resource Center (PRC) offers parenting classes at convenient times and they offer child care but classes are not available in the summer.
- The Children's Advocacy Center (CAC) satellite here has been amazing, including consults from Dr. Graf. The CAC is very accessible. This is another example of a successful collaborative effort in the region.
- The State's Attorney is seeing and learning the process, which has been a good thing – result is a better rate of prosecution.
- Health Tracks screeners give great recommendations. Partnership is strong.
- Huge efforts at placing siblings together. CPS workers already thinking about permanency and connections.
- The regional supervisors have been wonderful to us! They have been a godsend.
- In foster care we have some good relationships with the ICWA workers with the tribes. They do a good job getting affidavits to the State's Attorneys in a timely manner.
- Guardians ad litem are doing a good job.
- Judges are asking about goals and investing time so they know the plan for the children.
- Child support early notification is going smoothly and there is less frustration among parents (although other workers present indicated this hasn't been the case for some of the families on their caseloads).

- Paternity process goes well; willing to review cases on trial home visits and suspend orders.
- Services at NEHSC – intakes are typically 1½ – 2 months. Parental capacity evaluations take one month, which is greatly improved. There has been good communication from the HSC regarding no shows and in general. Regional Supervisors have helped with flexible services to fill gaps.

### Challenges:

- Walsh – law enforcement has a small staff so may not have the resources to get back to the workers as quickly as they would like.
- Don't like the "all or nothing" for face-to-face visits. For example, the worker saw them for 9 months, but missed 3 for a child out-of-state (and the contracted out-of-state worker didn't follow through with visits) and that results in a "0." Another example would be children who have run away.
- In-home – difficult to see children when the county does not have custody. Sometimes it becomes awkward. Concern we may place the children at higher risk or play into the family dynamics. If parents refuse that the worker visit with the children individually, the worker has the parent sign to that effect. When we aren't the custodian it can be very complicated. Care is needed when there are voluntary relationships rather than court-ordered. (Training need) Balance between mandates and strengths. Sometimes we have to put the strengths aside to ensure the safety of the children. Training on engagement strategies will help all of us.
- Gaps in availability of parenting classes (e.g. summer), or not available for all ages of children. Have worked together to come up with new ways to do this but sometimes referrals are low or parents don't show up. Resources are needed as parenting classes at the Human Service Center cost parents \$1,300. MA covers it but BC/BS doesn't.
- Some PRC services are only offered during the daytime hours (and not over the summer) which doesn't work for some families.
- The rural counties don't have the resources, such as transportation, to get families to services but the need is just as great.
- Increased need for more one-on-one parenting skills (i.e. how to enhance attachment to your child, how to play with your child). In-the-home modeling and teaching is needed – parents don't have these skills so workers are doing a lot of parenting. An example given: A child runs into the street and the parent doesn't have the instinct to react. The attitude is, "they'll learn."
- No more Healthy Families in the rural counties.
- For young parents, if they don't sign up for parenting classes at the hospital, have no further opportunity to get support. Therefore, a few months later the infant may end up in care.
- Ran out of contract money so couldn't get Intensive In-Home family therapy for the non-MA families for the last part of the biennium.
- Termination of Parental Rights (TPR) process – we were caught up a couple years ago but now it's 6-9 months before the outline (workers send the outline over within 30 days) is looked at by the attorney. Attorneys take them in the order in which they've been received and a lot of things change by the time the petition is filed. No updating of information/facts with the attorney before the petition is filed or communication on the process or timeline. The workers try to get that information over to the attorney but don't hear back. The Assistant State's Attorney assigned to do just TPRs is also assigned to many other duties

so can't get to the TPRs as timely as she would like, and they don't meet the agreed upon 60 days after outline timeline is provided.

- Also, multiple extensions/continuances (i.e. seven months) for absent parents, counsel, DNA, etc. Continuances happen easily and frequently.
- Noted foster parents have not been paid timely in some cases because of late court orders.
- Gave an example of a 4-6 month wait for a deprivation petition (case sent to State's Attorney in May 2011 where removal was recommended and no review yet – as of the August 2011 CFSR).
- Frustrations with process on services to parents (not accepting signature of receipt, so continued). Very long process in court (stipulations last 1 ½ hours and really stress parents for time).
- We need more guardians ad litem in the region.
- Interstate Compact for the Placement of Children (ICPC) – North Dakota agencies request supervisory visits and reports. The out-of-state receiving agency agrees to do the visits but doesn't follow through.
- There have been many changes with foster homes: Low number of homes but inquiry to completion is low; adoption of children has reduced the number of available foster homes; changes in plans have impacted foster parents – they are less willing to take ICWA cases based on some bad experiences in the FC community; revocations have impacted the work.
- Sub-adopt and guardianship rates are so much lower than FC rates that it doesn't encourage permanency for kids.
- FRAME – care plan is overwhelming. FC workers don't write narratives in FRAME (keeping narratives in Word) and don't send out the Family Plan (the workers instead send out a letter of review) because they believe an 18-page care plan is unreasonable. The workers note the parents do read the letters they send.

#### Stakeholder Comments

#### **LEGAL/COURT**

August 16, 2011

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#### **Strengths:**

- Delinquent/unruly cases are down. Some diversion activity going on, lots of theories as to why the cases are down.
- Two judicial referees and five judges; scheduling court time is not an issue, Strong working relationships with the county social workers.
- The workers are well trained but some are quite timid.
- Working relationships with agency partners are very good.
- Working relationship with justice partners is good (8 on a scale of 1-10). Good people who will take time even though they seem to be overburdened with work. They are open to communicating on system issues.

#### **Challenges:**

- Deprivations, voluntary deprivations, and TPR caseloads are high.
- Cyclical challenges with TPR cases due to the manner in which these are worked; recognize this is frustrating for social services.

- Voluntary deprivations are a strain on resources, particularly mental health services.
- Juvenile cases were presumed to be a priority but because one State's Attorney is doing both TPRs and deprivations, it impacts cases getting to court in a timely manner.
- Inefficiencies in deprivation process impacts TPR cases.
- If a case moves to district court efficiency is an issue. Lots of continuances.
- Defense counsel are left out of the loop with juvenile cases even though they're representing the child.
- Defense counsel don't have or aren't getting access to Odyssey (electronic case management system for the courts).
- Court orders are not received in a timely fashion. Proposed orders are filed in Odyssey and then go to the judge's queue for signature. This causes some delays as orders are being held up.
- A few operational inefficiencies with the manner in which court orders are processed. The State's Attorney's office cannot monitor these either.
- Not enough resources (money and personnel) to hold the amount of supervised visitation that judges order for infants and children. Falls onto the county social workers.
- Takes time with the new system (software) and the courts have fallen behind. The court folks seem to be overworked to some extent with the new software programs.
- Guardians ad litem (GAL):
  - Training needed on report writing.
  - They need to provide information in addition to just the assessment and discovery information.
  - Reports do not include their own observations or opinions.
  - Too few case hours to do the necessary work.
  - Reports are not given to counsel to review prior to court.
  - Inefficiencies in control of the courtroom that impacts GAL time.
  - Shortage of GALs.
- Training for county social workers on writing affidavits for deprivation and TPR cases.
- During the assessment process CPS workers don't ask if ICWA applies and they need to do that.
- The court is dependent on the families and social services to work together to come up with solutions but sometimes mandates get in the way or the families aren't too eager to work with social services. The court is not always made aware what the eventual outcome is.
- Comments about not able to get the review hearings scheduled in a timely manner. Seems to be many extensions that delay the hearings.

Stakeholder Comments  
**SCHOOL/EDUCATION**  
August 16, 2011

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### **Strengths:**

- County social workers have good communication from the worker to the school social workers. Then social workers can ensure services are appropriately provided and also pass along pertinent information to the principal, and work as a team.
- School social workers attend all child and family team meetings and assist with educational goals as needed, as well as upcoming transitions such as pending transitions.

- In the Grand Forks district the school social workers have a different function which affords them time to participate in the case more fully.
- Strong partnerships with the county social service agencies.
- Immediate response to child abuse/neglect reporting:
  - County social services take reports seriously and typically start the assessment the same day it's reported.
  - In some areas a very open dialogue and professional response to service requests.
  - In some areas good follow-up.
- One school district met with the county agency to problem solve nonattendance patterns. It was very productive and resulted in effective solutions.
- The county social workers do a great job putting kids at ease when they come to interview a child at school.
- The county social workers are not a disruption when they come to see a child at the school and are very discrete.
- Overall the workers are very conscientious and hard working. They are very receptive when we talk to them about concerns.
- When the school notifies the county agency of specific needs the workers are very responsive and many good things get put in place that continue after the kids exit the system.
- They keep us informed of changes in child welfare laws and policies. If there are significant changes a representative from social services is very welcome to come to the school administrator meetings to inform them of the changes.
- The school in one area was frustrated with CPS a couple years ago. They met with the CPS workers to share concerns and had a good response – there has been improvement since then.
- Social workers are great about notifying the school when kids go into care (IEPs in place, etc.).
- The workers are very good about delivering resources to meet needs (e.g. barriers for kids and families in poverty). They are aware of resources and availability.

### **Challenges:**

- In rural areas county social workers are not very timely in notifying the school of children who will be coming to the school because they have been placed into foster care in the district.
- In rural counties more communication was requested.
- Social worker cut in one of the rural school systems, which will impact ability to partner effectively with the county.
- Typically the school is told by the child that they are going to be reunified well before they hear it officially from county social services.
- Concerns were shared about working with kids in regard to placement transitions. Sometimes feel kids are reunified prematurely and don't have time to resolve things prior to returning home from foster care placement.
- When attending a child and family team meeting, the school staff didn't feel included on the team and didn't really know what was going on (little communication and had to "piece it together").

- The worker seemed surprised that I attended a team meeting. I was told to listen in but I was not provided with information. Also, seemed to take a long time to get things moving and issues resolved for the student.
- In some areas, school nonattendance is not taken on as an issue by the county agencies. Recognize there are other issues that likely take precedence but if we can intervene at this point it may prevent more serious issues later.
- School staff, when the reporter of child abuse/neglect, rarely receive a letter informing of the results of the CPS assessment. At times school social workers will get a response but not always. Often they have to call in to the county to get any follow up information.
- Jurisdictional concerns: Schools close to county lines and state lines find it gets complicated with county social services and who will take ownership of the case. This also occurs when a child is placed in a foster home in Minnesota. Wonder if we can come up with some sort of agreement to assist with this?
- Overlap or duplication of services; not well coordinated efforts with the families.
- Services will be discussed and decided upon at the team meetings but the case managers don't seem to move forward with getting the services going.
- A preschool child with multiple foster home placements in a short period of time.
- Some case workers, as custodians, think they can sign school forms (in particular IEP-related paperwork) and attend school meetings in lieu of the parents but this is not acceptable according to the law schools abide by. Unless there has been a termination of parental rights, they are required to have the parental signature on such forms and also invite the parents to school meetings.
- School personnel or teachers are not always able to attend team meetings but aren't given the opportunity to share if they can't attend. Nor do they always receive a copy of the care plan.
- Letters of invitation to the child and family team meeting aren't always received timely (often a day or two prior to the meeting date), and letters are not clear about what is expected.
- The school representative on the team isn't always the most appropriate person to participate because they may not really know the child well nor can they speak to his/her needs.
- It would be helpful if the social worker would request a meeting with the school to update why they're involved and what the goals are. Seems like we have to initiate contact with them in order to keep the communication going.
- Children placed in a named psychiatric facility:
  - The facility had no communication with the school nor did they return the books to the school following the placement.
  - The facility is not providing updates on what schoolwork has been completed while the child was at the facility.
  - Concerns about the amount of education children receive.
  - If the child is not on an IEP they tend to fall through the cracks in respect to their educational needs.
  - These concerns have been addressed by the special education director but they haven't seen any improvements.
- Need to be clear on who is advocating for the educational needs of kids in the county social service system or those in placement.
- It is not always prompt in all offices in getting the requested records.

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Stakeholder Comments  
**FOSTER PARENTS**  
August 16, 2011

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**Strengths:**

- Caseworkers, payment and expense reimbursement, communication with the county case manager is wonderful – good teamwork.
- Very glad we got into it.
- Feel spoiled by the case workers.
- The case workers get back to us immediately.
- Multiple case workers from the county do a nice job coordinating visits and communicating with each other and the family.
- PATH social worker positive. They answer calls right away and if the worker isn't available the supervisor responds.
- If the worker isn't available, the supervisor at the county responds right away.
- Are invited to child and family team meetings and are given sufficient notice so they can make arrangements to attend. Feel like they are part of the team.
- Are often made aware of court hearings, but not always. Seems to depend on the case worker.
- Need to inform workers of their parenting style and communication expectations. Seems like case workers are open to this. They respond positively.
- Are notified of trainings via email and there are many training opportunities.
- Foster Parent Organization that holds monthly meetings for support and often includes training. PATH offers Share and Support and provides the foster parents with contact information of other PATH foster parents.
- Children are getting needs met (emotional, physical, and dental health).
- County staff assist with transportation needs – it's amazing. Randy is awesome!
- County social services care about us and they care about the children.
- If disagreements or concerns come up, the county is open to conversation – they listen and you can find someone to work with you on a resolution.
- County foster parents have emergency contact numbers for county staff.
- The social worker solicited the foster parents' ideas on a situation involving visitation.
- Case workers vary in how they manage the child's visits with parents; seem to tailor the plan to the child's needs. Often times they will not bring the child to the visit until the parent has arrived so that the child isn't traumatized by a no-show.

**Challenges:**

- Most frustrating is having different case workers – one per child placed in their home; adapting to different workers and many visits.
- A social worker from another region never returned my calls. Didn't offer support and seemed like the worker wanted to be the children's friend. Didn't include the foster parents in the team meetings. Even in this region, they return calls only on the next business day and wasn't given an emergency number for a case worker. The emergency number was actually for sheriff's department who don't know the kids. *NOTE: This was the experience of one of the attendees. The others in attendance have not had this experience.*

- Some case workers don't notify us of the court hearings consistently before they occur nor do they inform us of the outcome following the hearing.
- Not clear on their role in respect to court hearings such as, do they need to attend and will they be expected to testify?
- Guardians ad litem – some are involved and communicate, others never contact them.
- Visits – case workers vary in how they manage visits; seem to tailor the plan to the child's needs. Often times they will not bring the child to the visit until the parent has arrived so that the child isn't traumatized by a no show.
- Case workers open to ideas from foster parents and using their expertise.
- Would like more on-line training opportunities because the training sessions are difficult to get to (child care, time of day, etc.).
- The new case worker just got thrown into the job and didn't get much training.
- Takes years for the adoption process. Wait a long time for the courts. Sometimes it's the adoption agency that seems to take so long.
- Would be helpful if the Foster Parent Organization could provide new foster parents with contact information of experienced foster parents to be available for questions and support.
- Some foster parents are frustrated the case workers are not getting the MA or insurance situation in place quickly.
- A child was going to return home and he had money from the allocation left. They were told to use all the money so they were buying things for the child that he didn't really need.
- New case workers need to know they should not try to be the children's friend.

Stakeholder Meeting  
**COMMUNITY**  
August 17, 2011

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**Strengths:**

- Referrals for services are consistently appropriate and case workers are good about calling in advance of the referral. Paperwork received is complete and thorough.
- Great relationships with the counties and Child Protection Teams and the regional supervisors.
- Transportation to services is provided by Grand Forks County and Randy has wonderful healthy boundaries with the children he transports.
- Value the communication with the case worker and supervisors and the support they provide.
- Positive relationships and very receptive staff – work mainly with CPS staff.
- They get feedback following a report of child abuse and neglect. Grand Forks County was particularly mentioned.
- CPS staff provide technical assistance to the community partners if they have questions on what is and is not reportable.
- As a community they all work hard together to do what's best with kids. Good collaboration in the region.
- Are notified of child and family team meetings in a timely fashion. They are clear on their role and feel like they are a respected team member. Appreciate the feedback from the team.

- Medical personnel who work with child abuse and neglect and foster care have experienced very good coordination.
- Foster parent recruitment and retention group is excellent and do a great job promoting in the community.
- AASK involved in the process for concurrent planning and complete referral packets are received with the referrals – thorough, timely work.
- The counties and regional supervisors do a great job ensuring the team meetings are held when needed and at least every 90 days.
- Very successful as a community in developing primary prevention program regarding violence against children.
- Relationships professionally are excellent in the region. People do a good job reaching out to other agencies at the same time respecting other's professional boundaries and turf.
- County workers are knowledgeable about residential treatment and understand the importance of working together and being the buffer between the center and the family.
- Good relationships with law enforcement and always positive interactions.
- Drug testing agency has good working relationships with social services and good communication. They return phone calls timely.
- Appreciate the ACT team, which is a collaboration between Northeast Human Service System and community agencies, who review referrals of kids addressing issues and concerns to fast track them into whatever system or service can assist them.
- Another recent collaboration is the PLUS program between NEHSC and UND Department of Social Work to provide case management to families might otherwise not be eligible for this level of support. It is a prevention program that's very focused on particular issues the family needs to address. Have a full time staff person from the University now.
- The chemical dependency unit does a good job expediting referrals so clients can get into the CD groups.
- Consultation and collaboration with Dr. Graff is much appreciated.

### Challenges:

- The Village would appreciate more referrals for intensive in-home family services.
- MA referrals – need a release from the diagnosing doctor or psychiatrist for these – have to re-educate the case workers from time to time.
- Incomplete insurance information, in particular when children are transported by the agency and not the parents.
- Wish some of those cases with the finding of services recommended would be bumped up to services required.
- Training on reactive attachment disorder for county staff. Not enough expertise in the community to address this. Perhaps a team specialized in providing support to those cases. Those present voiced interest in developing such a team.
- Need more pediatric resources regarding nutrition for early intervention for case workers and others.
- Need foster parent training on how to deal with childhood responses to stress, trauma reactions, and reactive attachment disorder.
- Cultural challenges – language barriers (Somali population), nonverbal communication, discipline norms.
- Delay in court hearings for terminations of parental rights. Particularly in the last 6 months to a year. Also delays in getting the termination orders.

- Ensuring that we assess foster parents well and have a strong recruitment and retention process. We lost about 25 foster parents in the last year.
- There has been a perplexing shift in the children placed in residential treatment facilities (private placements). Transition piece gets bogged down in those cases where there is no county involvement. This is a new phenomenon they are experiencing.
- Transportation to services from rural areas is a need. Use lots of safety permanency funds for this. Housing is also a need. Tough economic concerns in the region.
- When child is in foster care there are lots of services and resources available to the foster parents but when the children are reunified these resources and services often go away.
- Interstate compact situations in respect to visitation when children are placed in other states. We want to make sure the kids are seen monthly but we aren't getting information from those who are contract to ensure kids are seen and safe. We have had to bring kids back to the state as a result. Also, if we don't get the face to face visits done it will hurt North Dakota (i.e. fiscal sanctions).
- Need – a resource such as an internet library system through the training center would be beneficial since agency training budgets are so tight.
- A specialized group in the region to work with trauma based children and youth. *NOTE: Tara informed the group that there are statewide efforts regarding trauma training through the Division of Mental Health and Substance Abuse.*
- Would like to see a group for parents whose children have been assaulted in non-caretaker situations. An increase in reports over the past year. Perhaps Prevent Child Abuse North Dakota (PCAND) can assist in this effort. *NOTE: Tara will bring this request to them.*
- Because the court process takes so long, it presents delays in getting the youth treatment in a timely manner.
- Need good/better data to support the work.

Stakeholder Comments  
**CONSTITUENTS**  
August 17, 2011

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No attendees for this meeting.

Stakeholder Comments  
**ADMINISTRATORS**  
August 17, 2011

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**Strengths:**

- Assistant State's Attorney does a wonderful job (Jackie).
- Service providers at NEHSC do a good job; good relationship between counties and the HSC.
- A lot of good providers and services available in the community and there are strong partnerships here.
- The multi-county CPS worker has been a positive but it's been difficult to keep a worker in that position.

- Kinship care is great.
- Increased foster care rate has been a positive support to foster parents (and it's been noted by foster parents in licensing).
- Ruth Meiers works well with us to try to keep kids in this region.
- The school system has been cooperative in doing what's best for kids.
- Partnerships program has assisted with the collaboration with the school system.
- Working relationship with Polk County has improved and it has benefitted the kids we serve.
- Strong regional teams assist with developing positive collaborations.
- The Children's Advocacy Center in the region has been wonderful and Tammy Knudson has done an amazing amount of work building relationships. Dr. Graff has also been extremely helpful building partnerships with the medical community.
- A youth group at a local church has taken on a project by putting together care packages for kids going into foster care (such as a change of clothes, diapers, etc.).
- Donor in the community has developed the Client Opportunity Fund to provide guest passes, tickets to games.
- The foster care on-call has been a big plus for us. It provides available homes for kids on an emergency basis. This is paid through the Shelter Care funds. Makes for better relationships with law enforcement which helps them make better decisions about placements.
- Use the drop in child care center for the Prime Time Child Care service which provides opportunities for families.
- A number of clubs in town (an example would be the Exchange Club) that collaborate to provide resources for children such as gift cards at Christmas.
- The regional supervisors are awesome to work with and we really appreciate their work and they are such a good resource for our staff.
- Michelle Watne and Paulette Westrum are really good to work with. They are very helpful and have a great sense of humor.

### Challenges:

- Change in staff, the past year in particular. The most recent feedback received from a worker was that there is way too much pressure and expectations of the workers are too high.
- Becoming more and more difficult to find qualified and experienced social workers to replace those who have left; exam and licensing issues compound this.
- Graduates are waiting a lot longer to get their licenses so they are applying for jobs without being licensed. They are saying they are not necessarily being encouraged university to get their license, particularly if they are planning to go on to a graduate program.
- Educate new county directors on the legislative process and roles, such as the fact that DHS has to support the Governor's budget.
- Rural county states only resource they have is parent aide services and they have a tough time keeping it going.
- Don't ask us to do more than the feds require. How much are our workers supposed to do?
- We don't orient our county boards very well. Suggested having CFS staff or HSC staff attend a county commissioner meeting or regional meeting.

- Issue regarding the exchange of information between eligibility workers and social service case workers. This is frustrating for clients as well because they assume information is shared.
  - Inability of the legal system and courts to move things through in a timely manner with: petitions filed, hearings held, or court orders received. Feel we've exhausted all our resources to improve this issue. Even when petitions for removals are filed it takes four months. This adds stress to the workers. One-third of Grand Forks County foster care cases are waiting on TPR/adoption or TPR.
  - Pull back with Independent Living, Intensive In-Home Family Therapy, and Family Group Decision Making resources will likely affect families' access to these services.
  - Case workers spend a lot of time working through mandates and expectations in policy and the Child and Family Services Review (CFSR). That seems to be the bulk of their stress.
  - FRAME is a stressor for the case workers. It has a long way to go. Case workers are taking work home to do in the evenings and on the weekends just to stay caught up. This contributes to worker turnover, even if it means they end up going to lower paying jobs.
  - Downside to kinship care is that the families are hurting in so many ways, particularly financial resources to provide for the kids or to assist with upkeep of the home such as windows, etc. Respite care is another need. We try to use Safety/Permanency funds but some of the expenses are quite high and therefore this option isn't realistic because it would eat up that budget. While it is a significant cost savings to keep kids out of foster care and maintains significant connections for the kids, there is no mechanism in place to assist families with these needs.
  - New foster parents struggle once they start having kids in their home, despite the good training they have received. All the appointments, complex needs to assist with and behaviors to manage.
  - The further the kids go from home, the less successful outcomes we have.
  - Recruitment of therapeutic foster homes is very difficult. Very few PATH homes in the region. It is not an active resource we can count on.
  - Need training on forensic interviewing for the new case workers.
  - Counties having to negotiate for sub-adopt is a struggle. There are inconsistencies and uncertainties regarding requirements.
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## **STAKEHOLDER COMMENTS – REGION II (NORTH CENTRAL)**

### Stakeholder Comments **CASE MANAGERS** January 17, 2012

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#### **Strengths:**

- Very resourceful with stringing together things that we don't have. Making new resources, reaching out, etc. There are more holes now and more need, but good at "pulling it out of a hat."
- It feels good when I talk to a family about making positive changes and seeing them implement the changes.
- We work well with changes in new policies and procedures and even though it can be a hassle, we see the benefit and implement them into our practice.
- It's rewarding to go into a family in crisis and help them know they can solve it and seeing them appreciate the services.
- Being able to educate families on our system – we have families who come from all over the country (air force base and the oil development).
- It feels good to dispel the myth that we're the "evil ogres." Families see us differently at the close of services than when we first come in. Once the crisis is past, they see we are there to provide support to them.
- We are getting better at engaging dads and other family supports.
- We help each other out and cover for each other if someone is out.
- My director (smaller county) assists with visits and with meetings when needed.
- The assessment process through the Youth Correctional Center is very helpful.

#### **Challenges:**

- Housing (finding it, affording it, and maintaining it). No such thing as affordable housing for working folks let alone those who don't have a consistent income. People qualify for housing assistance but they can't find anywhere to live.
- Shortage of services: No homeless shelters; people here are very generous but they get stretched very thin; one of our food pantries was flooded out and it may be disbanding so that will be a loss for us.
- Minot is a changed city. Lots of new people coming in who bring lots of problems with them.
- Trying to get parents to change their way of thinking. They want you in there but at the same time they don't.
- We need more foster homes. We have lost foster homes and it's difficult to recruit for new ones. We have fourteen foster homes here. If we have a PRIDE training scheduled and there aren't enough people signed up, it gets canceled. So even if people are interested in becoming foster parents they can't get the training.
- In Child Protection Services, we spend more and more time trying to track down past histories of families from out of state or those new to the community.
- Child Protection Services caseloads average around 30 or more open cases per worker. We only have time for crisis management. It's frustrating because I can't do the quality of work I want to do because I don't have the time. There are many issues around drugs and

alcohol, developmental disabilities, mental health. We can't find the family to complete the assessments either because the families don't have a physical address.

- In-home case managers have caseloads of around 12-15 (typical is 8-15 with the understanding that some are "maintenance") but these families are all needing a lot of support. There are no waiting lists for in-home; we just serve all the referrals we get.
- Foster care caseload is around 10 cases per worker. We get the kids into foster care and then the parents move, so we can't get the kids reunified very timely. ICPC (Interstate Compact on the Placement of Children) can be a challenge too.
- Sometimes the kids have to remain in the home because there are no placements available for them.
- There aren't enough residential facilities for placements in North Dakota (we use in-home services until we can find a placement or the kids get shuffled from one placement to another).
- Face-to-face visitation requirements with the high caseloads are difficult. Traveling to do the visits is a huge burden. Then once we're there we have to see so many children in that vicinity.
- Child Protection Services cases are not being completed and staffed timely. We don't get the case to in-home services until 6 months from the time of the report.
- It has been a big challenge to deal with our own personal situation with the flood and then have to work with families in the same situation. Because our caseloads are high and families are in a lot of crisis that adds more pressure, too.
- We need more support from direct supervisors and at all levels. Sometimes it's how the message is delivered too (i.e. "Why haven't you done this?").
- Our units aren't well coordinated. We try to bridge this and make it happen but the supervision level is where it's lacking.
- We feel a lot of heaviness when other workers have a difficult case. People feeling hung out to dry when something happens (i.e. sentinel events).
- What is needed? Hands on support by the supervisor – stepping in and helping with finding placements, etc. We are told to take some time off but we can't because of the workload and no one has time to take our appointments. Our supervisor won't take them either. If the supervisor is going to a meeting in Bismarck, take time to see the kids placed there since they'll be in the vicinity. Or if they are going to trainings, take time to see the kids. They could return a call they've received rather than forwarding it to us to make the call. This has gone on for years. We have voiced the need for support but with the transitions, it has been difficult. We have to wait to have time with our supervisor so we have to carry the anxiety of the emergency. We offer suggestions to them, it gets written down but the ideas aren't tried.
- Multi-county CPS is frustrating. She gets overloaded so can't take cases and they fall back on the county workers.
- Computer system. Need flow sheets, or cheat sheets. Takes too long to enter cases (CCWIPS) – no prompts. If you make a mistake on FRAME, it's not clear where the mistake is.
- Service gaps – tracking, mentoring, attendant care (kids can only stay there 1-2 hours), shelter care (Dakota Boys & Girls Ranch has beds for the boys but there's nothing for the girls). We don't have the DBGR community youth home anymore due to the flood.

- The school needs help, like a truancy officer. Kids shouldn't come into foster care because they're missing school. One of the schools files a 960 on all kids who miss 10 days regardless of the reason.
- Referrals for Family Group Decision Making and intensive in-home family therapy are very slow (families have to wait to get them) and the services provided are not going well (i.e. not communicating with us).
- The Parent Resource Centers need to reach out to DJS.
- We have long delays in getting kids and families into some of the services at North Central Human Services Center: One month wait to get kids to a therapist; a 2½ month wait to get kids into the psychiatrist; addiction services take 3-4 weeks (not so long).
- Regarding addiction services, it's not so much a problem getting the clients in, but they aren't checking collaterals and instead rely on self-reports or declare clients not invested so they can't get treatment. We don't have confidence in the addiction services. Some clients are held to the highest level of accountability and others are not.
- Parental capacity evaluations are challenging. They only see the parents (don't get collateral information), it takes a very long time to get them done (one didn't get done until after the case was closed and the recommendation was that the child should not be left alone and in another case there were no recommendations given). It's very frustrating for us as workers, especially in cases where family members have a developmental disability. We feel like we're doing the assessment for them when we fill out the referral.
- With the court –feels like it's the best interest of the parent, not the child. Parents are coddled and have no repercussions. The workers are blamed for the lack of progress made by parents or children in both county and DJS cases. The courts are not taking facts from the state's attorney when the state's attorney is offering. The cases are planned before any hearing happens.
- In about a dozen cases over the past year, a kid committed a serious crime and DJS is expecting to get custody, but the kid goes home. The kids don't even get nervous about going to court.
- The court will do anything to not have a full hearing. There are continuances for several months (i.e. September with no adjudication at this time). Meanwhile the children languish in foster care.
- Kids in placement do not have guardians ad litem (both county and DJS).
- Rural county – the state's attorney is not willing to go after deprivation if they can get unruly.
- We can't get guardianship out of juvenile court if parents aren't in agreement with it. We are told by the court to do a "private placement" instead of a guardianship. They give the private placement custody of the child but require the worker to do the follow-up.
- We need an updated in-home services policy manual.

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Stakeholder Comments  
**LEGAL/COURT**  
January 17, 2012

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**Strengths:**

- In removal cases, county workers meet with the family before the shelter care hearing and produce a stipulated agreement.
- Early intervention is very important.
- The county workers are getting grandparents and other family members involved. Often multiple family members are living in the home due to housing shortage.
- Affidavits have greatly improved which makes the process smoother.
- Availability of judges and juvenile court staff has improved (using creativity and technology to get documents across the miles).
- Permanency affidavits have been wonderful (i.e. getting the sibling language in now, etc.) and are timely.
- Appreciate all the workers. They take constructive feedback well and are more than willing to accommodate.
- Juvenile court does a nice job getting guardians ad litem involved early in the case.
- NCHSC – used to hear it took a long time to get in for services but haven’t heard that lately.
- NDSU Extension office and the Parent Resource Centers have been doing lots of classes for broad age ranges and at convenient times of day.
- Good communication with agencies regarding court orders. Go pretty smoothly.
- Independent service providers are available to rural communities.
- We’re getting IVN in Mountrail County.
- NCHSC – no concerns about Parental Capacity evaluations or addiction services (except rural areas due to transportation issues). Human Service Center therapists come to Mountrail County twice per month, as does a private provider. They go to Bottineau weekly and there is a satellite office in Rugby as well. Jason Anderson travels to rural sites to provide addiction services and does an excellent job.
- Kathy Felix (from Three Affiliated Tribes) has been wonderful to work with.
- Our relationship with county social service agencies has improved.

**Challenges:**

- There are too many people and we don’t know where they live (transient). Often don’t find out until after the fact that they may have prior “services required.”
- Court caseloads are down across the board. Deprivation numbers are down. There have been fewer referrals from schools because they are overwhelmed. Court time is not a challenge, and they are being creative with time and location.
- Housing shortage.
- Criminal filings have doubled.
- Transportation issue: If the parent doesn’t have a driver’s license due to suspension how do you get them to services?
- The Termination of Parental Rights cases that are not timely are ICWA cases and that slows the process down.
- The state’s attorney needs to provide clear documentation of follow up. For example, when we do review hearing, we don’t have what we need to figure out what has been

happening. Also, if we don't understand what the parents are supposed to be doing, how are the parents supposed to know what they're supposed to be doing?

- Service gaps
  - Rural issue – no perfect way to do that, have seen some improvement with private providers coming to rural areas
  - Shelter care – especially female beds
- Guardianships
  - These are difficult cases and judges are less willing to do a guardianship in complex cases. Every one that has been requested has been granted.
  - We get calls where people say county told them to call us for a guardianship (eight in the last 2 weeks).

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Stakeholder Comments  
**SCHOOL/EDUCATION**  
January 17, 2012

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**Strengths:**

- When a county case manager comes to see a student we like to know they're coming. They call first, and make sure they arrive at a convenient time. They are very efficient. Several of them will do a follow up asking clarifying questions.
- Many case managers have been in the position a long time so have developed strong relationships with the schools.
- They have been very responsive to the concerns, providing suggestions and guidance. Quick to respond and very good at communicating.
- Ward County good if we call and have questions and they are available to us. Mountrail, McHenry and Pierce were mentioned too.
- The workers return phone calls in a timely manner.
- The workers are very friendly. People that come out are good with our kids and treat them right. I think the kids feel comfortable talking to them. Good at getting the information they need and very in depth. They return calls in a timely manner.
- Michelle (Ward County) has given "picture perfect support" to a student in foster care. I've seen great successes there.
- The workers are nice, polite, respectful, and care about kids. They're good people.
- I appreciate how available and open the workers are when we ask for consultation or call with follow-up questions. They are very nice to work with.
- Maggie is a case manager and she is wonderful to work with – she does great work.

**Challenges:**

- School counselors and school social workers don't always get a lot of follow-up communication from the county.
- Front end communication is good, but we only receive feedback on about 25% of the reports and when we get a letter, they are not received timely. Most around the table agreed. Not an issue with Pierce and McHenry.
- I made a report twelve days ago and they haven't seen the child yet.
- We don't receive follow-up communication in tribal situations when we report child abuse/neglect to them.

- Sometimes when we file educational neglect it's passed off to juvenile court even when the school feels it should be handled by the county.
- We understand the volume of cases Ward County is challenged with, but would appreciate a phone call with the status of the case. They don't get back to reporters or when they do it's not timely. We need better communication.
- We have had situations where juvenile court followed up but Ward County did not and we have been told by the county not to file truancy reports with them if the child is 15½ yrs. old because it will take a while for them to get to it and by the time they do, compulsory attendance won't be required.
- We don't get support for truancy issues. Juvenile court is the only agency who provides feedback on these students.
- Sometimes teaming could be stronger with teachers so they are included in the process and not put on the "hot seat." This is not a productive way to handle child abuse and neglect concerns.
- We want to find a way to change the trajectory for the child and sometimes a simple visit from a case worker can make the difference to turn the truancy issue around.
- We struggle to know if we should file on hygiene issues for some of our youngsters. We had a child where the odor was so strong we had to keep the window open in the classroom. We know the house is filthy. We have called and consulted with social services and they told us not to file a report.
- Many of the students I serve have many needs – academic, recreational, social. Who can I call to assist this family in finding services to help out? There should be some collaboration between school and community to figure this out. Seems like some get served and others do not and don't know why that is. Families need help figuring things out. If it's foggy to me it will be overcast and cloudy to them. Discussed Pathfinders and how it can assist with this.
- We see a need for greater teaming, to be able to work together for the child and family. School personnel want to be able to assist the child and family. They voiced limited experience with being invited to child and family team meetings, particularly for in-home cases. They are invited to some foster care cases.
- In tribal communities we don't know about a foster care placement until well after they are placed.

#### Stakeholder Comments

#### **FOSTER PARENTS**

January 17, 2012

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**NOTE:** *Four foster parents attended. The kids they've served were primarily short term placements.*

#### **Strengths:**

- The training we receive is exceptional. We are thankful for it.
- Social workers are very helpful making sure the kids get to appointment, to visits, to activities. They bend over backwards to help out.
- Prior to receiving some kids into our home, we met with school officials. They were not very excited to have kids with multiple diagnoses in their school but were willing to try it.

- We have had good experiences with the school. They have been adaptable and flexible and truly looking out for the kids we've had. The county agency has hired tutors at times to help the kids and the school out.
- Mountrail County triages to meet the needs of kids once they're removed, so the foster parents are not responsible for this.
- The services are doing what they need to for kids. The caseworkers are doing their jobs.
- Dakota Memorial School at DBGR has been wonderful. They work well with the kids and the county. Good collaborators.

**Challenges:**

- We need more foster homes.
- All county directors should be licensed so they can understand what foster parents and workers have to go through.
- Documentation is not sufficient to support the placement – specifically noted for PATH respite placement. The information comes at the last minute or there is a lack of communication. Follow up comment by another foster parent who states, "I wonder if sometimes the worker doesn't know what they can release due to confidentiality laws?" But in the situation shared, the information requested was regarding the children's daily routine to assist with a smooth transition.
- Used to get a fairly regular newsletter from PATH with upcoming training opportunities but don't get that anymore. We need a better flow of information.
- We had one PATH worker who wasn't responsive to our requests.
- Respite care workers shouldn't be responsible for parent visits. Following the visit the children really struggle and the regular foster parent should be part of these instead. This is an opportunity for the child to bond with the foster parents.
- There's too much labeling of children. I think there are too many psychologists.
- We need more therapy services in rural areas so the kids don't have to run into Minot.
- There aren't enough foster parents in the rural areas to get a support group going. Have to travel to Minot to get to support meetings.
- The hourly rate for respite placement is less than what we'd get for babysitting.
- Some communication issues regarding training – we don't hear about it and travel into Minot just to find out the training has been cancelled.

Stakeholder Meeting  
**COMMUNITY**  
January 18, 2012

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**Strengths:**

- We were displaced by the flood (agency partner's offices) and the CPS workers were great by helping our families. They were very respectful and they get back to us when we report suspected child abuse and neglect.
- Region wide we have a very strong CPS team and staff here. Many areas covered by our Child Protection Team.
- Lisa Gayzur is very good to work with and very supportive of the Base community.
- Wade (State's Attorney) in Mountrail is an asset to the Child Protection Team.
- Every agency here works together well.

- When the county needs to contact law enforcement they have great response and good cooperation. Law enforcement says the same of the county agency.
- During the time of the flood, it was a punctuation mark on collaboration and seamless work despite the barriers.
- During the flood, Bryan Quigley at Mountrail County and Ward County were helpful with PATH's relocation.
- Agencies have been very generous in providing help and goods during the flood.
- Strong guardian ad litem program here.
- The NDSU Extension Service/Parent Resource Center has a lot of good parenting groups. Sent tons of good information out during the flood. It's being managed wonderfully.
- In Mountrail County you can walk into the office and ask for case management and they get it that same day. They are also good at getting the extended family involved.
- In law enforcement we have critical incident teams that have been helpful with difficult cases. Could be an idea for the social service agencies, too.
- The Children's Advocacy Center does a case review session that's helpful.
- Head Start received many things to send out to families announcing what was happening in the community and what was available to assist them so they could inform the families they serve. The agencies should be commended for getting this information out to us.
- It was helpful that the Department of Human Services gave the Human Service Center staff flexible time during the flood.
- Developmental Disabilities and the county work well together – a team approach.
- The Safety/Risk Assessment was good for discussion on teaming and working with families.
- When the Domestic Violence program did sponsored training for law enforcement it was held at 10:30pm-2:30am. The session was about children involved in domestic violence. We asked Child Protection Services staff from the county to come in to visit with the officers about their job and the steps of their job. Two from Ward County agreed to come and talk to the officers. It's awesome that the workers would take the time to come out at that time of night to do this.
- We appreciate that the Child Protection Services workers accept the officer report form as a 960.

### Challenges:

- We have noticed that when CPS is done with their work it moves over to another department at the county and then it seems like it stops there.
- Communication is sometimes difficult between the Base and the community. We would like to find a way to facilitate better communication between us.
- Population growth has contributed to caseload size and work that is not as timely.
- We would like to see an interagency care team in this region would be helpful – similar to the team in Williston that Partnerships facilitates. A barrier can be staff time.
- We see delays for children getting to permanency. TPR (Termination of Parental Rights) cases are delayed in the court process. – 2 year process for TPR. ICWA cases were mentioned, but other cases also.
- Reluctance to have a hearing when parents have been served but aren't present.
- We need to talk about issues when things aren't working. Let's handle it right up front and not wait.
- We have a shortage of foster homes.

- There's been a struggle with guardianships. They don't take place because parents don't agree or they can't locate parents. They find them, and then they disappear. The court requires that parents attend and that they agree with the guardianship.
- The funding for Intensive In-Home services has changed and it's made the work more difficult.
- Population increases and diversity have created delays in getting services to families (CPS delays in getting to decision and then services). The families who are new to the community are not familiar with the services available to them.
- It's difficult finding applicants to fill vacant positions. They may apply but can't move here due to lack of housing.
- We have difficulty finding interpreters (Hispanic and deaf) and funds to pay for interpreters.
- Caseloads can create scheduling issues between Child Protection Services and Law Enforcement.
- Social workers spend a lot of time on families in crisis and therefore the other work yields to those crisis cases. They don't have time to work on getting families with "No Services Required" findings connected to services in the community.
- As social workers we're probably the worst to ask for help so it would be nice to have an automatic response team so they don't have to ask for it. Perhaps a state crisis response team.
- The impact from the flood is still very present, more of a chronic situation. You can't tell what's normal any more. You can just tell it's not right. It gets more difficult as time goes on. You can't really tell the difference between flood impact and oil impact any more. Some staff aren't back in their homes yet, but they don't have the freedom to get away from work to take care of their situation like they could immediately following the flood.
- At Ward County – internal communication between programs needs to be addressed as it impacts safety of children and provision of services. It seems there's a culture that displaces blame to another program within the agency instead of dealing with the needs of the family and responding. The staff in one program will say they're doing more work than staff in other programs.

Stakeholder Comments

**CONSTITUENTS**

January 18, 2012

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No attendees for this meeting.

Stakeholder Comments  
**ADMINISTRATORS**  
January 18, 2012

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**Strengths:**

- Things are going well in Mountrail overall. Getting the work done, getting visits done, good range of services being offered, and good relationship with our court.
- Ward County – excellent relationship with our board, listen to our needs and are very supportive. Good at keeping our heads above water.
- Child Protection Services in Ward is working very hard and our staff has gotten closer over the past year.
- As a region and even out of this region we're very good about helping each other and not afraid to call one another. Helpful with conflict cases, for example.
- Burke and Renville are doing very well, roll with the changes, situations are different than they used to be so you have to think differently about things.
- Seventeen people on our staff (Ward County) lost their homes but even with their stress, they are still doing their jobs.
- Social workers are very compassionate with clients and with each other.
- County boards have been receptive to the needs but there are so many they compete for funding.
- Ward County Commissioners approved two additional positions for child welfare.
- North Central Human Service Center is providing prenatal capacity evaluations. Some counties use them, some don't. Not always in agreement with the results and have voiced that to them. They tend to base results more on diagnosis rather than history.
- Court relationships are good in Burke and Renville counties.
- Mountrail County used to be with Williams County court; is now with Ward County and this transition has gone well. Mountrail County workers have a meeting with the family prior to court and often stipulate to a plan.
- The new state's attorney in Ward County does a great job with the CPS workers, giving pointers. She seems to have a lot of motivation and does nice preparation on difficult cases.
- Bottineau has an outreach worker from NCHSC and he's full all the time. He does a great job (Cory). Even though his schedule is full he gets them in right away.
- A recent TPR in Bottineau went very well.
- The Child Protection Team in Bottineau County has really grown.
- Our staff are getting what they need (i.e. training, etc.).
- County directors and supervisors help each other out in this region.
- FRAME has improved the system. New workers take to it quickly; seasoned workers compare it to the old systems. But it has been good now that there's data in there to see.
- The CFS Helpdesk has been very helpful.
- We had a family split and residing in two counties. We worked out an agreement with that county on how to provide services to this family. It is a strength of how we work together to maintain what's best for the kids rather than what's best for the county pocketbook.
- The county workers took on the NYTD surveys without complaint and were very helpful in getting them back to the state.

- Good relationships with the courts. Mountrail County noted they have a State's Attorney that comes to child and family team meetings and Child Protection Team meetings; the new Assistant State's Attorney in Ward County is very engaged.

**Challenges:**

- People moving in from out-of-state: so transient that as soon as you start the assessment they leave the area; sometimes they say they are leaving but then we discover they haven't left; they move from county to county; we don't get information from out-of-state agencies or when we do get information there is a history of CPS involvement.
- Ward County caseloads – foster care is average, in-home is high, CPS is extremely high and the cases are complex.
- Bottineau County – CPS caseload is very high and in-home & foster care caseloads are very low.
- Mountrail County – caseloads are higher than they have been in the past. We expect that it will remain steady or see an increase.
- Burke/Renville Counties – caseload is higher than it's ever been.
- Getting applicants for open social worker positions is very difficult. We got "0" applicants on the last advertisement.
- We use more private providers than NCHSC.
- We need outreach services (counseling and children's services) in Burke and Renville counties.
- Parental capacity evaluations are being done by NCHSC – expressed concern the evaluator does not contact collaterals and instead bases the diagnosis on history.
- We struggle with lots of truancy issues (we get custody, etc.) – not a clear line anymore.
- In Ward County, when a child and family team changes the permanency goal, the county worker is required to go back to court for a hearing and offer information. The court then decides the permanency goal. When there's a concurrent goal added to the plan, the worker can include it in the affidavit and doesn't have to go back to court (for a while they were required to go to court for both). Additional court concerns in that ex parte communication is occurring prior to the hearing where they build and negotiate a plan outside of the courtroom.
- Ward County – timeline for TPRs (terminations of parental rights) sometimes take years due to continuances, etc. Some of these are ICWA cases and by the time we finally get to the point we can have a hearing, we run into ICWA issues so the kids linger in foster care.
- FRAME has improved the system but the time spent to get everything updated in there is cumbersome and takes time away from clients.

Stakeholder Comments  
**YOUTH**  
January 18, 2012

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**Strengths of Foster Care System**

- Home visits were positive. It made me happy every time I got to go home and see my family.
- Foster care provided me a clothing allowance and paid my school fees. I will get some scholarships to go to college too.
- My foster care case manager helped make sure my medications were regulated, being in foster care provided that stability I needed to take my medication.
- Foster care supported the opportunity to join a group in school. I am part of DECA now.
- I was given more opportunity. My case worker supported me to get involved in Art Club and I was able to go to Europe on a school trip.
- My workers helped me get a copy of my birth certificate and a new social security card for my own records.
- My counselor was helpful in talking through issues I had with Residential Staff at my facility.
- I did not love foster care, but now I want to be a social worker. I plan to go to school to be a social worker this fall.
- I did not agree that a strict social worker was a good worker, until I had one and got to know her better. I had two social workers and the strict worker was better because she encouraged structure and held me accountable for my actions. Today as a 19 year old, I appreciate her so much.
- I finally became brave enough to talk to police about everything mom was covering up. When my mom was at work, I called the police and asked them to come now; they came to my house and saw the truth. It took a long time to be heard, but finally I got out of my house.
- Foster care paid for my siblings to come up and see me from Nevada.
- I have matured a lot during my time in foster care.
- I would choose a facility over family home placement any day. At least in a facility there are more people involved watching out for kids.
- I realized that people (child welfare workers) are there to help you.

**Challenges in Foster Care System**

- My case worker gave me great Christmas gifts, but I never get to see her.
- My foster family was not appropriate, they were dirty and had house full of flies. Flies were everywhere. When I talked to my caseworker, she did hear me and eventually pulled me out of that placement. Thank God!
- More life experience from the case worker would help. If more workers experienced what we experience as kids they could relate better to our feelings. This goes for facility staff as well. Everything you read in a book is not what really happens; you wouldn't believe what really happened in my life if you read it in a book.
- My foster parents needed supervision. They would leave and go to the Casino at 10pm and leave me to care for the other kids. My worker didn't believe me, but did believe it when family friend told the same story. Why?

- My foster parents would use me as their babysitter often. They would allow me to work several nights a week, but if I had a night off than I was responsible to stay home and watch the kids while they went out with friends.
- I felt that social services did not believe me when I told them that I was abused at home. It took a long time to get removed from my abusive home. I was sexually, physically and emotionally abused for a long time before they saved me from my mother.
- Facilities = Favoritism. I think if staff “like” you, then life is easier in a group home.
- Facility staff should have better training before they are left responsible. Some facility staff are just so rude.
- I was hit by my foster mom. My caseworker didn’t react to it initially, but later reported it when she saw the bruise. My experience in care was not a good one.
- If I could give one suggestion, the biggest thing that needs to be worked on is how Social Services evaluates the foster families and how they license them. I think they just take anyone who wants to do foster care; some of these people should never get to care for children.
- I had a death in the family and I did not get to go to the funeral. That was difficult for me.
- When my grandma died, it took 6 months before I was told and I did not get to go to the funeral or say goodbye. My mom finally told me.

### **Caseworker Visitations**

- I see my worker every two months.
- I call my worker constantly, if she does not pick up the phone I keep calling.
- I was stuck with a foster care worker who didn’t know me, didn’t seem to care about me when I was placed out of the county. (courtesy case management)
- I see my worker every two months or more, sometimes up to 3 months. I started calling and then she calls me back.
- I have been out of care for a long time and today (2 years later) I still see my case worker. She was like a second mom to me, I love her.

### **Sibling Visitation**

- I write my siblings, but do not see them often (they live out of state).
- It has been almost 6 weeks since I saw my siblings; I miss them (facility placement).
- I get to call my siblings and talk to them often. I feel like more of a mother to them than my mom is.

### **Parental Visitation**

- My parents can appear to be great, but they are not appropriate for me to be with. I have learned that visitation is plenty; if I live with them it is bad for me and for them.
- I get to see my family weekly.
- My family was fine, but the State told me I could not see my family. I could not write letters, call them, see them, nothing. Even if they are crazy, I really needed them.
- Even when we hate our parents, we still should get to see them regularly.

### **Flooding Impact on Youth**

- I felt helpless during the flood.
- At YCC, youth were allowed to help with flood prep. That made us feel good and able to give back.

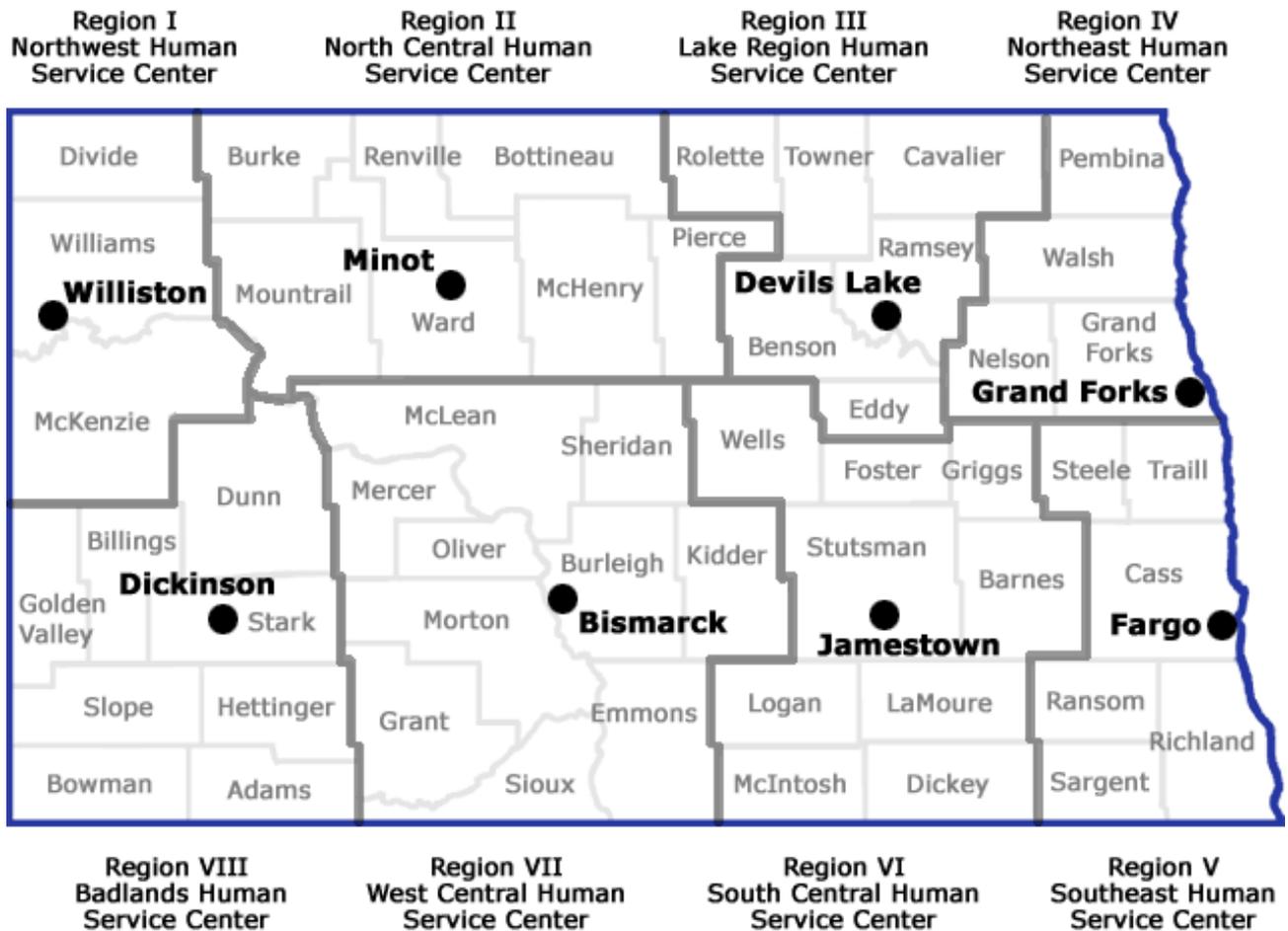
- The flood was the downhill spiral for me and my foster family. They lost three homes and we had to keep moving, it was hard for them and having foster children in their care, was hard for them as well.
- Added a lot of stress to all of our lives.
- I wasn't in foster care at that time, but it was then when my family fell apart.

### **5 Years From Now I See Myself**

- In a mansion with lots of money!
- Probably married with a kid on the way.
- Pediatric Oncology Nurse, making some good money.
- Working as a CNA.
- Honestly I cannot tell you. I have had so many health problems related to my poor decisions. I know I need to take better care of myself.
- Not using drugs to cope with life issues.

**Regional Structure:**

North Dakota is divided into eight regions. The state regional offices are housed at each of the Human Service Centers located in the largest metropolitan areas of the state. The map below shows the regional boundaries, the eight metropolitan areas, and the counties lying within each region.



## North Dakota CFSR Schedule April 2012-March 2013

71 cases will be reviewed

### April – June 2012 16 CASES

REVIEW TYPE	REGION	DATE	CASE DRAW PERIOD	PERIOD UNDER REVIEW	# OF CASES	MGMT TEAM REP
Full Review	Bismarck	May 22-24, 2012	5/1/11-2/28/12	5/1/11-5/22/12	6	Tara
Full Review	Devils Lake	June 26-28, 2012	6/1/11-3/31/12	6/1/11-6/26/12	6	Tara
Case File Review	Cass County	TBD	6/1/11-3/31/12	6/1/11-6/26/12	4	---

### July – September 2012 20 CASES

REVIEW TYPE	REGION	DATE	CASE DRAW PERIOD	PERIOD UNDER REVIEW	# OF CASES	MGMT TEAM REP
Case File Review	Grand Forks	Aug 7-9, 2012	8/1/11-5/31/12	8/1/11-8/7/12	8	Marlys
Case File Review	Fargo	Sept 18-20, 2012	9/1/11-6/30/12	9/1/11-9/18/12	8	Julie
Case File Review	Cass County	TBD	9/1/11-6/30/12	9/1/11-9/18/12	4	---

### October – December 2012 18 CASES

REVIEW TYPE	REGION	DATE	CASE DRAW PERIOD	PERIOD UNDER REVIEW	# OF CASES	MGMT TEAM REP
Case File Review	Dickinson	Oct 16-18, 2012	10/1/11-7/31/12	10/1/11-10/16/12	8	Dean
Case File Review	Williston	Nov 13-15, 2012	11/1/11-8/31/12	11/1/11-11/13/12	6	Marlys
Case File Review	Cass County	TBD	11/1/11-8/31/12	11/1/11-11/13/12	4	---

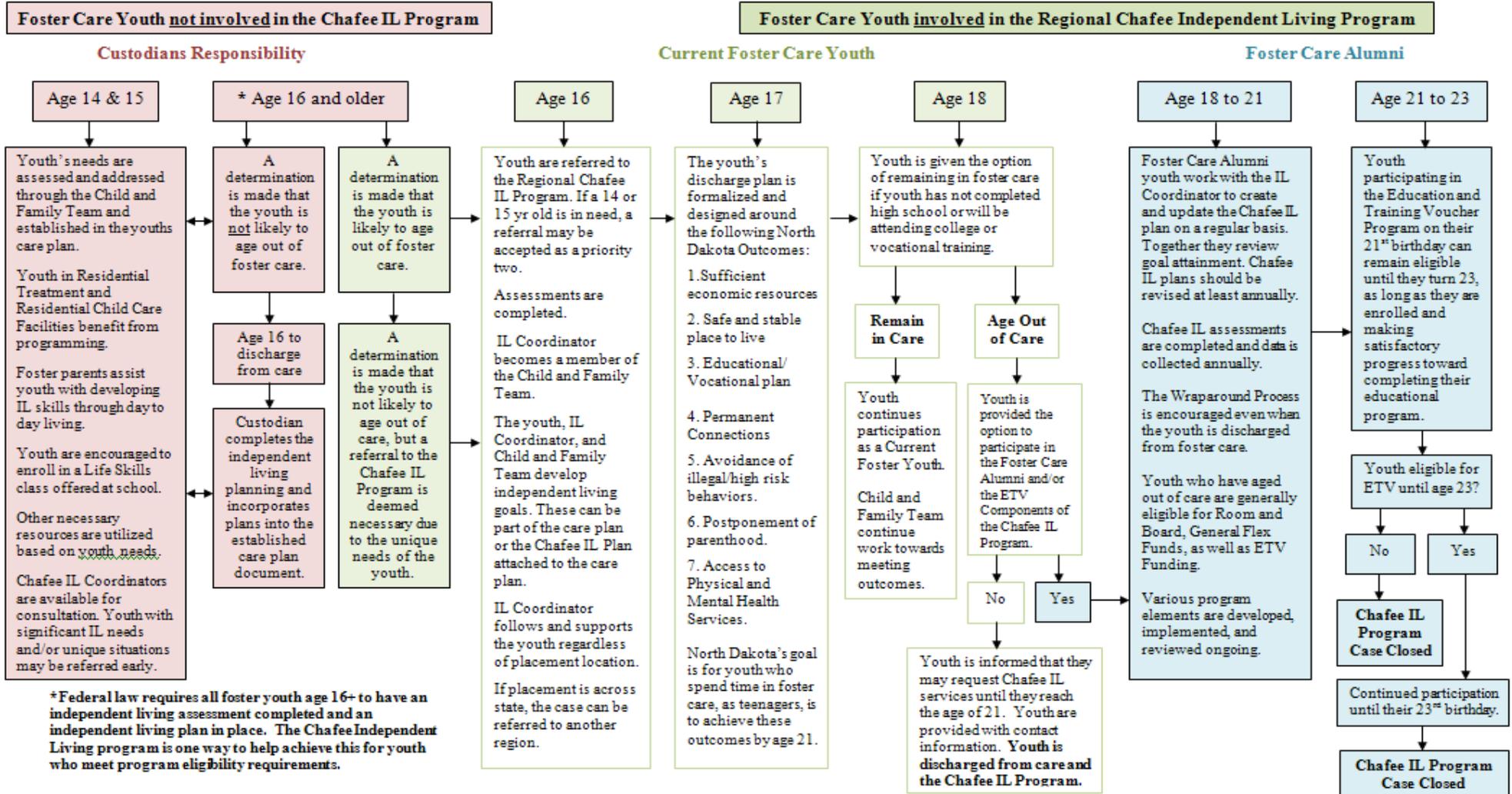
### January – March 2013 17 CASES

REVIEW TYPE	REGION	DATE	CASE DRAW PERIOD	PERIOD UNDER REVIEW	# OF CASES	MGMT TEAM REP
Case File Review	Minot	Jan 15-17, 2013	1/1/11-10/31/12	1/1/12-1/15/13	8	Julie
Case File Review	Jamestown	Feb 19-21, 2013	2/1/13-11/30/13	2/1/13-2/19/13	6	Dean
Case File Review	Cass County	TBD	2/1/12-11/30/12	2/1/12-2/19/13	3	---

**PLEASE NOTE:** "Case File" review means a review of the case file plus case manager interviews. "Full Case" review means the case file review plus case manager interviews, client/family interviews, other service agency partner interviews, and stakeholder meetings.

(Rev. 1/3/12)

## North Dakota Chafee Foster Care Independence Program



Addendum a

**SERVICES TO CHILDREN UNDER THE AGE OF FIVE**

(addition to the report in 2012 ND APSR, pp. 29-30)

- **Based on North Dakota's AFCARS data trends, an estimated 37 foster children under 5 years of age are projected to be without a permanent family in FFY 2012 and in FFY 2013.**