



north dakota
department of
human services

2018

ANNUAL PROGRESS & SERVICES REPORT

The **mission** of the Children and Family Services Division is to work together to achieve safety, permanency, and well-being for children and families by engaging and educating communities and systems to jointly provide services. Our **vision** is **Safe Children – Strong Families**.

Submitted June 30, 2017

Children and Family Services Division
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June 23, 2017

Ms. Marilyn Kennerson
CB Regional Office Program Manager
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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 2015-2019 Child and Family Services Plan and the Annual Progress and Services Report (APSR) for Fiscal Year 2018. 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 and Treatment Act, and the Chafee Foster Care Independence Act Program 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, appearing to read "Chris Jones", written over a light blue horizontal line.

Christopher D. Jones
Executive Director

Enclosure

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An electronic version of this document can be obtained by visiting the following website:
<http://www.nd.gov/dhs/info/pubs/family.html>. The document will be available once final approval has been received by the federal Administration on Children and Families.

For additional information regarding North Dakota’s 2018 Annual Progress and Services Report, please contact:

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1. GENERAL INFORMATION

Collaboration

The North Dakota Department of Human Services' (NDDHS) Children and Family Services (CFS) Division (see Attachment A) has engaged statewide partners in substantial, ongoing, and meaningful collaboration in the implementation of the 2015-2019 CFSP and the development of the 2016 federal Child and Family Services Review (CFSR) Performance Improvement Plan (PIP). Ongoing service coordination has continued through this past year with all stakeholders as described on pages 101-105 and 111 of the 2015-2019 CFSP.

In April 2017, with assistance from the Capacity Building Center for States, a Systems of Care Evaluation Team (SCET) was established as a stakeholder-involved process for moving ahead with the development on a Continuous Quality Improvement (CQI) process and to assist in developing strategies for addressing the CFSR Performance Improvement Plan using CQI principles. Stakeholders representing both private and public child welfare entities and those who assisted with the federal CFSR were invited and agreed to be part of this effort. The SCET was divided into subgroups, namely: Safety, Permanency, Well Being, and Systemic factors. Each team has taken on an *area needing improvement* identified in the Performance Improvement Plan as their "project" and will work together as a team to research and recommend strategies to improve practice. In addition, the SCET team members are taking part in the Continuous Quality Improvement Academy facilitated by the Capacity Building Center for States. Members of the SCET will use the skills and tools acquired through the Academy to assess, evaluate, and recommend strategies to tackle the areas needing improvement identified in the 2016 federal CFSR. And though the CQI Academy will be completed in November 2017, the SCET will continue to work in their respective groups to assist in the ongoing development of practice improvements. This stakeholder engagement is significant and will be a process identified in North Dakota's Child Welfare CQI policy.

In March 2017, the North Dakota Supreme Court, North Dakota Department of Corrections and Rehabilitation Juvenile Service Division, North Dakota Juvenile Justice Advisory Group and the Department of Human Services, Children and Family Services Division entered into an agreement to contract with the Robert F. Kennedy National Resource Center for Juvenile Justice (RFK) to provide technical assistance relating to dual status youth – those youth involved in both the child welfare and juvenile justice systems. This Dual Status Youth Initiative is a community collaborative to improve multi-disciplinary policies and practices impacting youth with prior histories in the child welfare system who enter the juvenile justice system. Because the outcomes of this initiative has significant impact on the child welfare system in North Dakota, CFS is heavily engaged in this process providing resources from Child Protection, Foster Care, administration and data resources.

There is no change to the vision, mission or values and principles statements:

Vision

Safe Children – Strong Families

Mission

To work together to achieve safety, permanency, and well-being for children and families by engaging and educating communities and systems to jointly provide services.

Values and Principles

- *Safety of children is paramount.*
- *Unconditional commitments to working with families and children is provided.*
- *Families are full and active partners and colleagues.*
- *Healthy communities offer both formal and informal supports to families which help to prevent harm to children.*
- *Services are culturally responsive.*
- *The process is team driven.*
- *Services focus on strengths and competencies of families, not on deficiencies and problems.*
- *Service plans are outcome-based.*
- *Services and plans are individualized to meet the needs of children and families.*
- *Resources and supports, both in and out of the family, are utilized for solutions.*
- *Family engagement is essential to achieving safety, permanency and well-being for children.*
- *Workforce development and training are critical for the efficient and effective deliver of child welfare services.*

2. UPDATE ON ASSESSMENT OF PERFORMANCE

North Dakota convened its 3rd Round Federal CFSR in September 2016. The North Dakota Statewide Assessment for the 3rd Round Federal CFSR was submitted to the Children's Bureau July 18, 2016. On August 5, 2016 North Dakota received a letter from the Administration for Children and Families (ACF) stating the state needed to convene stakeholder interviews to collect additional information and data to inform ratings on 12 of the 16 items. Additionally, it was mutually agreed North Dakota was not in substantial conformity with 3 of the 16 items.

Since the completion of the 3rd Round Federal CFSR, the CFS Division staff have been working very closely with the Capacity Building Center for States, and meeting with stakeholders, to develop PIP strategies and further develop the child welfare CQI process. North Dakota does not have any updated data to share because all available resources have been dedicated to these activities. Therefore, for the most recent assessment of performance please reference the 2016 North Dakota Statewide Assessment via the following link: <http://www.nd.gov/dhs/info/pubs/docs/cfs/nd-statewide-assessment-instrument.pdf>

3. UPDATE TO THE PLAN FOR IMPROVEMENT AND PROGRESS MADE TO IMPROVE OUTCOMES:

The following updates were made to the **5-YEAR GOALS**

Goal 1: *Families have enhanced capacity to provide for their children's needs.*

Per the ND 2016 APSR, the Objectives and Interventions for this goal were extended to Quarters 9-12 (FFY 2017) due to staff capacity challenges related to other pressing priorities. Namely, the 3rd Round Federal CFSR scheduled for September 2016 and implementation of P.L. 113-183.

Goal 1 – Objective/Intervention 1: *“The availability of Family Team Decision Making Services in unserved areas of the state are increased.”*

CFS is currently having internal planning discussions about increasing the availability of Family Team Decision Making (FTDM) services in North Dakota. Several issues impact the state's ability to expand FTDM including but not limited to budgetary constraints, staff resources, and county interest in the service. While this particular objective is noted as having a due date of Quarter 12 (September 30, 2017), it is anticipated CFS will need to extend the due date of this objective to Quarter 15 (June 30, 2018).

Goal 1 – Objective/Intervention 3: *“Out of home provider resources in the state will meet the needs of more youth, requiring fewer out of state placements.”*

This goal has been extended to FFY 18 due to staff capacity issues. This has included both a Federal and State foster care audit, completion of the 3rd round Federal CFSR, and creation of the subsequent PIP to address areas needing improvement, beginning and on-going involvement with the CQI Academy for systems improvement, participation in the Dual Status Youth Initiative, and a federal IV-E audit. A number of strategies have been employed to look at providing more resources and fewer obstacles to providing for the children and families in the state, however, especially as it relates to foster care placement. Even though foster care numbers have continued to grow significantly, the number of out-of-state placements has remained steady and even declined slightly. Some of the reasons for this include:

- Continued ongoing review and updating of policy and rule to remove barriers and add the ability to keep youth in the least restrictive, closest to home placements possible.
- Continued meetings of the Region VII Out of Home Task Force to look at best practices and potential changes that need to occur to better serve youth in out-of-home care. This information is disseminated to other regions in the state through various meetings.
- Increased recruitment and retention efforts to secure and keep foster homes, which has resulted in a historical high number of licensed homes. Special attention continues to be paid to recruit and retain homes to serve native youth, sibling groups and adolescent youth.
- Continued efforts to provide more options for family foster care. This includes:
 - Working with the treatment foster care provider, PATH Inc., to begin programming to provide non-therapeutic/regular foster care in separate homes other than the established therapeutic homes.
 - Working with Nexus Inc. to enter the state to provide therapeutic foster care, and an eventual continuum of care for youth in need of out-of-home care. PATH Inc. and Nexus Inc. have since become affiliates under the Nexus Inc. umbrella of services.
 - Working with Lutheran Social Services of ND to establish a therapeutic foster care program.
 - Working with Youthworks Inc. to establish foster homes, known as “Host Homes” that primarily serve victims or potential victims of human trafficking.
 - Working with a Tribe and County to establish an agreement for the two entities to work in each other's jurisdictions to license/approve foster families.
- Continued participation in the PRTF/RCCF provider coalition to look at best practices, trouble shoot solutions to service barriers and provide grants to help facilitate training and program improvements. NDDHS has also provided increased funding to help facilitate staffing increases and new programming.
- Continued efforts to identify and support kinship care placements through enhanced relative search capability and programming through the Economic Assistance Division.

- Performance based contracting for the provision of out-of-home care has been considered and discussed. At this point, the resources needed to fully study and implement the process has surpassed NDDHS capacity.
- Alternatives to placing youth in out-of-home care are always being assessed. Key areas being looked at include preventative/family preservation services in an effort to maintain the family structure.

Goal 2 – Objective/Intervention 3b: *“CFS will develop policies and procedures for the CFSR process addressing the recommendations of the CFSR Task Force.”*

NOTE: The North Dakota case review process formerly known as the “CFSR” is now referred to as the Onsite Case Review, or OCR.

CFS is on schedule to complete this goal by the end of Quarter 12 (September 30, 2017). Please refer to the “Quality Assurance” section of this document for further information.

Goal 3: *North Dakota will have a thriving child welfare workforce*

- **Goal 3 – Objective/Intervention 1a:** *“Identifying child welfare workforce capacity and shortages within the county and state child welfare service continuum.”*

Establishing baseline data for current approved FTE’s and vacancies was accomplished in Quarter 1.

- **Goal 3 – Objective/Intervention 1b:** *“Identifying child welfare workforce capacity and shortages within the county and state child welfare service continuum.”*

The development of an on-line survey tool for child welfare social workers goal has been achieved in part. The researcher identified to do this evaluation became unavailable to conduct the survey so a new strategy for evaluating workforce satisfaction was undertaken. Because the annual CAPTA report includes a worker survey it was decided to add on a few worker satisfaction questions. This survey targets a similar population (child welfare workers) and has an electronic method for gathering and reporting on findings. We learned the CAPTA worker survey could be expanded with more questions and to a larger population of child welfare workers to obtain worker satisfaction data each year. This expanded worker survey will be developed and distributed with the 2018 annual CAPTA worker survey and completed in Quarter 15.

- **Goal 3 – Objective/Intervention 2a:** *“Recruit & retain additional county and state child welfare staff through partnership with UND.*
 - Utilize the funding for stipends to offset tuition costs to gain a bachelor’s or master’s degree in social work.*
 - *Partner with UND to implement their National Child Welfare Workforce Institute grant.*
 - *Partner with UND to continue IV-E stipends.”*

Efforts to recruit and retain additional county and state child welfare staff through partnership with the University of North Dakota (UND) continues. Through the National Child Welfare Workforce Institute (NCWWI) grant, 21 social work students have been accepted into the NCWWI program, 7 of these students graduated and are currently

employed with as a child welfare worker at a county social service agency. The other 14 students are scheduled to graduate in 2017 and 2018. The program has accepted 7 new students for the 2017-18 academic year. In addition to the NCCWWI students, there are currently 11 IV-E stipend students.

- **Goal 3 – Objective/Intervention 2b:** *“Recruit & retain additional county and state child welfare staff through partnership with UND.*
 - b. *Promote the available funding opportunities*
 - *To current child welfare field staff*
 - *To broader audience to recruit social workers”*

Marketing the availability of the IV-E and NICWWI stipend opportunities for students is ongoing and will continue throughout the five year plan. Because of the popularity of the stipend program thus far, it is expected the demand for the stipends will exceed the number of stipends available.

- **Goal 3 – Objective/Intervention 3a:** *“Partner with DHS and Child Welfare Workforce service providers to advance employment recruitment initiatives.”*

No new information to report on the development of recruitment tools as this is a task not scheduled to be completed until Qtr. 12.

- **Goal 3 – Objective/Intervention 3b:** *“Partner with DHS and Child Welfare Workforce service providers to advance employment recruitment initiatives.”*

The partnership effort with DHS and Child Welfare Workforce service providers to advance employment recruitment initiatives is targeted for completion in quarters 12 and 13.

- **Goal 3 – Objective/Intervention 4:** *Strengthen local agencies ability to provide professional supports for their child welfare staff.”*

Strengthening local agencies ability to provide professional supports for the child welfare staff is a continual process. The drastic change in North Dakota’s economic situation due to the drop in the State’s oil revenue and the corresponding effect on state and local government budgets, however, will make the addition of any new professional supports much more challenging.

Implementation Supports

Training needs are addressed in the North Dakota Training Plan (see Attachment E). Coaching for case managers is offered through the local social service agencies and the human service center Regional Supervisors. County social service supervisors strengthen their coaching skills through participation with the County Supervisor Group. The memoranda of understanding with other agencies needed to accomplish the goals are already in place. Policies, physical space, and equipment are also important considerations that will impact the achievement of this plan. CFS anticipates staffing resources, financing, and data systems offer the greatest challenges to the state’s ability to achieve the stated goals. No additional staffing resources were allocated following the 65th Legislative Assembly. CFS remains

committed to partner with local agencies and divisions within the state agencies to advocate for and secure adequate resources.

Feedback Loops

CFS meets on a regular basis with partners and stakeholders through the following meetings: North Dakota Association of County Directors, Children and Family Services Committee, Regional Supervisors, State and Tribes Enhancing Partnership Strategies (STEPS), Court Improvement Project (CIP). In addition, email updates are provided to the field.

4. UPDATE ON SERVICE DESCRIPTION

North Dakota provides the following services under title IV-B, subpart 1:

- **Family Group Decision Making (FGDM)**

FGDM is a strength based decision making process bringing together family members, friends, community specialists and other interested people. The primary purpose is to create a care and protection plan for children who are at imminent risk of placement outside the home or to create a plan for permanency and reunification of children. FGDM is provided through a contract with The Village Family Services Center. During FFY 2016, 133 families received FGDM services through this contract. It is planned that title IV-B, subpart 1 funds will continue to be used to support this service in the coming year.

- **Intensive In-Home Family Therapy Services**

A combination of subpart 1 and 2 funds, in addition to other funding streams, are used to support this particular service area. Intensive In-Home Family Therapy Services are provided to families who are at risk of one or more children being placed in out-of-home care with intensive in-home crisis intervention, family education, and therapy. Intensive in-home family therapy can also be provided to support and sustain reunification following an out-of-home placement. The families who receive this service are typically experiencing difficulties due to many factors including: physical, sexual, or emotional abuse or a combination of all three; neglect; delinquency; status offense; substance abuse of parents and/or child; and emotional or behavioral concerns of parents and/or child. Intensive In-Home Family Therapy services are provided through a contract with The Village Family Services Center. During FFY 2016, 304 families received intensive in-home family therapy services through this contract. It is planned that title IV-B, subpart 1 funds will continue to be used to support this service in the coming year.

- **Safety/Permanency Funds**

Safety/Permanency Funds are flexible funding available to local county social service agencies to families who are having difficulty and are at risk of their children being placed out of their homes. Safety/Permanency Funds are dispersed to the eight North Dakota regions in proportion to child population rates. The funds are managed by the Regional Supervisors with oversight by the Family Preservation Administrator. During FFY 2016, Safety/Permanency Funds requests totaled 1,091 for the eight North Dakota regions. It is planned that title IV-B, subpart 1 funds will continue to be used to support this service in the coming year.

- **Subsidized Guardianship Program**

The subsidized guardianship program provides a monthly cash payment for the child's maintenance needs to an eligible guardian who provides care to an eligible child. During FFY 2016 an average of 58 families received subsidized guardianship payments each month. It is planned that title IV-B, subpart 1 funds will continue to be used to support this service in the coming year.

North Dakota provides the following services under title IV-B, subpart 2:

Family Preservation Services

- Due legislation passed in 2017, as of January 1, 2018 the state will discontinue funding Family Preservation Services through memoranda of agreement with the counties. Per this new law, the county social service agencies will be expected to provide family preservation services as part of their service array. Costs will be covered by the state using a caseload formula developed by the legislature.
- **In-Home Case Management:** In-home case managers provide supportive case planning services for families and children living in the home who were at risk of foster care placement, and for children returning to the home following reunification to prevent re-entry into foster care. This service is provided in all 53 counties, although during FFY 2016 only 45 of these counties received funding through memoranda of agreement with the Department. CFS monitors caseload data quarterly, and reallocates funding annually, in an effort to be as equitable as possible with the available money. During FFY 2016, 1,026 unduplicated families received in-home case management services.
- **Parent Aide:** 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. During FFY 2016, these services were provided through memoranda of agreement in 39 North Dakota counties. At this time the Department does not apportion funding in all 53 counties, due to limited funding available. CFS monitors caseload data quarterly, and reallocates funding annually, in an effort to be as equitable as possible with the available money. During FFY 2016, 416 unduplicated families received parent aide services.
- **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. During FFY 2016, services were funded in 16 counties through memoranda of agreement. Additional counties can request this funding if the need arises. During FFY 2016, 45 unduplicated families received Prime Time Child Care services.
- **Safety Permanency Funds:** Safety/Permanency Funds are flexible funding available to local county social service agencies to families who are having difficulty and are at risk of their children being placed out of their homes. Safety/Permanency Funds are dispersed to the eight North Dakota regions in proportion to child population rates. The funds are managed by the Regional Supervisors with oversight by the Family Preservation

Administrator. During FFY 2016, Safety/Permanency Funds requests totaled 1,091 for the eight North Dakota Regions.

Time Limited Family Reunification

- **Intensive In-Home Family Therapy Services:** Intensive In-Home Family Therapy Services are provided to families who are at risk of one or more children being placed in out-of-home care with intensive in-home crisis intervention, family education, and therapy. Intensive in-home family therapy can also be provided to support and sustain reunification following an out-of-home placement. The families who receive this service are typically experiencing difficulties due to many factors including: physical, sexual, or emotional abuse or a combination of all three; neglect; delinquency; status offense; substance abuse of parents or child, or both; and emotional or behavioral concerns of parents or child, or both. Intensive in-home family therapy services are provided through a contract with The Village Family Services Center. During FFY 2016, 304 families received intensive in-home family therapy services through this contract.

Family Support Services

- **Prevention Networks, Public Awareness & Community Development and Outreach Services:** These services are provided through a contract with Prevent Child Abuse North Dakota (PCAND) and are available statewide. PCAND is not a direct service provider, yet is a key primary prevention organization. Prevention Networks are provided through PCAND's efforts to build on existing networks and connect new partners, as well as forming new networks for prevention of child abuse and neglect, including the North Dakota Home Visitation Network. Programming known as "Authentic Voices" networks survivors of childhood maltreatment and others to advocate on behalf of children. This effort began with the publication of "Authentic Voices: North Dakota Child Sexual Assault Survivors" publication. It has grown as a public awareness project utilizing a facilitators guide and theater adaptations of the work. Ten events were held across the state in State Fiscal year 2017. Overall participant evaluation ratings averaged 4.43 on a 5 point scale. They also coordinate the "Period of Purple Crying" initiative, an evidence-based infant abusive head trauma prevention program. Educational DVDs were distributed through nine birthing hospitals throughout the state, reaching 6,689 of 12,842 births (52%). Community Development and Outreach efforts include the Nurturing Healthy Sexual Development (NDS), an engaging, interactive discussion-based training program developed to help adults better understand the sexual development of children and learn how to respond to children's sexuality in ways that promote healthy development. Public Awareness efforts include coordination of statewide Child Abuse Prevention Month activities:
- **Child Abuse Prevention Month 2017 Grant Summary Snapshot:**
 - Number of grantees – 20
 - Community partners – 15
 - Counties reached - 47
 - Total population outreach estimate – 627,104
 - Total printed materials distributed – 14,180
 - Grantee expenditure - \$16,982

Time Limited Family Reunification

- **Intensive In-home Family Therapy Services** are provided statewide through a contract with the Village Family Service Center. During FFY 2015, 266 families received intensive in-home family therapy services through this contract.

Adoption Promotion and Support

- **Foster and Adoptive Recruitment & Retention Coalitions:** The eight regional Recruitment & Retention coalitions apply for funding each biennium. The approved regional “Request for Funding” proposals identify both general and targeted recruitment activities to remain consistent with the Recruitment and Retention State Plan (**ATTACHMENT B**).
- **Adoption Services:** 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 Adults Adopting Special Kids (AASK) program. 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. For SFY 17 through May 31, 2017, there have been 126 placements of North Dakota children made by AASK, with an additional 11 Interstate Compact for the Placement of Children (ICPC) placement and 12 placements of Tribal children for a total of 149 placements through AASK. There have been 123 finalizations of adoptions for North Dakota children with an additional 12 Tribal children finalized during this time period. AASK has completed 82 new home studies for adopting families with an additional 18 subsequent assessments. They have also completed 145 child adoption assessments.

During the current fiscal year, North Dakota has implemented its post adoption service program through the AASK Program, the ND Post Adopt Network. This is a service supporting adoptive families and families providing guardianships for youth in North Dakota and is funded by adoption savings identified through the delinking provisions of Public Law 110-351. The Post Adopt Network provides training opportunities, information and referral, mentorship, triage and support for families, training for professionals and other supportive services. Information regarding this new service can be obtained at <http://www.ndpostadopt.org/>. In SFY 2017 the ND Post Adopt Network has facilitated support groups in 5 areas of the state with 20 individual groups being held - some held monthly, some quarterly. There have been 2 mom’s retreats held in two different areas of the state. There have also been two webinars held. There have been several education training seminars across the state as well. The post adopt worker has made over 7000 contacts (in person, email, phone calls) with around 10,000 miles traveled. A Post Adopt Camp is scheduled for July 2017 with 15 parents and 24 children registered to attend. A nationally renowned speaker will be in attendance.

The post adopt worker is working on a mentor curriculum and on curriculum for pre-adoption training. AASK families who finalize receive welcome packet, and follow up contacts for one year. Adoptive families through other agencies receive these services

also. Guardianship families can request the supports of the ND Post Adopt Network as well.

Please refer to Attachment H (Financial Documents) regarding data specific to each item for the following items:

- The population(s) to be served;
- The geographic areas where the services will be available; and
- The estimated number of individuals and families to be served.

For FFY 18, the CFS Division has budgeted to spend 25% of IV-B, subpart 2 funds for Family Preservation services, 22% for Family Support Services, 23% for Time Limited Family Reunification Services and 20% for Adoption Promotion and Support Services

- **Populations at Greatest Risk of Maltreatment:** The National Child Abuse and Neglect Data System (NCANDS) data reveals that for FFY 16, 44.5% of all child victims were children age 5 and younger, representing a 0.5% decline from the data reported in the 2015-2019 CFSP. Infants under the age of one comprised nearly 30 percent of the victims under age 5 and were 12.1% of all victims, a higher percentage than any other age. Services targeted to this population continue through referrals to Early Intervention programs for all children under age three identified as victims of child maltreatment, Health Track Screening for all children entering foster care, and referral to county case management services for individualized child and family service plans.

North Dakota plans to implement a Child Protection Services Alternative Response assessment process for substance exposed newborns in October of the coming year. FFY 2017 data will be somewhat impacted by this approach as some portion of the infants under age 1 will no longer be reported in the victim field for NCANDS. This difference should be even more pronounced in FFY 2018, as the alternative response assessment process is utilized for a full federal reporting period.

- **Services for Children Under the Age of Five**

North Dakota continues to have an accelerated permanency planning practice for all children in foster care, including those children under the age of five. Child and Family Team meetings provide the opportunity to review a child's permanency plan and status of reaching that goal every three months, as opposed to the federally required period review minimum of six months. In addition, the following steps continued during this past year as described in the 2015-2019 CFSP:

- Health Track, the Early and Periodic Screening, Diagnosis, and Treatment (EPDST) program, screenings for all youth in foster care within 30 days of entry, which include developmental and mental health assessments,
- Training provided to foster and adoptive parents regarding the needs of this population,
- Continued work with the Head Start Collaboration Office to maintain awareness of the availability of Head Start and Early Head Start to young children in foster care,
- Continued referrals to early childhood intervention services pursuant to CAPTA requirements for all children under age 3 determined to be a victim of abuse or neglect, and

- Continued 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 human service centers (HSC) have an array of services available including developmental assessments and therapy for children in this age range. Recent available data showed there were 479 children less than 5 years of age out of 1,499 children in foster care on the last day of Adoption and Foster Care Analysis and Reporting System (AFCARS) reporting period 2016B. There were 519 children less than 5 years of age out of 1,558 children in foster care on the last day of AFCARS reporting period 2017A. Children under the age of five both represented 32% and 33% of the foster care universe respectively for these reported time periods

- **Services for Children Adopted from Other Countries**

Newly implemented post adoption services through the ND Post Adopt Network are available to families who have adopted from other countries. 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 may be accessed through the local county child welfare agency.

5. PROGRAM SUPPORT

Please see the State's Training Plan (Attachment E) regarding the state's plan for training and technical assistance provided to counties and other local or regional entities that operate state programs and its impact on the achievement of CFSP/APSR goals and objectives since the submission of the 2015-2019 CFSP.

CFS began working with the Capacity Building Center for States in September 2015. Based on the Capacity Center's assessment, a work plan was developed to guide the Capacity Center's work with CFS. That work encompasses:

- Data Quality, Comprehensiveness and Interpretation

A CQI Academy began in April 2017 including CFS staff and key stakeholders to develop evaluation methods, capacity and a culture to support CQI concepts. Using the CFSR results, the CQI Academy will assist CFS in operationalizing the Performance Improvement Plan, and developing the framework for meaningful data needs for the state-wide CQI process.

- Developing a knowledgeable child welfare supervisor workforce

Recognizing that quality supervision is a foundational cornerstone to all child welfare practice, a supervisor training curriculum is currently being developed by the UND Children and Family Services Training Center (UNDCFSTC). This curriculum will offer core supervisor training related to knowledge of policy, practice and service array and will become a requirement, much like the child welfare certification, for all child welfare supervisors.

- Policy Updates

CFS program and practice policies are outdated and in some cases, nonexistent. This creates opportunity for broad interpretation across counties and regions. With the implementation of SB 2206 (ND taking over all county social service costs) January 1, 2018, solid policies will be instrumental to assure consistent delivery of services and movement towards practice improvements. Policy areas to be addressed with assistance from Capacity Building Center for States consultants include: child protection, protective and in-home services, CQI system, and case file review. All policy work is currently underway – the case file review policies have been completed.

- Organizational Structure

The county administered – state supervised system and the regional supervisor organizational structure create challenges in practice consistency, authority and accountability. Work will focus on clearly defining authority, outlining measures of accountability, and crafting strategies to improve state-wide practice consistency.

In early 2017, the Division added a CFS Assistant Director position and a CPS Assistant Director position. These positions will take over tasks and responsibilities that will increase staff capacity for the Capacity Building Center for States workplan and the implementation of PIP strategies.

Services Review, Data, Continuous Quality Improvement, Policy, Training, and Systemic Organizational Change

Through the Capacity Building Center for States, North Dakota has received consultation and support from Charlotte Gibbons for the CFSR and CQI Process development. Ms. Gibbons' guidance has proven to be helpful in quality progress in the completion of tasks for the upcoming CFSR and in developing a CQI process. Work with Ms. Gibbons in these two areas will continue for the next several months. CFS is committed to developing a program that informs program and policy decisions, yet would be a system that is meaningful to all levels of the service continuum.

In November of 2015, North Dakota Children and Family Services added a full time, temporary systems support specialist. This position has primary responsibility for providing assistance to system users for FRAME and (Comprehensive Child Welfare Information and Payment System (CCWIPS)). The verbal feedback from regional supervisors, child welfare supervisors, and county directors is that this position has been quite helpful in timeliness and quality of response to end users. In February 2016, this position began running the NCANDS report on a monthly basis and reporting errors back to the field for monthly data clean up. The verbal feedback from state CFS staff, regional supervisors, child welfare supervisors, and county directors has been positive about doing this on a monthly basis rather than just prior to the annual NCANDS submittal. In addition this position and the CQI administrator began working together on AFCARS data errors. Brainstorming is occurring on how to improve future AFCARS data submissions.

Evaluation and Research Activities

The plan to evaluate social worker job satisfaction was revised to use internal decision support staff and electronic system to conduct a worker satisfaction survey.

The AFCARS reporting logic has been revised and North Dakota has been working with the Children's Bureau to review and update the state's AFCARS Program Improvement Plan based on this effort. Data quality improved for most items within the file. Reporting logic was also updated to better report on post-assessment services and system changes to improve the risk factors and outcomes data for NCANDS is underway. CFS will continue to address data quality. Please reference the Quality Assurance System Factor and CFSP Goal #2 for details about improvements to the state's quality assurance system that have been made since the implementation of the 2015-2019 CFSP.

The Department of Human Services Children and Family Services Division has entered into an agreement with the University of North Dakota Child Welfare Research Bureau to conduct research related to foster care and adoption during the 2017 – 19 state biennium (July 1, 2017 – June 30, 2019). Research topics are to be selected by CFS based on needs identified through the FY 2018 – 19 CFSR PIP work.

6. CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

Process Used to Gather Input from Tribes

North Dakota continues to maintain a strong working and collaborative relationship with the four federally-recognized Tribal Nations of North Dakota: Mandan, Hidatsa and Arikara (MHA) Nation; Spirit Lake Nation; Standing Rock Sioux Tribe; and Turtle Mountain Band of Chippewa. CFS continues a partnership with the Native American Training Institute (NATI) and the tribal social service agencies through STEPS meetings. Tribal social service directors: Kathy Felix MHA Nation; Ina Olson, Turtle Mountain Band of Chippewa; Raquel Franklin, Standing Rock Sioux Tribe; and Vacant Director, Spirit Lake Nation; are regular attendees at STEPS meetings and actively engage in sharing information on tribal concerns/issues. In addition, the CFS Director has direct communication with tribal social service directors on a regular basis regarding a variety of tribal/state issues. CFS continues to have regular conversations with the North Dakota Indian Affairs Commissioner's office regarding Native issues.

The NDDHS previously entered into an agreement with Don Schmid, Title IV-E consultant, to evaluate and review the Tribes administrative claims process. The Tribes are not consistent in claiming IV-E administrative costs because of a number of systemic factors including constant staff turnover, lack of training, etc. Mr. Schmid's charge was, to the extent possible, simplify and streamline the process, and establish consistency between the Tribes in how and when the claims are filed. The goal of this work is to assure Tribes are drawing down the maximum amount allowable for tribal administrative cost. In addition to this consultation, the Tribes have worked directly with Casey Family Programs to receive technical assistance regarding their Tribal State agreement amendments and continue to formalize requested changes.

Mr. Schmid's recommendations were received January 2016 and included an in-depth analysis of North Dakota's CFS Title IV-E eligibility requirements and maintenance claims filing process. Mr. Schmid's recommendations have been reviewed and accepted by the NDDHS Executive Office and as possible, will be implemented. A significant recommendation that will take time and money to implement is the centralization of the IV-E eligibility determination process. Currently, counties neighboring the reservation complete the IV-E eligibility determination for the Tribes. This arrangement leads to inconsistencies and misunderstanding of practice and how policies are interpreted. Funding for this change

will be included in the next fiscal year budget and the process for change will begin. Other recommendations made by Mr. Schmid include: changing some of North Dakota's IV-E eligibility requirements to be more in-line with federal requirements, establish enhanced tribal Federal Medical Assistance Percentage (FMAP), and license tribal homes off the reservation. Work on these recommendations and other projects that are already in progress will continue to bring the tribes and the state together for collaboration and coordination.

CFS provided technical assistance to the MHA Nation and Mountrail County allowing them to enter into an agreement for each other to cross jurisdictional lines to license/approve foster homes. CFS will utilize this agreement as a "template" enabling other Tribes/Counties to enter into similar agreements.

Ongoing Coordination and Collaboration with the Tribes

CFS plans for ongoing coordination and collaboration with the tribes includes:

- CFS continued partnership with NATI and the tribal social services directors through the STEPS meetings. CFS assists in the development of the STEPS meeting agenda and often hosts the meetings at a CFS location. STEPS meetings provide the means for CFS and tribes to discuss topics of importance including IV- E requirements, service array planning, caseworker visits, CFSSR, CFSP progress, and ICWA compliance.
- CFS continues to involve tribes in strategic planning meetings and annual reviews.
- Casey Family Services has developed a strong presence in North Dakota to assist tribes. Issues Casey is addressing include: child protection protocols, IV-E eligibility, case management, foster home recruitment, and tribal/state agreements. CFS will continue to collaborate with Casey Family Services as they work with North Dakota tribes, particularly, Spirit Lake Nation.

Child Welfare Services for Tribal Children

Based on discussions with the tribes and the established State/Tribal Agreements, it is understood that the state is responsible for providing child welfare services and protection for all children under the state's jurisdiction (i.e. tribal children residing off the reservations). Tribes are responsible for providing child welfare and protection for tribal children under the tribal agency's jurisdiction (residing on the reservation). Children in tribal custody deemed eligible for Title IV-E remain under the jurisdiction of the tribal agency/court while the state maintains an oversight role to ensure all procedural safeguards afforded under the Title IV-E agreements are in place. Additional services and protections provided by the state for ongoing service provision for tribal children include:

- A case review system in which Tribal IV-E cases are included in the state's CFSSR process, on-site case file reviews are conducted periodically by CFS staff.
- Access to the general funds for preventive services for children at risk of entering foster care are appropriated by the North Dakota Legislature. These services include parent aide, in-home case management services, and safety and permanency funds.
- The state's regional human service center Regional Supervisors conduct and participate in Title IV-E tribal child and family team meetings to facilitate reunifications, adoptions, guardianships or other planned, permanent living arrangements.
- Fund Title IV-E foster care maintenances costs and the state match for the IV-E eligible children living on the reservations.

- Continue funding of administrative IV-E dollars to the tribes. Provide technical assistance for completing and submitting IV-E administrative claims, including establishment of time study policies.
- Contract to provide IV-E training dollars to the tribal social service agencies through the Native American Training Institute to conduct training on cultural competency, foster parent training for Native foster parents, maintenance of cultural resource service directory, the cultural resource guide for all tribes, ICWA compliance, and financial support for the Indian Child Welfare Conference.
- Provision of training and technical assistance on IV-E related tribal issues. CFS will continue efforts underway to assist tribes with outside case management assistance through collaboration with the Indian Affairs Commissioner's office and the private sector.
- CFS is continuing to work with DHS's IT and fiscal staff to establish a method to draw down the federal Tribal IV-E FMAP reimbursement rate. Code changes are necessary to effect the change. It is expected the changes will be implemented by the end of 2017.
- To enhance consistency in the IV-E eligibility determination process, North Dakota continues to explore the feasibility of establishing a centralized IV-E eligibility determination process. Eligibility is now determined by counties neighboring a reservation. This results in differences in communicating rules to tribal social services, delays in establishing eligibility and some children missing out on eligibility because of lack of understanding of the eligibility rules. CFS did not receive any additional resources (staff or dollars) to create a centralized IV-E eligibility process. However, efforts to get a centralized process operational continue through discussions with the counties, tribes, and NATI.
- CFS will continue to obtain credit reports for all youth ages 14 and older in foster care, including the credit reports of tribal youth.
- The ND Chafee IL Administrator works with statewide Chafee IL Coordinators to ensure that CFCIP and ETV benefits are made available to Native American youth in tribal custody on the same basis as non-native foster care youth. In addition, the North Dakota Chafee Independent Living (IL) Administrator and Chafee IL Coordinators email program and contact information to the Tribal Directors ongoing to ensure adequate referral opportunities are available to tribal youth.
- CFS collaboratively works with tribal partners to update and retrieve necessary information to maximize resources and ensure opportunity for foster children statewide. The 18+ Continued Care program allows for Tribal Title IV-E youth to remain in, or return to, foster care if desired. This extension of services is beneficial to youth as they transition to living independently as adults.
- The state's contracted adoption provider, AASK, works collaboratively with the tribes when placing Native American children for adoption. AASK places children with 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 to ICWA order of preference.
- AASK also provides adoption services for Tribal children on the reservation at the request of the various Tribal child welfare agencies, including completion of the adoption assessment and facilitation of adoption subsidy application, for children for whom the Tribe's plan is adoption. These requests are made to the Administrator of Adoption Services for NDDHS and then referred to the AASK program. In SFY 17 through 5/31/17 there were 12 placements and 12 finalizations of adoptions of Tribal children facilitated through AASK work as requested by North Dakota Tribal entities.
- The CFS Director continues to serve as an advisory member on the board of the Native American Training Institute.

- NDDHS, through an agreement with the University of North Dakota, provides a IV-E stipend program. The stipends are offered to social work students who agree to do child welfare work in the state, particularly rural and/or tribal areas, after graduation.
- P.L. 113-118 requirements began implementation in North Dakota effective September 29, 2015. P.L. 113-118 training was offered during the July 2015 Children's Symposium.

The symposium reaches court staff as well as tribal courts and tribal social services. Various training opportunities, emails, electronic memorandums, and policy issuances were provided to child welfare partners throughout the implementation of the law. The training, policy issuance, and technical assistance offered to the field was inclusive of the Tribal partners. The courts were very receptive to the changes needed for court order language to accommodate new age requirements; APPLA limits as a permanency plan are specific to youth age 16 and older. It is known that Tribal custodial agencies were granted an extension of 3 years delayed implementation after the date of the enactment (September 29, 2018). Below is an update of the information specific to our Tribal IV-E agreement cases:

- North Dakota law, the affidavit template and court hard cards were all updated to ensure compliance in this area.
- Documenting at each permanency hearing the efforts to return a child home or with a relative, a guardian or adoptive parent.
- Ensuring the child is asked about his/her desired permanency outcome at each permanency hearing and that APPLA is the best permanency plan with compelling reasons why it's not in the best interest of the child to be returned home, placed with relative, guardian or adoptive family.
- Documenting at the permanency hearing that the foster family or child care institution follows the "reasonable and prudent standard" and the child's opportunities to engage in "age or developmentally appropriate activities". This is completed in the affidavit to the court highlighting all of the normalcy activities and the reasonable and prudent parenting activities the provider engages in on behalf of the foster child.
- Children age 14 and older have case file documentation of his/her health, education, court participation rights, credit report rights, and that the youth has a signed acknowledgement of such rights.
- Evidence the child has been offered the opportunity to participate in the case planning along with two members who are not the case worker or foster parent.
- Detailed case plan of the services provided that assist the youths transition to successful adulthood, requiring the independent living skill building to begin at age 14 if not before.
- A copy of credit report and assistance in fixing any credit report inaccuracies for all foster youth ages 14+.

Indian Child Welfare Act (ICWA) Compliance

CFS plans for ongoing coordination and collaboration with the tribes in monitoring and improvement of the state's compliance with ICWA through a variety of methods including:

- Creation of new ICWA policy in 624-05 Permanency Manual for all foster care case managers as a means to meet full compliance with federal ICWA regulation effective December 2016.

- Creation of new hard card and bench book inserts specific to ICWA regulations were developed by ND Supreme Court and distributed statewide.
- Collaboration with the ICWA Partnerships Grant State Team
- ICWA compliance is reviewed in every applicable randomly drawn case during the State's Onsite Case Review process. CFS uses the federal Onsite Review Instrument (OSRI) and the Online Management System (OMS).
- Tribal IV-E cases are included in the case sampling methodology of the state-led case review process (Onsite Case Review). This practice will continue throughout the five year CFSP.
- CFS will continue to include the four tribal social service agencies in any training opportunities related to the Onsite Case Review (OCR), so that tribal social services supervisors and caseworkers can participate as OCR case reviewers and/or quality assurance leads.
- Representatives from the four tribal social service agencies are invited to participate in Title IV-E Eligibility training and onsite reviews.
- The UNDCFSTC includes curriculum on ICWA compliance as part of the 4 week child welfare certification process.
- CFS will continue to fiscally support NATI's annual "North Dakota Indian Child Welfare Conference." This conference provides a pre-session entitled "ICWA 101" as well as a variety of other ICWA- specific sessions. CFS Division Staff serve on the planning committee for this conference.
- Continuing training and education on ICWA furthers the state's child welfare workforce ability to comply with ICWA which furthers CFS's ability to monitor compliance.
- North Dakota will continue to review and enact changes where appropriate specific to the new ICWA requirements (RIN 1076 – AF 25)
- Historically, an ICWA Compliance Audit was commissioned by the Courts in 2011. At the request of the ICWA Subcommittee of the Court Improvement Project (CIP) Committee, specific information was audited, includes notice given to parents, notice given to the tribe for each proceeding, parents informed of the right to counsel for each proceeding, court findings that ICWA applies, court findings regarding active efforts, use of a qualified expert witness (QEW) at applicable proceedings, and court findings that culturally relevant services were offered.
- Going forward the ICWA State Partnership Grant Team, will continue to look at collecting data to analyze the number of abuse deprivation filings and neglect deprivation filings. This will provide the team a better understanding of how cultural sensitivity may play a part in the disproportionality of Native American children entering foster care. This data could serve as a basis for tribal families (targeted prevention) training and cultural sensitivity training based on Native American family dynamics to prevent unnecessary removals.

ICWA Partnerships Grant

The UND Department of Social Work, along with various state partners received one of the three federal ICWA Partnership grants. The purpose of the North Dakota ICWA Partnerships Grant is to support the creation of effective practice model partnerships between state courts, state public child welfare agency and a tribe, group of tribes, or tribal consortia, including both the tribal child welfare agency and tribal court for effective implementation of the Indian Child Welfare Act (ICWA) of 1978 (Pub.L. 95-608). The ND ICWA Partnerships grant is a 60-month

project including five 12-month budget periods. The project includes data collection compliance with:

- Identification of Indian children;
- Notice to tribes;
- Tribal participation as parties in hearings involving Indian children;
- Tribal intervention in dependency cases;
- Transfer of ICWA cases to tribal courts;
- Placement of Indian children according to tribal preferences.
- Compliance with identification methods;
- The number of Indian children identified;
- Length of time from removal or petition filed until identification is made;
- Number of notices sent;
- Length of time from identification until notice sent (state measure)
- Number of notices received (tribal measure)
- Length of time for tribal intervention or participation; (tribal measure)
- Number of cases in which a tribe intervenes; (joint measure)
- Number of transfers; (joint measure); and
- Number of Indian children placed according to tribal placement preferences (joint measure).

Primary Goals:

1. Improve cross-system partnerships necessary to increase ICWA assessment and compliance.
2. Use existing data, including court audit, to target improved outcomes in the areas of preferred placement, QEW participation, and stakeholder knowledge.

UND Dept of Social Work will:

- Melanie Sage, PI (oversight, supervision of data management);
- Carenlee Barkdull, co-pi (coordinate evaluation with DHS/CFSTC);
- Avery Erickson (data entry and data management)
 - Coordinate project as lead grantee
 - Submit federal reports and documentation
 - Maintain databases and analyze data
 - Assure documentation of cross-site activities
 - Conduct formative and summative analysis
 - Coordinate and maintain research-related permissions with university and tribes
 - Develop and support dissemination planning
 - Supervise analysis of Odyssey records related to measuring state court outcomes.

Child and Family Services Training Center will:

- Pete Tunseth, Director
- Harmony Bercier, Child Welfare ICWA Trainer
 - Develop ICWA training module for child welfare workers suitable for online/in-person delivery, with measurable learning outcome reporting, in consultation with NATI
 - Update ICWA pre-service training for child welfare workers, with measurable outcome reporting

- Develop county worker resource website with contact lists, roadmaps, and FAQ about ICWA
- Work with DHS partners to deliver training to county workers across the state
 - Deliver training to GALs who work in Standing Rock/Spirit Lake regions
 - Provide advisory support to grant project

Native American Training Institute (NATI) will:

- Stephanie DeCoteau, NATI Executive Director
- To Be Determined Trainer
- To Be Determined Standing Rock staff
- To Be Determined Spirit Lake staff
 - Develop a “Training for QEWs” curriculum that addresses specific parenting practices of Spirit Lake/Standing Rock regions, 1978 ICWA legislation, and 2015 BIA guidelines/future regulations
 - Supervise 3 staff: a trainer/support staff at NATI to help with curriculum and training, and an ICWA Grant Support Worker at each tribal partner location. Grant support workers will have a half time FTE, and duties will include: collecting ICWA case data from tribal court, supporting tribe ICWA worker to facilitate ICWA compliance, facilitate local QEW training, and coordinate tribal support for the project.
 - Identify and train at least 6 community trainers to conduct “Training for QEWs” trainings, and coordinate trainings across the state in tribal and urban regions, ideally 3 from each of the two identified tribal partners.
 - Oversee QEW training across the region, and provide outcome reporting and active list related to people trained as QEWs.
 - Provide liaison support between evaluation and tribes
 - Provide advisory support to grant project

North Dakota Indian Affairs will:

- Scott Davis, Director
 - Provide liaison support with tribal councils and tribal courts in support of ICWA implementation efforts
 - Provide advisory support to grant project

Supreme Court will:

- Heather Traynor, Research Analyst
 - Provide Odyssey data access to facilitate support of ICWA improvement efforts
 - Provide advisory support to grant project, including review of agency policies that support or impede ICWA compliance, and identification of training needs.

Department of Human Services Child Welfare will:

- Shari Doe, Director
- Kelsey Bless, Permanency Administrator
 - Provide support for the training of county child welfare workers
 - Provide advisory support to grant project, including review of agency policies that support or impede ICWA compliance, and identification of training needs

ICWA Partnership Grant Program Accomplishments

North Dakota attended the grant kickoff meeting in Washington, DC. It was during a North Dakota snowstorm and many of our partners were unable to make it, but the meeting was attended by Melanie Sage & Carenlee Barkdull (University of North Dakota CO-PI's), Kelsey

Bless (ND Child Welfare), Heather Traynor (ND Supreme Court), and Pete Tunseth (State Child Welfare Training Center.) Since this time, the grant hired a new trainer for the Child and Family Services Training Center (CFSTC), Harmony Bercier. She is from Turtle Mountain

Band of Chippewa, holds a Masters in Psychology, and has strong experience in curriculum writing and with Native American populations. She is currently rewriting our ICWA curriculum and will soon begin statewide travel to offer trainings to public child welfare agencies. She was recently able to attend the three-day training on the new ICWA regulations offered by National Indian Child Welfare Association (NICWA).

UND Social Work Department research assistant, Avery Erickson, continues to provide support on this project. She is managing the technical pieces of the Institutional Review Board (IRB), which will be submitted by the end of this month to UND and to Sitting Bull Tribal Community College.

Division staff presented on the work of our project collaboratively with grant partners at the February North Dakota Indian Child Welfare Conference. After the conference Division staff also held a partner meeting which was attended by staff from tribal social services, state child welfare, county child welfare agencies, the training center, and the Guardian-ad-litem program, as well as University partners. Using the Design Teams model described in our grant, CFS set priorities regarding policies and practices that facilitate and impede ICWA compliance in our state. CFS collected a baseline measure of current perceived collaborations between agencies.

In April, CFS presented collaboratively (with a tribal social services director, a tribal ICWA director, a CFS trainer, and Melanie Sage) at the National Indian Child Welfare Association conference in California. We shared tools and strategies we are using to measure ICWA compliance and to build interagency relationships. The session was well-received and feedback was positive. Later this month Division staff are presenting the member webinar for NICWA on strategies related to Indian foster parent recruitment, focusing on policy and practice barriers and facilitators.

At the upcoming July statewide child welfare conference, several grant-related activities are planned:

- A two-hour stakeholder design team meeting focused on developing a QEW curriculum, and work on building relationships with our court personnel (lawyers, judges)
- A two-hour consultation and planning meeting with Bree Bussey, who is experienced in designing QEW curriculum and recruitment plans.
- Two conference sessions on Active Efforts in ICWA cases for child welfare workers.
- Bree Bussey is offering two sessions on engaging with Native families for child welfare workers

North Dakota has received many questions and concerns regarding the decision for the ND Court Improvement Project (CIP) dissolution with North Dakota Supreme Court. This partnership continues to make significant progress assuring positive partnerships despite dissolution of the CIP. The court agreed to move all the work of the CIP committee to an existing Juvenile Court committee, and to allow Heather Traynor to continue to act in a liaison role, with access to court records and use of office space in the ND Supreme Court office. The court signed a new memorandum of understanding reflecting these adjustments, along with continued data sharing.

Chafee Foster Care Independence Program with the Tribes

The ND Chafee IL Administrator works with statewide Chafee IL Coordinators to ensure that CFCIP and ETV benefits are made available to Native American youth (Title IV-E or 638) on the same basis as non-native foster care youth in North Dakota. North Dakota provided information both electronically and paper form to ensure Native American youth had fair and equitable access to all CFCIP services across the state. North Dakota partners with Standing Rock Sioux Tribe (Fort Yates), Spirit Lake (Devils Lake) Turtle Mountain Band of Chippewa (Belcourt), and Three Affiliated Tribes (New Town) to encourage CFCIP participation. Region III (Belcourt and Devils Lake) had the most involvement with Tribal Social Services and has done a nice job of merging a successful partnership to offer services to all eligible youth. Efforts include sending referral packets every three months including contact information, referrals, releases of information, emails to individual workers reminding them to refer eligible youth, and stopping by the office to visit with the workers. ETV Awards to Native American youth from this region have increased significantly over the past several years. Administration from PATH, Inc., the state's Chafee IL provider, met with MHA Nations and Standing Rock Tribal Social Services to discuss IL and provide them with contact information for the program.

Chafee IL Coordinators work with Native American youth to ensure that enrollment in their designated Tribe is complete by assisting them with enrollment number applications, tribal enrollment cards and Certificates 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. Chafee IL Coordinators have offered culturally sensitive Independent Living programming to all participants.

At this time, there has not been interest expressed by a tribal partner to develop an agreement to administer, supervise, or oversee CFCIP. No concerns have been raised by the tribes on accessing Chafee services.

The five member ND Youth Leadership Board is fortunate to have representation from a Native American youth leader again this year.

Exchange of 2018 APSRs

The CFS Division will provide electronic copies and links to the 2018 APSR to the Tribal child welfare workers when submission is finalized. The 2018 APSR results will be discussed at the fall STEPS meeting with the four tribal child welfare directors and NATI staff.

7. MONTHLY CASEWORKER VISITS FORMULA GRANTS

Monthly case worker visitation formula grants have continued to be utilized to assist the University of North Dakota Children and Family Services Training Center (UND CFSTC). Specifically, the required four week Child Welfare Certification program will continue to focus

on case worker training surrounding assessment and decision making concerning the safety, permanence and well-being of foster youth. Other monies were utilized to offset the costs of many foster care case managers to attend the annual CFS Conference/Children's Justice Symposium in July of 2016. This conference contained many sessions that would be useful to workers in providing effective case worker visitation to ensure the safety, well-being and permanence of youth in placement.

Providing these types of trainings will continue to help to recruit, and more thoroughly train and prepare case workers, leading to increased retention of well trained and effective case workers.

8. ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENTS

North Dakota received \$33,000 in adoption assistance incentive payments in FFY 14 (per the Adoption and Legal Guardianship Incentive Payment Program Earning History by State prepared by ACFY). Traditionally these funds have been 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. Additionally, in the past state fiscal year, North Dakota's post adoption service program has been implemented through the AASK program to provide specific post adoption supports to adoptive and guardianship families at their request. In the 2015 Legislative Session the Department was able to secure authorization to use any federal funds received from adoption incentives or the de-linking savings for post adoption services as instructed by recent federal policy issuances. Should the state receive future Adoption and Legal Guardianship Incentive Funds, those dollars will be funneled to 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.

9. CHILD WELFARE WAIVER DEMONSTRATION ACTIVITIES

North Dakota does not have an approved child welfare demonstration project.

10. QUALITY ASSURANCE SYSTEM

During FFY 2016, all available staff resources were redirected to preparing for the 3rd Round

Federal CFSR scheduled September 16-20, 2016. Therefore, CFS did not have the capacity to plan and convene regional onsite case reviews.

North Dakota Onsite Case Review (OCR)

In the past, CFS devoted 0.75 FTE to the North Dakota onsite case review process. Due to workload increases and adjustments in administrative duties, the time dedicated to this work was reduced to 0.3 FTE in 2017. The CFS Division director, along with members of North Dakota DHS executive management, determined that in order to manage the onsite case review process going forward, the work would need to be shared through a contract with a state university. A contract was finalized with the University of North Dakota's Children and Family Services Training Center (UND CFSTC) in March of 2017 and will continue through North Dakota's 2017-2019 biennium (July 1, 2017 - June 30, 2019) and beyond. Through this contract, the North Dakota OCR is a collaborative venture between the UND CFSTC and CFS. CFS and UND CFSTC are currently developing and preparing for the new ND OCR

process from April-September 2017. The North Dakota OCR will commence at the onset of FFY 2018 (October 2017).

North Dakota OCR Contract

The OCR contract between the Department and the UND CFSTC clearly defines the responsibilities and tasks for each entity.

CFS/NDDHS will:

- Maintain oversight and responsibility for managing the UND CFSTC contract;
- Develop and disseminate the ND OCR policy manual;
- Establish case draw methodology;
- Complete the random case draws;
- Provide 2nd level QA for all cases reviewed;
- Develop strategies and implement a process for Stakeholder engagement related to gathering data on an ongoing basis to inform on the seven systemic factors;
- Disseminate a summary of findings to each site following the onsite case review; and
- Work directly with federal partners on establishing and measuring practice improvements as identified in the PIP.

OCR Manager at UND CFSTC will:

- Develop and disseminate the North Dakota OCR procedure manual;
- Organize and execute the regional OCRs conducted statewide;
- Hire and supervise workforce to include an OCR manager, case reviewers, and 1st level QA leads;
- Manage the annual OCR rotation/schedule;
- Make all logistical arrangements for each review site;
- Provide orientation to agency workforce prior to each onsite case review;
- Provide onsite support materials for case reviewers and QA leads;
- Facilitate debrief meetings and exit conferences at each onsite case review;
- Provide a report of the findings of each regional OCR to CFS; and
- Provide technical assistance to regional offices as they prepare practice improvement responses.

Collaboratively, CFS and CFSTC will:

- Provide annual OCR certification training to the workforce;
- Develop necessary qualifications and experience necessary for case reviewers and QA leads; and
- Implement proactive strategies that support workforce participation in the OCR process.

Overview

The North Dakota OCR will use the federal CFSR Online Monitoring System (OMS) and the federal On-Site Review Instrument (OSRI). It is anticipated that eight (8) OCRs will be completed annually in North Dakota. This includes one onsite case review in each region of the state, and ensuring the largest metro area (Cass County) has an appropriate percentage of cases reviewed. Please refer to the rotation schedule table below.

FFY 2018 ND OCR ROTATION == DRAFT ==			
MONTH	SITE	PERIOD UNDER REVIEW	# OF CASES
October 23-27, 2017	Region 6 South Central	10/1/16-Date of review	7 (6 FC, 1 IH)
November 13-17, 2017	Region 2 North Central	11/1/16-Date of review	11 (7 FC, 4 IH)
January 22-26, 2018	Region 5 Southeast & Cass County	1/1/17-Date of review	12 (10 FC, 2 IH)
February 12-16, 2018	Region 4 Northeast	2/1/17-Date of review	10 (8 FC, 2 IH)
March 12-16, 2018	Region 3 Lake	3/1/17-Date of review	9 (8 FC, 1 IH)
April 16-20, 2018	Region 1 Northwest	4/1/17-Date of review	7 (6 FC, 1 IH)
May 14-18, 2018	MAKE-UP REVIEW WEEK <i>If needed due to inclement weather earlier in the year</i>		
June 11-15, 2018	Region 8 Badlands	6/1/17-Date of review	5 (3 FC, 2 IH)
August 13-17, 2018	Region 7 West Central	8/1/17-Date of review	11 (8 FC, 3 IH)
September 17-21, 2018	MAKE-UP REVIEW WEEK <i>If needed due to inclement weather earlier in the year</i>		
TOTAL	8 Case Reviews		70 (53 FC, 17 IH)

**Rolling months sample period. Add 45 days to end of case draw period for In-Home services cases.*

Both foster care and in-home services cases will be included in the OCRs. County social services, Title IV-E-eligible tribal child welfare cases, and Division of Juvenile Services (DJS) foster care cases will be included in the case sample.

Each OCR will include case preparation activities by the local agencies, review of the case file, and interviews with key case participants. Case reviewers will be teamed with a partner to review one case each day. QA Leads will be available at all OCRs to answer questions, conduct QA of all cases reviewed, and participate in case debriefings. The CFS Administrator of OCR and the OCR Manager will provide second level QA of all cases reviewed. During the 3rd Round PIP, federal partners will also provide secondary oversight of a sample of cases reviewed.

Regional stakeholders will be emailed a survey during the month of that region's OCR. Survey questions will come from the federal Stakeholder Interview Guide and will focus on the seven systemic factors. Some stakeholder groups will meet in person with OCR staff, rather than completing an online survey.

Following each onsite case review, CFS will disseminate a detailed report of the findings to the regional agencies which, in turn, will collaborate in the development of a regional Practice Improvement Response to address areas not in substantial conformity. At each subsequent OCR, prior results will be reviewed with the agencies as a way to gauge practice improvements occurring in the region.

A summary of OCR Activities is found in the table below:

North Dakota Onsite Case Review (OCR) Activities		
Activity	Timeframe	Additional Details
OCR Training	At least once annually	Training for case reviewers and QA leads will occur once each year. Case reviewers and QA leads must be OCR certified in order to participate. Annual refresher training will be mandatory in order to ensure cases are rated consistently and correctly.
Case Sampling	8 weeks prior to onsite review	A business analyst from the Decision Support Services Division will complete the case sample, with an oversample of cases in the event of any case elimination.
Orientation	6 weeks prior to onsite review	The OCR manager from CFSTC will meet with agencies within the region to discuss case preparation activities, including case narratives and key case participant interview procedures
Case Narratives & Interview Schedules Due To OCR Manager	4 weeks prior to onsite review	Each agency caseworker and his/her supervisor are responsible to complete the case narratives and key case participant interview schedules for their case. These documents must be given to the OCR Manager 4 weeks prior to the onsite review.
Stakeholder Surveys	During the entire month review is scheduled	An online survey will be distributed to regional Stakeholders during the month of that region's onsite review.
Onsite Stakeholder Meetings	During the week of the review	Certain Stakeholder groups will meet in person with OCR staff, rather than completing an online survey.
Post OCR Report	8 weeks after onsite review	A comprehensive summary report will be sent to the regional agencies within 2 months following the onsite review.
Practice Improvement Response	16 weeks after onsite review	The regional supervisor will be tasked with convening a regional agency meeting to discuss the OCR findings and utilize the CQI process to develop a practice improvement response. This response is due to the CFS Director within 16 weeks following the onsite review. The OCR Manager and CFS Administrator are available to provide technical assistance to the regions upon request.

Schedule

CFS and UND CFSTC will review a minimum of 70 cases annually. The percentage of cases reviewed reflects the foster care to in-home services case ratio for the 2016B AFCARS period, which is 76:24. At the time of this writing, the specifics regarding the case sample are being negotiated with the Children’s Bureau. The dates and sites are confirmed, the number of cases reviewed remains in draft.

Case Sampling

The case draw period will be a 6-month time frame originating one year prior to the month of the scheduled case review. For example, if the case file review is scheduled for June 8-10, 2018 the sampling period will be June 1, 2017 – May 31, 2018. A simple random sample design will be used by a business analyst from the Decision Support Services Unit. Child welfare cases will be randomly sampled from the state’s case record system – FRAME – and will include cases from county social services, Division of Juvenile Services, Adults Adopting Special Kids (AASK), and tribal social services (IV-E foster care only). CFS acknowledges that given this random sample design, all case types or all agencies may not appear in each regional OCR. Cases pulled through the random sample will be eliminated from the sample prior to the onsite review according to a case elimination process that mirrors the federal CFSR.

Period Under Review

The period under review (PUR) will be a 12 month time frame beginning one year prior to the review date through the date of review. For example, if the OCR is scheduled for June 8-10, 2018, the PUR will be June 1, 2017 – June 8, 2018.

Case Preparation

While North Dakota's OCR process will closely align with the federal process, it will also include a case preparation component to be completed by the local agency. This will:

- assist the local agency in preparing the individual cases for review, providing context and clarity on the areas of practice being measured;
- identify strengths and needs of the service delivery system; and
- support CQI efforts by translating the case review process into meaningful practice improvements on the local level.

Development of the case preparation protocol will require Stakeholder input to ensure the case preparation activities accomplish the intended purpose.

Onsite Review Teams & Quality Assurance Leads

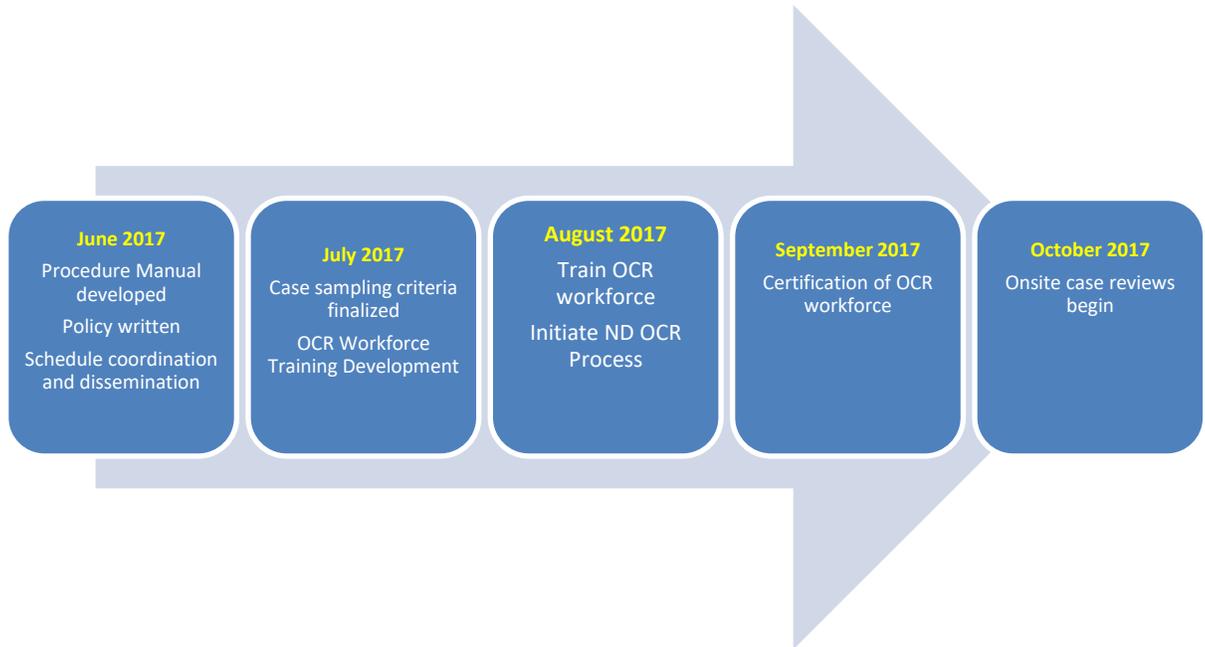
The OCR workforce (determined jointly by CFS and CFSTC) will be comprised of county and regional staff, private agency staff, and other child welfare stakeholders. Comprehensive training for the case reviewers and QA Leads will be provided at least annually. At the completion of training, including a mock case review, case reviewers and QA Leads will become certified. Case reviewers and QA Leads must maintain OCR Certification in order to participate. Further details related to the training schedules are currently being discussed between CFS and CFSTC. Secondary QA on all cases reviewed will be completed by CFS and the OCR Manager.

Practice Improvement Response

A statewide summary involving data from each regional post-OCR report and Practice Improvement Response will be included in each Annual Progress and Services Report of the CFSP. This information will also be used by the Systems of Care Evaluation Team for continuous quality improvement work.

Next Steps

The diagram below illustrates the timeline for top priorities over the next several months. The intent is to highlight the time needed to establish a protocol to ensure a meaningful and successful implementation of the ND OCR Process.



Summary

CFS and CFSTC place a high value on engaging with the local workforce in the case review process. It is vital that all of North Dakota's child welfare system work toward the common mission of Safe Children – Strong Families. The ND OCR process is an opportunity to advance this mission and CQI principles, not just solely as a compliance-based process. In the past, North Dakota has struggled with a “we-they” relationship between CFS and local agencies. Through implementing this re-visioned OCR process, it is the expressed intent to function as a team with a common purpose – that of providing the best services possible to the children and families served. North Dakota is fully committed to operating a functional OCR/QA process.

CPS Quality Assurance

The CPS Administrator reviews the regional supervisors' written summaries and the counties' correction plans. The CPS Administrator provides feedback to the regional supervisor, who in turn works with the local county agencies.

Please see Update on Assessment of Performance Section, Quality Assurance Systemic Factor.

11. CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) STATE PLAN REQUIREMENTS AND UPDATE

Please see Attachment G for CAPTA Annual Report

12. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM (CFCIP)

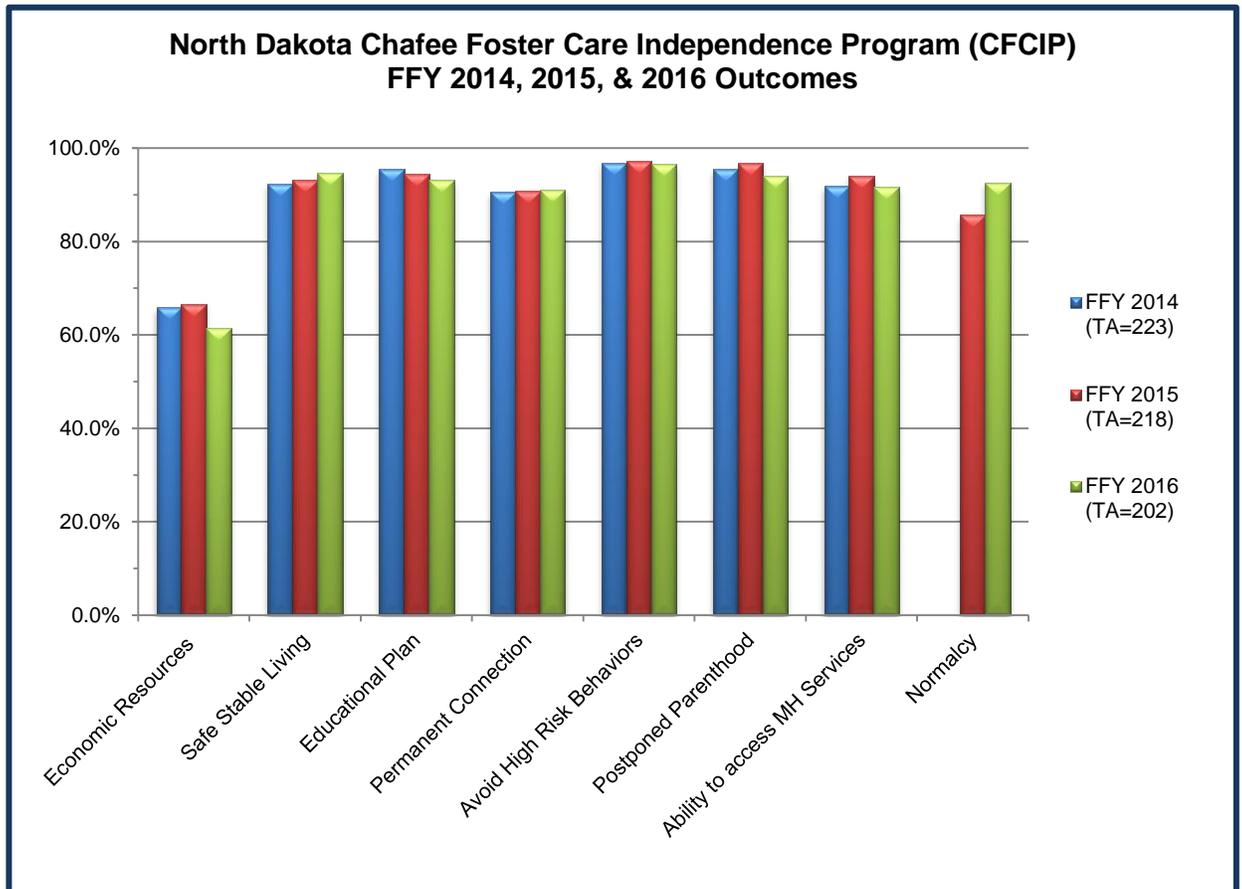
The North Dakota Department of Human Services, Child & Family Service Division administers the Chafee Foster Care Independence Program (CFCIP) grant and supervises the Regional CFCIP and Education and Training Voucher (ETV) Programs across the state. PATH ND is the CFCIP statewide provider; the Chafee IL Coordinators are located in seven of the eight regional PATH offices statewide. Chafee Independent Living Coordinators deliver service to eligible current foster care youth and Foster Care Alumni in the eight regions of the state. 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 14 and older, are required to have their independent living needs assessed. CFCIP does not have a case load standard; caseloads for the Chafee IL Coordinators range from 27 to 79 open youth participants at one time.

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. North Dakota National Youth in Transition Database (NYTD) Data for Cohort 1 indicates 60% of those responding to the survey reported receiving IL Services at the age of 17, 46% at the age of 19, and 19% at the age of 21. Below is data reflecting CFCIP participation in ND.

Number of Youth Participating in the Chafee Foster Care Independence Program (CFCIP) in North Dakota FY 2013-2016						
	CFCIP Youth	Current Foster Care Youth	Foster Care Alumni	Priority 1 Youth	Priority 2 Youth	Native American Youth
FY 2013	399	232	167	267	132	87
FY 2014	438	252	186	312	126	101
FY 2015	479	304	175	345	134	95
FY 2016	473	315	158	333	140	113

North Dakota foster care policy requires all foster care youth over the age of 14 have an independent living needs assessment completed and an independent living care plan in place. Custodians are responsible to complete these requirements, with access to CFCIP as one way to help accomplish the task. All North Dakota CFCIP youth participants are given two assessments. North Dakota utilizes the Casey Life Skills Assessment <http://caseylifeskills.org> for youth ages 14 to 18, as well as the state developed North Dakota CFCIP Assessment. The North Dakota CFCIP Assessment was created by CFS and is to be administered on all youth at the age of 17, and must be repeated annually for all participating Chafee youth until age 21 unless the youth is receiving the ETV at age 21, then continue the assessment until age 23. The North Dakota CFCIP Assessment collects outcomes data related to the eight purposes of Chafee Independent Living (economic resources, education/employment, connectedness, safe and stable place to live, avoid high risk behaviors, access to medical, preventing parenthood, and normalcy). This data is used as a guide to how CFCIP is engaging with youth participants and will continue to be used in a mirrored effort with NYTD data to analyze state successes and challenges. During FFY 2016, 202 North Dakota Chafee Foster Care Independence Program state assessments were completed for the period October 1, 2015 – September 30, 2016. Outcomes remained fairly consistent in 2016 compared to 2014 & 2015 other than a slight decrease in Economic

Resources and an increase in the Normalcy outcome. North Dakota will continue to evaluate these outcomes and assist youth in building skills that will enable them to successfully transition to living independently. Outcome results for the 8 areas may be viewed on the following graph.



NYTD Cohort 1

States are required to administer the NYTD survey to a selected baseline of current and former foster youth at ages 17, 19, and 21, with the goal of obtaining outcomes for youth who have transitioned out of foster care. The first Cohort of NYTD Surveys, ages 17, 19, and 21 is complete, and outcome data is included in applicable sections throughout this 2018 APSR report. In Cohort 1, FFY 2011, 95 youth were eligible based on age and foster care status to take the survey at age 17. Of those, 87 completed the survey resulting in a response rate of 92%. North Dakota’s age 17 response rate was far above the national percentage of 53%. In FFY 2013, 85 youth were eligible for follow-up at age 19, and 54 (64%) completed the survey. In FFY 2015, 87 youth were eligible for follow up at age 21, and 57 (66%) responded. North Dakota’s response rate for the age 19 and 21 year olds was fairly comparable to the national percentage. Although North Dakota met required percentages for survey response, locating the age 19 and 21 year old survey participants continues to be the greatest challenge. In 2013, 24% of 19 year old eligible youth were not located, and in 2015 29% of 21 year old eligible youth could not be located. Refer to the chart below for state specific and national response rate data.

**NORTH DAKOTA & NATIONAL RESPONSE RATES TO THE NYTD SURVEY
COHORT 1 (AGES 17, 19, & 21)
FFY 2011, FFY 2013, & FFY 2015**

	North Dakota			National		
	Total Surveys Completed	Total Eligible Youth	Percentage Completed	Total Surveys Completed	Total Eligible Youth	Percentage Completed
Age 17 (FFY 2011)	87	95	92%	15,597	29,569	53%
Age 19 (FFY 2013)	54	85	64%	7,845	11,712	67%
Age 21 (FFY 2015)	57	87	66%	6,985	11,675	60%

In general, the baseline and follow-up survey information from Cohort 1 reveals that North Dakota’s surveyed young adults are faring well in some outcome areas but struggling in other areas. By age 21, young people reported many positive gains, yet there is evidence that current and former foster youth continue to face challenges that can be barriers to independence.

There are several areas where North Dakota youth are faring well compared to national percentages. North Dakota is above the national average for employment and below the national average for those receiving public assistance. At age 19, North Dakota youth far exceed national percentages for those obtaining a high school diploma or GED. Establishing a positive, consistent, and lasting relationship with at least one adult is also a strength in North Dakota. The survey results show that North Dakota youth percentages exceed the national percentages in the areas of homelessness, substance abuse, incarceration, and giving birth to or fathering a child.

The information from the first NYTD cohort of youth allows a better understanding of the experiences of young adults in North Dakota and the potential cumulative risks they encounter as they move toward adulthood. These findings help underscore the importance of providing supports to youth who may be particularly vulnerable to poor outcomes, including providing targeted independent living services and allowing youth to remain in foster care during this transition.

CFS utilizes these results as an additional piece of information to help inform transition planning practices, service provision, extended foster care policies, and data collection procedures. The ND Department of Human Services will continue to analyze NYTD data to guide continuous data quality improvements, and identify areas where systems or practice change is needed. North Dakota plans to collect additional data and engage in deeper analysis of the current data to better understand the problem, and monitor and assess potential solutions to improve outcomes for youth transitioning out of foster care.

As additional NYTD Cohorts are complete, outcomes will be included in future APSR reports. The Cohort 2 NYTD Survey period is October 1, 2017 through September 30, 2018 with outcomes available for inclusion in the 2019 APSR.

Chafee 8 Program Purposes

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

NYTD Data results from Cohort 1, Outcome 1: Financial Self-Sufficiency

(See corresponding Table - Employment & Financial Self-Sufficiency among Young People in Cohort 1 - below.)

To better understand a youth’s outcome experiences in the area of financial self-sufficiency, the NYTD survey poses questions to youth regarding their acquisition of skills necessary to enter the labor market and to access financial resources to help meet their living expenses. As youth age and make decisions about whether or not to remain in or return to foster care, financial stability becomes a crucial indicator of youth’s readiness for independence.

- Although all youth surveyed at age 17 were in foster care, over 18% of North Dakota respondents reported working either full-time or part-time; at age 19, 43% reported full or part-time work; and at age 21, 61% reported full or part-time work. The North Dakota employment percentages exceed the national percentages of 13%, 33%, and 52% respectively.
- By age 21, 24% of North Dakota respondents reported receiving public assistance, compared to 38% nationally.
- Percentages of respondents receiving social security in North Dakota at ages 17, 19, and 21 is less than those at a national level.
- Far fewer North Dakota respondents receive social security and educational financial assistance than those responding at a national level.

EMPLOYMENT & FINANCIAL SELF-SUFFICIENCY AMONG YOUNG PEOPLE IN COHORT 1: NORTH DAKOTA VS. NATIONAL PERCENTAGES (AGES 17, 19, & 21) FFY 2011, FFY 2013, & FFY 2015						
Outcome Area	Age 17		Age 19		Age 21	
	ND (n=87)	US (n=15,597)	ND (n=54)	US (n=7,845)	ND (n=57)	US (n=6,985)
Employed Full Time or Part Time	18%	13%	43%	33%	61%	52%
Employed Full Time	1%	NA	20%	NA	51%	NA
Receiving Employment Related Skills Training	17%	21%	35%	30%	28%	32%
Receiving Public Assistance	*NA	*NA	*33%	*34%	*24%	*38%
Receiving Social Security	8%	13%	9%	13%	7%	14%
Receiving Educational Financial Assistance	2%	4%	11%	24%	9%	22%
Other Financial Support	6%	9%	17%	14%	9%	11%

**NYTD survey questions related to use of public assistance are only asked of youth who are no longer in foster care. At age 19 n=46 and at age 21 n=13 because the number of youth in foster care decreases with each survey age.*

Achieved:

- Chafee IL Coordinators helped youth who are likely to remain in foster care until 18 years of age transition to self-sufficiency.
- Chafee IL Coordinators attended Child and Family Team Meetings and worked collaboratively to support youth in becoming self-sufficient young adults.
- Regional programs increased their outreach efforts to county social services, tribes, and DJS this past year and worked diligently on building and maintaining relationships. The majority of regional IL programs reported custodial agencies are keeping them better informed on the youth they are collaboratively serving, and credit the improvements to the increase in relationship building efforts.
- They assisted custodial case managers in completing the foster care youth discharge checklist.
- Assisted youth in developing an Independent Living plan.
- Engaged with Residential Child Care Facilities and partnered to offer various services and invited residents to attend monthly meetings.
- Chafee IL Coordinators worked closely with community partners and made referrals to needed services. Community partners include, but are not limited to: Job Service, Job Corps, Adult Learning Centers, Housing Authorities, Community Action, Vocational Rehabilitation Services, Salvation Army, Youthworks, Youthworks, TANF, Medicaid, and many other private organizations who provide resources for young adults.
- The state office continually collaborated with partners to assist them in understanding the program and eligibility.
- Several regional IL programs held training for foster parents to assist them in coming up with creative ways to teach IL skills in the foster home.

Planned:

- Continue contact with counties/DJS/tribes to assure that appropriate youth are referred and/or involved in the program.
- Continue coordination with the youth's team by attending Child and Family team meetings, and emphasizing the transition checklist to ensure they have proper documentation and a plan to aid the youth's transition into adulthood.
- Continue to survey foster care youth through NYTD, expanding the use of data driven decisions to guide the program and improve outcomes.
- Continue to partner with Dakota Boys and Girls Ranch on the implementation of their Transitional Living Program and Mentor services.
- Continue to conduct an annual review of the PATH, Inc. Chafee IL Program to ensure adherence to State and Federal requirements and quality assurance.

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

EMPLOYMENT & EMPLOYMENT RELATED SKILLS TRAINING AMONG YOUNG PEOPLE IN COHORT 1: NORTH DAKOTA VS. NATIONAL PERCENTAGES (AGES 17, 19, & 21) FFY 2011, FFY 2013, & FFY 2015						
Outcome Area	Age 17		Age 19		Age 21	
	ND (n=87)	US (n=15,597)	ND (n=54)	US (n=7,845)	ND (n=57)	US (n=6,985)
Employed Full Time or Part Time	18%	13%	43%	33%	61%	52%
Employed Full Time	1%	NA	20%	NA	51%	NA
Receiving Employment Related Skills Training	17%	21%	35%	30%	28%	32%

Achieved: Chafee IL Coordinators helped youth receive the education, training and services to obtain employment:

- Assisted youth in gathering information necessary for gaining employment (i.e. Social Security cards, birth certificates).
- Assisted youth in presenting themselves appropriately when retrieving and submitting job applications.
- Provided youth access to various employment resources, interviewing tips, job fairs, Job Corps contacts, etc.
- Assisted youth with reviewing and updating their education and training IL goal quarterly.
- Have collaborated with and referred youth to services, such as WIA/Job Service and Job Corp.
- Have assisted youth with applying for college.
- Assisted youth with completing the Free Application for Federal Student Aid (FAFSA) and seeking other grants and scholarships.
- Assisted youth with completing the ETV application process.
- Provided education to various community partners on the ETV program.
- A representative of TRIO provided an in-service at a Chafee Statewide Meeting.
- Chafee IL Coordinators maintained contact and relationships with representatives of regional Work Investment Act (WIA) programs offered through North Dakota Job Service and the TRIO program availability on college campuses.
- Chafee IL Coordinators continued to provide awareness of the ND Youth website <http://www.nd.gov/ndyouth/>, which offers direct access to youth interested in employment and education.

Planned:

- Continue to refer youth to resources that can help them with education and job-related services.
- Continue to promote the ETV program to eligible youth.
- Continue to survey foster care youth through the National Youth in Transition Database (NYTD), using data driven decisions to guide the program and improve outcomes.

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

**EMPLOYMENT & FINANCIAL SELF-SUFFICIENCY AMONG YOUNG PEOPLE IN COHORT 1:
NORTH DAKOTA VS. NATIONAL PERCENTAGES (AGES 17, 19, & 21)
FFY 2011, FFY 2013, & FFY 2015**

Outcome Area	Age 17		Age 19		Age 21	
	ND (n=87)	US (n=15,597)	ND (n=54)	US (n=7,845)	ND (n=57)	US (n=6,985)
Receiving Educational Financial Assistance	2%	4%	11%	24%	9%	22%

Achieved: The Chafee IL Coordinators helped youth prepare for and enter post-secondary education and training:

- 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.
- Helped youth search for scholarships and grants.
- Offered one-on-one assistance to those who complete their high school diploma and/or GED to become eligible to engage in post-secondary education opportunities.
- Assisted youth in paying and preparing for the ACT/SAT exams.
- Assisted youth in applying for college, attending college tours, and the ETV. The number of ETV Awards increased from 44 in the 2016 reporting year to 53 in the 2017 reporting year.
- Assisted youth in completing their FAFSA (financial aid), paying for college application fees, and enrolling in TRIO; a college program which motivates and supports students from disadvantaged backgrounds to pursue a college degree.
- IL Coordinators assisted youth with researching possible school programs and career choices they are interested in.
- Provided awareness about the ETV Program to foster care youth and statewide professionals.
- Continued to work with the UND CFSTC who provides information about the ETV Program and CFCIP services as part of the Child Welfare Certification Training.

Planned:

- Continue to search for appropriate scholarships for foster youth.
- Continue to help youth prepare for and enter post-secondary training and educational institutions.
- Continue to support youth currently enrolled in higher education.
- Continue to collaborate with TRIO.
- Continue to survey foster care youth NYTD, using data driven decisions to guide the program and improve outcomes.

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.

Establishing a positive, consistent and lasting relationship with at least one adult is a critical component in ensuring youth make a successful transition from foster care to adulthood. The NYTD survey asks youth whether there is currently at least one adult in their life to whom they can go for advice or emotional support.

North Dakota’s NYTD data for Cohort 1 indicates:

At age 17, 97% of ND youth reported having an adult in their lives, compared to 93% nationally.

The vast majority of young adults in ND continue to report having a positive connection as they age, including 96% of 19-year-olds, and 91% of 21-year-olds. Nationally, 89% of 19-year-olds and 87% of 21-year-olds report having a positive connection.

CONNECTION WITH SUPPORTIVE ADULT AMONG YOUNG PEOPLE IN COHORT 1: NORTH DAKOTA VS. NATIONAL PERCENTAGES (AGES 17, 19, & 21) FFY 2011, 2013, & 2015		
	North Dakota	National
Age 17	97%	93%
Age 19	96%	89%
Age 21	91%	87%

Achieved:

Chafee IL Coordinators, case managers, foster parents, facility staff and other team members provided individualized support to youth to assist in the transition to self-sufficiency and independent living. Chafee IL Coordinators and custodial case manager’s work with youth to ensure emotional supports are in place for young people.

- Maintained professional relationships and supportive services from Chafee IL Coordinators and case management.
- Provided information and training on healthy relationships.
- Offered youth monthly meetings for peer support.
- Encouraged application to the ND Youth Leadership Board
- Have continued to stress to foster youth the importance of adult supporters for when the youth age out of the foster care system.
- Recommend foster placements to teams that will extend past the age of 18 to be able to utilize more IL resources, and get additional support for transition
- Connect youth with resources in the community with dedicated adults.
- i.e. Carrie’s Kids, Big Brother, Big Sister, Partnerships, and the Transition to Independence Program (TIP).
- Maintain contact with youth and their mentors to ensure it is an appropriate relationship that will benefit them.
- Encouraged youth to become part of church or community groups.
- Worked with youth on improving their relationships with parents and family members.
- Collaborated with Dakota Boys and Girls Ranch in the planning and implementation of their mentor program.
- The ND Youth Leadership Board meetings provided a supportive environment for youth to share information as well as develop peer mentoring relationships.

Planned:

- Continue to provide personal and emotional support to youth aging out of foster care through mentors and the promotion of interactions with dedicated adults.
- Continue to collaborate with Dakota Boys and Girls Ranch in the implementation of their mentor program.
- Continue to survey foster care youth through the National Youth in Transition Database (NYTD), and enhance utilization of data driven decisions for program enhancement and improved outcomes.

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.*

Many behaviors place youth in foster care at risk for a variety of negative outcomes. The NYTD survey collects information on the following three key outcomes that have been associated with hindering successful transitions to adulthood among youth in foster care:

- Referred for substance abuse assessment or counseling
- Incarceration
- Pregnancy

At age 17, almost half (44%) of North Dakota respondents had, at some point during their lifetimes, been referred for substance abuse assessment or counseling, and 20% at age 19 and 14% at age 21 reported having had a referral within the past two years. North Dakota youth percentages are higher than the national data which is 28%, 15%, and 10% respectively.

At age 17, over half (52%) of North Dakota respondents reported a history of incarceration. Two years later, 26% of 19-year-olds reported having been incarcerated within the past two years. By age 21, that percentage had increased to 28%. Again, the percentage of North Dakota respondents reporting having been incarcerated is higher than the national numbers of 37%, 24%, and 20%.

The proportion of North Dakota respondents reporting having given birth to or fathered a child steadily increased at each wave of the survey. At age 17, 3% of North Dakota respondents had a child, and 15% of 19-year-olds, and 33% of 21-year-olds reported having given birth to or fathered a child within the past two years. No North Dakota respondents reported being married at the time of a child's birth. Nationally, these numbers are 7%, 12%, and 25%. North Dakota respondents exceed the national percentage in this high risk area.

HIGH-RISK BEHAVIORS AMONG YOUNG PEOPLE IN COHORT 1: NORTH DAKOTA VS. NATIONAL PERCENTAGES (AGES 17, 19, & 21) FFY 2011, FFY 2013, & FFY 2015						
Outcome Area	Age 17		Age 19		Age 21	
	ND (n=87)	US (n=15,597)	ND (n=54)	US (n=7,845)	ND (n=57)	US (n=6,985)
Referred for Substance Abuse Assessment or Counseling	44%	28%	20%	15%	14%	10%
Incarcerated at Some Point	52%	37%	26%	24%	28%	20%
Had Children	3%	7%	15%	12%	33%	25%
Married at Child's Birth	0%	No Data	0%	No Data	2%	No Data

Achieved:

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. Based on priority, the Chafee IL Coordinators offered in-depth assistance to the neediest youth. The Chafee IL Coordinators provided information that emphasized where to get emotional, financial, vocational and educational support ongoing with a goal to maintain self-sufficiency and less dependence on community supports and services. Youth were provided:

- Discussion about safe living situations and Tenant Rights and Responsibilities.
- Assistance with rent, deposit, and utility expenses.
- Coaching and role playing good communication skills and phone etiquette when working with professionals.
- Access to CFCIP flex funds and various community resources such as bus tickets, drivers test assistance, mentoring services, housing voucher applications, cell phone minutes or calling cards to assist in getting employment calls, etc.
- Invitations to CFCIP monthly meetings and youth nights providing education and training opportunities for youth to gain additional knowledge and resources for self-sufficiency.
- A congratulations gift of \$50 gift card to youth who graduate from high school or receive their GED.
- We have provided support necessary for youth who have aged out of foster care including assisting them in maintaining their living arrangements and continuing with post-secondary education.
- Monthly youth meetings and youth nights that allow youth to get support from other youth who have been through the same circumstances. Pertinent IL issues/educational opportunities are discussed.
- Work with Housing and provide case management to IL youth who are eligible for the Family Unification Program (FUP) voucher.

Planned:

- Continue 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 transitions into adulthood.

- Continue to collect NYTD data on homelessness. We have now collected a full cohort of data collection, and will continue to analyze areas of opportunities to better support transition and minimize risk of homelessness.
- North Dakota will continue to look at child welfare data as well as collaborate with various agency partners who serve homeless youth up to age 24.
- Continued collaboration with Dakota Boys and Girls Ranch as they implement the new Transitional Living Program and Mentor services, and explore expanding these services to other regions of the state.

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.

Achieving a high school diploma or General Equivalency Degree (GED) can be considered a minimal requirement for self-sufficiency and can assist in establishing a solid educational foundation that will prepare youth for future educational pursuits. The NYTD survey asks young people to report their current enrollment status in an educational program and the highest educational certification received.

- While most North Dakota eligible youth (97%) at age 17 had not yet received any educational certification, an overwhelming majority (91%) of them indicated they were enrolled in and attending some type of educational program. This is compared to national percentages of 91% and 94% respectively.
- By age 19, almost two-thirds (65%) of ND survey respondents had received a high school diploma or GED, compared to only 55% nationally. By age 21 the North Dakota percentage had increased to 67% equal to the national percentage. Nationally, by age 21, an additional 5% reported having received a vocational certificate or license, and 3% reported receiving an associate’s, bachelors or higher degree.

EDUCATIONAL ATTAINMENT AMONG YOUNG PEOPLE IN COHORT 1: (AGES 17, 19, & 21) FFY 2011, FFY 2013, & FFY 2015			
	Age 17 (n=87)	Age 19 (n=54)	Age 21 (n=57)
Received High School Diploma or GED	3%	65%	67%
Current Enrollment and Attendance	91%	35%	23%

EMPLOYMENT & FINANCIAL SELF-SUFFICIENCY AMONG YOUNG PEOPLE IN COHORT 1: NORTH DAKOTA VS. NATIONAL PERCENTAGES (AGES 17, 19, & 21) FFY 2011, FFY 2013, & FFY 2015						
Outcome Area	Age 17		Age 19		Age 21	
	ND (n=87)	US (n=15,597)	ND (n=54)	US (n=7,845)	ND (n=57)	US (n=6,985)
Receiving Educational Financial Assistance	2%	4%	11%	24%	9%	22%

Achieved:

The North Dakota ETV Program provided 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 financial aid requests. The Chafee IL Administrator received all applications and determined eligibility for ETV awards. Each youth awarded an ETV was issued an award letter and the ETV check was sent to their educational institution for the identified semester needs.
- A representative of TRIO provided an in-service at a state-wide IL meeting and ongoing collaboration between TRIO and Chafee is occurring.
- Youth were taken on tours of college to help them gain a better understanding of college and what is available to them.

Planned:

- Continue to discuss the ETV and offer this to youth who are graduating with their GED or High School diploma.
- Continue to be available to answer questions regarding ETV funds.
- Continue to promote the ETV program to eligible youth.
- Continue to assist eligible youth in completing the ETV application.
- Continue to support youth throughout the semester to encourage success.
- Continue to collaborate with TRIO.
- Begin collecting data on higher education achievement.
- Continue to survey foster care youth through NYTD using data driven decisions to guide the program and improve outcomes.

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

Achieved:

CFCIP remains available to the former foster youth in a guardianship arrangement or who have been adopted. The Chafee IL Administrator collaborates with partnering agencies to ensure they have the eligibility guidelines for youth to receive CFCIP and ETV programming if adopted or in kinship guardianship.

Planned:

- Maintain contact with youth who have left foster care for kinship guardianship or adoption.
- Continue to educate team members on ETV eligibility for the youth entering adoption/kinship guardianship after 16.

Purpose #8: *Ensure children who are likely to remain in foster care until 18 years of age have regular, ongoing opportunities to engage in age or developmentally-appropriate activities as defined in section 475(11) of the Act.*

- CFS developed policies and procedures as defined in PL 113-183 and section 475(11) of the Act, and provided numerous trainings to private and public entities.

- North Dakota developed an online training module to increase the availability of ongoing training to meet the needs of the state.
- The State IL Administrator continues to meet with the 10 Residential Foster Care Facilities in the state to provide technical assistance with implementing PL 113-183 and section 475(11) of the Act. All facilities have policies and procedures in effect to ensure residents have regular, ongoing opportunities to engage in age or developmentally-appropriate activities
- All Independent Living Coordinators have attended training on human trafficking.
- North Dakota Children and Family Services has IL policy regarding the IL Coordinators role when a Chafee participant age eighteen or older is a suspected victim of human trafficking.

Planned:

- Continue to gain knowledge relating to human trafficking through trainings and seminars.
- Continue to ensure children who are likely to remain in care until age 18 are able to engage in age or developmentally-appropriate activities.

National Youth in Transition Database (NYTD) Update:

North Dakota began efforts to implement NYTD in October 2010. The process has evolved over time and enhanced quality of the data collected and reported since the July 2013 federal onsite review. The North Dakota NYTD Handbook is a guide to the field detailing procedures of how the process of both served population data and outcomes data collection can work to better our North Dakota child welfare system.

The North Dakota Chafee IL Administrator is the North Dakota NYTD Lead. The efforts for NYTD have offered great excitement and energy as North Dakota reflects on transitioned age youth needs and services. High quality data collection is the key to identifying areas we need to focus our time and talents to better the overall outcomes of our North Dakota youth transitioning to adulthood. The NYTD Work Group is made up of the NYTD Lead from Children & Family Services, Information and Technology Department, Information and Technology (ITS) Services, Decision Support Services (DSS), and Fiscal Administration.

Efforts continue to complete all of the required changes identified from the NYTD Review conducted in July 2013 in preparation for the upcoming Federal NYTD Review. Efforts this past year include nearing completion of required updates to NYTD Element 18 Educational Level and NYTD Element 19 Special Education. During FFY 18, the goal is to work towards completion to the required FRAME system changes for Element 14 Foster Care Status – Services; Element 36 Foster Care Status – Outcomes; Element 17 Adjudicated Delinquent; Element 15 Local Agency; Element 16 Federally Recognized Tribe; and Element 13 Hispanic or Latino ethnicity. These updates to the FRAME system will result in improved data quality, assist CFS with assessment of performance and program planning efforts, and eventually lead to improved outcomes. Following the completion of the required NYTD system updates, North Dakota will focus on the recommendations made during the 2013 Federal visit.

Every six months, North Dakota submits the federal NYTD report to the NYTD Portal. After submission of the federal report, North Dakota provides a summary of the report to the field with NYTD highlights. The state report is similar to the report provided by the NYTD Portal indicating which independent living service categories were most utilized, how many youth

were engaged in the process, as well as which agency provided the services. NYTD survey / outcomes data is reported to the field as well. At this time, Cohort 1 baseline surveys (age 17) and follow up data age 19 and age 21; and Cohort 2 baseline surveys (age 17), and follow up data age 19 is complete, and Cohort 3 baseline surveys (age 17) are currently being collected.

North Dakota has also analyzed NYTD Cohort 1 data which has proven to be very beneficial to the division with guiding program planning and quality assurance efforts. North Dakota is in the final stages of developing a report for distribution to system partners and is looking forward to the completion of Cohort 2 Survey Data and obtaining additional outcomes.

The NYTD survey outcome statistics represented in the chart below are responses from North Dakota NYTD Cohort 2 (age 17 and age 19).

NORTH DAKOTA NYTD SURVEY OUTCOME DATA: COHORT 2 (AGES 17 & 19) FFY 2014 and FFY 2016						
	Total Surveys Completed	Youth Receiving Education	Youth Employed FT or PT	Youth Homeless	Youth with Criminal Activity	Youth Who Became a Parent
Age 17 (FFY 2014)	60	98%	2% FT 27% PT	22%	52%	5%
Age 19 (FFY 2016)	38	55%	29% FT 26% PT	24%	26%	3%

- The surveys were presented to youth by foster care case managers at age 17. Follow up surveys were presented to youth in partnership with the case managers, Chafee IL Coordinators, and the state office.
- North Dakota provides survey incentives to youth survey participants; age 17 youth receive a \$10 gift card, age 19 receive a \$20 gift card, and at age 21 youth receive a \$50 gift card for their time when completing the NYTD Survey. Tracking young people to take the survey continues to be challenging, yet North Dakota’s effort has gotten better organized and has a great response from eligible young people. The two reports submitted by North Dakota this fiscal year received no fiscal penalties.

Reporting Activities Performed

North Dakota’s CFCIP continued to demonstrate substantial and ongoing collaboration with local community providers offering meaningful service delivery to current foster youth and Foster Care Alumni. At the state level, the North Dakota Chafee IL Administrator participated on the state Transition Community of Practice Coalition (COP). In addition, the state Chafee IL Administrator collaborated with state agencies, local authorities and providers, the UNDCFSTC, Division of Juvenile Services, County Social Services, Foster Parents, Residential Child Care Facilities, and Tribes to educate on the CFCIP programming and create dialogue about referrals and needed service for young people in and out of the system. North Dakota CFCIP works closely with community partners, including, but are not limited to: Job Service, Job Corps, adult learning centers, housing authorities, Community Action, Vocational Rehabilitation, Salvation Army, Youthworks, education, transitional housing shelters, and many other private organizations that provide resources for young adults. In addition, the ND Youth Website is a reference point for not only young people, but providers needing access to local services. <http://www.nd.gov/ndyouth/>. North Dakota is excited for the ND Youth Board members to assist with website update and revision.

Other federal/state programs: As part of collaboration at the regional level; PATH ND continued to provide quality services to eligible CFCIP youth ages 14 to 21 and eligible ETV youth until age 23. Chafee IL Coordinators communicated regularly with County Social Services, Division of Juvenile Services and Tribal case managers to provide needed services to eligible youth. Other services and partnerships include:

- Chafee IL Coordinators were members of their local community homeless coalition monthly meetings.
- Chafee IL Coordinators collaborate with their local Transition to Independence committees.
- Chafee IL Administrator was a member of the Department of Public Instruction Community of Practice on Transition. Meetings were held quarterly.
- CFCIP has ongoing contact with Residential Child Care Facilities statewide and extend invitations to youth to attend monthly IL groups and youth nights.
- CFCIP continues to collaborate on planning efforts for Supervised Independent Living options in ND. Currently the IL Administrator is participating on a planning committee with Dakota Boys and Girls Ranch to expand current programming to include a Transitional Living program. This will be a pilot project in the state and if successful will be considered for implementation in other regions of the state.
- Residential Child Care Facilities (RCCF) and Psychiatric Treatment Facilities (PRTF) in the state have implemented independent living into their service array.

Homeless Prevention

North Dakota Cohort 1 NYTD data shows at age 17, 21% of North Dakota youth had experienced homelessness at some point in their lives, compared to 16% nationally. At age 19, 41% of North Dakota youth survey reported having been homeless at some point within the past two years, compared to 19% nationally. At age 21, 28% of North Dakota youth had experienced homelessness, compared to 26% nationally. Cohort 2 data indicates that 22% of survey respondents at age 17 had experienced homelessness, and at age 19, 24% reported having been homeless at some point within the past two years.

HOMELESSNESS AMONG YOUNG PEOPLE IN COHORT 1: NORTH DAKOTA VS. NATIONAL PERCENTAGES (AGES 17, 19, & 21) FFY 2011, FFY 2013, & FFY 2015		
	North Dakota	National
Age 17	21% (n=87)	16% (n=15,597)
Age 19	41% (n=54)	19% (n=7,845)
Age 21	28% (n=57)	26% (n=6,985)

This NYTD data supports the urgency for North Dakota to continue to analyze these outcomes and continue advocacy efforts and collaboration with various agency partners who serve homeless youth up to age 24 statewide. Supervised Independent Living has been an ongoing topic and surfaces as a priority to reduce the risk of youth homelessness. Dakota Boys and Girls Ranch, a Residential Child Care Facility, participated in a Casey Foundation Initiative exploring Supportive Living Opportunities and are in the process of implementing a Transitional Living Program in North Dakota. This four apartment complex, located in Minot, will provide additional placement options as well as post discharge supportive opportunities for Foster Care Alumni. This is a pilot project in the state and is being considered for implementation in other regions of the state.

The North Dakota Chafee Independent Living Program collects data on the eight outcomes, including, “All youth leaving the foster care system shall have a safe and stable place to live.” North Dakota requires Chafee youth participants to complete the North Dakota CFCIP Assessment annually, inquiring about homelessness. In FFY 2016 94.6% of youth assessed felt they had a safe and stable place to live. This is an increase from 93.1% in 2015. In addition, North Dakota will continue to survey foster care youth regarding homelessness through NYTD and will continue exploring areas of opportunities to better support transition and minimize risk of homelessness.

- Chafee IL will continue 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 transitions into adulthood.
- The Fargo and Grand Forks regions in the state have access to FUP vouchers to assist foster care alumni with obtaining housing.
- Two regions (Fargo and Bismarck) collaborate with a local resource, Youthworks, an agency that provides housing options for homeless youth in the Bismarck area.
- North Dakota’s IL Administrator participated on the North Dakota Coalition for Homeless People, Inc. (NDCHP), which oversees the North Dakota Continuum of Care (NDCOC), in preparing a grant proposal for Housing and Urban Development (HUD) to develop a statewide plan to address youth homelessness. The North Dakota Department of Human Services signed a Memorandum of Understanding in support of the project. Unfortunately, the grant was not awarded to North Dakota, however the collaboration between participating agencies continues.
- Continue to survey foster care youth through the NYTD using data driven decisions to guide the program and improve outcomes.

Pregnancy Prevention:

North Dakota continues to survey foster care youth regarding parenthood asking “Have you given birth or fathered any children that were born?” through the National Youth in Transition Database (NYTD) survey. ND has now completed a full cohort of data collection (age 17, 19, and 21).

The proportion of ND respondents reporting having given birth to or fathered a child steadily increased at each wave of the survey. At age 17, 3% of North Dakota respondents had a child, and 15% of 19-year-olds, and 33% of 21-year-olds reported having given birth to, or fathered a child, within the past two years. No North Dakota respondents reported being married at the time of a child’s birth. Nationally, these numbers are 7%, 12%, and 25% so North Dakota respondents exceed the national percentage in this high risk area. Due to the presence of NYTD data, North Dakota is in the position to make data informed decisions to better support youth and minimize risk of unintended pregnancy.

NYTD data for Cohort 2 shows 5% of youth had given birth or fathered a child by age 17, and at age 19, 2.6% responded yes.

GIVING BIRTH OR FATHERING A CHILD AMONG YOUNG PEOPLE IN COHORT 1: NORTH DAKOTA VS. NATIONAL PERCENTAGES (AGES 17, 19, & 21) FFY 2011, FFY 2013, & FFY 2015						
Outcome Area	Age 17		Age 19		Age 21	
	ND (n=87)	US (n=15,597)	ND (n=54)	US (n=7,845)	ND (n=57)	US (n=6,985)
Had Children	3%	7%	15%	12%	33%	25%
Married at Child's Birth	0%	No Data	0%	No Data%	2%	No Data

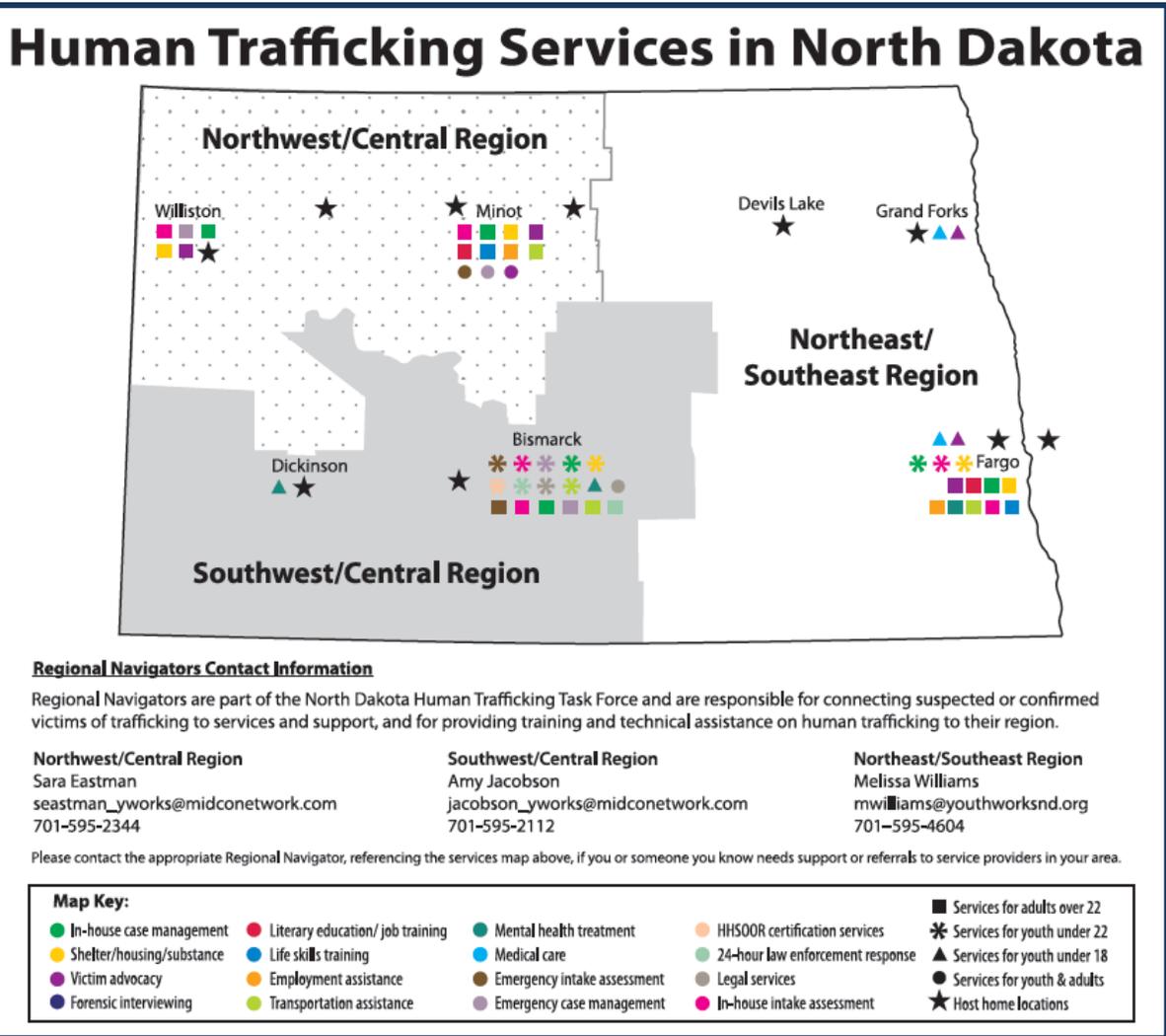
The North Dakota Chafee Independent Living Program collects data on the eight outcomes of Chafee Independent Living, and in FFY 2016 94% of youth who completed the assessment responded they have “postponed parenthood”. This number is slightly lower than the 96.8% responding they had “postponed parenthood” during FFY 2015.

CFS is not the recipient of funding to assist with pregnancy prevention; however the overall topic of pregnancy prevention services does occur in case planning with children in foster care as needed. In North Dakota, various nonprofit agencies offer prevention services to women of all age’s including free or reduced contraceptives.

Human Trafficking:

PL 113-183 has driven much of the conversation, planning, and North Dakota policy development in our state specific to human trafficking and working with victims. CFCIP Chafee IL Coordinators continue to provide resources to best educate young people on how to avoid risky behaviors, identify signs of human trafficking, etc. Community awareness, statewide policy, procedures, and training were implemented, additional training offered to foster care case managers, public agencies, courts, Tribal partners, law enforcement, youth, and foster care providers statewide to ensure full compliance before September 29, 2015. North Dakota Human Trafficking Navigators are employed by Youthworks and they oversee the statewide program in two urban areas of North Dakota (Bismarck and Fargo). This past legislative session (January – April 2017) cut their state funding in half, resulting in decisions to restructure and redevelop levels of programming. The Navigators created a crisis line on September 1, 2016. Call 701-526-HTND (4863) or during office hours, Youthworks staff may be reached at 701-255-6909 (Bismarck) or 701-232-8558 (Fargo). The crisis line is staffed by licensed social workers knowledgeable about the regional protocols that have been developed to address the needs of trafficking victims.

CFS is tracking quarterly data specific to the number of children identified as sex trafficking victim upon entry into foster care as well as the number of children who ran away and were assessed to determine if he/she was a victim of sex trafficking when located (runaway survey). The numbers in North Dakota are low, however the instrument created and used to assess youth on the run, is completed for every youth located and placed back into a foster care setting.



LGBTQ:

North Dakota will continue to provide information and offer training opportunities on the unique issues faced by LGBTQ youth in foster care, updating policies as needed. Members of a local LGBTQ Community Organization provided training to all Regional IL Coordinators during a quarterly meeting, and the State Chafee IL Administrator and several Regional IL Coordinators participated in a national webinar on LGBTQ. A supervisor from PATH, Inc., the state’s Chafee vendor, has conducted several statewide trainings on LGBTQ. The Chafee IL Administrator has provided resources and webinar announcements to the Residential Child Care Facilities, and has followed up with them regarding specific concerns they may be experiencing in serving this population. North Dakota Administrative Code chapter 75-03-16, which regulated RCCFs, will need to be evaluated to ensure facilities remain in compliance with licensing when determining room assignments for those identifying as the opposite gender.

Currently, the NDDHS and all contracted entities, adhere to strict non-discrimination policies and procedures, including sexual orientation and gender identity.

All providers and other individuals working with youth are required to abide by these non-discriminatory policies to best support the needs of all children in foster care. The ND Youth website continues to be updated with additional resources specific to the LGBTQ community.

CFCIP Training:

North Dakota continues to gain insight on needs from the CFCIP provider and ND Youth Leadership Board regarding training needs. North Dakota requires that all Chafee IL Coordinators receive the Wraparound Certification Training. Chafee IL Coordinators are also encouraged to attend state conferences relevant to their work with culture, transition, education, employment, etc. ND Youth Leadership Board members are encouraged to attend the ND Youth Transition Conference each July. The CFS Training Center provides Child Welfare Certification training to social workers; one segment of this training is Chafee Independent Living and the importance of youth transitioning to independence. Foster parents are provided PRIDE training including information about preparing youth for transition and how to build independent living skills while the youth is in the foster home or facility.

Based on program evaluation and feedback from stakeholders, in January of 2017, in an effort to provide better internal support and statewide consistency of the Chafee IL Program and better outcomes for youth, NDDHS amended the Chafee IL contract with the vendor PATH, Inc. Amendments included PATH, Inc. assigning an internal program supervisor, taking on leadership and coordination responsibilities of required training, and oversight and leadership of the ND Youth Board. Prior to January, 2017 the Chafee IL Administrator was directly responsible. Training topics covered during FFY 2016 include LGTBQ, TRIO, Transition to Independence Program (TIP), Human Trafficking, ETV, policy updates, and other topics as requested. PATH, Inc. is in the process of enhancing their policy and procedures manual and protocols for training new workers.

Youth Involvement:

In January, 2017, leadership and oversight of the ND Youth Board was contracted to the Chafee IL vendor, PATH, Inc. The board will continue to operate under similar guidelines and principles. The board involves participation from current foster youth as well as Foster Care Alumni. North Dakota is fortunate to have a very diverse membership this year, including representatives from Native American, African American, and Muslim cultures. This group of young people works to build leadership skills, engage in conference presentations and trainings, and facilitate local and state efforts to enhance the child welfare system. Children & Family Services looks to the ND Youth Leadership Board members when an opportunity presents itself for planning, organizing, or brainstorming child welfare improvements. For example, the board has recently been asked to participate in planning efforts for a new Transitional Living program being implemented in our state. The board, made up of five youth, meets in conjunction with the Chafee IL Coordinators. During meetings, youth board members are asked to provide feedback on foster care related topics. The youth board members recently requested to be given the responsibility of updating the ND Youth website, and have been granted permission by NDDHS. North Dakota is proud to have a ND Youth Board member (Foster Care Alumni) licensed as a foster parent this year.

A Youth Stakeholder meeting was held as part of the 2016 Federal CFSR. In addition, North Dakota replicates the Federal CFSR Process and Youth Stakeholder meetings are conducted during each full CFSR Reviews in ND. Youth participants have the opportunity to share with state and federal staff their perspective of what has gone well in foster care and what areas could be improved. A foster youth was hired as an employee of the ND Department of Human Services as a reviewer for the Federal CFSR review in ND last fall and has been asked to participate in the state reviews as well.

PATH, Inc. has incorporated a survey process to allow youth the opportunity to provide input on the Chafee IL Program and foster care. At the regional level, Chafee IL Coordinators provide youth the opportunity to assist with planning the agenda for their monthly group meetings and youth nights, including speakers and trainings.

18+ Continued Care & Chafee:

18+ Continued Care went into effect January 1, 2012. State law NDCC 27-20 changes are consistent with the federal Fostering Connections to Success and Increasing Adoptions Act of 2008 (Pub. L. 110-351). North Dakota 18+ Continued Care is available to eligible current and former foster care children up to the age of 21. The youth must have “aged out” of foster care while in the custody of a North Dakota public agency including county social services, tribal social services, and DJS. Tribal social services foster care youth must have been Title IV-E eligible prior to discharge in order to qualify for North Dakota 18+ Continued Care. The length of time that a youth is in foster care does not determine their eligibility for 18+ Continued Care. The 18+ Continued Care program philosophy encourages youth to stay in family foster care while they continue to pursue independence. Participation in CFCIP is not required for 18+ Continued Care program youth, but is highly encouraged. There is a joint effort by case management, the youth, and Chafee IL Coordinators to set goals and accomplish tasks to best benefit the youth case plan and youth outcomes.

North Dakota fully supports youth remaining in or returning to foster care through the 18+ Continued Care program and works collaboratively with CFCIP to ensure youth needs are met in the program if the youth agrees to participate. 18+ Continued Care youth meet monthly (more if needed) with their foster care case manager in addition to their CFCIP participation to ensure they are meeting and maintaining eligibility for the 18+ program. Monthly updates on employment hour’s, school grades, scholarship/financial aid and ETV application deadlines, as well as daily living needs are addressed.

In an effort to be in full compliance with PL 113-183, North Dakota implemented policy to enhance our already established “discharge checklist” to meet the needs of required documentation for youth aging out of foster care. The discharge checklist was transformed into the SFN 494, Transition Checklist. This improved state form allows both transition planning and assurances that the necessary documentation and forms are available for the youth upon transitioning into adulthood. It has been North Dakota practice for many years to ensure that young people have important identifying information in hand upon discharge. However, the state felt a need to enhance our policy and upgrade to a “transition checklist”, which combines transition planning with various items. CFCIP Coordinators, case managers, youth and other child & Family Team members will assist in accomplishing this task to best prepare youth with transition into adulthood. 18+ youth will have this “transition checklist” completed within the 90 days prior to their 18th birthday and it will be updated ongoing while participating in the program

Involvement with youth in the ND 18+ program remains steady. In calendar year 2016, ND had 53 young people choose to remain in or return to foster care through the 18+ program. One youth, remained in care, left, and returned leading to 54 foster care episodes in the 18+ program. Thirty four of the 157 youth turning age 18 and “aging out” of care remained in the 18+ program upon the age of adulthood; this is 21% of the eligible population.

Number of Clients, Episodes, and Percentage of Foster Youth Choosing to Remain in the 18+ Continued Care Program Calendar Years 2012-2016			
	Clients	18+ Episodes	Percentage of Foster Youth Choosing to Remain in the 18+ Program
CY 2012	42	45	
CY 2013	48	49	
CY 2014	57	57	
CY 2015	53 ¹	53	
CY 2016	53 ³	54	21.7% ⁴

1: 31 new 18 year olds entered 18+.

2: 31/149 foster youth eligible for 18+ chose to remain in the program in 2015.

3: 34 new 18 year olds entered 18+.

4: 34/157 foster youth eligible for 18+ chose to remain in the program in 2016.

Education and Training Vouchers (ETV) Program

The ETV Program continues to be administered by ND Department of Human Services Child and Family Services directly supervised by the Chafee Independent Living Administrator. The IL Administrator continues to review ETV applications assuring award recipients are in compliance with Chafee ETV Federal law. 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 Chafee IL Administrator of their ETV award and the ETV voucher amount is sent directly to their educational institution.

Attachment I (ETV awards) represents the unduplicated number of ETVs awarded each school year July 1 to June 30th and does not include the Unaccompanied Refugee Minor youth awards. ND does allow for the Unaccompanied Refugee Minor (URM) program to follow the CFCIP and ETV policy and procedures, funding eligibility, etc. The URM program has their own funding stream, but has asked NDDHS to review the awards for application compliance and funding allocation. Last school year, 24 additional ETVs were awarded to the Unaccompanied Refugee Minor youth and are not included in the attachment as our funding does not support the award. The academic school year is defined as fall, spring, and summer semesters in that order meaning all ETV awards for this summer 2017 have been awarded and included in our annual totals. This past year 53 Chafee ETVs were awarded compared to 44 last FFY year for an increase of 9. In addition to the 53 Chafee ETVs, 24 URM ETVs were issued for a combined Chafee & URM total of 77 ETVs compared to 65 the previous FFY year which is an increase of 12 awards. The Chafee IL Administrator continues to remind IL coordinators, custodians and regional supervisors of the availability of the ETV to qualifying youth. IL coordinators continue to work closely with youth about the benefits of furthering their education. These factors are contributing to the increase in ETV awards.

13. UPDATES TO TARGETED PLANS WITHIN THE 2015-2019 CFSP**A. Diligent Recruitment of Potential Foster and Adoptive Parents**

Please refer to ATTACHMENT B.

B. Health Care Oversight and Coordination Plan

Please refer to ATTACHMENT C.

C. Disaster Plan

Please refer to ATTACHMENT D.

D. Training Plan

Please refer to ATTACHMENT E.

14. STATISTICAL AND SUPPORTING INFORMATION:**A. CAPTA**

Please refer to ATTACHMENT G.

B. Juvenile Justice Transfers

See CAPTA report

C. Sources of Data on Maltreatment

See CAPTA report

D. Education and Training Vouchers

Please refer to ATTACHMENT J

E. Inter-Country Adoptions

There was one youth who entered care in FFY 15 who had been adopted from Russia through the Village Family Service Center. His parental rights have not been terminated. He entered care due to his behaviors. The plan is for him to return to his home or to live independently.

F. Monthly Caseworker Visit Data

This data will be submitted to the Children's Bureau by December 15, 2017.

15. FINANCIAL INFORMATION

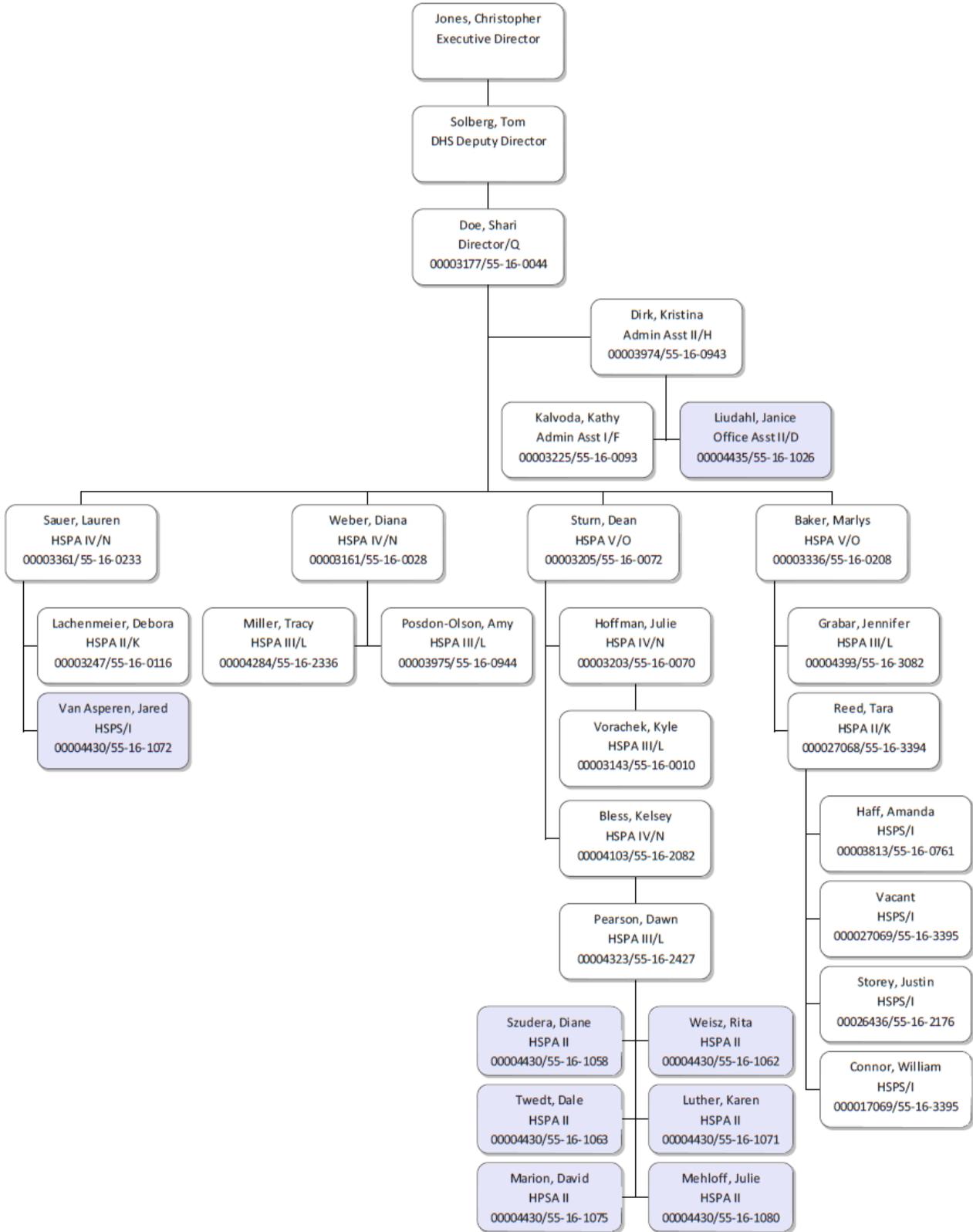
Please refer to the CFS-101 documents found in ATTACHMENT H.

16. ATTACHMENTS

- A. Organizational Chart
- B. Diligent Foster and Adoptive Parent Recruitment Plan
- C. Health Care Oversight Plan
- D. Disaster Plan
- E. Training Plan
- F. Governor's Assurance Statement – CAPTA
- G. CAPTA Annual Report
- H. Financial Information
 - CFS-101, Part I
 - CFS-101, Parts II
 - CFS-101, Part III
 - CHAFEE Budget Reallocation Request Letter
- I. Annual Reporting of Education and Training Vouchers Awarded
- J. Glossary of Acronyms

ATTACHMENT A
ORGANIZATIONAL CHART

ND Department of Human Services Children & Family Services



ATTACHMENT B
DILIGENT FOSTER AND ADOPTIVE PARENT RECRUITMENT PLAN



FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT AND RETENTION PLAN

(Reviewed June 2017)

Background

North Dakota is committed to recruiting foster and adoptive parents that reflect the racial, ethnic and cultural diversity of the children in out-of-home care. The Statewide Foster and Adopt Recruitment and Retention State Plan (August 2012), shifted North Dakota's focus from addressing primarily 'general' recruitment efforts to equally addressing both general and targeted recruitment activities. (Attachment 1)

Regional coalitions were required to submit a "Request for Funding" proposal (Attachment 2) which identified general and targeted recruitment activities. The coalitions were directed to analyze their regional data in order to identify gaps and needs in their region and submit their proposal based upon this determination. The eight regional coalitions submitted a proposal and funding was awarded accordingly. The amount available to each region was determined based on the approximate population of children by region and budget expenditures from previous biennium's. This is the structure and schedule North Dakota will utilize throughout the five years of this CFSP.

North Dakota has a reporting tool in our data management system, FRAME, to provide a quick glance at foster care demographics. The "Foster Care Demographics Report" is available to all FRAME users and allows access of up-to-date data related to foster youth; i.e. # foster children in each county, region, age, race, etc. Coalitions can view demographics as specific to their local county or as globally as needed to determine their needs. Data that is not readily available is the identification of sibling groups and special needs children from each custodial county.

Moment in Time Foster Care Data on 6/10/15:

Unique Child Totals by Age ?																					
Region	Ages																				
	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
I - Northwest	122	3	8	3	6	8	12	2	7	6	5	4	11	8	4	7	13	10	4	1	
II - North Central	171	15	6	14	11	7	13	5	10	10	8	10	6	6	10	14	9	16	1		
III - Lake Region	171	9	11	10	11	14	11	10	12	9	6	5	10	10	6	10	7	15	5		
IV - Northeast	261	18	12	16	23	19	20	14	20	13	13	4	12	9	4	23	20	14	6	1	
V - Southeast	218	21	14	14	12	13	8	9	3	7	7	8	8	7	17	19	22	22	6	1	
VI - South Central	94	4	6	11	10	4	3	6	7	1	7	3	3	5	5	6	6	6	1		
VII - West Central	209	12	5	6	8	16	7	10	16	12	13	12	9	7	12	20	17	22	3	1	1
VIII - Badlands	111	8	9	9	7	7	8	4	1	5	2	4	6	5	5	7	11	10	2		1
Age Totals	1357	90	71	83	88	88	82	60	76	63	61	50	65	57	63	106	105	115	28	4	2

Unique Child Totals by Race ?		Children by Gender ?	
Race	Total	Gender	Total
American Indian or Alaskan Native	509	Male	706
Asian	8	Female	651
African American	105	Total	1357
Native Hawaiian or Pacific Islander	13		
White	820		
Unable to Determine	39		
Refusal by Client	0		
Total	1494		

Foster Care Children Demographics: This report identifies the total number of children in foster care arranged by age, race and gender.

Moment in Time Foster care Data on 6/7/2016

Unique Child Totals by Age																							
Region	Ages																						
	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20		
I - Northwest	140	17	6	8	6	4	5	5	6	6	7	3	5	10	10	10	13	12	4	2	1		
II - North Central	169	12	18	6	13	9	7	7	8	9	9	5	11	5	5	9	14	15	7				
III - Lake Region	214	16	13	20	17	12	20	14	9	14	9	10	7	14	7	12	10	4	4	2			
IV - Northeast	227	20	18	11	13	15	18	12	12	19	10	7	6	10	9	10	16	17	3	1			
V - Southeast	274	22	22	18	18	16	13	15	10	12	7	15	13	11	9	21	28	14	9	1			
VI - South Central	83	5	4	4	6	7	5	1	6	4	1	8	2	4	4	7	9	5		1			
VII - West Central	206	14	10	6	6	10	12	6	8	16	12	10	10	9	12	12	22	24	7				
VIII - Badlands	98	2	8	10	9	4	6	6	2	3	2	1	4	8	6	6	7	12	2				
Age Totals	1411		108	99	83	88	77	86	66	61	83	57	59	58	71	62	87		119	103	36	7	1

Unique Child Totals by Race		Children by Gender	
Race	Total	Gender	Total
American Indian or Alaskan Native	563	Male	709
Asian	8	Female	702
African American	125	Total	1411
Native Hawaiian or Pacific Islander	12		
White	788		
Unable to Determine	47		
Refusal by Client	0		
Total	1543		

Foster Care Children Demographics: This report identifies the total number of children in foster care arranged by age, race and gender.

Moment in Time Foster Care Data on 6/28/2017

Unique Child Totals by Age																							
Region	Ages																						
	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20		
I - Northwest	128	6	17	5	8	8	3	4	8	6	5	4	4	10	8	12	7	11	2				
II - North Central	134	8	8	12	7	12	4	6	6	5	6	5	5	5	9	8	9	13	5	1			
III - Lake Region	248	13	24	22	18	20	20	21	11	16	15	11	10	7	13	5	12	7		2	1		
IV - Northeast	281	30	22	22	19	11	15	24	15	10	22	15	9	3	13	13	15	17	4	2			
V - Southeast	285	24	18	19	21	14	15	10	10	12	14	11	8	13	20	15	26	26	6	3			
VI - South Central	88	9	8	5	4	4	3	5	1	7	1	2	8	6	3	4	9	5	4				
VII - West Central	207	13	11	12	7	7	11	9	10	6	14	16	9	12	14	15	9	21	10	1			
VIII - Badlands	92	3	6	10	10	7	4	2	4	4	4	1	2	3	6	9	8	8	1				
Age Totals	1463		106	114	107	94	83	75	81	65	66	81	65	55	59	86	81	95		108	32	9	1

Unique Child Totals by Race		Children by Gender	
Race	Total	Gender	Total
American Indian or Alaskan Native	609	Male	747
Asian	5	Female	716
African American	121	Total	1463
Native Hawaiian or Pacific Islander	14		
White	827		
Unable to Determine	29		
Refusal by Client	0		
Total	1605		

Foster Care Children Demographics: This report identifies the total number of children in foster care arranged by age, race and gender.

The Recruitment & Retention Coalitions can view this “moment in time” data to determine the difference from last year to this year. June of 2015 to June 2017 shows that ND foster care numbers have increased by 106 children and the foster care cases with client’s ages 0-1 have increased by 16 children. If the report were specific to Ramsey County (ND Region 3 below) it would verify the need for homes based on the age of children specific to custody with their agency. Data below shows the demographic breakdown for Ramsey county children in foster care.

Unique Child Totals by Age

Region	Ages																				
	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
III - Lake Region	49	5	3	5	2	4	3	2		2	2	1	3	6	3	2	2		3	1	
Age Totals	49	5	3	5	2	4	3	2		2	2	1	3	6	3	2	2		3	1	

Unique Child Totals by Race

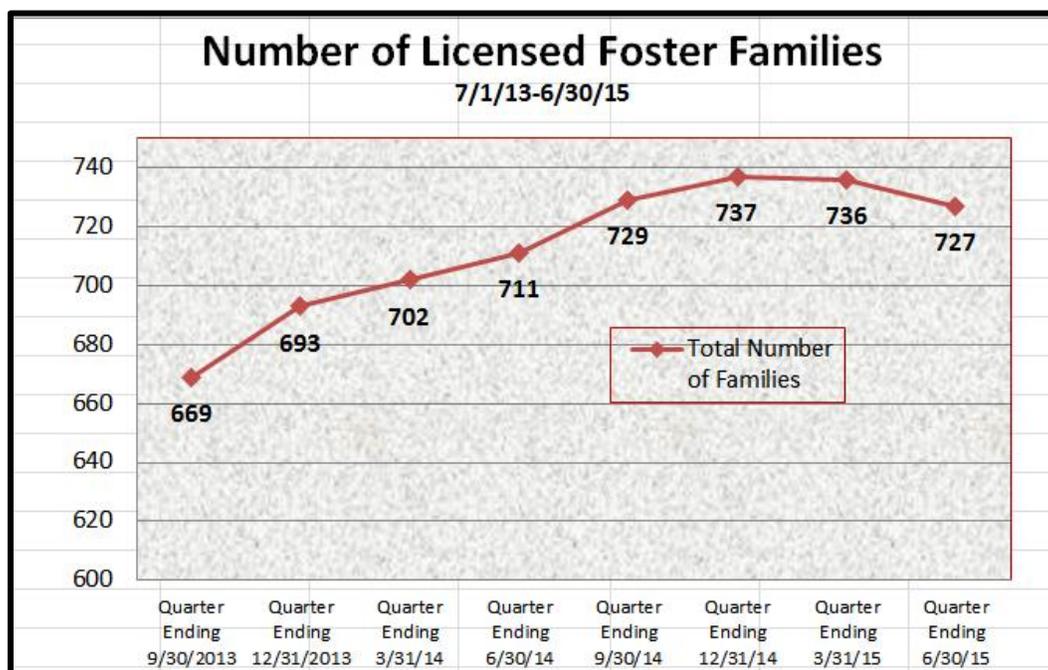
Race	Total
American Indian or Alaskan Native	42
Asian	0
African American	0
Native Hawaiian or Pacific Islander	0
White	11
Unable to Determine	0
Refusal by Client	0
Total	53

Children by Gender

Gender	Total
Male	27
Female	22
Total	49

Foster Care Children Demographics: This report identifies the total number of children in foster care arranged by age, race and gender.

The regional coalitions continue to submit quarterly reports indicating the number of licensed foster homes within their region.



* Data reported by the Foster Care Recruitment and Retention memorandum of understanding (MOU) data collection requirement. Data includes all eight ND regions, however, does not include Tribal Affidavit homes.

2013-2015 Statistics:

- The ND biennium began with 660 homes licensed
- The ND biennium ended with an **increase of 67** homes
- The lowest number of homes was in the first quarter.
- The highest number of homes was in the sixth quarter at 737.
- Slight decrease in the last two quarters can be attributed to staff turnover, summer schedules, family moves, etc.

2013-2015 Outcomes: North Dakota is better able to analyze recruitment and retention efforts ongoing through the outcomes reporting measures (Attachment 3). After reporting on the outcomes for the first time, it is clear ND will need to adjust our outcomes data collection process to capture more quantitative data. The adjustment to the outcomes will be completed at the Recruitment & Retention Task Force meeting scheduled for September 27, 2016.

Regional outcomes are collected and submitted at the end of each state biennium. Our last outcomes collection was received August 15, 2015. The outcomes measured regional success, identified reasons that families did not follow through with licensure after inquiry or reasons why families are no longer licensed. The identified 2013-2015 biennium outcomes are highlighted below:

Outcome 1: Children can remain in their home community.

Overall ND regions reported with consistency that children are placed close to their home community, however it is understood that local placement options are not always possible if the child has treatment needs the local community cannot support. Regions highlighted:

- Home community is a placement priority
- Majority of children remain in their home community
- Concerted efforts are made to locate a relative residing in the community
- Movement out of the area has been the result of placement with a sibling
- Successful Examples:
 - A region IV licensed family was matched to a sibling group and was willing to adopt. These children were able to remain in their home school community and have appropriate ongoing contact with biological family.

Outcome 2: Sibling groups remain together while placed in foster care/adopted.

Overall ND regions reported with consistency that children are placed with their siblings as often as possible. Regions highlighted:

- Sibling placement is a priority
- If placement together cannot be supported, visitation/phone calls is prioritized.
- Concerted efforts are made by workers to place children with siblings
- Foster families are educated about the importance of sibling group placements
- Regions have been successful in placing “large sibling groups” together
- If there is a division of sibling groups, the reason is mostly due to behavioral issues or a higher level of care required by one or more siblings.
- Successful Examples:
 - A sibling group was placed with a half-sibling who was adopted by the foster family several years prior. The family was willing to adopt the sibling, if selected, so the children can experience permanence together.
 - County A had 17 sibling groups of three children; 12 of the 17 sets of three children were all placed together (71%).
 - County B had 14 children in care, 10 had siblings; 7 of the 10 children were able to be placed with siblings (70%).

Outcome 3: Resource homes are available to older children with special needs.

Overall ND regions reported with consistency that recruitment does occur to identify families willing to serve children with special needs.

- Home study paperwork inquires if the family is interested in providing care to special needs children
- Special needs adoptions are common practice in ND
- Relatives are likely to take guardianship of a child with special needs
- Successful Examples:
 - A family recently finalized on a medically fragile child, from the first day of placement the care provided to the child to accommodate his special needs and the energy they put into educating themselves on the medical care required was amazing. Today, the child is thriving medically and socially in their care.
 - Homes have been identified to accommodate special needs children who need adequate wheel chair accessibility, feeding tubes, are drug exposed newborns or those who need adaptive measures for their medical needs.

Outcome 4: Resource families represent the racial, cultural and ethnic characteristics of the region’s population.

Overall ND regions reported with consistency that recruitment to identify families with racial and cultural needs of the community has its challenges. Regions Highlighted:

- Majority of ND foster homes are of Caucasian race, however majority (over 85%) of ND census of racial population is known to be Caucasian.
- Native American family home recruitment and retention remains a priority to accommodate Native American children placed in foster care. Homes have increased as well as working relationships with the Tribal Nations to accommodate the approval of an affidavit tribal home located on the reservation.
- Trainings are provided to homes to assist in their cultural awareness.
- *Successful Examples:*
 - *Relative recruitment is a priority; many relatives do not choose to get a foster care license.*
 - *Region V (Fargo Area) demographics outside of Caucasian include*

Racial, Cultural & Ethnicity	July 1, 2013	June 30, 2015
American Indian	8	13
Asian Pacific	3	3
Hawaiian Pacific	1	1
Hispanic	1	2
Black/ African American	4	5
Multi- Racial	6	6
Totals	23	30

Outcome 5: Providers will not terminate their foster care license due to the licensing agency’s lack of support, insufficient training opportunities, or feeling of inadequacy.

Overall ND regions reported with consistency that support is offered to family foster homes ongoing. Regions highlighted:

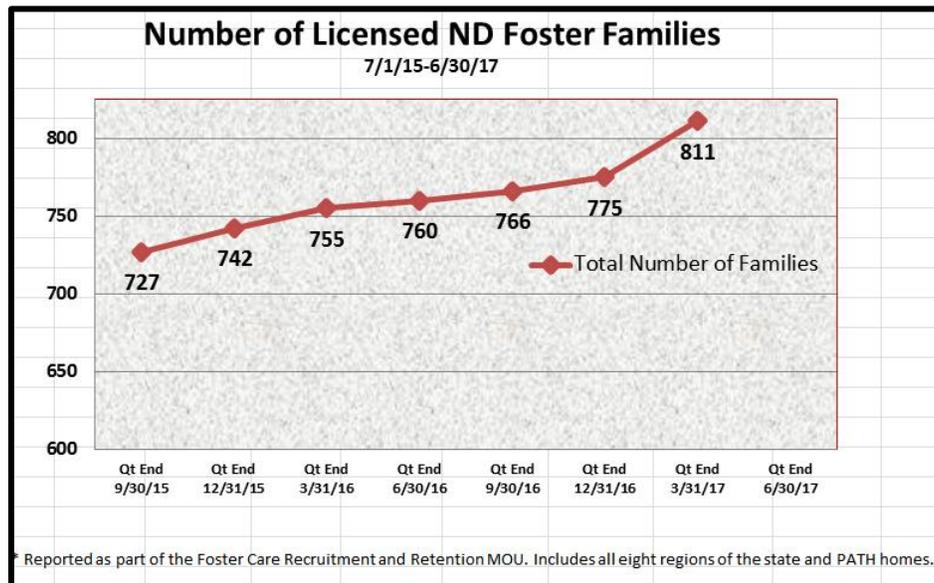
- Licensing provides ongoing support, encouragement, and training
- Agencies have offered peer mentoring from experienced foster parents

- Increased communication upon obtaining a license assists the family in feeling initial support as they understand the process of the ND child welfare system
- If a foster family is accused of child abuse and neglect, with the filing of a SFN 960, some licensors have assisted the family through the process in an effort to help the family feel supported, yet not blur the investigation.
- Increased education and communication from licensing with county workers, to ensure messaging and information given to foster parents is consistent.

Regions reported the most successful sources of recruitment were:

- Word of mouth from current foster families
- Immediate responsiveness to inquiries from prospective families
- Special Events: Booths, parades, face-to-face interactions
- Faith based community outreach
- Child-specific recruitment (locating relatives/fictive family)
- County workers advocating
- Educating relatives on benefits of licensure
- Radio/TV advertising

Current biennium report show an increase in the number of recruited and licensed family foster homes, but the outcomes data will not be available until August 2017.



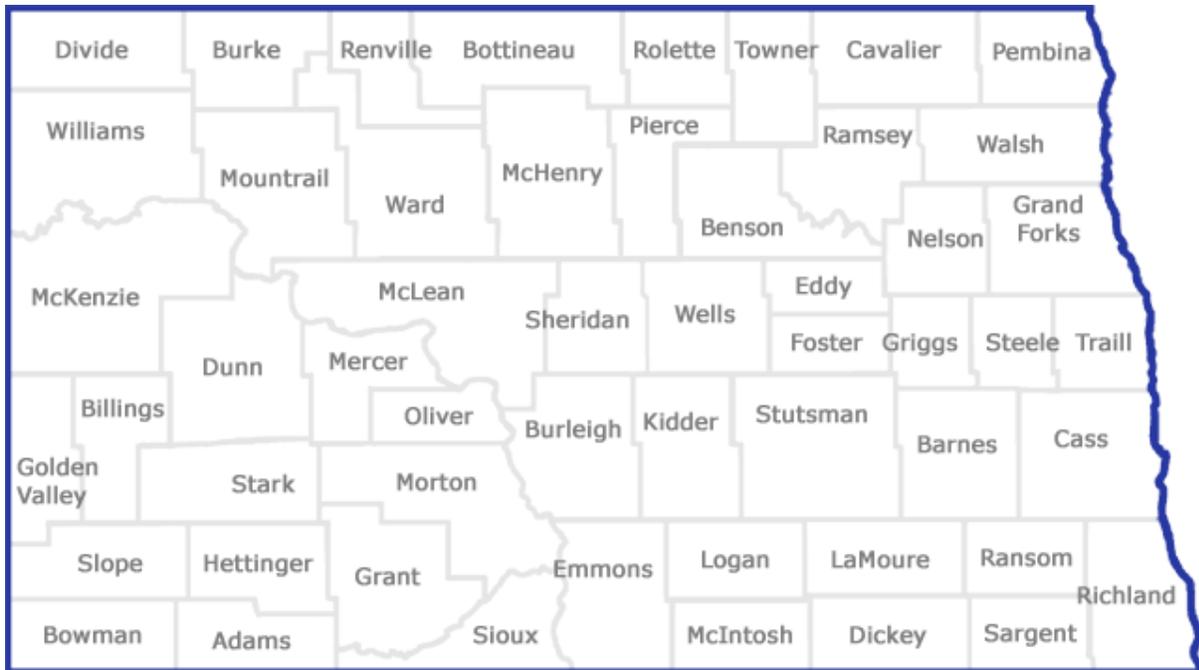
Contact Information:

Information related to foster care, and the need for foster parents, can be found by accessing the Department of Human Services' website at:

<http://www.nd.gov/dhs/services/childfamily/fostercare/>

Individuals interested in learning more about becoming a foster parent can enter their name, address and telephone number, press 'send', and the inquiry is sent directly to CFS. Inquiries are immediately forwarded to the appropriate county and PATH (therapeutic family foster care) contact for follow up.

County social services are responsible for conducting family foster home studies. County social service licensing staff completes the home study and submits it the regional human service centers for foster care licensure. The Department of Human Services' website includes the location of all county social services, their phone numbers and their hours of operations. Clicking on a county will bring up the information below: *County Social Services Example:*



Kidder County Social Services Board

120 East Broadway
PO Box 36
Steele, ND 58482
Phone: (701) 475-2551
Fax: (701) 475-2298
TTY: (701) 475-2551
Hours: 8:00 to 5:00

Contact information for the AASK adoption program is also available on the Department's web site at: <http://www.nd.gov/dhs/services/childfamily/adoption> . Links are provided to answer questions regarding the process of adoption as well as agency contact information.

Fee Structures:

There are no fees associated with family foster home licensing. The Department of Human Services assumes costs related to fingerprint-based criminal records checks as well as costs related to private well water testing. In addition, any costs related to a physical or psychological exam required by the licensing agency is the responsibility of the licensing agency or the Department of Human Services. (NDAC 75-03-14)

Fees charged to prospective adoptive families by the AASK program are minimal and relate to criminal background checks, an application fee and psychological testing. These costs can be reimbursed to the family if the child they adopt qualifies for an adoption subsidy.

Foster and Adopt Recruitment and Retention Task Force:

The ND Statewide Foster and Adopt Recruitment and Retention Task Force gathers each fall to provide an overview of regional recruitment and retention activities as well as receive training. Task force members represent all eight regions of the state and include individuals from counties, regions, tribal social services, licensed child placing agencies, the UND Training Center, Children & Family Services and foster parents. Each coalition shares the efforts that were successful and brainstorm solutions for the challenges faced in their region. Regional coalitions are able to learn from one another and bring back fresh innovative ideas from these presentations.

Training Center:

The UND Children and Family Services Training Center (CFSTC) no longer employs a part-time Foster & Adopt Recruitment and Retention Specialist. The position has since been absorbed into duties of a current position to provide consultation to regional recruitment and retention coalitions, offer training opportunities, and research best practice methods of recruitment and retention. Recruitment & Retention efforts continue to be made; updating Facebook, attending Statewide Task Force Meetings, researching topics ongoing, and producing recruitment resources for agencies for the eight Recruitment and Retention Coalitions to use at the local level:

- A “Recruitment and Retention” newsletter is published every other month which identifies direct links to articles or tools from the NRCDR/Adopt US Kids, tips for customer services, talking tips for people interested in foster parenting, etc.
 - Informational topics vary throughout the year and may include:
 - Direct links to articles or tools from the NRCDR/Adopt USKids.
 - Tips for safety, developmentally appropriate activities, how to talk to others about foster parenting
 - Upcoming Events
 - Training and Support opportunities
 - Useful tools for foster parent recruiters
 - Recognition of Foster Care Month – including the state proclamation and photograph with the Governor.

- Statewide recruitment and retention surveys were developed with results distributed statewide
- Training is provided to child welfare professionals at Child Welfare Certification Training as well as other scheduled training opportunities
- Assistance and technical support is provided to regional coalitions in the development of recruitment messages; identifying new and innovative recruitment tools; strategic retention plans, and identifying and expanding relationships with community partners
- Collaboration with work groups to develop new and innovative ways of meeting our increasing complex need for foster and adoptive families
- Serves as a “clearing house” for recruitment and retention resources in the state

Specific Adoption Recruitment:

The AASK Program completes adoption assessments for all families seeking to adopt a child from foster care in North Dakota, including families identified for specific children being adopted from foster care and for general recruitment adoptive families. In the current fiscal year (July 1, 2016 through May 2017) the AASK Program has completed 82 new assessments and updated 18 subsequent adoption assessments. In this same time frame, AASK has completed 145 child adoption assessments for children whose case plan goal is adoption.

North Dakota has two full time Wendy’s Wonderful Kids (WWK) recruiters. WWK recruiters are located one in eastern ND and one in western ND with a primary focus on child specific recruitment for Native American children.

North Dakota has an active ND Heart Gallery, which facilitates a web site and photo gallery of waiting children. The photo gallery is transported across the state showcasing professional photographs of each child. ND hosts an annual “gala” where new portraits are unveiled; however children can be added to the gallery throughout the year. Currently, ND is featuring 39 children in the ND Heart Gallery; 18 of these children have been matched with a family. Additional children will be added before August 2017 to be featured in the November unveiling of the new gallery. Not every child’s team is supportive of the child’s inclusion in the Heart Gallery, however the option to be featured is provided to all children waiting for a forever family.

North Dakota provides adoption services to Tribal custody children at the request of each Tribe, through the AASK program. The Tribe seeks approval of the State adoption administrator for AASK to provide these services on a case-by-case basis. In the current SFY, AASK has placed 12 children for adoption at the request of the Tribe and has also assisted in the finalization of adoption for 12 children.

Regional Coalition Recruitment and Retention Plans:

North Dakota received technical assistance in the past from the National Resource Center on the Recruitment and Retention of Foster and Adoptive Parents (NRCRRFAP) and the National Resource Center for Tribes (NRC4Tribes) to gain a foundation and greater knowledge of

recruitment and retention strategies focusing on recruiting homes for teens, sibling groups and to increase the pool of Native American families. As a result, regional coalitions were directed to submit a “Request for Funding” (Attachment 2) outlining both general and targeted recruitment and retention plans in order to receive a fiscal allocation. This was a change from prior biennium’s when regional plans contained mostly ‘general’ recruitment activities.

Examples of general recruitment activities contained in the regional plans:

- Host foster parents inquiry meetings at public establishments
- Purchase radio, newspaper, television or billboard ads
- Develop public service announcements
- Television and radio interviews highlighting specific events or awareness campaigns
- General advertising on promotional items placed strategically in local businesses
- Add representation from the retail business community, media network and former foster youth to the coalition with the goal of expanding the recruitment message to more effectively reach targeted areas

Train and encourage agency staff to share the recruitment message to external areas of the community with which they are connected such as places of worship, community and civic groups, neighborhood groups and social/recreational area.

Examples of targeted recruitment activities contained in the regional plans:

- Advertise on radio stations that serve the Native American Indian reservations
- Set up booths at fairs in Native American communities, pow-wows, Native American colleges or at the Indian casinos
- Testimonial commercials specific to teens, Native Americans, and sibling groups
- Newspaper classified ads recruiting foster homes for specific targeted populations
- Speaking engagements and targeted talks by agency staff in area locations mutually used by staff and target population
- Develop a partnership with the United Tribes Technical College to increase awareness of the need for Native American foster homes

Examples of retention activities contained in the regional plans:

- Provide more frequent training for foster parents to best meet their time schedule
- Offer sharing opportunities during training sessions to receive the support of other foster parents
- Offer stipends to seasoned foster parents who are willing to mentor new foster parents
- Give recognition awards to foster parents for years of service, ‘above and beyond’ awards

- or 'thank you' cards
- Cross agency referrals and collaboration when foster parents move across county lines or between agencies; i.e. PATH and county foster homes
- Promote and/or enhance foster and adoptive parent support groups

Statewide Accomplishments:

ND continues to have ongoing Regional Coalition meetings to discuss recruitment and retention efforts as well as brainstorm solutions for local needs. NDDHS does support the collaborative effort of all regional coalitions to attend the statewide Recruitment & Retention Task Force meeting hosted by Children & Family Services each fall. At the Task Force meeting, held September 2015 and 2016 regions reported:

- Orphan Sunday- In region 5, each November an event developed based on the collaboration of two churches (Calvary United Methodist Church & Atonement Lutheran Church) in conjunctions with the Regional Coalition allows local foster-adopt agencies to come and set up a booth to get the word out about foster care and adoption. The event and promotions utilizes bible verse about orphans, to speak to the faith-based population
- Foster Parent Recruitment Video – In region 4, a local production company helped
- Create a video for recruitment of new foster families. It was well done and offered great diversity of foster parent demographics.
- UND CFS Training Center Facebook page (Statewide) - Ongoing recruitment and retention information is posted to the Facebook page. This information is viewable by public agency and government workers, nonprofit organizations, statewide agencies, foster parents, and community "friends" on Facebook.
- Statewide Advertising/Promotion – Collaborative efforts to utilize radio, television, and highway billboards continue to send a message about giving back, "Got Room for One More", and modern efforts using current Hollywood inspiration "Find your "Super Power" and Become a Foster Parent" or "One in a Minion" as means to catch the attention of prospective foster families. Coalitions develop a theme or catch phrase, get permission to place the contact information on local pizza boxes, grocery store receipts, farmer's markets bag inserts, restaurant table tents, sporting event popcorn boxes, or during parades. ND has done a great job of promoting the benefits of becoming a foster parent statewide, while offering education on the challenges that families also face when they choose to become a foster parent.
- Statewide Outreach Efforts – Local promotion and community outreach continues through attending church meet and greet events, Elks, Optimist, or Lions Club luncheons, school sporting events, setting up a booth, writing a story in the local newspaper, etc.
- Spirit Lake Tribal Social Services & Benson/ Ramsey Counties – A unified effort to recruit Native American homes on and off the reservation was successfully engaged when a grant was offered to the Tribe. The Region 3 Coalition did work in partnership with the Tribe to enhance promotional materials, partner in messaging for advertising, as well as attend the Recruitment and Retention meeting in New Mexico.

Statewide Challenges:

North Dakota continues to have discussions about the best way to retain families once they have become a licensed provider. Families have provided various reasons why they choose to discontinue the licensing process or no longer retain their license after duration of time. Foster care providers indicate they cease the licensing process after further reflection of how having extra children in their home may disrupt their own children schedule, they disclose they have had a change of heart, unexpected marital/family issues have arisen, or the expression that getting too attached to the children would be difficult for their own family when the foster child has to go, etc. Once licensed, providers who choose to let their license expire or discontinue providing foster care to children state the reasons they no longer remain a foster parent are; adoption of a specific child/ren, family issues, moving, no longer interested, specific license for a child who has exited care, etc.

North Dakota Recruitment and Retention Coalitions have worked with local licensing workers to help educate prospective providers early on regarding the pros and cons of foster parenting, not intending to sway decision making, rather to assist in making an educated choice and commitment. In addition, great effort has been made to offer additional support early on for the new families to assist in answering questions and guiding them through the process of a first placement, expectations, navigating the system, understanding the payment schedule, and knowing it is ok to ask for additional support if it is needed, etc.

State Policy Limitations:

North Dakota does not have limitations about who can become a foster parent. The US Supreme Court decision regarding same sex marriage has not and will not have program implications on licensing ND foster homes. Currently, ND does have same-sex couples licensed to provide foster care to children and our state has had same sex couples licensed in the past. Same sex couples may also adopt children from foster care in North Dakota.

Cultural, Racial & Socio-Economic Variations/Linguistic Barriers:

The Department of Human Services works in collaboration with the Native American Training Institute (NATI). NATI provides unique, culturally-relevant training and curriculum packages for professionals working with Native American children and families. Currently, areas of training available are foster parenting, wraparound, youth relationship-building/HIV/AIDS awareness, ICWA, cultural competency and historical trauma. The Institute also conducts workshops and conferences throughout the year. The North Dakota Indian Child Welfare Act conference is held in February each year. In addition, throughout the year NATI is coordinating mini-conferences for state and tribal human services and other professionals. NATI is also available, by request, to do personalized or specialized training in areas such as strategic planning, tribal funding access for child welfare programs, parenting, and program planning.

The North Dakota Community Action Partnership provides interpreters, upon request, to the eastern portion of the state. Also, the Metro Interpreting Resource Center (MIRC) provides coordinated training and administrative support for the decentralized network of interpreters that operate in the Fargo-Moorhead metropolitan area. Their mission is to serve as an interpreting resource. Qualified interpreters are provided to ensure that public services are delivered effectively and that all area residents have equal access to services. Base financial support for this project comes from seven public sector agencies: the cities of Fargo and West Fargo; Fargo Law Enforcement; and Fargo, West Fargo and Moorhead Public School Districts. Each of these

member agencies is represented on the Advisory Board that guides the work of this project. Interpreters are professionally trained and certified to provide services in the following primary service sectors:

- Courtroom/Law Enforcement
- Social/Human Services
- K-12 Education
- Employers

Training and services to child welfare staff working with refugee minors is available through the LSS/New Americans Project in Fargo, North Dakota.

Goal 1: North Dakota Department of Human Services will provide funding statewide to support regional foster/adoption coalitions' recruitment and retention activities.

Strategy:

1. NDDHS will develop a statewide recruitment and retention plan which will incorporate regional coalition plans:
 - a. A statewide recruitment and retention plan will be developed by August, 2012
 - b. The statewide plan will be discussed with regional coalitions by August, 2012
 - c. The statewide plan will incorporate regional plans in the 2013-15 biennium
2. NDDHS will fund regional coalitions pursuant to an approved plan and Memorandum of Understanding:
 - a. A funding announcement will be sent to each regional coalition by July 1, 2013
 - b. A request for funding, which includes a regional plan that addresses both general and targeted recruitment activities, will be submitted to NDDHS within 6 months of the funding announcement
 - c. Proposals will be evaluated and funding will be offered based upon an approved regional plan within 30 days of receipt of the proposal

Outcome:

1. Recruitment and retention activities related to foster care and adoption are financially supported by the state.

Goal 2: North Dakota will increase the number of families that are willing to foster or adopt children who are in the state foster care system through general and targeted recruitment.

Strategy:

1. Increase public awareness and educate the community on the need and benefits of providing foster care or adopting:
 - a. Join Foster Care Recruitment and Retention Task Force goals with local community agencies to provide information at any area wide events
 - b. Create and disseminate foster care and adoption information and needs through mass media communication, social networking sites, or any other information delivery systems
2. Target a portion of regional coalition funding specifically to recruit families for identified child populations:
 - a. Analyze data to identify specific child populations
 - b. Develop specific recruitment strategies to meet the identified need

Outcomes:

1. Children who are placed in foster care can remain within their home community.
2. Sibling groups can remain together while placed in foster care or adopted.
3. Resource homes are available to foster or adopt older youth or children with special needs.
4. Resource families represent the racial, cultural and ethnic characteristics of the regions foster and adopt population.

Goal 3: North Dakota will retain the current number of families that are willing to provide foster care to children in the state foster care system.

Strategy:

1. Foster parents will be provided with training, support and recognition
 - a. Develop strategies to retain resource families based on the reasons that families choose to no longer provide foster care or adopt

Outcome: Foster parents will not terminate their foster care license due to the licensing agency's lack of support, insufficient training opportunities, or feeling of inadequacy.

Request for Funding
Foster and Adoption Recruitment & Retention
July 1, 2013 - June 30, 2015

Region: _____

RECRUITMENT

Goal: North Dakota will increase the number of families that are willing to foster or adopt children who are in the state foster care system through general and targeted recruitment:

General Recruitment: _____ **Amount:** _____

In this section, describe general recruitment activities that will be utilized to recruit adoptive and foster care families. Additional strategies that will be used to achieve this goal are encouraged.
Strategy:

- 1. Increase public awareness and educate the community on the need and benefits of providing foster care or adopting:
 - a. Join Foster Care Recruitment and Retention Task Force goals with local community agencies to provide information at any area wide events

List planned activities for general recruitment efforts:

- b. Create and disseminate foster care and adoption information and needs through mass media communication, social networking sites, or any other information delivery systems

List planned activities for general recruitment efforts:

Targeted Recruitment: _____ **Amount:** _____

Strategy:

- 2. Target a portion of regional coalition funding specifically to recruit families for identified child populations:
 - a. Analyze data to identify specific child populations

Identify "Need" (Who and where are the children/youth?):
Use regional data to develop a picture of the children in your care; i.e. age, gender, race, sibling groups.

Identify "Resources" (Who & where are the families we really need?):
Use regional data to develop a picture of the foster families in your region and where they're located; i.e. minority race homes, homes licensed to serve adolescents, sibling groups. Please identify the number of homes that are unavailable for general foster care placement; i.e. licensed for specific child, respite care only, etc.

b. Develop specific recruitment strategies to meet the identified need

List your target population and list strategies that will be used to recruit foster and adoptive families to meet the needs of children in this target population; i.e. sibling groups, older youth, children of minority race:

RETENTION

Retention: _____ **Amount:** _____

Goal: North Dakota will retain the current number of families that are willing to provide foster care to children in the state foster care system.

Strategy:

- 1. Foster parents will be provided with training, support and recognition:

Outline strategies that will provide foster parents with training, support and recognition:

Identify reasons for closure of foster care homes during the last biennium. Outline strategies that could alleviate the reasons for closure:

- a. Develop strategies to retain resource families based on the reasons that families choose to no longer provide foster care or adopt.

Attach a detailed budget plan to support the activities listed above. If you have any questions, please feel free to contact Deb Petry at (701)328-3581, or dpetry@nd.gov.

Due date: August 15, 2013.

Signature _____
Date

*Administrative County (*County to be reimbursed by the State.)

NOTES:

- The MOU will include a requirement to report outcomes of each strategy. (Please review outcomes noted in State Plan)
- Promotional items are limited to 10% of the total budget.

Foster and Adopt Recruitment & Retention
Regional Outcomes
July 1, 2013 – June 30, 2015

REGION _____

Recruitment

GOAL: North Dakota will increase the number of families that are willing to foster or adopt children who are in the state foster care system through general and targeted recruitment.

One measure of success.

- 1. Licensed foster parents as of 7/1/13 _____
- 2. Number of newly licensed foster parents from 7/1/13-6/30/15 _____
- 3. Number of foster parents who terminated their license _____
- 4. Licensed foster parents as of 6/30/15 _____

The most successful sources of recruitment were:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Look for what works and do more of it!

- 1. Number of inquiries from prospective foster parents _____
- 2. Number of inquirers who submitted applications to become foster parents _____
- 3. Number of those licensed or approved _____

Reasons that the family did not follow through with foster care licensure:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Is there a way to alleviate any of the above reasons?

Targeted recruitment activities: (check all that apply)

- 1. Families willing to foster or adopt adolescents or older teens _____
- 2. Families who represent the racial, cultural and ethnic characteristics of regional foster and adopt population _____
- 3. Families willing to foster or adopt special needs children _____
- 4. Families willing to foster or adopt sibling groups _____

OUTCOMES: (Please respond to each outcome with specific regional example(s).)

- 1. Children who are placed in foster care can remain within their home community.

- 2. Sibling groups can remain together while placed in foster care or adopted.

- 3. Resource homes are available to foster or adopt older youth or children with special needs.

4. Resource families represent the racial, cultural and ethnic characteristics of the regions foster and adopt population.

Retention

GOAL: North Dakota will retain the current number of families that are willing to provide foster care to children in the state foster care system.

How can we support and retain our Foster Parents?

Reasons that families are no longer licensed for foster care:

1. _____
2. _____
3. _____
4. _____
5. _____

Is there a way to alleviate any of the above reasons?

OUTCOME: (Please respond to outcome with a specific regional example(s).)

Foster parents will not terminate their foster care license due to the licensing agency's lack of support, insufficient training opportunities, or feeling of inadequacy.

Signature

Date

ATTACHMENT C
HEALTH CARE OVERSIGHT PLAN



**HEALTH CARE OVERSIGHT AND
COORDINATION PLAN
2015-2019**

(Revised June, 2017)

Background

All children are entitled to health services that identify their conditions and needs, diagnose and treat any identified problems, and initiate appropriate follow-up and preventive health care. 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, and 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.

ND CFS DIVISION – HEALTH CARE SERVICES PLAN FFYs 2015 - 2019		
STRATEGIES	ACTION STEPS	2017 APSR Comments
1. Develop a schedule for initial and follow up health screenings that meet reasonable standards of medical practice.	a. North Dakota will continue to use the Health Tracks Screenings process within the first 30 days of foster care placement.	a. The practice of scheduling Health Tracks Screenings within the first 30 days of foster care placement continues.
	b. The CFS Division staff will review/update the policy concerning Health Tracks Screenings for foster children.	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, now known as the Behavioral Health Services Division.
	c. The CFS Division staff will consult with the Head Start Collaboration Administrator regarding dental care for foster children.	c. The North Dakota Oral Health Strategic Plan and updates continue to be accessible at http://www.ndhealth.gov/oralhealth . The continued efforts of the Ronald McDonald Care Mobile (RMCM) assist in reducing oral health gaps between needs and services for North Dakota children. The most recent Service Delivery Summary indicates that the Care Mobile visited 43 sites, 880 children, with a total value of treatment provided estimated at \$470,148 from January to December of 2013. Approximately 71% of those children were uninsured, with 25% utilizing Medicaid and 4% having private insurance. This is consistent with the 2015-2019 CFSP as no new statistics are available. The Head Start State Collaboration Office Administrator continues to work with the RMCM Advisory Board and is a member of the North Dakota Oral Health Coalition, providing linkages between systems of care and educating partners on the needs of

		<u>North Dakota's under-served children. In addition, as part of the Healthy North Dakota committee, the HSCO Administrator collaborates with health partners to maintain communication across state and private agencies regarding initiatives affecting children and families in North Dakota.</u>
	d. A representative from ND Medicaid is a member of the Health Care Oversight committee to assure continuation and promotion of the Health Tracks Screenings plan.	d. ND Medicaid provides annual training to all state Health Tracks Screeners on specific evidence-based assessment instruments as well as needs identification and treatment referral.
	e. Health needs identification; monitoring and treatment are accomplished through the Health Tracks Screening Plan.	e. ND Medicaid provides annual training to all state Health Tracks Screeners on specific evidence-based assessment instruments as well as needs identification and treatment referral.
	f. The CFS Division staff will collaborate with the Behavioral Health (BH) staff regarding initiatives aimed at addressing mental health screenings for foster children.	f. Through the collaboration of committee members (Behavioral Health, Head Start Collaboration Office, Foster Care, Children and Family Services, and other members) initiatives aimed at mental health screenings will be shared and distributed to stakeholders serving children in foster care.
2. Determine how medical information will be updated and appropriately shared.	a. The CFS Division Director will invite a representative from ND Medicaid, a pediatrician, and other experts in health care and child welfare services to assist with the development of the Health Care Oversight and Coordination Plan.	a. In May 2014, a Health Care Oversight Committee was formed to assist with the development and coordination of the Health Care Oversight and Coordination Plan. ND Medicaid continues at the table in addition to representatives from CFS, DHS Mental Health and Substance Abuse Division, ND State Health Department, local Public Health unit, UND CFS Training Center, Division of Juvenile Services, private mental health providers, pharmacy, psychiatry, Human Service Centers, PRTF's, and RCCF's.
	b. The CFS Division staff will collaborate with health professionals regarding the ACA "Health Exchange" to track foster children's medical care while they are in foster placement.	b. It has been determined that the "Health Exchange" provision of the Affordable Care Act will help NDDHS to accomplish this goal. Due to the delay in rolling out the "Health Exchange" provision of the Affordable Care Act, this action step continues into the current five-year plan. This continues to be the plan, once the Health Exchange information becomes available.
	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.	c. Child welfare workers use FRAME as their management information system for all foster children 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. Partnerships workers also will utilize their system of record (ROAP) to capture this data.

<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 & 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 & Family Team Meetings as a means to ensure continuity of health care services. The FRAME system will continue to be used to document these efforts for foster children.</p>
<p>4. Oversee prescription medications for all foster care children.</p>	<p>a. Case workers will review current prescription medications at the Child & Family Team Meetings.</p>	<p>a. 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 & Family Team meetings. The Child & 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.</p>
	<p>b. Medication updates will be documented in the FRAME system.</p>	<p>b. Child welfare workers use FRAME as their management information system for documentation of medication updates on all youth in foster care.</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. 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. A pediatrician and a psychiatrist are members of the Health Care Oversight Committee and review the use of psychotropic drugs by North Dakota foster youth based on Medicaid data.</p>
<p>5. Actively consult with and involve physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children.</p>	<p>a. Case workers will report consultations with medical personnel at the Child & Family Team Meetings and will document updates in FRAME.</p>	<p>a. The Child and Family Team Meeting Outline will be utilized by 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 meetings and the updates are documented in FRAME.</p>
	<p>b. The CFS Division staff members will participate on the Healthy North Dakota Committee.</p>	<p>b. The Healthy North Dakota meetings are focused on overall health of North Dakota Residents. The HSCO Administrator will provide updates on CFS services as well as relay relevant information to the Foster Care Services Administrator and HCO members.</p>
	<p>c. Staff from BH and CFS divisions will coordinate discussions regarding mental health screenings, including training and dissemination of suggested evidence based screenings.</p>	<p>c. Guidance will be provided, including training on the suggested screenings for mental health to individuals in the field serving children in foster care.</p>

<p>6. 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 for Traumatized Youth through the regional human service centers and promote the System of Care Expansion Grant training plan.</p>	<p>a. With financial assistance from a System of Care grant from SAMSA, DHS' Behavioral Health Services Division initiated a plan to provide trauma-informed practice training to all child welfare workers in North Dakota including: counties, Division of Juvenile Services, human service centers, private providers and CFS. This training continues to be integrated into the Child Welfare Certification program and trauma informed practice continues to be developed across the state.</p> <p>b. A trauma subcommittee of the Health Care Oversight Committee was established to develop a plan to implement a trauma-screening tool for county child welfare workers use with children receiving in-home protective services and children under county custody. The subcommittee is a multi-disciplinary team from education, behavior health, Path and private providers. The work of the committee continues with the goal of establishing a universally accepted, evidenced based trauma screening protocol.</p>
	<p>b. County social service agencies and DJS agencies will continue to refer children and youth as appropriate to the TF-CBT (Trauma Focused Cognitive Behavior Therapy) and SPARCS groups at the regional human service centers.</p>	<p>b. The CFS Division and the Behavioral Health Services Division/Children's Mental Health will continue to monitor the regional human service center data on referrals to TCTY and SPARCS.</p>
	<p>c. 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>c. PATH ensures ongoing trauma training for new staff and therapeutic foster parents joining their agency.</p>
<p>7. Psychotropic medications for children in the foster care system will be monitored, protocols will be written, and a state plan will be developed and disseminated.</p>	<p>a. A workgroup with representation from CFS Division, Medical Services Division (MS), and Behavioral Health Division (BH) will be convened.</p>	<p>a. The Health Care Oversight committee maintains responsibility for monitoring the psychotropic drug use for children in foster care and review of this Health Care Oversight and Coordination Plan. The Health Care Oversight committee will address psychotropic drug use among foster youth and monitor and advise Behavioral Health Services Division regarding the roll out and continuation of trauma-informed practice training. The committee has initiated a Psychotropic Drug Data Analysis that will review practices and develop recommendations for training in the field, as well as policies and practices for oversight in North Dakota. Trends in the analysis suggested a higher rate of prescriptions for children in foster care, in general. Discussions have consequently taken place (and continue) regarding the possibility of peer reviews of medication practices and the drug utilization review. North Dakota Century Code does not currently allow the level of prior authorization that would substantially impact</p>

		the trend. The committee will continue to analyze the trends, as well as the actions taken to initiate a peer review in the field.
	b. Data will be gathered and analyzed.	<p>b. Data has been gathered and analyzed surrounding the use of psychotropic medications among all foster children in ND comparing their use of psychotropic medications to non-foster children in ND. The information is reviewed annually by the HCO members and has been shared across the state through various trainings, child welfare conferences, and tribal meetings to highlight the trends found. Information was pulled from one month (March) for consecutive years from 2009 to 2017. Trends were analyzed across age groups and medication categories.</p> <p>Data will continue to be reviewed and the Medical Director for DHS will disseminate appropriate reviews of the data. In addition, the group is working to educate providers on the incidence rates for prescriptions of psychotropic medications and consider peer review options for the state. As noted above, trends suggested a higher rate of prescriptions for children in foster care, in general. There were variations amongst the various drug categories and age of children. Information has been shared with targeted groups (practitioners, tribal staff, child welfare conferences) through facilitated meetings and conferences and will continue to be shared as analyses are completed.</p>
	c. The ND Administrative Code surrounding the consent and usage of psychotropic medications in residential facilities (PRTFs and RCCFs) will be reviewed and revised as necessary.	c. The ND Administrative Code for residential facilities addresses the consent and usage of psychotropic medications. CFS staff will continue to review and revise these rules as necessary. At this point, no changes have been made to the ND Administrative Code. Upon the meetings described above (with practitioners and regarding peer reviews), this will be reviewed again.
	d. Protocols are written and disseminated to state and tribal child welfare providers.	b. Informational resources provided by the CB continue to be utilized in taking steps toward the formulation of specific protocols. Policy, training ideas, and consent forms have been gathered from other states to assist in North Dakota's development of protocols and monitoring methods. The Health Care Oversight committee will be instrumental in reviewing and recommending protocols. Information that is gathered and the protocols developed are important steps in identifying patterns through which overuse or misuse can be proactively addressed. These protocols will be written as a result of the convening of practitioners and the discussions regarding peer reviews and best practices in North Dakota. Now that the data has been gathered (and will be run again in March 2017), the

		discussions will be focused around the trends found in North Dakota. Currently, the information on trends (previously noted) has been shared, but the protocols are not completed nor disseminated.
	e. Training to the field will be provided.	e. The Healthcare Oversight Committee is considering options for training to the field surrounding awareness of psychotropic drug use and how treating youth experiencing trauma may reduce the usage of psychotropic drugs. In selecting topics, the Committee will review any 'lessons learned' from the Psychotropic Drug Data Analysis. Training has been provided at Child Welfare Conferences, but it was focused on the trends based on the data available. The committee is still looking to provide targeted training on best practices as the workgroup reviews the current practices and the possibility of a peer review system.
8. A health care transition plan for youth aging out of foster care is developed to include options for health insurance, information about a health care power of attorney, health care proxy or other similar document recognized under state law.	a. The transition plan including components of health care needs of youth aging out of foster care is developed and offered to youth aging out of foster care.	<p>a. North Dakota foster care case managers must inform youth age 17+ (prior to discharge) about the importance of designating another individual to make health care treatment decisions on their behalf if they become unable to do so, they do not want or have a relative who could make health care related decisions on their behalf. ND foster youth complete a discharge checklist within 90 days of discharge that addresses many topics that will assist in their transition to adulthood. Foster care case managers, Chafee Independent Living Coordinators and youth work together to complete discharge checklist items. A "health care directive" is noted on the checklist as a required discussion. This document enables youth to make decisions now about medical care in the future. Forms and directions related to health care directives are found at www.legis.nd.gov/cencode/t23c065.pdf.</p> <p>In addition, ND Children & Family Services continues to utilize an informational brochure, "Health Care Directives, A Guide to Assist Youth Aging Out of Foster Care," DN 35, which is provided to each youth when completing the checklist and developing their transition plan before discharge. For youth who have left foster care and are Foster Care Alumni receiving the ETV; the Chafee Independent Living Coordinator follows up on this topic ongoing. The ETV application includes a checklist of required items, and health care directives are included on the checklist for discussion. Since inception of this rule, North Dakota has experienced that not all youth want to complete a Health Care Directive. The decision is respected, however, continued training occurs to best educate young people on the process.</p>

ATTACHMENT D
DISASTER PLAN



DISASTER PLAN
Emergency Disaster Preparedness
Continuity of Operations (COOP) Plan

(Revised June 2017)

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This plan can be found by going to the ND Department of Human Services website at
<http://www.nd.gov/dhs/info/pubs/docs/cfs/foster-care-disaster-plan.pdf>

The Child and Family Services Improvement Act of 2006 (P.L. 109-288) mandates that State child welfare agencies develop disaster plans that include how they will do the following:

- Identify, locate, and continue the availability of services for children under State care or supervision who are displaced or adversely affected by a disaster;
- Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those cases;
- Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster;
- Preserve essential program records;
- Coordinate services and share information with other States

North Dakota has developed and implemented the Emergency Disaster Preparedness Continuity of Operations (COOP) Plan to provide disaster preparedness instruction to foster families, foster/adopt families and children under the custody of a North Dakota public agency. This comprehensive and effective plan is to first and most importantly, ensures the safety, permanency, and well-being of our youth. Second, by having a plan North Dakota will be in full compliance with federal and state mandates.

The North Dakota Department of Human Services Children and Family Services has an obligation to the clients it serves to perform its essential functions efficiently during periods of disruption. When emergencies or other situations arise that disrupt ND DHS operations, DHS will activate the COOP to continue essential functions. This plan has been developed in accordance with guidance in Executive Order (EO) 12656. The Department uses an all hazards approach in its disaster preparedness planning process.

Types of Disasters

Natural and man-made disasters come in many forms and may dramatically overwhelm North Dakota's current welfare services service system. This plan is specific to response when one of the three levels of disasters occur.

1. Destruction of the North Dakota State Capitol building where the ND Department of Human Services, Children and Family Services is housed.
2. Destruction of all or some level of the two data management systems that hold all of the pertinent ND child welfare data; Comprehensive Child Welfare Information and Payment System (CCWIPS) or FRAME.
3. Natural disasters impacting our outlying counties, facilities, and foster homes causing excess loss of life or property damage due to unforeseen destruction by floods, tornados, high winds, power outages, winter and summer storms, etc.

Disaster Preparedness Process

ND Department of Human Services, Children and Family Services, regional Human Service Centers, counties, providers, professionals and other partners play an important role in preparing and responding to the safety and well-being of children and families during a disaster. ND follows this developed plan in an effort to protect vulnerable children and families during the disaster and for direction in moving forward after a disaster.

1. Initiation of Disaster Plan

2. Provider Identification and Locating
3. Communication Protocols
4. Training for state, regional, and county professionals

Initiation of Disaster Plan

The CFS director, or designee, will activate the CFS Continuity of Operations (COOP) Plan and work in tandem with the NDDHS Disaster Preparedness Administrator and regional human service centers regional supervisors. If a disaster occurs, the COOP is initiated and information is disseminated to the field by Children & Family Services immediately.

Provider Information & Locating

Children and Family Services (CFS) has established a system for gathering and providing information on foster families and foster/adopt families in the event they are caring for a child under public custody and they become unexpectedly displaced. Effective January 2, 2009, all foster parents and foster/adopt parents must outline disaster evacuation plans (SFN 445) that consider primary and secondary planning. At the time of licensing and relicensing, applicants will disclose their plan on the SFN 445 which is made part of the 'licensing file'. A copy of the plan is maintained at the regional office and also forwarded to CFS where the information is input into the "Q" drive at the North Dakota State Capitol. The "Q" drive allows any State employee to access the information, inclusive of the regional human service centers. Any individual who has access to the "Q" drive can access the Access Database to:

1. Edit information 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

North Dakota Administrative Code (NDAC) 75-03-16 requires Group and residential child care facilities to have written plans and procedures for meeting disasters and emergencies. A facility shall have written plans and procedures for meeting disasters and emergencies. Employees must know all plans and procedures for meeting disasters and emergencies. The facility shall advise children in placement of all emergency and evacuation procedures upon admission to the facility. These procedures shall be reviewed every month, including the performance and documentation of fire evacuation drills.

Foster care providers (family, therapeutic, and facility) will follow the communication protocols and will have access to the CFS telephone numbers and email address for ongoing updates and feedback from the CFS Continuity of Operations (COOP) Plan.

Communication

The CFS director, or specified designee, will activate the CFS COOP and work in tandem with the NDDHS Disaster Preparedness Administrator and 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, 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. ND has established this basic flow chart of communication and contacts that will assist in the event of a disaster.

1. The regional human service center office is the primary connection between the local social service agency, providers, and Children and Family Services (CFS) Division. 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 (completed SFN 445). Regional Supervisors located in the regional human service center are the direct connection between CFS 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.

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 (SFN 445), including emergency contact information.

Foster or foster/adopt youth placed in the region can be tracked through FRAME. A report can be generated through this system which will outline the placement resource

2. Press releases addressing a state disaster will be generated from the Department of Homeland Security/ND Department of Emergency Services, Public Information Office or a Joint Information Center (JIC). 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.
4. During any disaster, the CFS COOP (Division Director, CFS Management Team made up of CFS Program Administrators, and Interstate Compact Administrator) will remain available through phone and electronic forms of communication to coordinate services and share information with appropriate parties.
5. The department has established a CFS email address dhsdfs@nd.gov and two designated telephone numbers (1-800-245-3736 toll-free and 701-328-3541) 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.

FRAME 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 also has full access to every foster care case entered into FRAME.

Training

Training for state, local, and county offices is determined based on the locality of the agency, local approaches to agency structure for detailed disasters, inclusive of drills for fire, tornado, storms, active shooter, etc. Foster parents receive training on emergency response as part of the PRIDE training module, and fire safety in person and web based on line training is available. NDDHS can choose to develop a team to train state, county and local offices in disaster preparedness and is a direct liaison to the North Dakota Department of Emergency Services, an agency that provides 24/7 emergency communications and resource coordination with more than 50 lead and support agencies, private enterprise, and voluntary organizations to assist local jurisdictions in disaster and emergency response activities. Training is ongoing and updated when necessary.

CFS Administrators have access to the Disaster Plan which is also posted on the department's website. This information is disseminated annually to partnering regions and counties and shared at the time of a new hire at CFS. CFS will participate with regional offices in mock drills to better prepare for a disaster.

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 as well as have emergency information and agency contacts available to them in the Foster Parent Handbook <http://www.nd.gov/dhs/info/pubs/docs/cfs/foster-parent-handbook.pdf>.

North Dakota Court System

If a disaster has occurred in any region of North Dakota involving foster children under the jurisdiction of the North Dakota Court System, a protocol between the North Dakota Department of Human Services and the North Dakota Court System has been developed. A master list of all displaced foster children and their location, compiled by the Foster Care Administrator, will be sent to the Juvenile Court Director located in the region the disaster has occurred.

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 (Children & Family Services) Function

CFS will facilitate the creation of the designated CFS Continuity of Operations (COOP) team. CFS will collaborate with emergency personnel, state emergency agencies to best accommodate comfort in knowledge and understanding of expectations during the emergency. CFS will observe all mandates regarding state and federal requirements, including report completion, grant management and information system oversight. ND Department of Human Services recognizes that critical incident stress debriefing may be needed. Should the disaster leave personnel requiring assistance in coping with the tragedy, personnel will be offered debriefing groups and /or counseling.

Lastly, 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.



FAMILY EVACUATION DISASTER PLAN
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
 FOSTER CARE DIVISION
 SFN 445 (4-2014)

Clear Fields

Foster/Adopt/Kinship Family Name		County	Date	
Address		City	State	ZIP Code
Telephone Number	Cell Phone Number	E-Mail Address		

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.

FIRST CHOICE, WITHIN THE SAME COMMUNITY

Contact Name				
Address		City	State	ZIP Code
Telephone Number	Cell Phone Number	E-Mail Address		
Additional Contact Information				

SECOND CHOICE, WITHIN THE SAME COMMUNITY

Contact Name				
Address		City	State	ZIP Code
Telephone Number	Cell Phone Number	E-Mail Address		
Additional Contact Information				

FIRST CHOICE, OUT OF REGION

Contact Name				
Address		City	State	ZIP Code
Telephone Number	Cell Phone Number	E-Mail Address		
Additional Contact Information				

SECOND CHOICE, OUT OF REGION

Contact Name				
Address		City	State	ZIP Code
Telephone Number	Cell Phone Number	E-Mail Address		
Additional Contact Information				

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):

Contact Name				
Address		City	State	ZIP Code
Telephone Number	Cell Phone Number	E-Mail Address		
Additional Contact Information				

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, physician's 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), 701-328-2316, or e-mail 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.

Printed Name	
Authorized Signature	Date

NORTH DAKOTA FOSTER CARE/ADOPT

DISPLACED?

* CALL IN ASAP *

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 (701)- ,

or, the

ND DEPARTMENT OF HUMAN SERVICES

1-800-245-3736

CHILDREN AND FAMILY SERVICES

701-328-3541

dhscfs@nd.gov

Full disaster plan is viewable by going to the ND Department of Human Services website at <http://www.nd.gov/dhs/info/pubs/docs/cfs/foster-care-disaster-plan.pdf>

ATTACHMENT E
TRAINING PLAN



**CHILDREN AND FAMILY SERVICES DIVISION
UND CHILDREN AND FAMILY SERVICES
TRAINING CENTER
WORK PLAN**

July 1, 2017- June 30, 2018

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

- A. The CFSTC Director/or the CFSTC Designee 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 the responsibility of CFSTC in consultation with the Division.
- F. CFSTC staff will record and retain records on child welfare social workers who participant 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.
- H. The Director of the CFSTC will provide quarterly reports to the Division on the progress of the items contained in the work plan. Quarterly reports are due by the 15th of following months: October, January, April and August.
- I. Any proposed amendments to the work plan by either the Division or the CFSTC must be approved by the CFS Management Team and the Director of CFSTC.

Section I: CHILD WELFARE CERTIFICATION TRAINING

- A minimum of two complete sessions of CWCT will be completed in this contract year using the developed curriculum, unless determined otherwise by the Division and CFSTC. Additional sessions may be added based on need and availability of funding and capacity of the Training Center.
- Each session will include no more than 25 participants, giving priority to county child welfare workers and other child welfare workers in the private sector (AASK, PATH, and Tribal Social Services). If there are more than 25 participants requesting to register for the training, discretion will be used by the Director of the Training Center, in consultation with the CFS director to increase the number of participants for each session. County Social Service Employees, PATH, AASK and Tribal Social Service employees will be eligible for the cost of lodging. Reimbursement for any other participants or for any other expenses must be pre-approved by the Director of CFSTC and the Director of CFS.
 - A. Questions about any participants who wish to attend the training, who are not on the approved list of agencies will be discussed with the Division Director before acceptance into the training.
 - B. Evaluate the training and the curriculum through trainee evaluations, ongoing staff

- C. 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 as requested.
- D. After each of the two full sessions, provide Division Director the names of child welfare 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.
- E. Provide a list of persons who have completed Child Welfare Certification at the request of the Division Director or designee.
- F. 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.
- G. CFSTC will review the training curriculum of Child Welfare Certification and make ongoing changes as requested by Division.
- H. CFSTC will provide an on-line registration site for FRAME Training and forward names of participants to the Division.

Section II: FOSTER/ADOPTIVE PARENT TRAINING

- 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. Implement the PRIDE On-Line Curriculum through contract agreement with Governor’s State University.
- E. As the new PRIDE curriculum is implemented, train the present trainers in the new curriculum.
- F. 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.
- G. Subcontract with individuals and teams to provide PRIDE training across the state. Teams should have representation of foster care case managers/licensors, adoption workers and

- H. foster/adopt parents.
- I. Serve on the PRIDE Advisory Committee.
- J. Work with Governors State University and the State of Illinois to implement changes in PRIDE curriculum.
- K. 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 AASK.
- L. Serve as a member of the Recruitment/Retention state task force.
- M. Participate in FC Case management calls as requested.

Section III: THERAPEUTIC FOSTER CARE TRAINING

- A. Executive Director of North Dakota PATH (or designee), will meet to review the Therapeutic Foster Care training plan by September 30, 2017.
- 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 September 30, 2017, with the PATH Administrative Team.
- C. CFSTC will implement any identified changes in the Treatment Foster Care curriculum by January 1, 2018.
- D. Deliver five session of the Non-Violent Crisis Intervention Training to new ND PATH Therapeutic Foster Care foster parents.
- E. Reimburse PATH therapeutic foster parents for training expenses as outlined in the CFSTC reimbursement guidelines.
- F. Participate in the PATH Education Committee and PATH Advisory Committee

Section IV: FOSTERING COMMUNICATIONS NEWSLETTER

- A. Writes, edits and produces Fostering Communications six times annually, and distributes the newsletter.
- B. Will distribute the newsletter electronically to: foster and adoptive family homes, residential facilities, county social services offices, regional human service centers, and private human service agencies in North Dakota.
- C. Post the newsletter on-line on the CFSTC website.
- D. Review foster care and adoption literature and various publications for ideas and stories for development and/or reprinting in “Foster Communications”.
- E. Provide newsletter draft to Permanency Manager or designee for their review if requested.
- F. Work with CFS, using existing media sources, to distribute an electronic newsletter, “Outstanding in the Field”, to focus on issues related to excellence in child welfare practice in North Dakota.

Section V: CHAFEE FOSTER CARE INDEPENDENCE PROGRAM

- 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.

Section VI: CHILD CARE LICENSOR TRAINING

- A. 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.
- B. Provide CEUs for training delivered by the CFS Division.

Section VII: RESOURCE LIBRARY

- A. Maintain child welfare resources, materials and library holdings to lend to human service personnel.
- B. Reviews, evaluates, and recommends films, videos, and printed materials to the Division program administrators for additions to the resource material library.
- C. Outdated materials will be removed from the library with consultation from the CFS Division.
- D. Maintain online bibliography.

Section VIII: CFSTC WEBSITE

CFSTC will maintain a website which will house information related to training child welfare professionals and foster/adoptive parents. It will include:

- A. Information about Child Welfare Certification and registration link.
- B. On-going training calendar with event registration capability.
- C. Resource library with availability of on-line check out.
- D. Web page devoted to recruitment and retention of foster and adoptive parents.
- E. Newsletters.
- F. Other child welfare related information as deemed appropriate.
- G. Link to a CFSTC Facebook Page to highlight news and events related to child welfare in North Dakota.

Section IX: WRAPAROUND CERTIFICATION TRAINING

- A. CFSTC will assist with the implementation of the Wraparound Practice Model of service delivery for children and their families.
- B. Facilitate logistics for one additional week of Wraparound Certification Training, annually, if needed (based on registrations).
- C. Deliver one additional week of Wraparound Certification Training to child welfare staff and partners including DJS, Partnership, RCCF staff and Intensive In-Home providers, as well as, any other contracted providers deemed appropriate by the state.
- D. Deliver "introduction to wraparound" to intensive in-home providers at Village Family Services to enhance their foundation training.
- E. Provide a list of persons who have completed Wraparound Certification Training Certification

F. to the Well-Being Administrator.

Section X: FOSTER/ADOPTIVE HOME RECRUITMENT AND RETENTION

- A. Facilitate training to recruitment and retention specialists across North Dakota.
- B. Assist in developing recruitment and retention materials.
- C. Participate in the State Recruitment and Retention Coalition and work with the CFS Division to develop agendas for the Coalition Meetings.
- D. Assist in writing the state recruitment and retention plan.
- E. Assist, as requested by CFS, in reviewing regional recruitment and retention plans.

Section XI: SECONDARY TRAUMA EDUCATION, PREVENTION AND SUPPORT PROJECT

- A. Manage the secondary trauma education, prevention and support project.
- B. Work with the consultant, David Conrad, to provide ongoing support and training to child welfare professionals in North Dakota including counties and RCCFs.
- C. Evaluate the ongoing need for support and education to the child welfare field.
- D. Deliver training to child welfare professionals: Introduction to Secondary Traumatic Stress, Advanced Training for Supervisors, Trauma and Stress Reduction Training, and other special topics as requested and developed.
- E. Provide supportive sessions to workers impacted by secondary trauma: individual and group debriefing.

Section XII: GENERAL EXPECTATIONS

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. Continue developing, with Division staff, electronic methods and options for delivery of child welfare training.

XIII: OTHER TRAINING TASKS AND PROJECTS

- A. Conduct up to two PRIDE Mutual Family Assessment Training sessions during the work plan period, if needed. This training will include training on general licensing requirements. Will explore options for pre-service and ongoing training for Kinship Care providers.
- B. 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.
- C. 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.
- D. Provide coordination for an annual CFS Conference or Children's Justice Symposium, along with CFS Division staff.
- E. 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.
- F. Facilitate, coordinate and deliver training related to the implementation of Alternative Response for Substance Affected Newborns and their families.
- G. Work with CFS Division to integrate training on alternative response into Week I of Child Welfare Certification.
- H. Work with the CFS Division to develop the PIP and adjust training curricula to reflect changes in the PIP.
- I. Explore the use of motivational interviewing across child welfare programs and provide training on motivational interviewing.
- J. Provide training specific to improving case worker visits through the CFS Conference or other training opportunities.

XIV. Supervisor Training

- A. Develop and deliver a comprehensive training for new county child welfare supervisors.
- B. Provide up to two sessions of the Leadership Academy for Supervisors.
- C. Create and distribute a survey to provide the Training Center information on training needs of supervisors.
- D. Attend State Supervisor meetings to help assess the ongoing training needs of supervisors.
- E. Plan and deliver ongoing training addressing special topic areas for supervisors.

ATTACHMENT F
GOVERNOR'S ASSURANCE STATEMENT – CAPTA

**Child Abuse Prevention and Treatment Act (CAPTA)
Grant to States for Child Abuse or Neglect Prevention and Treatment Programs**

**State Plan Assurances added by P.L. 114-22
The Justice for Victims of Trafficking Act of 2015**

(These amendments to CAPTA Are Effective May 29, 2017)

**Governor's Assurance Statement for
The Child Abuse and Neglect State Plan**

As **Governor** of the State of North Dakota, I certify that the State has in effect and is enforcing a State law, or has in effect and is operating a statewide program, relating to child abuse and neglect which includes:

1. Provisions and procedures regarding identifying and assessing all reports involving known or suspected child sex trafficking victims (as defined in section 103(10) of the Trafficking Victims Protection Act of 2000 (TVPA) (22 U.S.C. 7102)); (section 106(b)(2)(xxiv) of CAPTA)
2. Provisions and procedures for training CPS workers about identifying, assessing and providing comprehensive services to children who are sex trafficking victims, including efforts to coordinate with state law enforcement, juvenile justice, and social service agencies such as runaway and homeless youth shelters; (section 106(b)(2)(xxv).

Signature of **Governor**:


Date: 6/28/16

Reviewed by: _____
(CB Regional Child Welfare Program Manager)

Dated: _____

ATTACHMENT G
CAPTA ANNUAL REPORT



**NORTH DAKOTA
CHILD ABUSE PREVENTION AND TREATMENT
ACT (CAPTA)**

2018 Annual Report

Administered by:
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
Children & Family Services Division
Shari Doe, Division Director

The goals for the consolidated North Dakota Child and Family Services Plan (CFSP) are used as the goals for the Child Abuse Prevention and Abuse Act (CAPTA) plan. 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. CAPTA and Title IVB programs are coordinated through an internal Management Team structure that facilitates coordination between the CAPTA State Plan and Title IVB programs and aligns with and supports the overall goals for the delivery and improvement of child welfare services.

I. Notification Regarding Substantive Changes in State Law (Section 106) (b) (1) (B)

North Dakota will provide notice to the Secretary regarding any substantive changes in State law that may affect its eligibility for a Basic State Grant. No substantive changes have been made to state law or regulations that could affect the state's eligibility for the CAPTA state grant.

II. Description of significant changes from the previously approved CAPTA Plan

- A. There are no significant changes for the state's previously approved CAPTA Plan in how the state proposes to use funds to support the 14 program areas enumerated in section 106(a) of CAPTA.
- B. North Dakota continues to utilize CAPTA state grant funds as described in the previously approved CAPTA plan to support:
- The CPS Task Force, for the improvement of strategies, policies and protocols for the improvement of screening and assessment of reports of child abuse and neglect.
 - Community Based Child Abuse Prevention to provide support for Community-Based Child Abuse Prevention, through Parent Resource Centers in the state utilizing evidence-based child abuse and neglect programming/curricula;
 - Child Fatality Review Panel/Citizen Review Panel;
 - Institutional Child Abuse and Neglect;
 - The Alliance for Children's Justice;
 - Continued collaboration with the Juvenile Justice system, public health agencies, private community-based programs, domestic violence service agencies, substance abuse treatment agencies, Developmental Disabilities, and other agencies in investigation, interventions and delivery of services and treatment provided to children and families affected by child abuse or neglect;
 - Continued development, strengthening and facilitating of training, including maintenance of online mandated reporter training. Continued exploration and evaluation of data related to the recently developed online training module; continued evaluation of the Child Welfare Certification Training curriculum to assure that the needs of beginning CPS workers are met, and exploration of training for CPS social workers and supervisors on child development and child trauma.

III. Description of how CAPTA state grant funds were used, alone or in combination with other federal funds

- A. Not all objectives for all areas for improvement will have funds attached. Staff will complete many of the objectives and action steps noted in the CAPTA Plan and the Consolidated APSR with no Basic Grant funds expended. Use of funds in 2016 is not changed from use of funds in 2015.
- B. CAPTA funds were used alone or in conjunction with Children’s Justice Act, family support dollars and state funds to support the following activities:
- i. **Out-of-state Travel for State Child Protection Service Administrator**
 - a. CAPTA funds were used in conjunction with Children’s Justice Act funds to attend meetings of the State Liaison Officers and to attend national and regional training that would assist in the development of knowledge or skills for the State CPS Administrator.
 - ii. **State Institutional Child Protection Team**
 - a. CAPTA funds were used in conjunction with Children’s Justice Act funds, to reimburse non-state employees for travel and per diem for meetings of the State Child Protection Team. The Team meets as required to review and make decisions regarding Child Protection Services needs in institutions.
 - iii. **State Child Fatality Review Panel**
 - a. CAPTA funds were used in conjunction with Children’s Justice Act funds, to support the Child Fatality Review Panel which is a multi-disciplinary panel made up of professionals and lay persons for purpose of reviewing child deaths. (Members include Physicians, Educator, Prosecutor, Law Enforcement official, Prevention Specialist, Child Protection Staff, and Community Members) The funds are used to reimburse members for travel to meetings and for training opportunities.
 - iv. **In-State Travel for State Administrator**
 - a. CAPTA funds were used to reimburse the State Administrator to travel to the regional and county offices to provide support to direct providers of child protection services.
 - v. **Travel to Meetings for Work on the Areas of Improvement**
 - a. CAPTA funds were used in conjunction with Children’s Justice Act funds, to reimburse CPS Task Force members for in-state travel and per diem to attend meetings wherein the work to review and act on implementation of improvements to North Dakota Child Protection Services takes place.
 - vi. **Support for the Alliance For Children’s Justice (ACJ)**
 - a. CAPTA funds were used were in conjunction with Children’s Justice Act funds, to maintain the Alliance for Children’s Justice. The purpose of ACJ is to improve the handling of child abuse and neglect cases, including child sexual abuse cases. ACJ is a multi-disciplinary partnership made up of over thirty five members representing law enforcement, mental health, parents, civil and criminal courts, prosecutors, defense attorneys, child protection staff, faith communities, education and medical professionals, prevention advocates and citizens. This

task force maintains a CPS sub-committee (CPS Task Force), which continually reviews CPS policies and practices. The Basic grant funds are used to support staff costs, meeting expenses, training of professionals, providing information to public and professionals, prevention, treatment and research related activities and to support of Prevent Child Abuse North Dakota.

- vii. **Support for CPS Training**
 - a. CAPTA funds were used were in conjunction with Children’s Justice Act funds, for training, consultant fees, training materials, travel and per diem for trainees.
- viii. **Educational Materials, Training Material, Books, Videos, Printing**
 - a. CAPTA funds were used to provide printing of materials to enhance public awareness, and the printing of reports to be used by the public as well as child protection service professionals.
- ix. **Support for the Prevent Child Abuse North Dakota Organization**
 - a. CAPTA funds were used to support the only statewide agency, Prevent Child Abuse North Dakota (PCAND), established for the sole purpose of the prevention of child maltreatment. The funds will be used for staff and operating expenses as specified in a work plan and a contract with Prevent Child Abuse North Dakota.
- x. **The Nurturing Parenting Program**
 - a. CAPTA funds were used in conjunction with state funds to support the Nurturing Parent Program. The Nurturing Parenting Program is a family-centered initiative designed to build nurturing parenting skills as an alternative to abusive and neglectful child-rearing practices. The programs target all families at risk for abuse and neglect with children birth to 18 years. The programs have been adapted to special populations including families of diverse ethnicities, military families, teen parents, foster and adoptive families, families in alcohol treatment and recovery, parents with special learning needs, and families with children who have special health challenges.
- xi. **Parent Resource Centers (PRCs)**
 - a. CAPTA funds were used were used in conjunction with IV B Part II funds (CBCAP) to support eight (8) Parent and Family Resource Centers (PRC). Each PRC participates in a Parent Education Network coordinated through the Family Life Education Program codified in state law, a partnership with the North Dakota State University Extension Service. The network provided for site visits, a peer review process and an evaluation component for the individual centers as well as for the network.

IV. Citizen Review Panel

The North Dakota Child Fatality Review Panel, as described in Section C of the APSR “Service Description”, serves as the state’s Citizen Review Panel as allowed by CAPTA Section 106 (c). The Child Fatality Review Panel data report is a consolidated multi-year report for the years 2012-2014 child fatality reviews is the most recent report completed and placed online at: <http://www.nd.gov/dhs/info/pubs/docs/cfs/child-fatality-report-2012-2013-2014.pdf> . Reviews of child deaths and child maltreatment near deaths for 2016 have not yet been completed pending case reviews for which records are unavailable to the Panel due to pending criminal

investigation, criminal prosecution, etc. The state's most recent response to the Panel's recommendations can be found in [ATTACHMENT A](#).

V. Amendments to CAPTA made by PL 114-22, The Justice for Victims of Trafficking Act of 2015

- **Steps the state has taken or is taking to address the amendments to CAPTA relating to sex trafficking in order to implement those provisions by May 29, 2017**

In response to the provisions of PL 113-183, North Dakota has issued CPS Program policy related to human trafficking through DHS Policy Issuance 15-20, issued September 21, 2015:

http://www.nd.gov/dhs/policymanuals/640/640.htm#640_85_01.htm%3FTocPath%3DChild%20Protection%20Services%20Manual%20640%7CAppendix%20640-85%7C_____1

The policy incorporates definitions of child victims of sex trafficking, severe forms of trafficking and labor trafficking as defined in section 103(9)(A) and (10) of the Trafficking Victims Protection Act (TVPA).

The CPS Program policy issued September 21, 2015 contains provisions and procedures regarding identifying and assessing all reports involving known or suspected child sex trafficking victims, including providing comprehensive services to children who are trafficking victims, which encompasses evidence-based trauma therapy. The policy also includes an evidence-informed screening tool developed by the VERA Institute of Justice.

The required data reporting elements for human trafficking will require changes to be made to the state's data system. These changes are currently in process; however, without knowing precisely what federal reporting requirements will be, full data reporting compliance remains uncertain at this time.

2018 UPDATE

Data system changes have been made in order to record the number of youth experiencing human trafficking as a maltreatment by a caregiver as well as the number of youth experiencing human trafficking by a non-caregiver as a risk factor. This data has not yet been mapped to NCANDS, but the process is underway to map these data elements for federal reporting purposes.

- **Provide an assessment of the changes the state will need to make to its laws, policies or procedures to ensure that victims of sex trafficking, as defined in sections 103(9) (A) and (10) of the TVPA, are considered victims of child abuse and neglect and sexual abuse. We note that it is likely that some states will need to make changes to state laws to come into compliance. Indicate whether the state is electing to apply the sex trafficking portion of the definition of "child abuse and neglect" and "sexual abuse" to persons who are over age 18 but have not yet attained age 24.**

The North Dakota State Legislature enacted major human trafficking legislation in 2015, including amending the juvenile code to include a definition of a child victim of human trafficking as a "deprived child". Under North Dakota law, an "abused child", a "neglected child" and a "sexually abused child" are all considered to be a "deprived child" under the

juvenile code. The state has not opted to apply the sex trafficking portion of the definition of “child abuse” and “sexual abuse” to a person who has not attained the age of 24, in keeping with the state’s definition of a “child” as an individual who has not attained the age of 18 years.

- **Provide an update on the state’s progress and planned activities in the coming year to develop provisions and procedures regarding identifying and assessing all reports involving known or suspected child sex trafficking victims.**

Given the requirements of P.L. 114-22, analysis of any needed integration with state law will take place in late summer/early fall of 2016, prior to the state’s 2017 legislative session. It is believed that the current law is sufficient, but further legal analysis will be given to determine any need for additional amendment to state law. If a law change is needed, this would take place during the 2017 legislative session. Any legislation passed into state law would then be scheduled to take effect August 1, 2018, unless otherwise specified in an emergency clause.

Child Protection Services Program policy provisions and procedures are currently in place.

2018 UPDATE

Analysis of the state laws enacted in 2015 was determined to be sufficient to meet the requirements of the Justice for Victims of Trafficking Act of 2015 and no new legislation was introduced in the 2017 legislative session.

- **Provide an update on the state’s progress and planned activities in the coming year to develop provisions and procedures for training CPS workers about identifying, assessing and providing comprehensive services to children who are sex trafficking victims, including efforts to coordinate with state law enforcement, juvenile justice, and social service agencies such as runaway and homeless youth shelters.**

An on-line training module has been developed for child welfare workers as part of the Child Welfare Certification program through the University of North Dakota, “PL 113-183 Preventing Sex Trafficking and Strengthening Families Act”:

<http://nursing.und.edu/multimedia/pl-113-183/>. Use of this module will continue in the coming year. Policy and practice training for human trafficking has been integrated onto the Child Welfare Certification Training for new workers and will continue in the coming year.

Additionally, a North Dakota non-profit agency has received a grant to support two Human Trafficking Navigators in the state. These Navigators are organizing local multi-disciplinary groups around the state, including county child welfare agencies, to participate in development of local Human Trafficking protocols for multi-system responses to victims of trafficking. The lead agency, through the regional and county

offices, supports these efforts and participates in local efforts as requested.

Training about identifying, assessing and providing comprehensive services to children who are sex trafficking victims has taken place in July 2015, in the form of a workshop session held as part of the biannual Children and Family Services Conference for child welfare professionals. In December, 2015, the Children and Family Services Training Center through support from the Children and Family Services Division coordinated statewide training on the Commercial Exploitation of Children related to Human Trafficking in four key locations around the state. This training was attended by over 300 professionals from a wide variety of disciplines including child welfare services, juvenile court officials, law enforcement officials, Children's Advocacy Centers, judges, prosecutors and clinical therapists. Unfortunately, one of the training sessions had to be cancelled due to weather related travel conditions. This session had been rescheduled to take place during the Children's Justice Symposium in July 2016.

2018 UPDATE

A training session was held during the Children's Justice Symposium in July 2016 to make-up for the missed training session from January. The online training module remains available for child welfare workers as part of the Child Welfare Certification program through the University of North Dakota, "PL 113-183 Preventing Sex Trafficking and Strengthening Families Act".

- **In addition, no later than May 29, 2017, states must submit the new CAPTA assurances relating to sex trafficking. These assurances are to be provided in the form of a certification signed by the State's Governor (see Attachment F). The signed assurance may be returned with the 2017 CAPTA Annual Report submitted with the APSR due June 30, 2016, if the state is ready to submit them by that time. If not, the state may submit the certification at a later date, but no later than May 29, 2017.**

2018 UPDATE

North Dakota's signed assurance statement was submitted with the state's 2017 APSR as Attachment F.

- **Identify any technical assistance needs the state has identified relating to implementation of the amendments to CAPTA made by the Justice for Victims of Trafficking Act of 2015.**

Without knowing precisely what the federal reporting requirements will be, full compliance remains unknown at this time and technical assistance may be needed related to collecting the required data and mapping the data elements correctly. Technical assistance may be needed to implement any additional federal requirements.

2018 UPDATE

No additional technical assistance needs have been identified.

VI. Amendments to CAPTA made by P.L. 114-198, the Comprehensive Addiction and Recovery Act of 2016 (CARA)

In response to the CARA Amendments to CAPTA, North Dakota has combined recommendations made by the state's Substance Exposed Newborn Task Force (SENTF), the work North Dakota has been engaged in with Casey Family Programs, around Alternative Response CPS systems, in development of an Alternative CPS Response to reports of substance exposed newborns. The state SENTF included in their study of this issue, information on research showing that punitive responses, such as the threat of CPS involvement and child removal, often drive pregnant women away from vital services such as prenatal care and Substance Use Disorder treatment. Alternative Response CPS assessments have been shown to increase engagement of families while keeping children safe in their homes. The CARA amendments to CAPTA require that the health and treatment needs of the infant and affected family or caregiver through the creation and monitoring of a Plan of Safe Care. By definition, Alternative Response CPS interventions focus on assessment of needs rather than gathering forensic evidence required to substantiate or un-substantiate child abuse or neglect. North Dakota believes that the requirements of the CARA Amendments to CAPTA will best be accomplished by engaging caregivers of substance exposed newborns in the development of a Plan of Safe Care that addresses the health and substance use disorder needs of the caregivers and the health and safety needs of the newborn, whenever there is not a need to substantiate child abuse or neglect.

In response to the Information Memorandum issued August 26, 2016 by the Administration for Children and Families, a state legislator who spearheaded the state's Substance Exposed Newborn Task Force, agreed to introduce state legislation to enable Alternative response CPS Assessments in cases of reported substance exposed newborns. The state Legislative Session convened in January, 2017. During this 2017 State legislative session, the state Child Abuse and Neglect Chapter was amended, allowing for an Alternative CPS assessment response to reports of substance exposed newborns. The state law now defines a "Substance Exposed Newborn" as an infant younger than 28 days of age at the time of the initial report of suspected child abuse or neglect and who is identified as being affected by substance abuse or withdrawal symptoms or by a fetal alcohol spectrum disorder." The state law requires referral services and monitoring of support services for caregivers as well as a Plan of Safe Care for the newborn, mirroring the federal CARA legislation amending CAPTA. State statute also provides that non-compliance with the Plan of Safe Care or referral services can result in completion of a standard CPS assessment response.

The lead agency, along with the CPS Committee of the CJA Task Force and the state's Behavioral Health Division (the workgroup) are in the process of developing program policies and other resources, including requirements for Plans of Safe Care, to provide guidance to the field for implementation of Alternative Response Assessments for Substance Exposed Newborns in October, 2017. The state's policy will include provisions and guidance on the development and monitoring of a Plan of Safe Care which addresses the health and substance use disorder treatment needs of the infant and affected family or caregiver. Additionally, the workgroup will produce supporting documents by January 2018, to include:

- [A flow chart for AR assessments](#)
- [Handout/brochure for parents re: AR response](#)
- [Handout/brochure for Mandated reporters and community members/stakeholders](#)

- A service agreement for parents agreeing to participate in AR
- A Guide for Assessing Safety, Strengths and Risk (similar to existing document for Standard Assessments)

Additionally, the lead agency is developing a training plan which will provide training on the policies and practice for child welfare workers by December, 2017.

The state has consulted with Casey Family Programs and the Center for States in the development of this plan. Additionally, the lead agency will hold a state level stakeholder's meeting by January 2018 to collaborate and explore resources across the state to support this process. This state level meeting will include Substance Abuse professionals, Public Health/MCH, health care professionals, members of the multi-disciplinary state Substance Exposed Newborn Task Force, as well as other public and private service agencies, stakeholders, and providers.

The lead agency has begun the process of analysis and design to incorporate data system changes, along with appropriate mapping for NCANDS, for the data reporting elements required by the CARA Amendments. Reports/data extraction related to monitoring referrals and Plans of Safe Care will be included in the Information Technology development process to aid in determining whether and in what manner local entities are providing referrals to, and delivery of, appropriate services for the infant and affected family or caregiver. It is anticipated that these processes will be completed by May 30, 2018.

North Dakota anticipates submission of the Governor's Assurance Statement for the Child Abuse and Neglect State Plan related to CAPTA as amended by Public Law 114-198, by June 30, 2018.

VII. CAPTA Annual State Data Report Items

- A. The number of children who were reported to the State during the year as victims of child abuse or neglect.
 - i. The number of children who were reported to the State as victims of child abuse and neglect during the FFY 2016 is 7,445.
- B. Of the number of children described in paragraph (1), the number with respect to whom such reports were—
 - i. substantiated;
 - o The number of victims with respect to whom such reports were substantiated as reported in NCANDS during FFY 2016 is 1,911.
 - ii. unsubstantiated; or
 - o The number of victims with respect to whom such reports were unsubstantiated as reported in NCANDS during FFY 2016 is 5,534.
 - iii. determined to be false.
 - o The number of children described in paragraph (1) with respect to whom such reports were determined to be false is not able to be reported.

- C. Of the number of children described in paragraph (B) —
- i. The number that did not receive services during the year under the State program funded under this section or an equivalent State program;
 - o There were **2,105** report/child pairs with report dispositions (i.e., assessment decision) of “Substantiated” in FFY 2016. Of those, **900** did not receive post response services, and **1** had “Unknown or Missing” post response services.
 - o There were **5,340** report/child pairs with report dispositions (i.e., assessment decision) of “Unsubstantiated” in FFY 2016. Of those, **5,190** did not receive post response services, and **7** had “Unknown or Missing” post response services.
 - ii. The number that received services during the year under the State program funded under this section or an equivalent State program;
 - o There were **2,105** report/child pairs with report dispositions (i.e., assessment decision) of “Substantiated” in FFY 2016. Of those, **1,204** received post response services.
 - o There were **5,340** report/child pairs with report dispositions (i.e., assessment decision) of “Unsubstantiated” in FFY 2016. Of those, **143** received post response services.
 - iii. The number that were removed from their families during the year by disposition of the case.
 - o There were **355** report/child pairs that had foster care/removal from home during FFY 2016. Of those, **334** had report dispositions of “Substantiated” and **21** had report dispositions of “Unsubstantiated”.
- D. The number of families that received preventive services, including use of differential response, from the State during the year.
- i. The state is unable to report the number of families that received preventive services. The state does not have an alternative response system. The number of children receiving preventive services under CBCAP programs is reported in NCANDS Agency File data element 1.1. B-C as 450.
- E. The number of deaths in the State during the year resulting from child abuse or neglect.
- i. The number of deaths in the State during the year resulting from child abuse or neglect is four (4)
- F. Of the number of children described in paragraph (5), the number of such children who were in foster care.
- ii. The number of children described in paragraph (5), the number of such children who were in foster care is zero (0).

D. CPS Workforce Information

- i. The number of child protective service personnel responsible for the—
 - intake of reports filed in the previous year;
 - screening of such reports;
 - assessment of such reports; and
 - investigation of such reports.

Part 1 – FTE's within CPS workforce

NUMBER OF FTE CHILD PROTECTION SERVICE PERSONNEL BY RESPONSIBILITY	
FTE's for CPS Intake (receiving 960 reports) functions	17.2
FTE's for CPS Assessment functions	75.7
FTE's for CPS Supervision functions	12.8
Total	105.7

Staff turnover

REASON, FREQUENCY, AND PERCENT OF CPS STAFF TURNOVER		
	Frequency	Percent
Retirement	1	2.6
Dismissal	3	7.9
Lateral/Promotion	11	28.9
Voluntary Resignation	23	60.5
Total	38	100.0

- iii. In 2014, the state first engaged in a process to survey the individual counties in order to obtain the requested data on the number of child protective service personnel responsible for the intake, screening, and assessment of reports of suspected child abuse and neglect. This process further surveyed the education, qualifications and training of child protection service professionals and demographic information of the child protection service personnel.

An electronic survey was prepared in two sections, using Survey Monkey as the vehicle for collecting the data. This survey was transmitted via email to directors of all county social service agencies in the state. The survey was administered in two parts. The first part was completed by agency directors, listing the staff and percentage of FTE for each staff person for each function requested. Information on caseload or work load requirements, including the average number and maximum number of cases per protection service worker and supervisor, were then calculated using the data provided in the

survey and the caseload numbers entered into the statewide data system. The response rate for the Director’s portion of the survey was approximately 56.6%, with 30 of 53 counties reporting. Directors reported a total of 172 employees, including supervisors, responsible for intake and assessment. These were then calculated as a corresponding portion of a Full Time Equivalent position (FTE), resulting in a total of 105.7 FTEs. The second portion of the survey was forwarded to the workers and supervisors by the director with a request for each worker listed by the director to complete the education/training and demographic portion of the survey. The worker demographic and training portion of the survey was completed by 91 of the workers/supervisors, for a response rate of approximately 52.9%. The worker response rate in 2016 was 44%.

North Dakota is a state-supervised, county administered child welfare system. The information below, which addresses the education, qualifications, and training requirements, addresses positions within the Child Protective Service Workforce. Factors impacting the data include missing responses from the two largest counties in the state. Because of this gap in reporting, the survey results may not represent true workforce and supervisor ratio. This also impacted FTEs counts. Rural/urban counts were also impacted, since some employees from a large, more urban responded to the survey; however there was no director survey received from that county, so the FTE numbers are not included. The training hours increased significantly than last year. This is attributed to a change in the tracking and audit functions of the state’s licensing board for social workers. Workers now need to track and document their own training hours, which are randomly audited rather than the licensing board keeping track of worker continuing education credits.

- ii. The average caseload for the workers described in subparagraph (i.).

AVERAGE CASELOAD (PER FTE)*	
A. Intake Workers	
10,590 CPS Reports/17.2 Intake FTEs	Average # of Reports Per Intake FTE: 615**
B. Assessment Workers	
1,999 CPS Full Assessments (includes out of state assessments)/75.7 Assessment FTEs	Average # of CPS Full Assessment per Assessment FTE: 26**
1,265 CPS Terminated/Pregnant Woman Assessments/75.7 Assessment FTEs	Average # of CPS Terminated/Pregnant Woman Assessments per Assessment FTE: 16**
2,173 Admin Assessments / 75.7 Assessment FTEs	Average # of Admin Assessments per Assessment FTE: 28**
1,398 Referrals / 75.7 Assessment FTEs	Average # of Referrals per Assessment FTE: 18**
The average caseload (yearly)=88	
C. Supervisors	
Supervisors FTE to Worker FTE Ratio Average supervisor caseload = 7 employees	Slightly more than 1:7 (13 supervisors FTE's to 93 worker FTE's)
<i>*Numbers are rounded to the nearest integer</i>	
<i>**By state law, North Dakota is not able to screen out reports of suspected child abuse or neglect. All reports are accepted.</i>	

- Reports that do not meet criteria for assessment are “administratively assessed” (admin. assessments above).
- North Dakota also terminates assessments of reports in progress (without a finding of

- abuse or neglect) when information indicates further assessment is not needed. North Dakota accepts reports of pregnant women using controlled substances or abusing alcohol, but because there is not a viable child in these cases, no determination of abuse or neglect can be made (Term/PW assessments above).
- When reports allege abuse or neglect of a child that is not within the state's jurisdiction or reports concern maltreatment by a person who is not a "person responsible for a child's welfare" under state law, the report is referred to the child's jurisdiction or to law enforcement, respectively (referrals above).

iii. Caseload Standards

- The caseload standard for Child Protection Services Social Workers is established in state policy Service Chapter 640-01-25-01 as follows:

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

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

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

- There are no established caseload/workload standards for child protective service supervisors.

H. The agency response time with respect to each such report with respect to initial investigation of reports of child abuse or neglect.

- i. The mean time to investigation in hours for FFY 2016 was 197.7 hours (2016 NCANDS Child File). A slight increase from 195.5 hours reported in FFY 2015.

Due to conflict between the federal definition of response time and state administrative rule and policy for initiation of assessment and face to face contact with victims, calculations of response time are not fully representative of actual practice. Since initiation of an assessment can only occur one time, system codes may reflect initiation occurring through an action that does not meet the federal initiation definition. State administrative rule allows initiation of an assessment to be done by completing a check for records of past involvement, by contact with the subject of a report, or with a collateral contact to indicate this action as “initiation”. The federal NCANDS definition of “Investigation Start Date” as “The date when CPS first had face-to-face contact with the alleged victim of child maltreatment” is in conflict with the state’s administrative rule and greatly impacts the reporting of response times. The state maintains separate standards for initiation of an assessment and for face-to-face contacts. When case initiation is calculated using the state’s policies and administrative rules, 2015 data reflects that 87.1% of assessments are initiated within the states requirements.

FFY 2016 CPS TIMELINESS TO ASSESSMENT INITIATION*			
BY REPORT CATEGORY			
Report Category	Yes	No**	Missing***
A. (N=370)	90.8%	9.2%	0.0%
B. (N=1429)	92.4%	7.6%	0.0%
C. (N=5434)	85.5%	14.5%	0.0%
Total (N=7233)	87.1%	12.9%	0.0%

*Includes all CPS assessments regardless of the decision code.

**Includes records with initiation dates prior to the date the report was received and records with initiation dates after the report was received that were outside program policy parameters for the report category.

***Records excluded because they were missing initiation dates.

By state policy, for a Category A report, the assessment must begin within 24 hours of the receipt of a report in a (includes reported fatalities, sexual abuse, serious physical injuries). The assessment must begin within 24 hours of the receipt of a report in a Category B report (includes reported less serious injuries, drug exposure, failure to thrive). For a Category C report, the assessment must begin within 72 hours after the receipt of the report (includes reported neglect and psychological maltreatment).

Another complicating factor for reporting is that data system codes for contacts with children are indicated as “worker/child” or “worker/family”, which may indicate contact with any child in the home, not specifically with a victim or with all children in the home. This is due to multiple programs using case activity codes. Additionally, the initial face-to-face contact with a victim for purposes of a safety assessment is allowed, by state policy, to be conducted by specific professional “partners” who have authority to provide immediate protection for the child (Law Enforcement, Medical Personnel, Juvenile Court staff, or Military Family Advocacy staff) in addition to a child welfare social worker, in order to assure safety in a rural environment where minimal staffing, extreme weather and distance can delay a worker’s ability to respond quickly. Given this policy, face-to-face contact by a “partner” may occur previous to the report received date/time. For example: Law enforcement is called to a home in the evening for a welfare check and determines that the children are not in immediate danger, so does not remove, but does follow up with a written report to the child welfare agency the following day. Face-to-face contact with the victim has occurred by someone with authority to protect the child, but occurs prior to the report date/time, by someone other than the child welfare worker. Contacts

made by authorized partners are not reported to NCANDS since these contacts do not meet the reporting definitions. When the data is calculated according to the state’s policy, face-to-face contact within the allowable time frames is occurring in 87.1% of full assessments. This represents an improvement over the 86% reported in 2015.

FFY 2016 CPS TIMELINESS TO FACE TO FACE CONTACT* BY ASSESSMENT CATEGORY			
Assessment Category	Yes	No**	Missing***
A. (N=192)	71.4%	27.4%	1.2%
B. (N=878)	84.5%	15.1%	0.4%
C. (N=2075)	87.5%	12.4%	0.4%
Total (N=4145)	86.0%	13.5%	0.5%

*Includes only CPS assessment with decision codes of “Services Required,” “No Services Required,” and “Subject is Out of State but the Decision would be Services Required.”

**Includes records with face to face contact dates before or after the date the report was received if they were outside program policy parameters for the assessment category.

***Records excluded because they were missing a face to face contact date or missing an assessment category.

Face-to-face contact standards:

For a Category A case (described above), face-to-face contact is to be made within 24 hours. It is believed that the percentage is lower than those in the other two categories due to co-occurring criminal investigations where law enforcement has determined that contact by the child welfare agency could jeopardize a criminal investigation; for a category B case (described above), face-to-face contact must be made within 3 calendar days; For a Category C case (described above), face-to-face contact with the victim must be made within 14 calendar days.

I. The response time with respect to the provision of services to families and children where an allegation of child abuse or neglect has been made.

- There were **2,105** report/child pairs with report dispositions (i.e., assessment decision) of “Substantiated” in FFY 2016. Of these, **334** had Foster Care Services as defined by NCANDS, removal occurred after date received of first report in an assessment.
- The mean time to foster care in days for FFY 2016 was **17.92 days**.
- The median time to foster care in days for FFY 2016 was **3 days**.
- In addition, **816** had in In-Home Case Management Services as defined by NCANDS, In-Home initiated after date received of first report in an assessment
- In addition, **35** had both Foster Care and In-Home Case Management Services.
- Therefore, **1,115 (53.0%)** report/child pairs with report dispositions (i.e., assessment decision) of “Substantiated” resulted in Foster Care **and/or** In-Home Case Management Services.

***Data Considerations:** A single child may have multiple “Substantiated” reports, each with different post response service outcomes; therefore, the counts included here may include duplicate children and are NOT unique counts of children with substantiated reports. (Source: 2016 NCANDS)

J. For child protective service personnel responsible for intake, screening, assessment, and investigation of child abuse and neglect reports in the State

- i. Information on the education, qualifications, and training requirements established by the

- ii. State for child protective service professionals, including for entry and advancement in the profession, including advancement to supervisory positions;
 - The Child Protection Service workforce is comprised of Licensed Social Workers who meet the qualifications for a Social Worker III as described below:

Requires licensure as a Licensed Social Worker (LSW) by the North Dakota Board of Social Work Examiners (NDCC 43-41); and two years of professional human services work experience as a social worker or human relations counselor, developmental disabilities case manager, mental illness case manager, vocational rehabilitation counselor, activity therapist, addiction counselor, registered nurse, employment counselor, or a similar professional level position in the public or private sector; OR a master's degree in social work and licensure as a Licensed Social worker (LSW) by the ND Board of Social Work Examiners.

In response to staff shortages and difficulty hiring at the county level, a new classification of Child Welfare staff, the Family Services Specialist, was created in collaboration with the county social service directors and the state's Human Resources Management Service. The following represents the duties/functions of CPS functions that may be performed by this position classification:

FAMILY SERVICES SPECIALIST

SCOPE OF WORK: Work involves providing case management, crisis intervention, assessment and case planning for children and families under the jurisdiction of a county social service board.

DUTIES PERFORMED AT ALL LEVELS:

- *Recruit and license foster care and kinship homes.*
- *Arrange, facilitate, and monitor foster care and kinship placements.*
- *Assess need for individual and family referrals and coordinate with service providers*
- *Compile and analyze information to assess the needs of individuals.*
- *Develop and maintain professional working relationships with the courts, social services agencies, human service centers, and other stakeholders within the community.*
- *Prepare documents and maintain files to complete required case documentation.*
- *Provide child protective services.*
- *Provide information and referral services.*
- *Testify in court advocating in the best interest of the youth and work with concerned parties during the hearing process.*

NOTE: The duties listed are not intended to be all inclusive. Duties assigned any individual employee are at the discretion of the appointing authority.

FAMILY SERVICES SPECIALIST II

GRADE K

LEVEL DEFINITION: Individuals in positions at this level assess and monitor interventions with children and families when allegations of child abuse or neglect have been received addressing changes needed to secure children's safety in their homes.

ADDITIONAL DUTIES PERFORMED AT THIS LEVEL:

- *Receive and assess complaints alleging child abuse and neglect; assess the validity of allegations and the degree or danger to children; compile and present information on child maltreatment for assessment.*
- *Develop a comprehensive case plan engaging family members and others responsible for implementing and achieving goals identified in the plan.*
- *Monitor and evaluate the progress; update case goals and action steps.*
- *Monitor families' compliance with case plans and ongoing safety of children through regular family visits.*

MINIMUM QUALIFICATIONS:

Requires a bachelor's degree in social work, psychology, sociology, counseling, human development, elementary education, early childhood education, special education, child development and family science, human resource management (human service track), or criminal justice, and one year of professional human services work experience as a social worker, child protective service worker, or professional case manager; or a Master's degree in one of the areas above. The appointing authority may identify specific certification/credential and experience depending upon the position to be filled.

FAMILY SERVICES SPECIALIST III

LEVEL DEFINITION: *Positions at this level manage a case load of more complex and sensitive cases by investigating alleged sexual, physical, or emotional child abuse or neglect that may require alternative care placement and reunification planning. May supervise Family Service Specialists and other case management workers.*

ADDITIONAL DUTIES PERFORMED AT THIS LEVEL:

- *Investigate alleged sexual, physical, or emotional child abuse or neglect; determine required actions to ensure the safety of children named in the allegation.*
- *Provide family assessments, follow-up services, case management plans.*
- *Accept on-call referrals and respond to emergency requests from law enforcement; provide crisis intervention and emergency services to children and family.*
- *Develop and implement case management plans with parents of children where abuse or neglect has been substantiated.*
- *Arrange alternative care placements for children who are removed from their home as a result of child abuse or neglect.*
- *Provide case management and educational services with focus on maintaining an intact family unit or its reunification.*
- *Provide permanency planning and case management for children needing guardianship or adoption.*
- *Coordinate services for children in temporary county custody or under the custody and control of the county.*
- *May assign, direct, train, and evaluate work of staff members.*

MINIMUM QUALIFICATIONS:

Requires a bachelor's degree in social work, psychology, sociology, counseling, human development, elementary education, early childhood education, special

education, child development and family science, human resource management (human service track), or criminal justice, and two years of professional human services work experiences as a social worker, child protective service worker, or professional case manager. A Master's degree in one of the areas above may substitute for one year of the work experience requirement. The appointing authority may identify specific certification/credential and experience depending upon the position to be filled.

CHILD PROTECTION SERVICE SUPERVISORS at the entry level are classified as Human Service Program Administrators and meet the qualifications below:

- *Requires a bachelor's degree, with a major in business or public administration, social work, or a related behavioral science such as psychology, counseling and guidance, or child development and family relations, and two years of related professional work experience in administration. One year of the experience must have been at a level equivalent to a Human Service Program Administrator I. Or a Master's degree in business or public Administration, social work, psychology, counseling and guidance, or child development and family relations. A bachelor's degree with a major in engineering, nutrition, nursing or other related health field such as microbiology, environmental sanitation, or chemistry, and two years of related professional work experience that included one year at a level equivalent to Human Service Program Administrator I also meets the qualifications. Also meeting qualifications is a master's degree in engineering, nutrition, nursing, public health, or related health science. Or an equivalent combination of education and related professional work experience as determined by the agency.*

Child Protection Service Supervisors at the entry level may also be classified at Social Worker III

While Child Protection Supervisors in large counties are most often classified as Human Service Program Administrators, supervisors in smaller counties may be classified as Social Worker III (as described above) and may carry a portion of the CPS caseload as a percentage of an FTE.

- Note that the new classification of Family Services Specialist III may also supervise other Family Services Specialists.

It is not uncommon in the rural counties in North Dakota for applicant pools to be limited and qualified candidates to fill social work positions to be unavailable. North Dakota Administrative Code Section 4-07-05-06 addresses the ability to under fill a position when fully qualified applicants are unavailable.

North Dakota Administrative Code Section 4-07-05-06. Under fill. When no fully qualified candidates are available after an internal or external recruiting effort, an appointing authority may under fill a position if each of the following requirements are met: 1. The duration of the under fill does not exceed two years. If special circumstances require a period exceeding two years, an appointing authority shall request written approval from human resource management services. 2. The applicant selected possesses the appropriate license or meets other applicable statutory requirements.

Additionally, The Department of Human Services Manual Service Chapter 01-43 provides additional guidance for under filling positions:

01-43.Underfills

If internal and external recruitment efforts have failed to produce a qualified applicant, the position may be under filled by an applicant who does not meet the initial screening requirements (minimum qualifications) of the position as classified. The applicant must meet the initial screening requirements (minimum qualifications) of the next lower level in that class series or an appropriate class as determined by the DHS Human Resource Division.

If, after advertising by internal posting, an employing unit believes it is more expedient to under fill a position with an employee who would qualify for the position within a short period of time, rather than advertising externally, the employing unit may under fill upon written request and approval from the DHS Human Resource Division. A position may be under filled for a period normally not to exceed two years. Employing units should monitor under fills so that employees are placed in the appropriate class within the appropriate time frame. In cases where a period longer than two years is required, the length of time for the under fill shall be determined on an individual basis by the employing unit involved and the DHS Human Resource Division.

Positions requiring licensure or other statutory requirements may not be under filled. However, in cases involving an employee or applicant who meets eligibility requirements and is in the process of obtaining licensure or meeting other statutory requirements, the employee or applicant may under fill the position if permitted by professional practice laws. In cases where a period longer than two years is required, the length of time for the under fill shall be determined on an individual basis by the employing unit involved and the DHS Human Resource Division. (REF: NDAC Section 4-07-05-06).

- Positions used when under filling a position and the qualifications of those positions are:
 - *SOCIAL WORKER I; MINIMUM QUALIFICATIONS: Requires licensure as a Licensed Social Worker (LSW) by the North Dakota Board of Social Work Examiners (NDCC 43-41).*
 - *SOCIAL WORKER II; MINIMUM QUALIFICATIONS: Requires licensure as a Licensed Social Worker (LSW) by the North Dakota Board of Social Work Examiners (NDCC 43-41); and one year of professional human services work experience as a social worker, human relations counselor, developmental disabilities case manager, mental illness case manager, vocational rehabilitation counselor, activity therapist, addiction counselor, registered nurse, employment counselor, or a similar professional level position in the public or private sector; OR a master's degree in social work and licensure as a Licensed Social Worker (LSW) by the ND Board of Social Work Examiners.*
 - *Family Services Specialist II; MINIMUM QUALIFICATIONS: Requires a bachelor's degree in social work, psychology, sociology, counseling, human development, elementary education, early childhood education, special*

- *education, child development and family science, human resource management (human service track), or criminal justice, and one year of professional human services work experience as a social worker, child protective service worker, or professional case manager; or a Master's degree in one of the areas above. The appointing authority may identify specific certification/credential and experience depending upon the position to be filled.*
- *Family Services Specialist III; MINIMUM QUALIFICATIONS: Requires a bachelor's degree in social work, psychology, sociology, counseling, human development, elementary education, early childhood education, special education, child development and family science, human resource management (human service track), or criminal justice, and two years of professional human services work experiences as a social worker, child protective service worker, or professional case manager. A Master's degree in one of the areas above may substitute for one year of the work experience requirement. The appointing authority may identify specific certification/credential and experience depending upon the position to be filled.*

iii. Data for the education, qualifications, and training of such personnel:

In 2014, the state engaged in a process to survey the individual counties in order to obtain the requested data on education, qualifications and training of child protection service professionals and demographic information of the child protection service personnel. In 2016, this survey was updated and administered for the second time. The survey has been repeated in May, 2017. The electronic survey was prepared in two sections, using Survey Monkey as the vehicle for collecting the data. The survey was then transmitted via email to directors of all county social service agencies in the state, with instruction for the Director to complete the first section of the survey regarding numbers of FTE positions in their agency and to forward the second section to the workers listed in the first section to complete the demographic and training section. Information on caseload or work load requirements, including the average number and maximum number of cases per protection service worker were then calculated using the data provided in the survey and the caseload data entered into the statewide data system. The survey was administered to County Directors of North Dakota's 53 counties (it should be noted that directors often have responsibility for more than one county. Survey instructions requested that a separate survey be completed for each county. There were 30 responses from county directors and 91 responses from their employees, with County Directors reporting a total of 105.7 FTE positions for all CPS functions. The number of supervisory and workers responding was 91.

CHILD PROTECTION SERVICES PERSONNEL: HIGHEST DEGREE OBTAINED		
Degree	Frequency	Percent
Bachelor of Social Work	58	63.70%
Master of Social Work	17	18.70%
Other Bachelors	11	12.10%
Other Masters	5	5.50%
Total	91	100.0%

CHILD PROTECTION SERVICES PERSONNEL: ADDITIONAL DEGREE OBTAINED		
Degree	Frequency	Percent
Bachelor of Science – Psychology Major	1	1.1%
Additional Bachelors in Justice Administration	1	1.1%
Bachelor of Science – Child Development and Family Sciences	1	1.1%
Bachelor of Music	51	1.1%
Christian Ministry	1	1.1%
Criminal Justice	3	3.3%
Forensic Psychology	1	1.1%
Gerontology	1	1.1%
Human Development and Family Science	1	1.1%
Human Services	1	1.1%
Marriage and Family Therapy	2	2.2%
Psychology	3	3.3%
Sociology (Family Service Specialist	1	1.1

CHILD PROTECTION SERVICES PERSONNEL: EXPERIENCE AND TRAINING	
Average Number of Years Working in CPS	7.2
Average Number of Years Working in Other Child Welfare Positions	5.9
Average Number of Years Working in Other Social Work Positions	8.0
Average Number of Hours of Child Welfare Certification Training Received	35.0
Average Number of Hours of Wraparound Re-Certification Training Received	13.6
Average Number of Additional Hours of Training Necessary to Maintain Social Work License	22.4
Average Total Training Hours	71.0

- iv. Demographic information of the child protective service personnel;
- In 2014, the state engaged in a process to survey the individual counties in order to obtain the requested data on education, qualifications and training of child protection service professionals and demographic information of the child protection service personnel and repeated this survey process in 2017. An electronic survey was prepared in two sections, using Survey Monkey as the vehicle for collecting the data.

The survey was then transmitted via email to directors of all county social service agencies in the state. Survey instructions requested directors to forward the second section to the workers listed in the first section to complete the demographic and training section.

Child Protection Services Personnel: Demographics		
	Frequency	Percent
Gender		
Female	85	93.4%
Male	6	6.6%
Age		
18-24 years old	4	4.4%
25-34 years old	42	46.2%
35-44 years old	20	22.0%
45-54 years old	16	17.6%
55-64 years old	8	8.8%
65-74 years old	1	1.1%
Race ¹		
Black of African American	1	1.1%
White	90	98.9%
Ethnicity		
Hispanic or Latino	2	2.2%
Not Hispanic or Latino	89	97.8%
1. No respondents indicated Multiracial or American Indian/Alaska Native		

- v. Information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor.
- Caseload standards are required by state Administrative Code, 75-03-19-07, Caseload standards. Any authorized agent (county social service agency) designated by the department to receive reports and conduct assessments of reports of suspected child abuse or neglect shall adhere to the caseload standards establishing minimum staff-to-client ratios.
 - The caseload standard established in state policy is listed below:

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

For caseload standard purposes, the standards shall be one full-time equivalent Social Worker to every 12 new child abuse and neglect assessments in any 31-day period. Recognizing there may be assessments in progress at no given time shall a combination of new assessments and assessments in progress exceed 15 in number per Social Worker. The standards shall be calculated on the basis of a percentage of a full time equivalent. Example: .5 FTE would allow six new intakes or a maximum of eight considering a combination of new assessments and assessments in progress. The

Position Information Questionnaire (PIQ) of the Social Worker should be consulted to determine what percentage of a FTE is dedicated to CPS assessments. This will assist in determining the caseload standard for those Social Workers with multiple service responsibility. The calculation done on the basis of a percentage of a full time equivalent will be rounded upward.

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

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

Each child protection service worker and supervisor receives Child Welfare Certification Training as described. Additionally, Child Protection Service Chapter 640-01-10-05-01 outlines the certification training requirements for CPS workers

Certification Training Requirements 640-01-10-05-01

Participation in and successful completion of the Child Welfare Practitioners Certification Training Program (CWPCTP) is required by all workers providing CPS assessments. Workers must begin the CWPCTP within the first six months of employment as a CPS Worker. Workers must complete the training program within one year of beginning the training program. A copy of the certificate of completion should be given to the CPS Worker's supervisor, by the CPS Worker, upon completion.

- K. The number of children reunited with their families or receiving family preservation services that, within five years, result in subsequent substantiated reports of child abuse or neglect, including the death of the child.**
- This data is not collected as is reported in the NCANDS Agency file
 - There are no children who died who had reunited with their family or received family preservation services within five years.
- L. The number of children for whom individuals were appointed by the court to represent the best interests of such children and the average number of out of court contacts between such individuals and children.**

The number of children for whom individuals were appointed by the court to represent the best interests of such children for July 1, 2015 through June 30, 2016 is 1004.

The state is unable to provide the average number of out of court contacts between such individuals and children. However, it is known that the total number of hours the state's lay Guardians Ad Litem spent for July 1, 2015 through June 30, 2016 is 15,578 hours, with the average being 15.51 hours per child.

M. The annual report containing the summary of activities of the citizen review panels of the State required by subsection (c)(6).

- The summary of activities of the State’s Citizen Review Panel and the state agency’s most recent response to the panel and state and local child protective services agencies, as required by section 106(c)(6) of CAPTA, which describes whether or how the State will incorporate the recommendations of the Panel to make measurable progress in improving the State and local child protection system is included in the CAPTA report as ATTACHMENT A.
- For the purposes of the 2016 CAPTA report, the 2012, 2013, 2014 summary data of the Child Fatality Review Panel/Citizen Review Committee is the most recent statistical publication and is posted to the state’s website:
<http://www.nd.gov/dhs/info/pubs/docs/cfs/child-fatality-report-2012-2013-2014.pdf>

N. The number of children under the care of the state child protection system who are transferred into the custody of the state juvenile justice system.

- Following is the point in time Division of Juvenile Services (DJS) case count taken on June 1, 2017. Overall DJS cases are lower from last year at which time the case count was 179 compared to 147 as of June 1, 2017. The case transfers across the state have also increased from a year ago, at which time the data showed 33 cases transferred from Social Services to DJS (18.43%) compared to 17 cases (11.56%) as of June 1, 2017.

TOTAL NUMBER AND PERCENTAGE OF JUVENILE JUSTICE TRANSFERS 2017			
DJS Office	6/1/2017 Case Count	# Transferred From Social Services to DJS	% Transferred from Social Services to DJS
Williston	9	4	44.44%
Minot	23	2	8.7%
Devils Lake	14	4	28.57%
Grand Forks	18	2	11.11%
Fargo	36	1	2.8%
Jamestown	8	0	0%
Bismarck	28	2	7.14%
Dickinson	11	2	18.18%
TOTAL	147	17	11.56%
West	71	10	14.08%
East	76	7	9.21%

TOTAL NUMBER AND PERCENTAGE OF JUVENILE JUSTICE TRANSFERS 2017			
DJS Office	6/1/2016 Case Count	# Transferred From Social Services to DJS	% Transferred from Social Services to DJS
Williston	16	7	43.75%
Minot	24	2	8.33%
Devils Lake	15	5	33.33%
Grand Forks	16	4	25.00%
Fargo	48	2	4.17%
Jamestown	10	1	10.00%
Bismarck	37	13	35.13%
Dickinson	13	1	7.69%
TOTAL	179	33	Average: 18.43%
West	90	23	25.55%
East	89	10	11.23%

O. The number of children referred to a child protective services system under subsection (b) (2) (B) (ii).

- There were 98 victims less than 1 year of age with maltreatment codes of alcohol present at birth, meth present at birth, OR drugs other than meth present at birth listed in CPS reports during FFY 2016. This is not a completely unduplicated count of victims because the state data system does not assign unique identifiers to all victims entered into the system
- Of the 98 reported victims with the maltreatments above, 91 are verified unique victims.
- There were 133 records excluded from analysis due to missing or invalid dates of birth.

P. The number of children determined to be eligible for referral, and the number of children referred, under subsection (b)(2)(B)(xxi), to agencies providing early intervention services under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

- The number of children determined to be eligible for referral to agencies providing early intervention services under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.) is 528. The number of children referred was 474.
- There were 54 children that did not receive referrals. Two of these children were deceased. Of these, 24 referrals were “not applicable” due to not being determined to be a victim in the case, although another child in the case was a confirmed victim. Of the remaining 28 children, twelve children were already receiving Infant Development Services or had previously been screened. There were seven children who moved out of state and two whose whereabouts were unknown. One record was missing referral data. The remaining cases were without explanation. There were 16 records excluded from analysis due to missing or invalid dates of birth.

Q. Sources of Data on Child Maltreatment Deaths:

North Dakota uses Child Fatality Review Panel data to compile and report child fatalities, in addition to the child welfare system (NCANDS) data. The North Dakota Child Fatality Review Panel is a state level multidisciplinary panel. Child Fatality Review Panel data is based on data from Vital Records death certificates issued by the state for deaths of all children from birth to age 18. All child death certificates are reviewed. Any death in which the manner of death is indicated as “Accident”, “Suicide”, “Homicide”, “Undetermined” or “Pending Investigation” is selected for in-depth review by the Panel. Death certificates in which the manner of death is indicated as “Natural” are reviewed to determine whether the “Cause of Death” listed on the death certificate qualifies as “sudden, unexpected, or unexplained”. These deaths, then, are also selected for in-depth review by the Panel and include all deaths where the cause of death is SIDS or SUID. Additionally the Child Fatality Review Panel coordinates with the state Medical Examiner’s Office, law enforcement agencies and medical facilities, statewide to accomplish these reviews.

In North Dakota, child fatality reviews are a retrospective record review. Case level records are requested and received (in most cases) from the Medical Examiner’s offices, law enforcement agencies and medical facilities. Both of the state’s Medical Examiners serve on the Panel. The data from these sources is incorporated at the case review level rather than at a “data extraction level”. Additionally, Medical, law enforcement and Medical Examiner records are reviewed in order to identify additional sources of information, such as mental health, developmental disability programs, Emergency Medical Services, etc. These records are then requested, compiled into a stand-alone database, and incorporated into the death review.

Child Protection Services is the entity that labels a child death as to whether the death is the result of “child maltreatment”. There is no corresponding “child maltreatment” label used by the State Medical Examiner’s Office, law enforcement agencies or medical facilities. Medical Examiners label the manner of deaths as “Homicide, Suicide, Accident, Natural and Undetermined”. Law enforcement may label the death as a criminal charge such as: “murder, manslaughter, negligent homicide”, etc. and medical doctors label deaths with medical diagnoses such as “cardiac arrest” or “blunt head injury”, none of which indicate whether child maltreatment was the cause or manner of death. While it is a certainty that a homicide or murder is an intentional act, there are no data elements to indicate the relationship of the individual responsible for the act to the child in order to determine whether a child death is a “maltreatment death” at the hands of a caregiver under the state Child Abuse and Neglect law or an act of violence committed by a stranger. A “blunt head injury” may or may not be intentional, such as vehicle crash or fall injuries. Since NCANDS data is extracted from the child welfare database, there is no practical application to import or enter datasets from outside sources. None of the listed sources are excluded.

North Dakota is currently using all sources of child maltreatment fatality data listed in Section G-2 of ACYF-CB-PI-16-03; the state does not plan to expand the sources of information used to compile this report.

VIII. North Dakota CAPTA Contact Information

State Liaison Officer:

Marlys Baker, CPS Administrator
ND Department of Human Services
600 East Boulevard Avenue, Dept. 325
Bismarck, ND 58505-0250
Phone: (701)328-1853
Email mbaker@nd.gov

Child Fatality Review Panel /Citizen Review Committee Recommendations

The North Dakota Child Fatality Review Panel, as described in Section IV “Citizen Review Panel”, serves as the state’s Citizen Review Panel as allowed by CAPTA Section 106 (c). The North Dakota Child Fatality Review Panel has continued to review deaths of all children who receive a North Dakota death certificate, including but not limited to child deaths that occur as a result of child abuse or neglect. These retroactive records reviews have now incorporated reviews of child abuse and neglect near deaths, as well. Both types of reviews take place quarterly. The timeline for publication of data reports does become quite lengthy, however, particularly in cases where criminal charges are pending, due to delays in receiving records for review until after prosecution is complete. There are also limited data resources available to the program. The Child Fatality Review Panel will continue to explore strategies to shorten the timeframe between the case reviews and publication of the data. The North Dakota Child Fatality Review Panel provides case level analysis of system functioning in the investigative, administrative, and judicial handling of child abuse and neglect cases. The Child Fatality Review Panel data report for 2012, 2013 and 2014 has been completed and is posted to the state website: <http://www.nd.gov/dhs/info/pubs/docs/cfs/child-fatality-report-2012-2013-2014.pdf> Child deaths which occurred in 2015 and 2016 are still in the process of being reviewed and the datasets are not yet complete. Review of deaths occurring in a single year may not be reviewed for quite a length of time, due to delay in certification of the death certificate by the certifier, inability to obtain records needed for a comprehensive review, or to pending criminal investigation or prosecution of the case.

Annual reports for subsequent years are in process as data resources become available.

The Child Fatality Review Panel/Citizen Review Committee is required by state law to meet at least semi-annually. In order to accomplish thorough in depth review of cases of child deaths which are sudden, unexpected, or unexplained, the Committee has continued to meet quarterly through FFY 2016 in order to review these deaths and make recommendations.

Recommendations resulting from 2012, 2013 & 2014 Reviews

North Dakota Child Fatality Review Panel (NDCFRP) Recommendations**SIDS/SUID**

1. Consistent and uniform statewide reporting of SIDS deaths; look to the possibility of others such as Public Health Nurses completing the SUIDI reporting form with the family after the death of an infant.
2. Complete and thorough death scene investigations that include doll re-enactment.
3. Statewide home visitation services offered to all families with infants.
4. Continue to get safe sleep information and education into the hands of parents and caregivers.

Motor Vehicle Crashes

5. Address the societal issues of seat belts, distracted driving and alcohol/drug usage of teens by continuing education and media campaigns.
6. Educate the public regarding the dangers of children riding on adult sized All-Terrain Vehicles (ATVs).
7. As part of the investigation, obtain cell phone records of the child to see if the child was using the phone (i.e. talking or texting) while driving.

Medical/Reporting

8. Continue to train and educate the medical field on timely notification to child protective services when a child presents with trauma and where child abuse or neglect may reasonably be suspected.
9. Hospitals continue to use peer review as a means to examine trauma processes and protocols in regards to child injuries and death.

Suicide

10. Continue suicide prevention strategies to educate school personnel, parents, friends, and family members of adolescents on the signs and symptoms of depression, the risk factors for suicide, and the factors that may protect teens from suicide.

Child Fatality Review Panel /Citizen Review Committee



State Response

Child Fatality Review Panel, which has continued to serve in the role of the Citizen Review Committee, has met on a quarterly basis throughout this reporting year.

The Child Fatality Review Panel data report for 2012, 2013 and 2014 is completed and posted to the state's website as of February, 2017. Child deaths which occurred in 2015, 2016 and 2017 are still in the process of being reviewed and the datasets are not yet complete. Review of deaths occurring in a single year may not be reviewed for quite a length of time, due to delay in certification of the death certificate by the certifier, inability to obtain records needed for a comprehensive review, or to pending criminal investigation or prosecution of the case. Records are not available to the Panel until after completion of any criminal case arising from the death.

The Child Fatality Review Panel/ Citizen Review Committee is convened by the Children and Family Services Division (CFS) of the North Dakota Department of Human Services (DHS). CFS/DHS provides staff and resources for preparing and conducting reviews of all child deaths and near deaths caused by child abuse and neglect (0.25 FTE), maintaining documentation and data concerning these reviews (0.25 FTE) and producing and publication of resulting data. CFS/DHS also supports travel costs for members who are not local to the Panel meetings. No state funding is appropriated to support the operation or programming related to Panel/Committee recommendations, necessitating the development of strategies to address concerns and recommendations through partnership and existing resources.

Recommendations made by the Panel that are not within the authority of the lead agency are delegated to the appropriate Panel member related to that discipline to carry the recommendation back to the agency that the Panel member represents to address in a more appropriate forum. For example, SUIDI forms are completed at the scene of infant deaths. A recommendation that the form be completed by Public Health Nurses would be delegated to the representatives on the Panel from the Department of Health, who has authority over the Medical Examiner's Office as well as local Public Health Units.

The following is the state's response to the Panel's recommendations:

SIDS/SUID

Recommendation:

1. Consistent and uniform statewide reporting of SIDS deaths; look to the possibility of others such as Public Health Nurses completing the SUIDI reporting form with the family after the death of an infant.
2. Complete and thorough death scene investigations that include doll re-enactment.
3. Statewide home visitation services offered to all families with infants.
4. Continue to get safe sleep information and education into the hands of parents and caregivers.

State Response:

The state will continue to work with the Injury Prevention Program, Sudden Infant Death Prevention program within the North Dakota Department of Health and with the Early Childhood Education program to disseminate information regarding safe infant sleep practices. Safe sleep

for infants is also included in the “New Parent Newsletter”, a collaborative effort between child abuse prevention (CBCAP) and the Community Health Division of the North Dakota Department of Health (MCH). The New Parent Newsletter provides age-paced, developmental information to parents of infants up to one year of age and is distributed to parents through the North Dakota Department of Health website.

The lead agency will incorporate safe sleep information into the Plan of Safe Care required for all substance exposed newborns, who may be at an elevated risk for SIDS or SUID deaths.

Motor Vehicle Crashes

5. Address the societal issues of seat belts, distracted driving and alcohol/drug usage of teens by continuing education and media campaigns.
6. Educate the public regarding the dangers of children riding on adult sized All-Terrain Vehicles (ATVs).
7. As part of the investigation, obtain cell phone records of the child to see if the child was using the phone (i.e. talking or texting) while driving.

State Response:

The lead agency will continue to collaborate with the North Dakota Department of Health, Injury Prevention and Control Division and Child Passenger Safety Program, including the Injury Prevention Task Force, which includes members such as the North Dakota Safety Council, North Dakota Highway Patrol, North Dakota Department of Transportation, and local Safe Kids programs. The Injury Prevention Task Force works together to promote prevention strategies to address vehicle and traffic related system issues including teen graduated driver’s licensing, child passenger safety and bicycle and ATV safety. The lead agency will assist in disseminating child passenger safety information within the child welfare system in order to educate staff, families and foster parents in regard to child safety in and around vehicles.

Medical/Reporting

8. Continue to train and educate the medical field on timely notification to child protective services when a child presents with trauma and where child abuse or neglect may reasonably be suspected.
9. Hospitals continue to use peer review as a means to examine trauma processes and protocols in regards to child injuries and death.

State Response:

The lead agency will continue to offer the online Mandated Reporter Training Module, which includes information specific to medical professionals regarding their reporting responsibilities under the Child Abuse and Neglect law and allows registration for those professionals to obtain continuing education credits for their participation in the training. The NDCFRP/Citizen Review Committee will delegate physician members and representatives from the North Dakota Department of Health to connect with hospitals across the state regarding peer review as a means to examine trauma processes and protocols in regards to child injuries and death.

State Response:

Suicide

10. Continue suicide prevention strategies to educate school personnel, parents, friends, and family members of adolescents on the signs and symptoms of depression, the risk factors for suicide, and the factors that may protect teens from suicide.

The lead agency will continue to work with the North Dakota Department of Health and North Dakota Department of Corrections and Department of Human Services Behavioral Health Division around issues of adolescent suicide risk assessments for children and youth entering congregate care, children and youth experiencing abuse and neglect and support the dissemination of suicide prevention materials and messages.

The lead agency continues working with Child Fatality Review Panel members, such as the State Health Officer, Medical Examiner's Office, Bureau of Criminal Investigation and Attorney General's Office, along with the Alliance for Children's Justice (CJA Task Force) to The state will collaborate and participate with partner agencies in the development of a recommended protocol for investigation of infant deaths, investigation of child and adolescent suicide deaths, investigation of motor vehicle deaths, investigation of firearms deaths involving children and improved completion of scene investigation forms.

ND Citizen Review Committee/Child Fatality Review Panel Members



Child Fatality Panel Members 2016

CPT Marlys Baker – Administrator of Child Protection Services – DHS

CPT Tracy Miller – Child Maltreatment Prevention - DHS

Dr. Terry Dwelle – ND Department of Health

Jonathan Byers – ND Attorney General’s Office

Dr. William Massello – State Forensic Medical Examiner

Dr. Mary Ann Sens – Department of Pathology - UND

CPT Lisa Bjergaard – Division of Juvenile Services

Duane Stanley – Bureau of Criminal Investigation

Bobbi Peltier – Indian Health Services Injury Prevention

CPT Karen Eisenhardt – Citizen Member

Carol Meidinger – Citizen Member

Mandy Slag – Injury Prevention Administrator

*NOTE: The designation “CPT” indicates that the member is also a member of the State Child Protection Team, who by state statute, serves as the Child Fatality Review Panel.

**Proposed Program Improvement Plan
For
Compliance with CARA Amendments to CAPTA
June, 2017**

In response to the CARA Amendments to CAPTA, North Dakota has combined recommendations made by the state's Substance Exposed Newborn Task Force (SENTF) with the work North Dakota has been engaged in with Casey Family Programs, around Alternative Response CPS systems, in development of an Alternative CPS Response to reports of substance exposed newborns. The state SENTF included in their study of this issue, information on research showing that punitive responses, such as the threat of CPS involvement and child removal, often drive pregnant women away from vital services such as prenatal care and Substance Use Disorder treatment. Alternative Response CPS assessments have been shown to increase engagement of families while keeping children safe in their homes. The CARA amendments to CAPTA require that the health and treatment needs of the infant and affected family or caregiver through the creation and monitoring of a Plan of Safe Care. By definition, Alternative Response CPS interventions focus on assessment of needs rather than gathering forensic evidence required to substantiate or un-substantiate child abuse or neglect. North Dakota believes that the requirements of the CARA Amendments to CAPTA will best be accomplished by engaging caregivers of substance exposed newborns in the development of a Plan of Safe Care that addresses the health and substance use disorder needs of the caregivers and the health and safety needs of the newborn, whenever there is not a need to substantiate child abuse or neglect.

In response to the Information Memorandum issued August 26, 2016 by the Administration for Children and Families, a state legislator who spearheaded the state's Substance Exposed Newborn Task Force, agreed to introduce state legislation to enable Alternative Response CPS Assessments in cases of reported substance exposed newborns. The state Legislative Session convened in January, 2017. During this 2017 State legislative session, the state Child Abuse and Neglect Chapter was amended, allowing for an Alternative CPS Assessment Response to reports of substance exposed newborns. As stated in the new statute: "Substance exposed newborn" means an infant younger than twenty-eight days of age at the time of the initial report of child abuse or neglect and who is identified as being affected by substance abuse or withdrawal symptoms or by a fetal alcohol spectrum disorder. The state law requires referral services and monitoring of support services for caregivers as well as a Plan of Safe Care for the newborn, mirroring the federal CARA legislation amending CAPTA. State statute also provides that non-compliance with the Plan of Safe Care or referral services can result in completion of a standard CPS assessment response.

The lead agency, along with the CPS Committee of the CJA Task Force and the state's Behavioral Health Division (the workgroup) are in the process of developing program policies and other resources, including requirements for Plans of Safe Care, to provide guidance to the field for implementation of Alternative Response Assessments for Substance Exposed Newborns in October, 2017. The state's policy will include provisions and guidance on the development and monitoring of a Plan of Safe Care which addresses the health and substance use disorder treatment needs of the infant and affected family or caregiver. Additionally, the workgroup will produce supporting documents by January 2018, to include:

- A flow chart for AR assessments
- Handout/brochure for parents re: AR response

- Handout/brochure for Mandated reporters and community members/stakeholders
- A service agreement for parents agreeing to participate in AR
- A Guide for Assessing Safety, Strengths and Risk (similar to existing document for Standard Assessments)

The lead agency is developing a training plan which will provide training on the policies and practice for child welfare workers by December, 2017.

The state has consulted with Casey Family Programs and the Center for States in the development of this plan. Additionally, the lead agency will hold a state level stakeholder's meeting by January 2018 to collaborate and explore resources across the state to support this process. This state level meeting will include Substance Abuse professionals, Public Health/MCH, health care professionals, members of the multi-disciplinary state Substance Exposed Newborn Task Force, as well as other public and private service agencies, stakeholders, and providers.

The lead agency has begun the process of analysis and design to incorporate data system changes, along with appropriate mapping for NCANDS, for the data reporting elements required by the CARA Amendments. Reports/data extraction related to monitoring referrals and Plans of Safe Care will be included in the Information Technology development process to aid in determining whether and in what manner local entities are providing referrals to, and delivery of, appropriate services for the infant and affected family or caregiver. It is anticipated that these processes will be completed by May 30, 2018.

North Dakota anticipates submission of the Governor's Assurance Statement for the Child Abuse and Neglect State Plan related to CAPTA as amended by Public Law 114-198, by June 30, 2018.

ATTACHMENT H
FINANCIAL INFORMATION

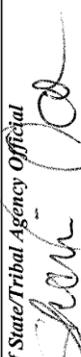
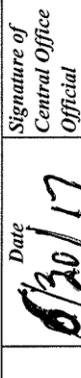
CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV	
For Fiscal Year 2018: October 1, 2017 through September 30, 2018	
1. State or Indian Tribal Organization (ITO):	North Dakota
2. EIN:	I-450309764-B4
3. Address: 600 East Boulevard Avenue, Dept. 325, Bismarck, ND 58505-0250	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISION
4. Submission Type:	
5. Total estimated title IV-B Subpart 1, Child Welfare Services (CWS) funds	\$416,114
a) Total administrative costs (not to exceed 10% of title IV-B Subpart 1 estimated allotment)	\$41,611
6. Total estimated title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds	
This line contains a formula to display the sum of lines 6a - 6f.	\$346,806
a) Total Family Preservation Services	\$86,702
b) Total Family Support Services	\$76,297
c) Total Time-Limited Family Reunification Services	\$79,765
d) Total Adoption Promotion and Support Services	\$69,361
e) Total Other Service Related Activities (e.g. planning)	\$0
f) Total administrative costs (FOR STATES ONLY: not to exceed 10% of title IV-B subpart 2 estimated allotment)	\$34,681
7. Total estimated Monthly Caseworker Visit (MCV) funds (FOR STATES ONLY)	\$21,845
a) Total administrative costs (FOR STATES ONLY: not to exceed 10% of estimated MCV allotment)	\$2,185
8. Re-allotment of title IV-B subparts 1 & 2 funds for States and Indian Tribal Organizations:	
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the following programs: CWS \$ _____ PSSF \$ _____ MCV (States only) _____	
b) If additional funds become available to States and ITOs, specify the amount of additional funds the States or Tribes requesting: CWS \$ _____ PSSF \$ _____ MCV (States only) \$ _____	
9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (FOR STATES ONLY)	
Estimated amount plus additional allocation, as available.	\$101,445
10. Estimated Chafee Foster Care Independence Program (CFCIP) funds	\$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).	
11. Estimated Education and Training Voucher (ETV) funds	\$140,101
12. Re-allotment of CFCIP and ETV Program funds:	
a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out the CFCIP Program.	\$
b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out the 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 the 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 the ETV Program.	\$
13. Certification by State Agency and/or Indian Tribal Organization:	
The State agency or Indian Tribal Organization 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.	
<i>Signature of State/Tribal Agency Official</i>	<i>Signature of Central Office Official</i>
<i>Title Director-Children and Family Services Division</i>	<i>Title</i>
<i>Date</i>	<i>Date</i>

CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services												
State or Indian Tribal Organization (TIO): North Dakota												
For FY 2018: OCTOBER 1, 2017 TO SEPTEMBER 30, 2018												
SERVICES/ACTIVITIES	(A) IV-B Subpart I- CWS	(B) IV-B Subpart II- PSSF	(C) IV-B Subpart II- MCV *	(D) CAPTA*	(E) CFCIP	(F) ETV	(G) TITLE IV-E	(H) STATE, LOCAL & DONATED FUNDS	(I) Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served	(L) Geog. Area To Be Served
1.) PROTECTIVE SERVICES	\$ -			\$ 96,373			\$ -	\$ -	3986	7445	N/A	Statewide
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	\$ 115,124	\$ 86,702		\$ -			\$ -	\$ 67,275	912	N/A	Crisis/Risk of Foster Care	Statewide/Reservations
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	\$ 87,066	\$ 76,297		\$ -			\$ -	\$ 54,454	587267	1142	Reports of Abuse & Neglect	Statewide/Reservations
4.) TIME-LIMITED FAMILY REUNIFICATION SERVICES	\$ -	\$ 79,765		\$ -			\$ -	\$ 26,588	504	N/A	All Eligible Children	Statewide/Reservations
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	\$ -	\$ 69,361					\$ -	\$ 23,120	135	N/A	All Eligible Children	Statewide/Reservations
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	\$ -	\$ -					\$ -	\$ -	N/A	N/A	N/A	N/A
7.) FOSTER CARE MAINTENANCE:												
(a) FOSTER FAMILY & RELATIVE FOSTER CARE	\$ -						\$ 4,803,156	\$ 7,872,522	970	N/A	All Eligible Children	Statewide/Reservations
(b) GROUP/INST CARE	\$ -						\$ 1,857,192	\$ 7,202,166	247	N/A	All Elig Children	Statewide
8.) ADOPTION SUBSIDY PYMTS.	\$ -						\$ 5,606,505	\$ 9,033,848	1347	N/A	All Elig Children	Statewide
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	\$ 172,313						\$ -	\$ -	60	N/A	All Elig Children	Statewide
10.) INDEPENDENT LIVING SERVICES	\$ -	\$ -		\$ 500,000			\$ -	\$ 125,000	473	N/A	All Elig Children	Statewide/Reservations
11.) EDUCATION AND TRAINING VOUCHERS	\$ -			\$ -		\$ 140,101	\$ -	\$ 35,025	53	N/A	All Elig Children	Statewide/Reservations
12.) ADMINISTRATIVE COSTS	\$ 41,611	\$ 34,681	\$ 2,185				\$ 7,728,728	\$ 7,728,728				
13.) FOSTER PARENT RECRUITMENT & TRAINING	\$ -	\$ -					\$ 127,955	\$ 42,652				
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	\$ -	\$ -					\$ 135,479	\$ 45,159				
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	\$ -	\$ -	\$ 19,660				\$ -	\$ -				
16.) STAFF & EXTERNAL PARTNERS TRAINING	\$ -	\$ -		\$ 5,072			\$ 127,954	\$ 42,651				
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	\$ -	\$ -	\$ -				\$ -	\$ -				
18.) TOTAL	\$ 416,114	\$ 346,806	\$ 21,845	\$ 101,445	\$ 500,000	\$ 140,101	\$ 20,386,969	\$ 32,324,619	595954	8587	0	
19.) TOTALS FROM PART I	\$416,114	\$346,806	\$21,845	\$101,445	\$500,000	\$140,101						
20.) Difference (Part I - Part II)	\$0	\$0	\$0	\$0	\$0	\$0						

21.) Population data are included in the AFSR/CFSP narrative, not above in columns I - L.

* These columns are for States only; Indian Tribes are not required to include information on these programs.
** Only states or tribes operating an approved title IV-E waiver demonstration may enter information for rows 1-6 in column (g), indicating planned use of title IV-E funds for these purposes.

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): Reporting For Fiscal Year 2015 Grants: October 1, 2014 through September 30, 2016

1. State or Indian Tribal Organization (ITO): North Dakota		2. EIN: 1-450309764-B4		3. Address: 600 East Boulevard Avenue, Dept. 325, Bismarck, ND 58505-0250			
4. Submission Type: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISION							
Description of Funds		Estimated Expenditures for FY 15 Grants	Actual Expenditures for FY 15 Grants	Number Individuals served	Number Families served	Population served	Geographic area served
5. Total title IV-B, subpart 1 funds		\$ 460,711	\$ 460,711	658	N/A	All Eligible Families	Statewide/Reservations
a) Administrative Costs (not to exceed 10% of title IV-B, subpart 1 total allotment)		\$ 46,071	\$ 46,071				
6. Total title IV-B, subpart 2 funds (This line contains a formula that will display the sum of lines a-f.)		\$ 359,893	\$ 359,893	629487	N/A	All Eligible Families	Statewide/Reservations
a) Family Preservation Services		\$ 65,681	\$ 65,681				
b) Family Support Services		\$ 41,454	\$ 41,454				
c) Time-Limited Family Reunification Services		\$ 113,637	\$ 113,637				
d) Adoption Promotion and Support Services		\$ 130,571	\$ 130,571				
e) Other Service Related Activities (e.g. planning)		\$ 8,550	\$ 8,550				
f) Administrative Costs (FOR STATES: not to exceed 10% of total title IV-B, subpart 2 allotment)		\$ -	\$ -				
7. Total Monthly Caseworker Visit funds (STATES ONLY)		\$ 22,647	\$ 4,359				
a) Administrative Costs (not to exceed 10% of MCV allotment)		\$ 2,264	\$ -				
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)		\$ -	\$ -				
9. Total Education and Training Voucher (ETV) funds		\$ 129,995	\$ 88,386	53	N/A	N/A	Statewide/Reservations
10. Certification by State Agency or Indian Tribal Organization: The State agency or Indian Tribal Organization agrees that expenditures were made in accordance with the Child and Family Services Plan, which was jointly developed with, and approved by, the Children's Bureau.							
Signature of State/Tribal Agency Official		Date		Signature of Central Office Official		Date	
		6/30/17					
Title: Director-Children and Family Services Division				Title			



Doug Burgum, Governor
 Christopher Jones, Executive Director

June 22, 2017

Ms. Marilyn Kennerson
 CB Regional Office Program Manager
 Administration for Children and Families (ACF)
 1961 Stout Street
 Byron Rogers Federal Building
 Denver, CO 80294-3538

RE: Chafee Foster Care Independence Program Budget Increase Request

The North Dakota Department of Human Services, Children & Family Service (CFS) administers the federal grants for CFCIP and ETV programs statewide. PATH is the contracted CFCIP provider. Chafee IL Coordinators are employed to deliver service to eligible current foster care youth and Foster Care Alumni in all of North Dakota's 53 counties and four North Dakota Tribal Nations. ND CFCIP does not have a case load standard; however caseloads range from 20 to 55 open youth participants at one time per Chafee IL Coordinator. Please see the APSR report for participation numbers.

North Dakota has received Title IV-E Chafee Foster Care Independence Program (CFCIP) funding at \$500,000 each year since FFY 2000. North Dakota requested CFCIP reallocation in June of 2016, but received no response approving or denying our request for additional funding. This is our second request for additional CFCIP funding, and we are formally requesting **\$150,000** of additional funding per federal fiscal year.

Many changes have occurred over the past seventeen years leading to the need for an increase in CFCIP funding;

- ND CFCIP has grown to serve more eligible current and former foster youth,
- ND has streamlined CFCIP services to offer statewide consistency with one provider,
- NYTD federal reporting requirements were implemented,
- NYTD outcomes survey collection was prioritized offering \$10, \$20, and \$50 incentives to eligible youth survey participants,
- ND Youth Leadership Board engagement opportunities have increased,
- IL Coordinators have made ongoing concerted efforts to overcome challenges in our rural state, including traveling greater distances to meet with youth participants.
- ND oil impacts led to an increased population, foster care population, and demand on public services. Cost of living increased quickly, causing low income populations to financially struggle in four western regions of the state. Infrastructure was developed, however the cost to rent remains unreasonable. (Ex: 1 bedroom renting for \$1100/mo).
- ND has seen a dramatic increase in alcohol and opioid addiction, and suicide which places greater demand on the child welfare system.
 - 30.8% of North Dakota high school students report current alcohol use;

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- 17.6% of ND high school students report they have engaged in binge drinking in the past month;
- 1 in 6 juvenile arrests in ND are alcohol-related;
- 32% of all unruly referrals received were due to unlawful possession or consumption of alcohol.
- 12.4% of high school students report their first use of alcohol before the age of 13;
- 4.4% of middle school students and 14.5% of high school students report using prescription drugs without a doctor's prescription one or more times during their lifetime;
- Suicide is the #1 leading cause of death for ND residents ages 15 – 24;
- 8% of young adults reported they had seriously considered suicide this past year;
- Overdose deaths in ND increased from 20 deaths in 2013 to 43 deaths in 2014 to 61 deaths in 2015.
- PL 113-183 "Preventing Sex Trafficking and Strengthening Families Act" expanded the age range for assessment of independent living needs for foster youth age 14+, training and awareness on identifying if a Foster Care Alumni is a victim of sex trafficking, and then ensuring CFCIP has access to referral resources to best meet the needs.
- PATH as the CFCIP contracted provider has been a fiscal donor by contributing more than the required 20% match since the inception of the contract. However, the need to contribute nearly a 35% match by a non-profit agency is fiscally burdensome.
- ND is facing fiscal deficits and has incurred large budget cuts for the 2017-19 biennium.

North Dakota is working diligently to accommodate all program needs and has identified the following priorities for which the increased funding would be utilized for program maintenance and expansion going forward:

- ND CFCIP does serve youth ages 14+, however the current program capacity cannot meet the needs of every 14+ youth in foster care. ND CFCIP would like to expand the opportunity to work more directly with youth age 14+, additional funding would be needed to support increased participation. CFCIP capacity does not allow for the ND contracted provider to expand service delivery on the current overspent budget.
- Supervised Independent/ Transitional Living for 18+ youth does not currently exist in ND. CFS would like to support community efforts to accommodate this great housing need for ND Foster Care Alumni.

Please refer to our prior 2016 funding request and the 2017 APRS to view detailed fiscal information and other data to support the need for additional funding. Thank you for your consideration in providing increased CFCIP allocation to the State of North Dakota. Feel free to contact Dawn Pearson, CFCIP Administrator (dpearson@nd.gov) at 701-328-4934 or Kelsey Bless, Permanency Administrator (kmbless@nd.gov) at 701-328-3581 for further clarification or additional information.

Thank you,



Shari Doe, Director
 ND Children & Family Services
 701-328-3587
sedoe@nd.gov

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ATTACHMENT I
ANNUAL REPORTING OF EDUCATION AND TRAINING VOUCHERS AWARDED

Unduplicated Number of Education and Training Vouchers Awarded 2015-2016 and 2016-2017 School Years		
	Total ETVs Awarded	Number of New ETVs
2015-2016 School Year (July 1, 2015 to June 30, 2016)	44	10
2016 – 2017 School Year (July 1, 2016 – June 30, 2017)	53	24

ATTACHMENT J
Glossary of Acronyms

Acronym and Abbreviation Glossary	
AAC	Adoption Competency Curriculum
AASK	Adults Adopting Special Kids
ACFY	Administration on Children, Youth and Families
AFCARS	Adoption and Foster Care Analysis and Reporting System
ANI	Area Needing Improvement
APPLA	Another Planned Permanent Living Arrangement
APSR	Annual Progress and Services Report
BHSD	Behavioral Health Services Division
CA/N	Child Abuse and Neglect
CAPTA	Child Abuse Prevention and Treatment Act
CBCAP	Community-Based Child Abuse Prevention
CBC	Capacity Building Center for States
CBCU	Criminal Background Check Unit
CBCU	Children's Bureau
CCWIPS	Comprehensive Child Welfare Information and Payment System
CDIB	Certificate of Degree of Indian Blood
CFCIP	Chafee Foster Care Independence Program
CFS	Children and Family Services Division
CFSP	Child and Family Services Plan
CFSR	Child and Family Services Review
CFST	Child and Family Services Team
CFSTC	Children and Family Services Training Center
CFT	Child and Family Team
CIP	Court Improvement Project
CPS	Child Protection Services
CQI	Continuous Quality Improvement
CY	Calendar Year
DJS	Division of Juvenile Services
DPI	Department of Public Instruction
DR	Differential Response
DSS	Decision Support Services
EA	Economic Assistance
EOC	Equal Opportunity Council
EPDST	Early and Periodic Screening, Diagnostic, and Treatment
ETV	Education and Training Voucher
FC	Foster Care
FFY	Federal Fiscal Year
FGDM	Family Group Decision Making
FMAP	Federal Medical Assistance Program
FRAME	Child Welfare Case Record System
FTDM	Family Team Decision Making
FTE	Full-time Equivalent
FUP	Family Unification Program
GAL	Guardian Ad Litem
GH	Group Home
ICPC	Interstate Compact on the Placement of Children
ICWA	Indian Child Welfare Act
IM	Information Memorandum

IRB	Institutional Review Board
ITS	Information Technology Services
LADD	Leadership Academy for Director and Deans
LCPA	Licensed Child Placing Agency
MHA	Mandan, Hidatsa and Arikara
MIS	Management Information System
NATI	Native American Training Institute
NCANDS	National Child Abuse and Neglect Data System
NCWWI	National Child Welfare Workforce Institute
NDAC	North Dakota Administrative Code
NDCC	North Dakota Century Code
NDDHS	North Dakota Department of Human Services
NDSD	Nurturing Healthy Sexual Development
NICWA	National Indian Child Welfare Association
NYTD	National Youth in Transition Database
OCR	Onsite Case Review
OMS	Online Monitoring System
OSRI	Onsite Review Instrument
PbS	Performance Based Standards
PCAND	Prevent Child Abuse North Dakota
PIP	Performance Improvement Plan
PL	Public Law
PRIDE	Parents Resource for Information Development and Education
PRTF	Psychiatric Residential Treatment Facility
PUR	Period Under Review
QA	Quality Assurance
RCCF	Residential Child Care Facility
RFK	Robert F. Kennedy
SB	Senate Bill
SENDCAA	Southeastern North Dakota Community Action Agency
SOC	System of Care
STEPS	State and Tribes Enhancing Partnership Strategies
T/TA	Training and Technical Assistance
TANF	Temporary Assistance to Needy Families
TFC	Therapeutic Foster Care
TIP	Transition to Independence Program
TRIO	Educational Opportunity Outreach Programs
UND	University of North Dakota
WIA	Work Investment Act
WWK	Wendy's Wonderful Kids