

# 2019

NORTH  
**Dakota** | Human Services  
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## ANNUAL PROGRESS & SERVICES REPORT



**Children and Family Services Division**  
**Lauren J. Sauer: Assistant Division Director**

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 for Children and Families.

For additional information regarding North Dakota's 2019 Annual Progress and Services Report, please contact:

**(Mr.) Lauren J. Sauer, MPA, M.Ed.**

Assistant Director

North Dakota Department of Human Services

Children and Family Services Division

600 E. Boulevard Avenue, Dept. 325

Bismarck, ND 58505-0250

Phone: 701-328-1709

Fax 701-328-0358

Email: [lsauer@nd.gov](mailto:lsauer@nd.gov)

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Doug Burgum, Governor  
Christopher Jones, Executive Director

June 11, 2018

Ms. Marilyn Kennerson  
CB Regional Office Program Manager  
1961 Stout Street, 8<sup>th</sup> Floor  
Byron Rogers Federal Building  
Denver, CO 80294-3538

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 2019. The Child and Family Services Plan represents a consolidation of four state plans including Title IV-B Sub Part 1, 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 *Wellbeing* for vulnerable children who enter the child welfare system.

Sincerely,

A handwritten signature in black ink, appearing to read "Chris Jones", is written over the word "Sincerely,".

Christopher D. Jones  
Executive Director

Enclosure

## I. 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.

During the past year, progress continued to be made in establishing a continuous quality improvement (CQI) process. In November of 2017, the CQI Academy concluded. Stakeholders representing both private and public child welfare entities and those who assisted with the federal CFSR continued to work with Division staff to identify system issues, research and implement solutions, and monitor outcomes that lead to improved practice. The Assistant Director continues to oversee development of the CQI process, including developing a training curriculum to teach the basics of CQI to regional and county staff. CQI policy is being finalized and a procedures manual is being developed. Stakeholders will continue to work with Division staff to assist in the ongoing development of practice improvements.

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 ongoing 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***

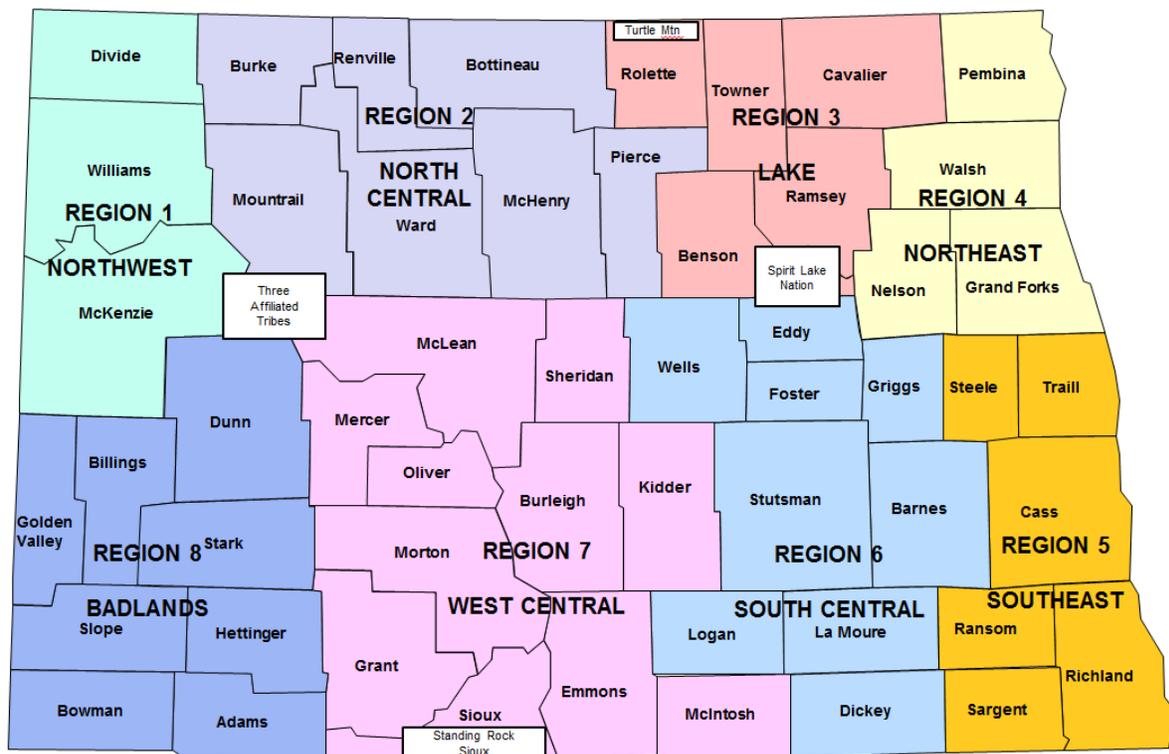
- *Safety of children is paramount.*
- *Unconditional commitments to working with families and children is provided.*

- 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

The North Dakota Department of Human Services’ Children and Family Service Division has administrative responsibility for program supervision and technical assistance for the delivery of public child welfare services.

North Dakota is a state supervised, county administered child welfare system divided into eight regions with 53 counties (map below). North Dakota has four federally recognized tribes with Tribal Title IV-E agreements with the state. NDDHS has a Memorandum of Understanding with the Division of Juvenile Services (DJS) for Title IV-E foster care services. In-home case management services are part of the service array within the county social services agencies. Alternative response assessments for substance exposed newborns



were added to the service array within county social service agencies in November 2017.

The ND Onsite Case Reviews (OCR) are a state-regional-local collaborative effort designed to help ensure that quality services are provided to children and families through the states' child welfare system. In 2017 NDDHS entered into a contract with the Children and Family Services Training Center (CFSTC) at the University of North Dakota (UND) to manage the newly revised OCR process. The reviews of the state's child welfare program identify strengths and challenges in practice, services, and systemic functioning, focusing on outcomes for children and families in the areas of safety, permanency, and well-being. The reviews work in tandem with other state and federal frameworks for system planning, reform, and effective implementation such as the Children and Family Services Plan, the federal Child and Family Services Reviews (CFSR), and the state's CQI efforts. Reviews are held in each of the eight human service center regions of the state each year, thus ensuring a comprehensive assessment of child welfare practice in North Dakota.

The overarching purpose of the reviews is to support practice improvement to strengthen the state child welfare system's ability to achieve its vision of "Safe Children, Strong Families". The OCR supports the state's partnership with the Children's Bureau and the federal CFSR Process. The case reviews conducted during 2018 are intended to provide baseline data for the Round 3 Federal CFSR Program Improvement Plan (PIP).

The OCR identifies case practices and systemic functioning that promote safety, permanency and well-being. Performance outcomes indicate areas of casework practice or systemic functioning which either support strong outcomes or require further CQI efforts.

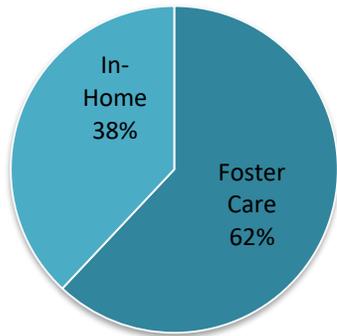
The federal Onsite Review Instrument (OSRI) is utilized as the review instrument to capture information regarding child and family outcomes for foster care and in-home services. The newly revised OSRI was finalized by the Administration of Children and Families (ACF) in July 2014 and updated in January 2016. A total of 25 cases have been reviewed through the OCR as of this writing.

What follows are the findings on the OSRI and Systemic Factor items to date (3 OCR sites comprising 25 cases) along with data from the ND Round 3 federal CFSR (65 cases) held in September 2016 for comparison.

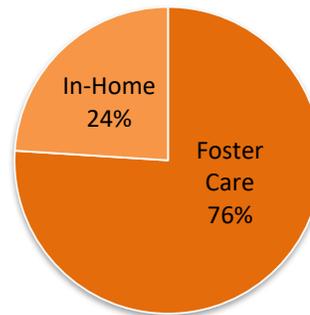
## ONSITE REVIEW INSTRUMENT (OSRI) OUTCOMES

### CASE DEMOGRAPHICS

ND R3 CFSR Case Type

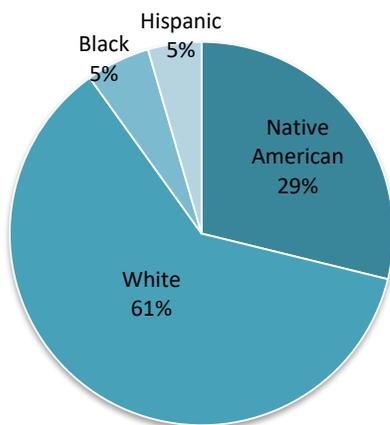


ND OCR Case Type (3 sites)

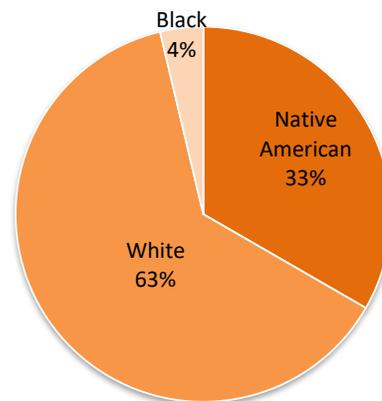


Cases are randomly selected to represent both foster care and in-home services cases. The OCR focuses on case activity during a defined period under review (PUR). Foster Care cases involve a target child in substitute care for over 24 hours or more and In-Home Services cases involve a family receiving case management services for at least 45 days with no foster care episode greater than 24 hours during the entire PUR. For complete case sampling information, please see the OCR Procedures Manual available at <https://und.edu/centers/children-and-family-services-training-center/nd-ocr/overview.cfm>. The percentages per case type are based upon the actual ND child welfare population. At the conclusion of the OCR review year (CY 2018), CFS will have reviewed 47 (65%) foster care cases and 25 (35%) in-home cases for a total of 72 cases, per the ND PIP Measurement Plan.

ND R3 CFSR Child Race/Ethnicity



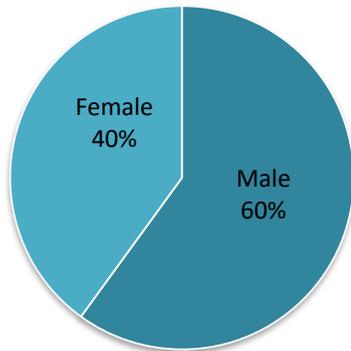
ND OCR Child Race/Ethnicity (3 sites)



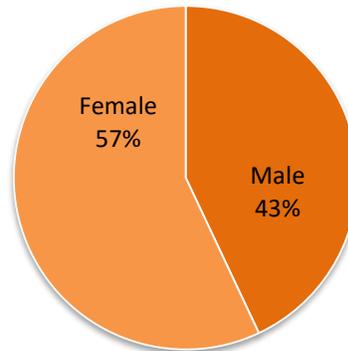
In the majority of cases reviewed, the child's race was identified as white. Native American race was selected in about 1/3 of cases reviewed for both the ND R3 CFSR and for the

OCRs convened to date. Of those cases where the child was identified as Native American, 71% were foster care cases in the R3 CFSR, and 100% were foster care cases in the OCRs.

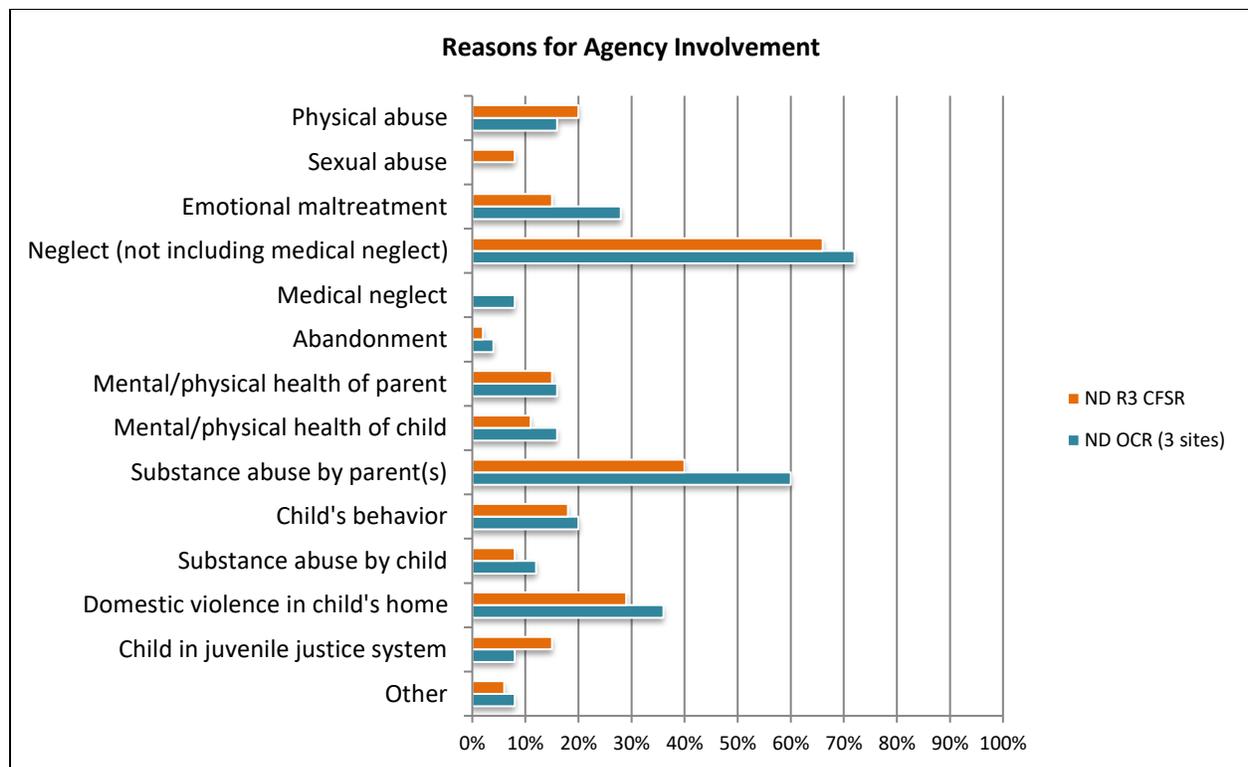
**ND R3 CFSR Child Gender**



**ND OCR Child Gender (3 sites)**



**REASONS FOR AGENCY INVOLVEMENT**

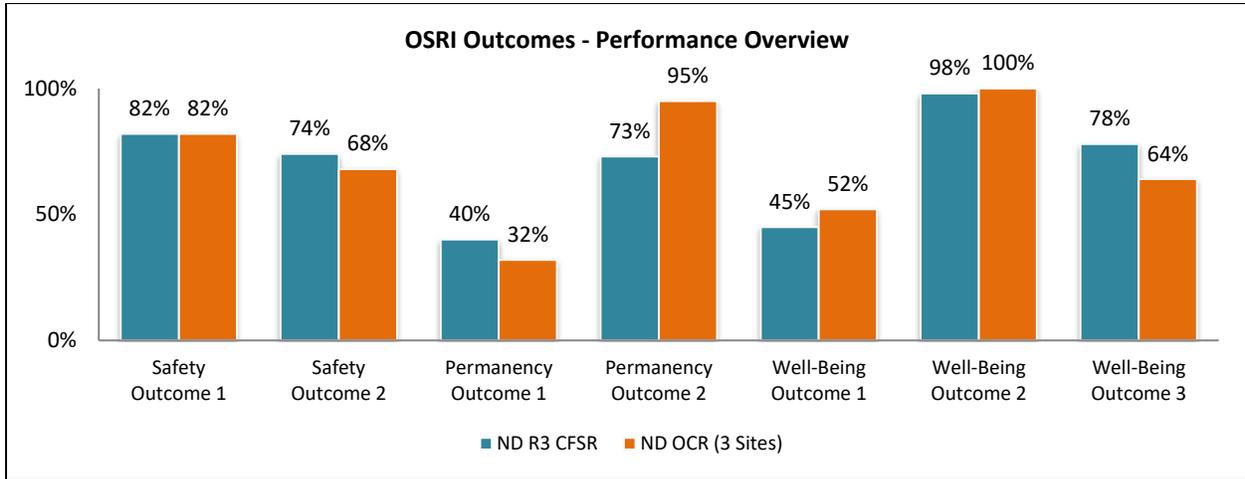


*\*Percentages exceed 100% because more than one reason can be selected*

Reasons for agency involvement at the time the case was opened for services are identified through the course of the case review. As many reasons as were applicable to a case are selected. Data from the three OCR sites show the top three reasons for agency involvement

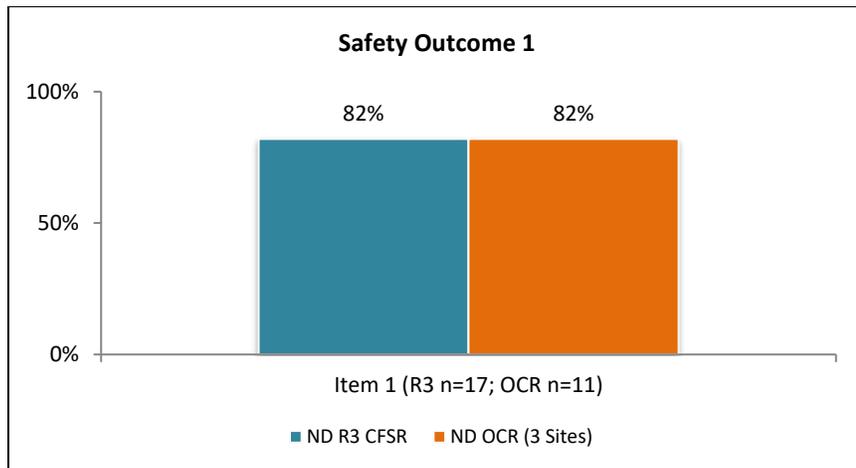
as: 1) Neglect (not including medical neglect), 2) Substance abuse by parent(s), and 3) Domestic violence in the child’s home.

**OSRI OUTCOMES – PERFORMANCE OVERVIEW**



As noted in the graph above, in both the ND R3 CFSR and the OCR, Well-being Outcome 2 *Educational Needs* was the highest performing OSRI outcome and Permanency Outcome 1 *Children have stability and permanency in their living situations* was the lowest performing outcome. Each of the 18 OSRI items will now be discussed in depth, including key strengths and areas needing further exploration as noted thus far in the three OCR sites. Please note that while the OSRI instrument uses the term, “Area Needing Improvement,” North Dakota has adopted the term, “Area Needing Further Exploration,” to align with our developing CQI process. This is because we cannot be certain at the conclusion of an OCR whether a need for improvement exists, absent a thorough review of all available data and region wide discussion.

**SAFETY OUTCOME 1: Children Are, First and Foremost, Protected From Abuse and Neglect**

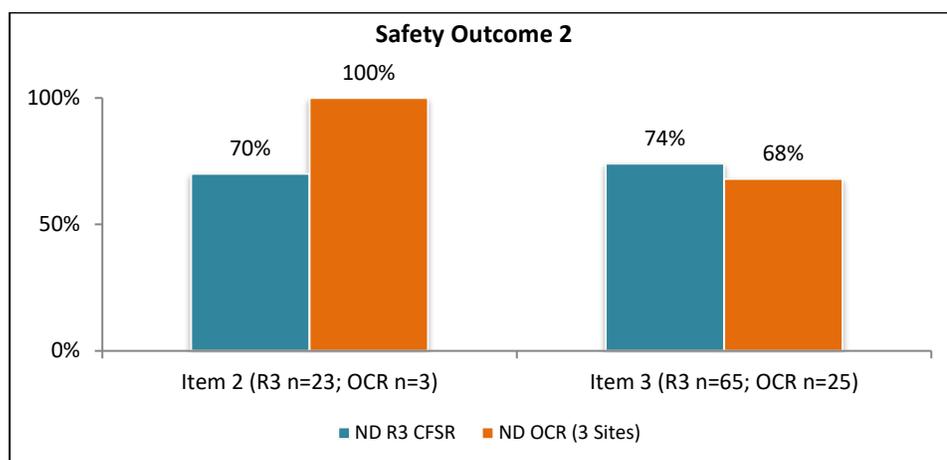


### ***Item 1 Timeliness of initiating investigations of reports of child maltreatment***

#### OCR Findings (3 sites)

- Key strengths noted related to performance on Item 1:
  - The agencies initiated their response to the reports within the required timeframes. In some cases, efforts exceeded the timeframes outlined in state statutes.
  
- Key areas needing further examination related to performance on Item 1:
  - The agencies did not initiate their responses to the accepted report of alleged child maltreatment within state statutes in two situations. Contributing factors for these delays were not readily evident during the case review. Furthermore, face to face contact with the alleged victims did not occur within the required timeframes. The primary factor contributing to this delay related to the state’s statute regarding individuals authorized to make face to face contacts.

### **SAFETY OUTCOME 2: Children are Safely Maintained in Their Homes Whenever Possible and Appropriate**



### ***Item 2 Services to protect child(ren) in the home and prevent removal or re-entry into foster care***

#### OCR Findings (3 sites)

- Key strengths noted related to performance on Item 2:
  - Agencies made concerted efforts to provide services to the family to prevent children’s entry into foster care or re-entry after a reunification.
  - Agencies were noted to respond quickly and ensure safety of the children.
  
- Key areas needing further examination related to performance on Item 2:
  - Agencies were encouraged to further examine the complete findings of all cases, even those that were determined to be “not applicable” to identify other practice strengths connected to this item, such as a case in which the target child was removed prior to the PUR and all safety concerns were appropriately addressed prior to reunification with no further evidence of safety concerns.

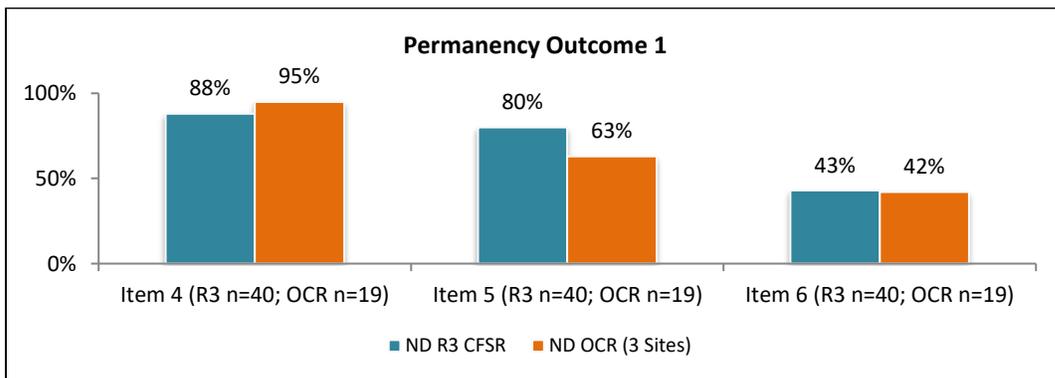
- Agencies were encouraged to further examine practice related to providing safety services to children in the home when parents are actively using illicit substances.

**Item 3 Risk and safety assessment and management**

OCR Findings (3 sites)

- Key strengths noted related to performance on Item 3:
  - Strong initial and ongoing assessment of safety and risk was noted in many cases reviewed.
  - Formal and informal efforts were blended to complete quality, timely, and thorough risk and safety assessments.
  - Safety and risk was routinely assessed by the agencies as part of caseworker visits.
  - In most cases there were no concerns related to the safety of the target child in foster care during home visits or in their placement setting.
  - Safety planning was noted to positively impact earlier accomplishment of case goals in some cases.
- Key areas needing further examination related to performance on Item 3:
  - Families moving between multiple jurisdictions which include tribal lands pose multiple challenges.
  - Challenges were noted for the juvenile services agency in being able to assess safety of other children in the home for whom their agency does not have jurisdiction
  - Policy and practices related to runaway situations for foster youth.
  - Contributing factors negatively impacting accurate assessments of the safety or risk was were found to be related to the agency either not seeing or visiting all children in the family or by ensuring time alone with the target child during caseworker visits.
  - In some cases, a thorough and accurate ongoing assessment of all safety and risk concerns at critical junctures of the case (i.e. case closure) was not evident.

**PERMANENCY OUTCOME 1: Children Have Safety and Stability in their Living Situations**



#### ***Item 4 Stability of foster care placement***

##### OCR Findings (3 sites)

- Key strengths noted related to performance on Item 4:
  - Relatives were identified early in foster care situations and concerted efforts by the agency to maintain those placement settings was observed.
  - Agency efforts to assess the needs of foster parents and provide appropriate services was also noted to be a strength in this review and the resulting placement stability can be attributed, in part, to those efforts.
  - Support provided to the placement resource throughout the PUR by the assigned case manager was found to be a factor contributing to the stability of the placement setting.
  
- Key areas needing further examination related to performance on Item 4:
  - Multiple placement moves in a short-term placement in which not all moves were consistent with the case goals nor did they meet the needs of the child.
  - Systemic challenges when more than one agency is involved in the case.

#### ***Item 5 Permanency goal for child***

##### OCR Findings (3 sites)

- Key strengths noted related to performance on Item 5:
  - Thorough assessments of the child and family situation to ensure appropriateness of the permanency goal from the onset of the case.
  - Ensuring timely and appropriate (individualized) permanency goals for the target children in most situations.
  
- Key areas needing further examination related to performance on Item 5:
  - Concerns were noted regarding either the timely establishment of an appropriate goal or thorough consideration of all placement/resource options within a permanency goal prior to ending the goal.
  - Agency practice related to effective use of concurrent planning may be an area of focus when examining challenges in this area.

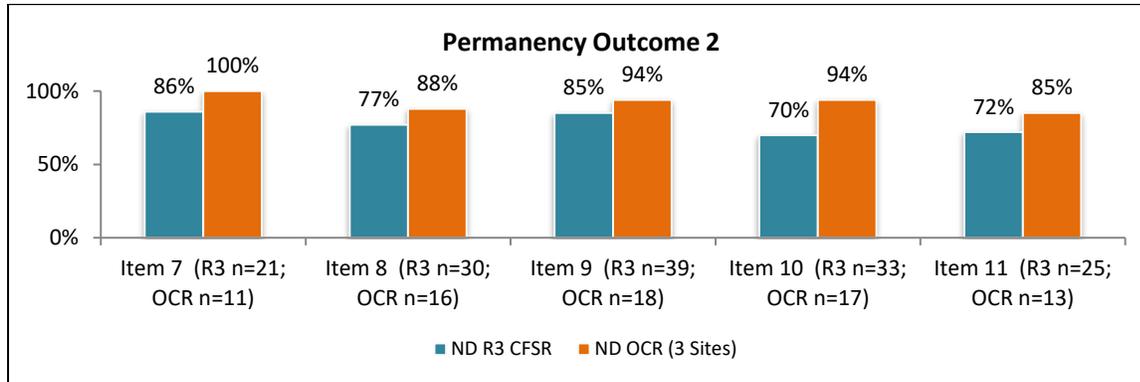
#### ***Item 6 Achieving reunification, guardianship, adoption, or other planned permanent living arrangement***

##### OCR Findings (3 sites)

- Key strengths noted related to performance on Item 6:
  - A strong area of practice involved cases with Reunification as the permanency goal.
  - Strong practice to identify a permanent family for youth with an OPPLA goal was also noted.
  - Active case planning activities along with service provision to address the reasons for foster care entry were noted.
  - Partnership with the Court for regular permanency hearings.
  - Early identification of relatives as permanent placement options.
  - Regular child and family team meetings with focused discussions surrounding permanency goals.

- Key areas needing further examination related to performance on Item 6:
  - The agency and court efforts to keep the case moving along to permanency was found to be a shared challenge.
  - Delays related to the adoption process itself and how the Agencies and Courts could support steady and forward progress.
  - Lack of concerted efforts to secure timely and appropriate termination of parental rights.

**PERMANENCY OUTCOME 2: The Continuity of Family Relationships and Connections is Preserved for Children**



***Item 7 Placement with siblings***

ND OCR Findings (3 sites)

- Key strengths noted related to performance on Item 7:
  - Siblings were placed together with either all, or most, of their siblings during the PUR. When this was not possible, the agency made concerted efforts to support frequent and quality visits between the siblings.
  - The use of relative placement resources contributed to the strong performance in placing siblings together.
  -
- Key areas needing further examination related to performance on Item 7:
  - This was a strong area of practice to date, and no specific practices or systemic challenges have been noted thus far.

***Item 8 Visiting with parents and siblings in foster care***

ND OCR Findings (3 sites)

- Key strengths noted related to performance on Item 8:
  - Concerted efforts on the part of the agency to ensure visitation between the target child and their parents and other siblings in foster care were frequent and of high quality.
  - Flexibility in location and times for visits, adapting the visitation schedule based on the safety and permanency needs of the children.
  - The use of a visitation agreement which was adjusted and reviewed regularly to clearly set forth expectations regarding visitation.
  - Coordinating sibling visits around community events and with relatives was a strong practice positively impacting the outcomes.

- When reunification was the goal, the agency supported frequent overnight visits between the child and parent.
- Efforts to reassess the visitation schedule between target child and parent in which visitations progress from supervised visits in the office to unsupervised visits in the parental home.
- Key areas needing further examination related to performance on Item 8:
  - Consistent use of an appropriate visitation schedule which supports the needs of the target child and specific to the needs of each parent.
  - Agency case file documentation practices when visitation between a child in foster care and their parent(s) would not be in the child's best interest.

### ***Item 9 Preserving connections***

#### ND OCR Findings (3 sites)

- Key strengths noted related to performance on Item 9:
  - Strong relative involvement which supported children in foster care maintaining connections with extended family. Most of the time, efforts included maternal and paternal relative involvement.
  - Ensuring continuity in the educational setting was a strong practice.
  - Agency efforts to make a sufficient inquiry regarding the child's connection to a federally recognized Indian Tribe was found to be a consistent practice.
  - Involving the child's tribe, when applicable, was noted through documented efforts to provide notice and place children in placement settings in accordance with the Indian Child Welfare Act.
- Key areas needing further examination related to performance on Item 9:
  - Lack of concerted efforts to continue connections with paternal family members during the PUR.

### ***Item 10 Relative placement***

#### OCR Findings (3 sites)

- Key strengths noted related to performance on Item 10:
  - Many target youth were placed with relatives during the entire PUR.
  - When placement with a relative was not possible, documentation of extensive maternal and paternal relative search efforts was found.
  - Strong Agency efforts to involve appropriate relatives unable to provide care for the target youth.
  - When the target child was not placed with a relative, there were clear Agency efforts to conduct maternal and paternal relative searches. Relatives had been evaluated and, in the files selected, ruled out for safety reasons.
  - For cases open prior to the PUR, the Agency conducted a sufficient relative search of maternal and paternal relatives and all known possible options were appropriately ruled out.
- Key areas needing further examination related to performance on Item 10:
  - Evidence of a paternal relative search not found in case documentation or through interviews.

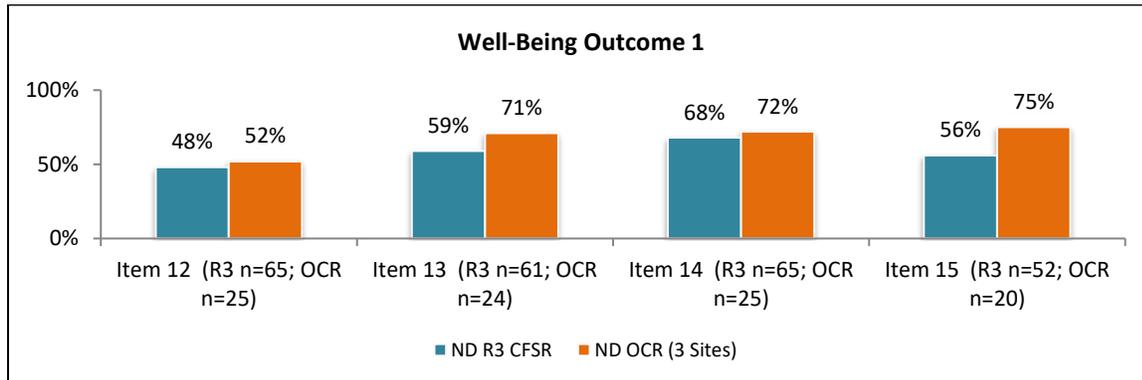
- Review case practice relating to continued relative searches even after a child is placed with a relative. If there were a risk of disruption there would be a lack of another relative resource to step in and provide care.

**Item 11 Relationship of child in care with parents**

OCR Findings (3 sites)

- Key strengths noted related to performance on Item 11:
  - Concerted efforts on the part of the agency to strengthen the relationship of the child in care with his/her parents was evident in cases where parents were actively involved and participating with services.
  - Evidence of strong efforts to reach out to engage parents who were not actively participating in agency services when their whereabouts were known.
- Key areas needing further examination related to performance on Item 11:
  - Reasons why the parents were not a part of school, medical, recreational or therapeutic activities to strengthen the parent-child relationship were not evident.
  - No clear documentation of the reasons why efforts to strengthen the parent-child relationship were not in the child’s best interest.

**WELL-BEING OUTCOME 1: Families Have Enhanced Capacity to Provide for Their Children’s Needs**

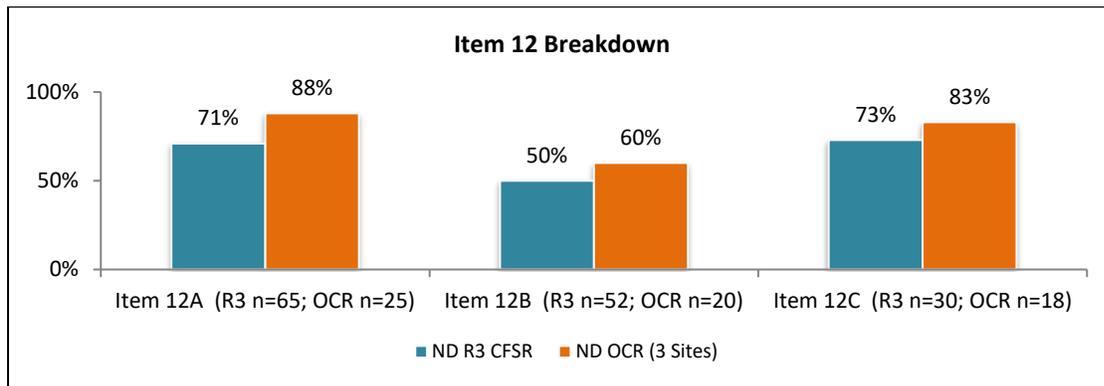


**Item 12 Needs and services of child, parents, and foster parents**

OCR Findings (3 sites)

- Key strengths noted related to performance on Item 12:
  - Agency efforts to assess the needs of and provide appropriate services to the child, both initially and ongoing, was noted in most situations. Efforts often involved the use of formal and informal assessments.
  - In most situations, sound agency efforts to assess the needs of foster parents and provide appropriate services to support the placements was evident. Frequent phone calls, regular visits, and assistance with transportation were some of the efforts specifically noted.
  - Practice related to the assessment of parents’ needs and service provision occurred through the use of ongoing formal and informal assessments, caseworker visits with parents or documented concerted and consistent efforts to locate absent parents.

- Regular caseworker visits or documented concerted and consistent efforts to locate and engage parents.
- Key areas needing further examination related to performance on Item 12:
  - Efforts to provide appropriate services to meet the identified needs was the predominant challenge noted when sub-items were rated an area needing improvement.
  - Challenges to assess needs were noted in some situations involving parents and foster parents.
  - Practice related to utilizing a trauma informed approach to assessing children was not evident in all cases.



***Item 12A Needs and services of child***

OCR Findings (3 sites)

- Key strengths noted related to performance on Item 12A:
  - Robust efforts involving formal or informal and/or ongoing comprehensive assessments accurately assessing the needs of children.
  - Use of the Family Assessment Instrument (CFS’s formal assessment tool) was utilized and ongoing efforts during monthly caseworker visitations bolstered the agency’s ability to achieve a strength rating.
  - Evidence that needs were assessed informally on an ongoing basis during caseworker visits and team meetings.
  - Independent Living plans were contained in applicable files.
- Key areas needing further examination related to performance on Item 12A:
  - Challenges related to adequately addressing relationship needs between children and their absent/non-custodial parent.
  - Challenges related to adequately assessing how trauma impacts children’s social interactions and close relationships.
  - Systemic challenges related to the provision of Independent Living services.

***Item 12B Needs and services of parents***

OCR Findings (3 sites)

- Key strengths noted related to performance on Item 12B:
  - Assessing applicable parents’ needs and providing services was notably strong in both foster care and in-home cases. Evidence that needs were assessed

through formal and informal methods were seen, including formal psychiatric evaluations and parental capacity evaluations.

- Examples of individualized services provided included: Addiction-related evaluation, treatment, and after care services; Individual therapy services; Medication management; Developmentally appropriate discipline strategies; Referrals for economic assistance; Parenting classes, and; Transportation.
  - Consistent and diligent concerted efforts to engage parents despite the parents' reluctance to participate in services.
  - When parents' whereabouts were not known, concerted efforts were found, including frequent use of the Federal Parent Locator Service.
- Key areas needing further examination related to performance on Item 12B:
- Conducting an accurate initial and/or ongoing assessment of the needs of the parents.
  - Challenges in the area of accurately and comprehensively assessing and addressing the needs of absent/non-custodial fathers.
  - Challenges in providing appropriate services to the parents.
  - Addressing all identified needs for the parents, especially when issues related to domestic violence and substance abuse are present.
  - Challenges engaging with incarcerated parents.

### ***Item 12C Needs and services of foster parents***

#### OCR Findings (3 sites)

- Key strengths noted related to performance on Item 12C:
- Regular and supportive communication and visits were attributed to the strength performance when assessing the needs and providing services to foster parents.
  - Agency coordination with the treatment foster care provider, help with transportation, arranging respite, assisting with financial needs (including Enhanced Maintenance Payments for children with special needs), and facilitating communication between the foster parents and the parents from the home of removal.
- Key areas needing further examination related to performance on Item 12C:
- Arranging for or assessing needs of foster parents residing in different jurisdictions.
  - Lack of agency efforts to address service needs related to assisting the foster parent in setting up the household, assisting with transportation, or supporting the foster parent's desire to adopt the target child.

### ***Item 13 Child and family involvement in case planning***

#### OCR Findings (3 sites)

- Key strengths noted related to performance on Item 13:
- Agencies efforts to involve the children when age and developmentally appropriate.
  - Caseworker involvement of the child during monthly visitations when the child chose not to attend team meetings.

- Flexible case planning meetings and discussions during monthly caseworker visits.
- Diligent outreach to parents, and including parents in team meetings through telephone, email, and letters.
- Key areas needing further examination related to performance on Item 13:
  - Lack of concerted efforts to involve and engage school-age children in case planning.
  - Lack of concerted efforts to engage absent/non-custodial parents.
  - Indication that the case planning process involved presenting a case plan to a family as opposed to developing the plan with the family.

***Item 14 Caseworker visits with child***

OCR Findings (3 sites)

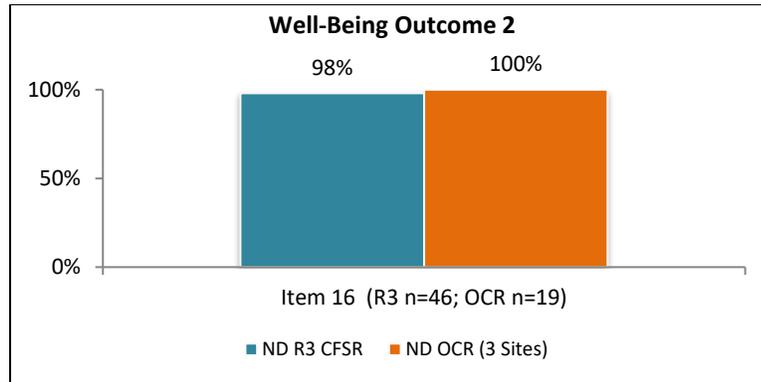
- Key strengths noted related to performance on Item 14:
  - The typical pattern of visitation between caseworkers and children during the period under review was found to be at least once a month.
  - Efforts to assess safety, permanency, and well-being needs at each visit, with most of the visits being conducted in the child’s residence and seeing the child alone for a portion of the visits, contributed to the high quality found in these visits.
- Key areas needing further examination related to performance on Item 14:
  - Most challenges related to the lack of quality caseworker visits with children. Not seeing the children apart from caretakers or addressing areas specific to safety, permanency, and well-being during these visits were noted.

***Item 15 Caseworker visits with parents***

OCR Findings (3 sites)

- Key strengths noted related to performance on Item 15:
  - Visits between case managers and parents were typically held at least once a month. When less than monthly visits were held, evidence was found of concerted efforts on the part of the agency to locate or engage the parents to meet with the case manager.
  - Contributing to high quality visits were efforts such as focusing on the needs of the children and family, holding meetings in the home, office, or community offering adequate privacy, addressing legal needs of the parents, and safety planning. Supplemental efforts between visits through phone calls, emails, texts, were also noted.
- Key areas needing further examination related to performance on Item 15:
  - Challenges generally involved parents whose whereabouts were known, yet they were not engaged with services.
  - Lack of developing appropriate visitation patterns and ways to ensure visits promote achievement of case goals.
  - Lack of engagement with absent/non-custodial parents or incarcerated parents.

**WELL-BEING OUTCOME 2: Children Receive Appropriate Services to Meet Their Educational Needs**

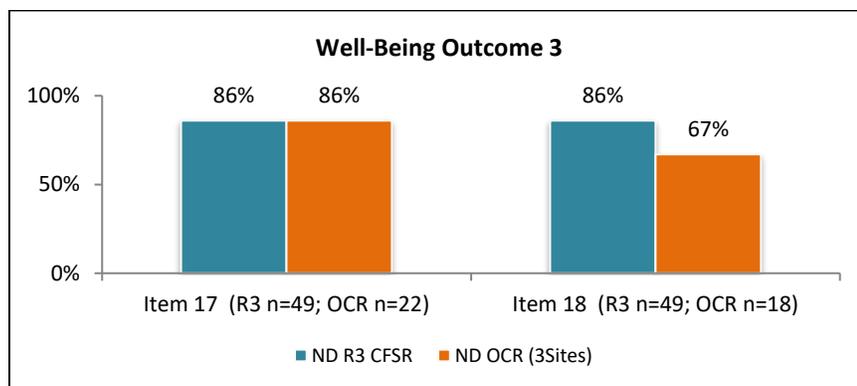


**Item 16 Educational needs of the child**

OCR Findings (3 sites)

- Key strengths noted related to performance on Item 16:
  - Efforts of the agency to address the educational needs of children included regular contact and coordination between the agency, school, foster parent, and when age-appropriate, the youth.
  - Some of the children were involved in Early Childhood or Head Start services, while others had needs met through a 504B Plan or an Individual Education Plan (IEP).
  - For foster youth who did not have identified needs, the agency monitored school progress through case planning efforts. Review of grades and attendance at school conferences were efforts noted in these cases.
  
- Key areas needing further examination related to performance on Item 16:
  - To date, no specific practice or systemic challenges have been identified.

**WELL-BEING OUTCOME 3: Children Receive Appropriate Services to Meet Their Physical and Mental/Behavioral Health Needs**



### ***Item 17 Physical health of the child***

#### OCR Findings (3 sites)

- Key strengths noted related to performance on Item 17:
  - Children’s physical, dental and vision needs were met through timely initial and ongoing exams and ensuring follow up services to address identified needs were provided.
  - Agencies provided appropriate oversight of prescription medications for the physical health issues of target children in foster care. Efforts included contact with medical providers, regular and consistent contact with the foster parents, and involvement of the youth in monitoring activities (when developmentally appropriate).
  - Community providers were available to meet the needs of the children in a timely manner for the cases reviewed.
  
- Key areas needing further examination related to performance on Item 17:
  - Lack of concerted efforts to secure a timely Health Tracks screening and vision check-up. It did not appear that there were community service array challenges involved, but caseworker turnover may have been a contributing factor.
  - In one region, lack of dental providers who accept Medicaid has been an ongoing challenge impacting children’s access to timely dental care.
  - Agency delays in addressing the physical and dental health needs of a target child until the child was placed with a permanent placement option.

### ***Item 18 Mental/behavioral health of the child***

#### OCR Findings (3 sites)

- Key strengths noted related to performance on Item 18:
  - Children’s mental health/behavioral health needs were met through timely initial and ongoing assessments and ensuring follow up services to appropriately address the identified needs.
  - Assessments were conducted through informal and formal assessments by the agency case manager or through formal assessments provided by community providers.
  - Agencies provided appropriate oversight of psychotropic medications for the mental/behavioral health issues of target children in foster care. Efforts included active coordination between the agencies, residential facilities/foster parents, youth, parents, and mental health providers.
  - Services employed to meet identified needs included treatment foster care services, individual therapy, family therapy, initial mental health screenings, psychiatric evaluations, medication management, behavior plans, community-based mentoring, and transportation assistance for appointments.
  - Agency efforts to overcome community resource availability challenges were extensive, persistent, and timely.
  
- Key areas needing further examination related to performance on Item 18:

- Challenges were noted regarding accessibility of specialized mental/behavioral health services and supports to children who have significant mental/behavioral health needs.
- Lack of focus related to trauma screenings or other efforts to assess children’s behavioral/mental health needs.

**SYSTEMIC FACTOR OUTCOMES**

Most of the data provided for the 18 Systemic Factor items was gathered through Stakeholder input during the ND Onsite Case Review (OCR) process. In accordance with the CQI state policy manual chapter 605-05-30-250, Stakeholder Feedback is sought from seven broad categories of child welfare partners and recipients of child welfare services:

- Agency administrators
- Agency caseworkers
- Legal system partners
- Community providers
- Parents of children in foster care
- Foster caregivers
- Youth in foster care (or foster care alumni)
- Others as applicable

For all regional OCRs, feedback is received in the form of online surveys for most Stakeholder groups, and in-person meetings for both youth and foster caregivers. The Stakeholder feedback questions reflect information needed to complete the Stakeholder Interview Guide (SIG) on the federal Online Monitoring System (OMS).

Online surveys were developed by the OCR Manager and CFS Administrator of the OCR. They are administered through the Qualtrics software program at the UND Children and Family Services Training Center. The survey window is two weeks long – the week prior to and the week of the onsite review. Agency administrators, caseworkers, legal system partners and community providers were directly emailed the survey link along with two additional reminders. Local foster care agencies assisted by providing parents of children in foster care the opportunity to participate either through a website link, a QR scan code, or a paper version of the survey accompanied by a postage-paid envelope addressed to the OCR Manager.

Following each regional OCR a final report is written by the OCR Manager. The report reveals cumulative findings gleaned from Stakeholder feedback, and themes identified that relate to practice and systemic strengths and challenges. This information, combined with the cumulative ratings on all OSRI items, will drive the regional CQI process inclusive of all regional child welfare partners and led by the Regional Representatives, in consultation with the CFS Assistant Director. Cumulative data from all regional OCRs will be provided to the state annually in the form of a Statewide OCR Summary Report. This report will be posted on the DHS website under “CFS Division Publications.”

## **SYSTEMIC FACTOR 1 Statewide Information System**

### ***Item 19 Statewide Information System***

North Dakota believes this item remains as a strength. FRAME and CCWIPS applications continue to be utilized for the statewide information system. Refer to the ND Statewide Assessment document submitted to the Children's Bureau in July 2016 for further details.

## **SYSTEMIC FACTOR 2 Case Review System**

### ***Item 20 Written Case Plan***

Feedback regarding written case plans was sought from all Stakeholder groups.

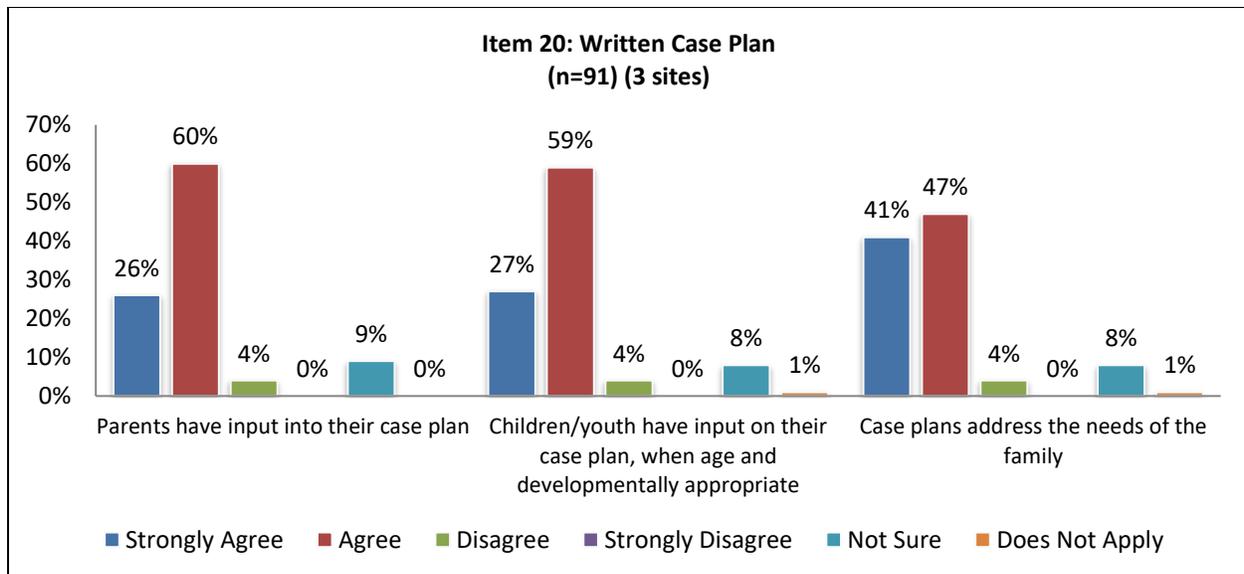
Information received from in-person stakeholder meetings with youth (n= 6) in foster care from the 3 sites included:

- Consensus that their parents (at least the custodial/present parent) are aware of and involved in the written case plan development/monitoring. Comments were made that parents were no longer involved after a termination of parental rights occurred.
- Most youth interviewed shared they participated in child and family team meetings (CFTs) and felt their thoughts/feelings were respected. Some youth indicated they didn't feel they had a choice to influence the plan goals, and that the team made decisions on their behalf. Others felt that as time went on, the team welcomed their input more often. Additionally, some youth interviewed stated they actually 'ran the meetings.'
- A fair number of youth did say there were times they could not attend CFTs because they were held during the school day.

Information received from in-person stakeholder meetings with foster caregivers (n= 17) from the 3 sites included:

- Foster caregivers reported that they generally participate in the CFTs as a member of the team.
- They observed that agencies generally develop the case plan jointly with the children's parents, although they clarified that a number of parents choose not to attend due to addiction/substance abuse concerns that seem to impact their participation. Nonetheless, consensus among the groups was that parents are given the opportunity to participate in the case planning process most of the time. It was shared that some caseworkers seem to have the case plan already written and expect the parents to sign off on it. This didn't appear to be a universal practice, however.

Information from online survey responses revealed that parents of children in foster care (hereafter referred to as 'parents'), agency administrators, agency caseworkers, legal system partners, and community providers believed that parents and children/youth had input on the case plan most of the time and that case plans addressed the needs of the family. See data below.



### ***Item 21 Periodic Reviews***

North Dakota’s periodic review, or administrative review, is known as the foster care “child and family team meeting (CFT)”. The 2015-2019 CFSP outlines the policy reference which requires an initial CFT within 30 days and at least every 90 days thereafter until case closing. In addition, pursuant to ND policy 624-05-15-20-20 every child in foster care must have a permanency hearing within 12 months of the child’s entry to foster care, or continuing in foster care, following a previous permanency hearing. These combined policies support the state’s efforts in complying with this systemic factor. When the term ‘periodic review’ is used in the state, it most frequently refers to the CFT meeting date.

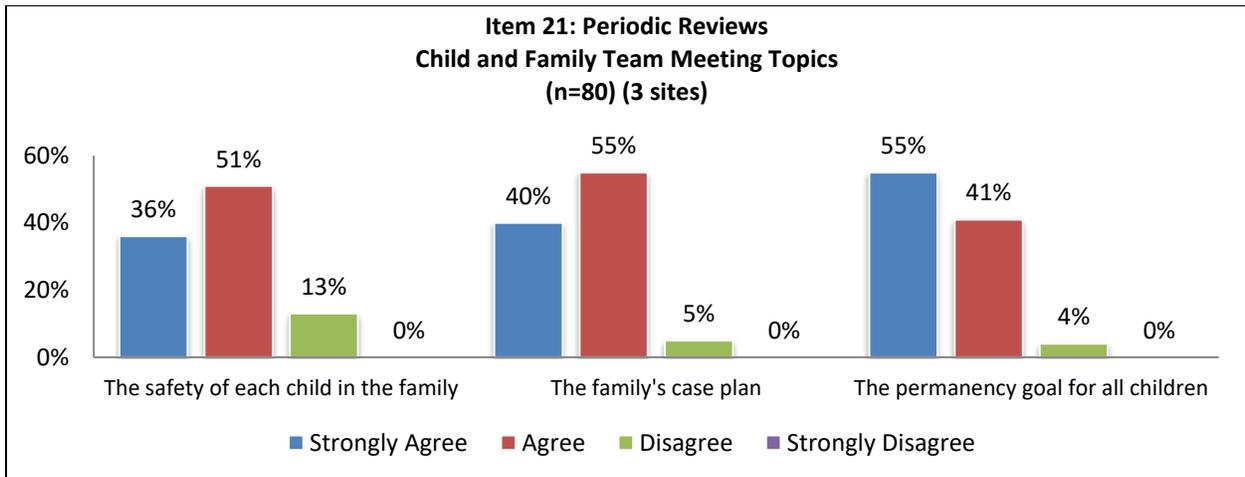
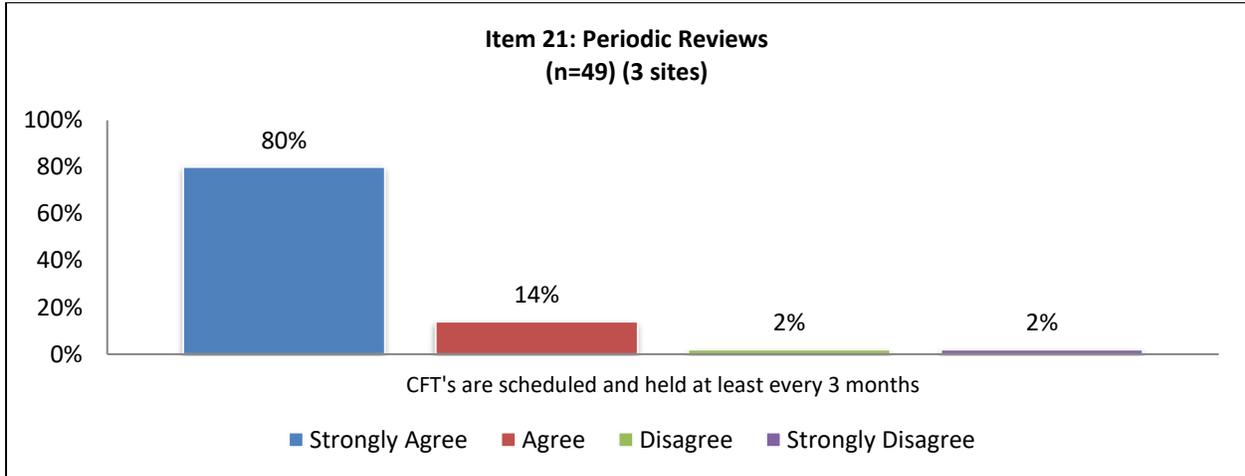
The following Stakeholder groups were asked to respond to questions related to Item 21:

- Agency administrators
- Agency caseworkers
- Legal system partners
- Community providers
- Parents of children in foster care

A large majority (94%) of respondents surveyed by the time of this writing agreed that child and family team meetings (CFTs) are scheduled and held at least every three months. When asked whether key topics are discussed at CFTs, respondents agreed that the following were addressed:

- Safety of each child in the family (87%)
- The family’s case plan (95%)
- The permanency goal for all children (96%)

See data charts below.



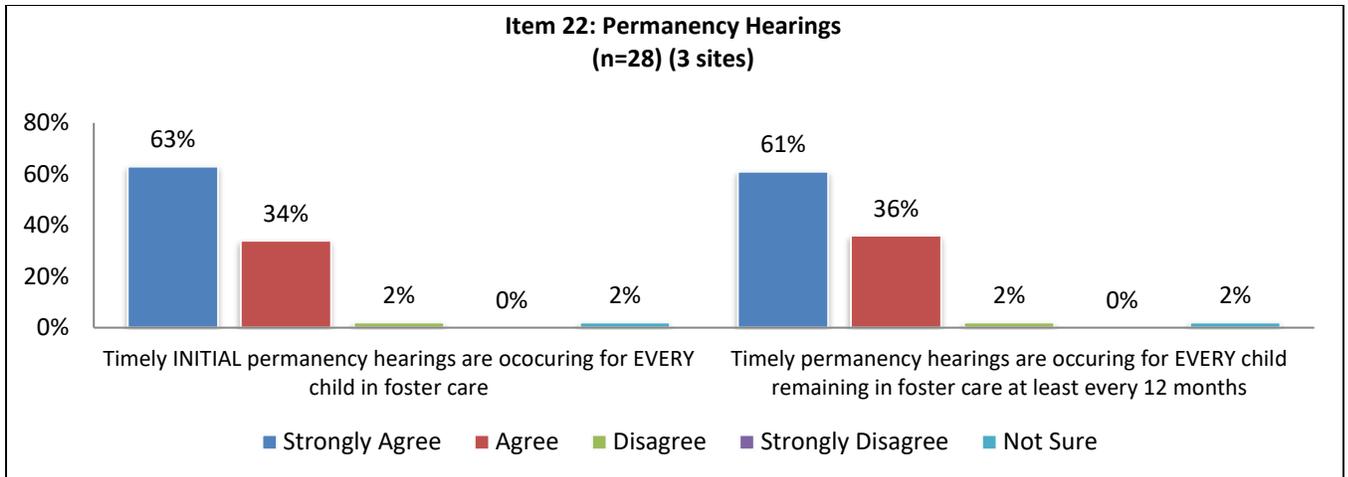
### ***Item 22 Permanency Hearings***

The following Stakeholder groups were asked to respond to questions related to Item 22:

- Agency administrators
- Agency caseworkers
- Legal system partners
- Community providers

The state has strong performance for the occurrence of permanency hearings for each child no later than twelve months from the date the child entered foster care. A review of the survey data available at the time of this writing shows the following (data chart below):

- Timely initial permanency hearings are occurring for every child in foster care (97%).
- Timely permanency hearings are occurring for every child remaining in foster care at least every twelve months (97%).



The respondents identified the following top rated barriers to initial permanency hearings occurring timely:

1. *A continuance was needed*
2. *The Court's calendar was full*
3. *The State's Attorney's Office was not able to submit the request in a timely fashion*

### **Item 23 Termination of Parental Rights**

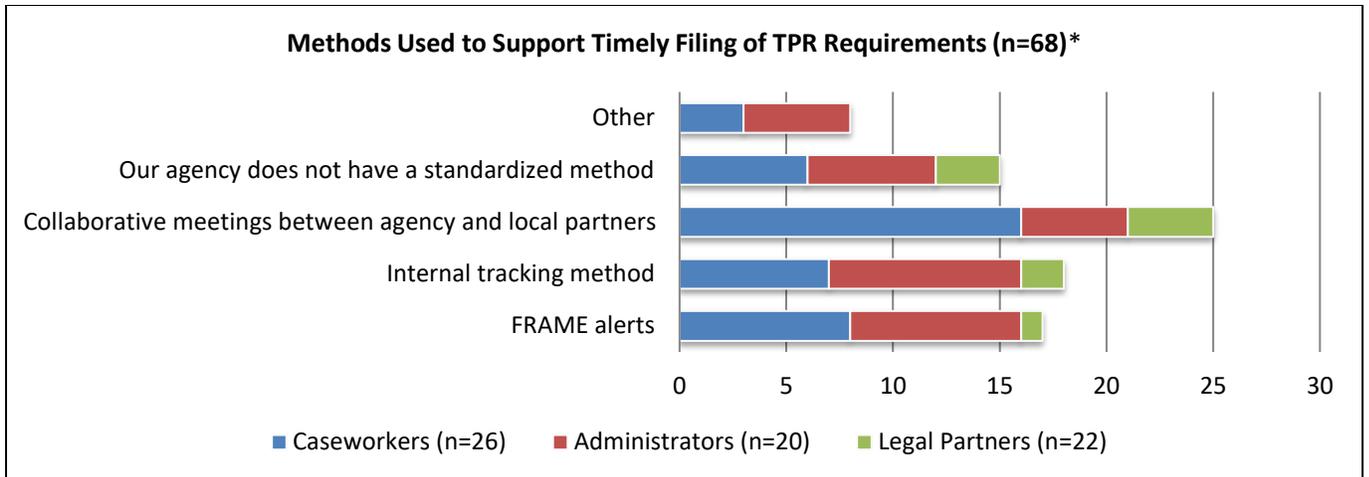
Feedback regarding written case plans was sought from four Stakeholder groups.

- Agency administrators
- Agency caseworkers
- Legal system partners
- Community providers

Most Legal system Stakeholders were asked Questions A & B. Community Stakeholders and Legal system Stakeholders identifying as a Defense Attorney, guardian ad litem, judge or judicial referee were only asked Question C.

Questions:

- A. *How does your agency ensure that the filing of termination of parental rights occurs within the required provisions (e.g., the child has been in foster care for 15 of the most recent 22 months; the parent has committed a serious offense such as killing another child, or an exception is present, such as the child is living with relatives, there is a compelling reason why the parent's rights should not be terminated)?*

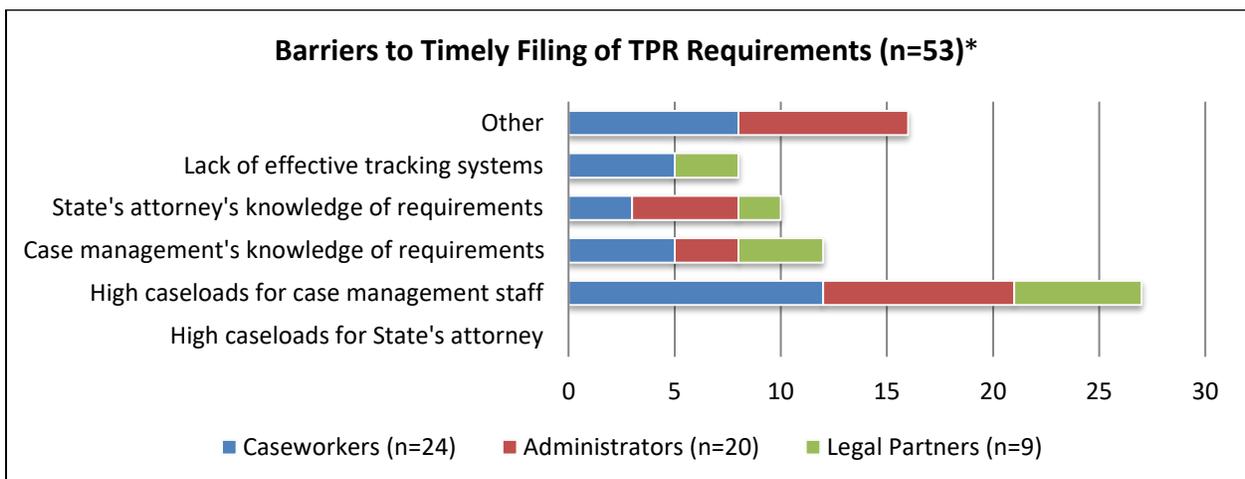


\*Respondents were allowed to select up to 3 tracking methods

Survey respondents were provided the opportunity to identify any other methods used in their jurisdictions. The following were recorded:

- “Court order template for permanency hearing has the compelling reasons language/option”
- “Our County is small enough that it is easy to remember which ones need to be done and when”
- “We do not do TPR’s”
- “Collaboration with Regional Reps”
- “Reviewed during Child and Family Team Meetings”
- “Utilization of CFT meeting time frames”
- “Does not apply to me”
- “I’m unaware”
- “meetings with supervisor, review timeliness monthly”

B. What are the barriers that specifically affect your agency’s ability to ensure that filing of TPR proceedings occurs in accordance with the required provisions for each child in foster care?



\*Respondents were allowed to select up to 3 barriers

Survey respondents were provided the opportunity to identify any other barriers to timely filing of TPRs in their jurisdictions. The following were recorded:

- “Not sure”
- “Parents doing the bare minimum right before TPR is to be filed then not continuing to work”
- “May not be the high case load of the state’s attorney but the ability to get it on the docket as well as state’s attorney follow up. Case manager getting the required paperwork and documentation to the state’s attorney’s office.”
- “Our tribe is using ‘Permanent Suspension of parental rights’, not TPR”
- “Parents not beginning their case plan in a timely manner”
- “Lack of follow through of State’s Attorney”
- “Supervisor’s not providing clear direction or changing their minds on case/TPR decision”
- “Court giving specific timeframes”
- “I have not had any of these cases and would not know the barriers”
- “Access to services/resources for parents delayed, staff lack of familiarity with process”
- “Our agency does not have a problem in this area.”
- “We don’t do TPR’s”
- “Lack of resources in the area for parents to get help needed in a timely manner”
- “Lack of prospective adoptive resources, therefore TPR is not sought until resource is available”
- “We document compelling reasons in the affidavit”
- “They are filed too often and too fast in my opinion”
- “There are sufficient reasons why termination is not appropriate in a specific case and should not be filed”
- “Parents unavailable or whereabouts unknown”

C. Statewide data from the Supreme Court indicate the state experiences challenges to ensure filing requirements for termination of parental rights occurs timely for all children in foster care (as reported in the 2016 Round 3 CFSR Statewide Assessment Report, found on the Department’s website):

FFY	TPR Petition filed within 660 days
2015	68% (n=128)
2014	71% (n=87)
2013	76% (n=87)

Based on your experience with child welfare partners in your jurisdiction, please comment on strong practices or barriers that impact the ability to ensure timely filing of TPRs when appropriate to do so (n=16):

- “I think there are some caseworkers who are afraid of the TPR process and so avoid this. They also fear telling families about the secondary plan and working toward that plan when parents get angry about the plan. I think that the long waits for court dates in the past have hindered responsiveness to permanency for children.”
- “Lack of case workers, large case worker caseloads, caseworkers following protocol”
- “Reunification remains the goal when there is a glimmer of hope for change”

- *“Caseworkers/ Social Services do not make decisions for filing TPR timely and often take many months just to prepare the petition after the decision is made. This significantly delays children’s permanency.”*
- *“Lack of coordination and communication”*
- *“They are filed too often and too fast in my opinion.”*
- *“There are sufficient reasons why termination is not appropriate in a specific case and should not be filed.”*
- *“Parents unavailable or whereabouts unknown”*
- *“Caseworker caseload and/ or caseworker inexperience”*
- *“Time commitment, minimal engagement of parent/ s that prolongs the inevitable, a parents that has not been involved for long periods of time, years, surfaces and delays the permanency process”*
- *“I have seen some mothers get way, way too much chances with their children. As a mother, I know what kind of love and care children deserve, and those rights should trump parental rights”*
- *“As a right now, there is such a long waiting list, and I feel it takes a long time in regards to termination and adoption...I feel it’s due to very high numbers of children in care”*
- *“Court backlog is a significant delay factor”*
- *“Some of the delays in this process have taken place due to the parent/ s in and out involvement in the lives of the child/ ren which causes the start over time for this process. This is especially true if the parents are in treatment and working on their issues. I have also had a case that the TPR went through but nothing was done through AASK to provide families as potential forever homes and this has created new behavioral issues for the child/ ren is more negative behaviors than what was in their life before the involvement with Foster Care. Their lack of trust in systems and ability to bond and connect with a new forever family is then jeopardized due to this”*
- *“Lack of specific steps to address when parents do not follow through with services”*
- *“Parents do not receive quality treatment for their substance abuse, thus making it more likely that they are not actively engaged in the process”*

#### **Item 24 Notice of Hearings and Reviews to Caregivers**

Feedback regarding Item 24 was sought from four Stakeholder groups.

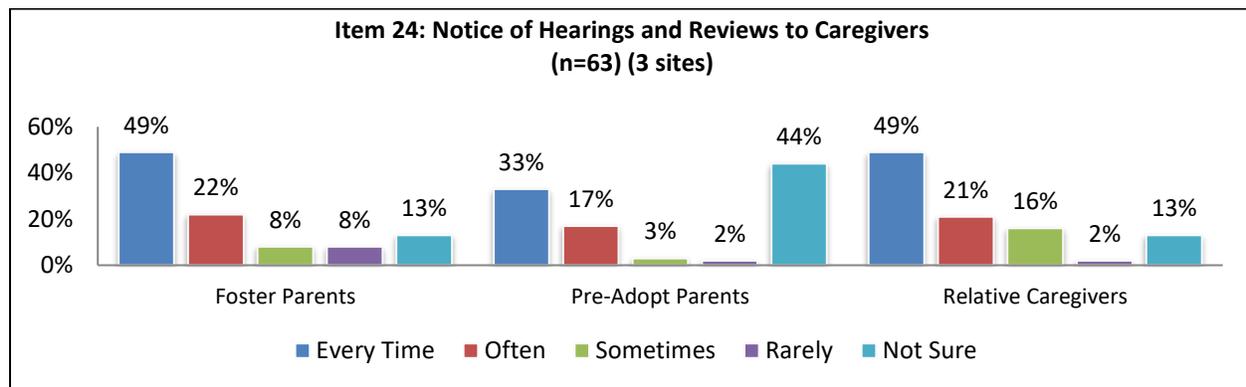
- Agency administrators
- Agency caseworkers
- Legal system partners
- Foster caregivers

Information received from in-person stakeholder meetings with foster caregivers (n= 18) from the 3 sites included:

- Roughly 75% of the foster caregivers reported that they have not received notices of hearings related to the children in their care.
- The foster caregivers didn’t know why they weren’t provided notices. Comments included:
  - *“I’m not notified of actual court hearings, just for the quarterly CFT meetings.”*
  - *“I found out from a GAL [guardian ad litem] that there was a hearing the week before. We did not get any notification at all.”*
  - *“Can we? Are we supposed to?”*

- *“I don’t know [why we don’t get notices]. Possibly disorganized caseworkers who don’t know to notify us.”*
  - *“[Notices] aren’t always timely, but I do see them.”*
  - *“50/50 for us.”*
  - *“The foster child is [noticed] but we’re not.”*
  - *“I was told it’s not the caseworker but an administrative person who sends out the notice.”*
- The majority of foster caregivers interviewed stated they had not been asked to provide information (i.e. ‘be heard’) during court proceedings. Most didn’t realize they could provide written comments. Others stated they had attended the hearings but were never invited to provide information to the court. Comments included:
    - *“I’ve been invited [to attend] but never invited to speak.”*
    - *“The letter says I can submit something in writing but I’ve never done it.”*
    - *“I’ve been invited to attend but not invited to offer information.”*

The survey data obtained thus far indicates some challenges around the foster providers receiving notice of upcoming hearings and reviews (data chart below).



When asked a follow up question about the barriers to both receiving notice of hearings and the right to be heard, most respondents stated, *“I’m not sure”*. Data received thus far suggests barriers may be related to:

- Caseworker job demands
- Short timeframes between the hearing getting scheduled and being heard
- Caregiver requests not to be involved
- Caseworker’s awareness of the expectation

### SYSTEMIC FACTOR 3 Quality Assurance System

#### *Item 25 Quality Assurance System*

North Dakota’s Quality Assurance System is discussed within the body of the APSR. In the description it is verified that:

1. The ND OCR and the CPS QA process operate in all jurisdictions included in the CFSP;
2. These processes have standard to evaluate the quality of services;
3. These processes identify the strengths and needs of the service delivery system;
4. Relevant reports are provided to local, regional, state, and federal entities; and

5. Evaluation of implemented program improvement measures is completed.

**SYSTEMIC FACTOR 4 Staff and Provider Training**

**Item 26 Initial Staff Training**

Feedback for Item 26 was sought from the following Stakeholder groups:

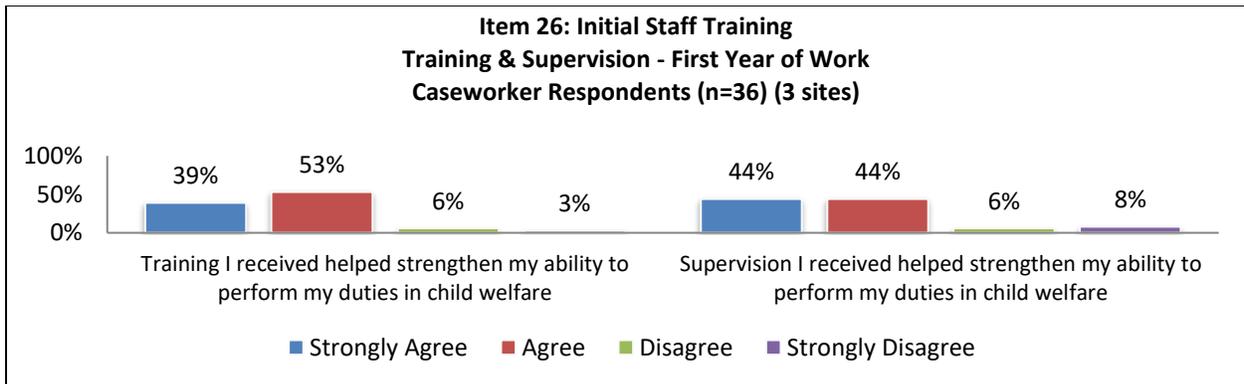
- Agency administrators
- Agency caseworkers

Survey questions asked of Agency Caseworkers:

*When you were first hired as a child welfare worker, were you assigned the responsibility of a full caseload?*

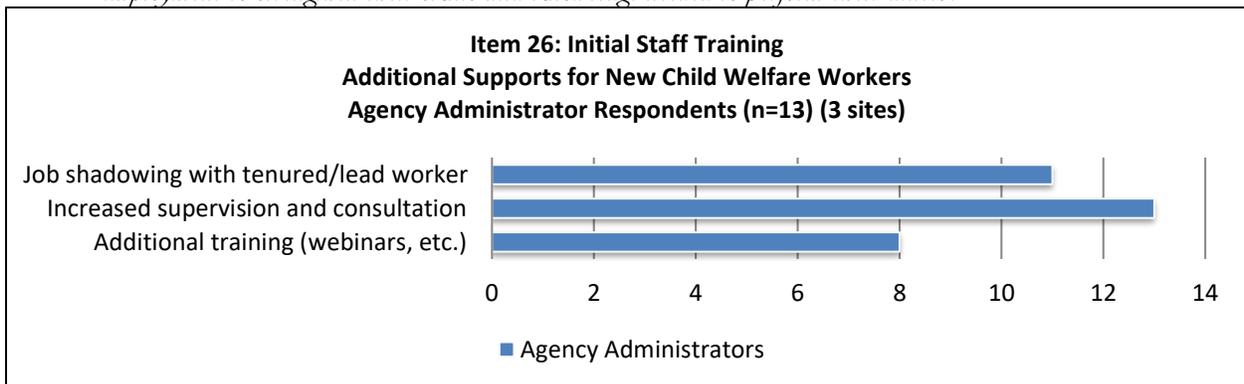
(n=36)

- Before attending Child Welfare Certification Training (n=11)
- While attending Child Welfare Certification Training (n=11)
- After attending Child Welfare Training (n=14)



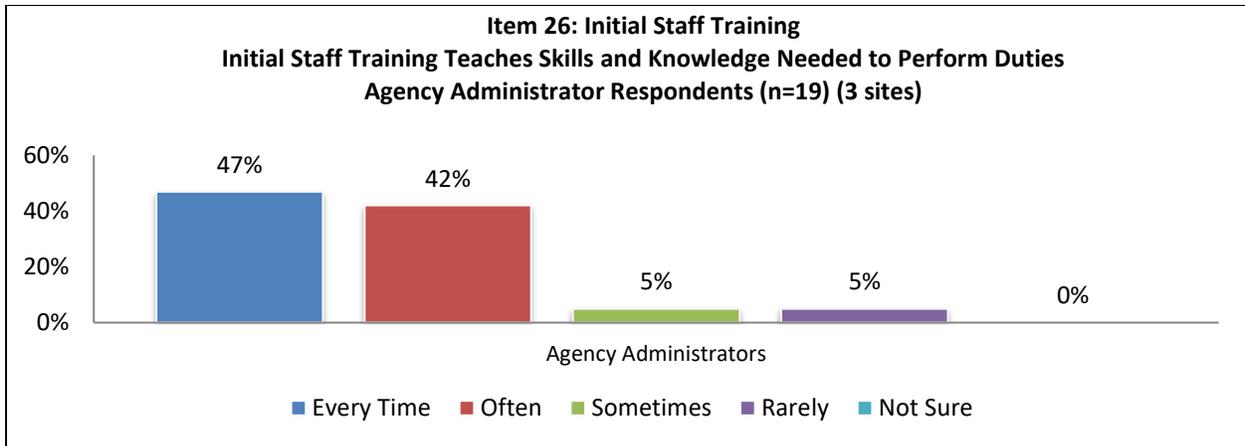
Survey questions asked of Agency Administrators:

1. *What additional supports are provided to new child welfare workers within the first year of employment to strengthen their skills and knowledge needed to perform their duties?*



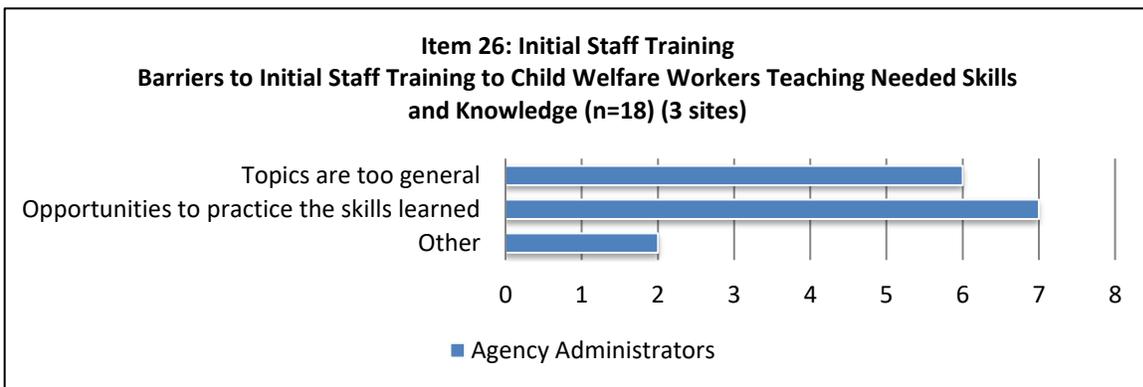
*Respondents were instructed to check all that apply*

2. *To the best of your knowledge, does the initial training provided to child welfare workers teach the skills and knowledge needed for them to carry out their duties in child welfare?*



Respondents who did not answer “Every Time” to the previous question were asked:

3. *In your opinion, what gets in the way of child welfare workers getting all the needed skills and training needed to perform their duties from INITIAL trainings?*



*Respondents were instructed to choose the most important reason*

Other reasons provided:

- *“There can be differences in the county across the state. Also sometimes presenters don’t have working knowledge. For example of CFTs.”*
- *“Too many things/requirements of their job to learn. It takes years of experience”*
- *“Lack of proper oversight & expectations, lack of accountability for outcomes”*

In summary, it was learned from these 3 OCR sites that 61% of agency caseworker respondents were assigned the responsibility of a full caseload either before or during Child Welfare Certification Training. A majority of caseworker respondents (92%) agreed that the Child Welfare Certification Training helped strengthen their ability to perform their child welfare duties. Similarly, a majority (88%) also agreed that the supervision they received helped them strengthen their ability to perform their duties. Agency supervisor respondents indicated they provide additional supports to new caseworkers including increased supervision/consultation on cases, job shadowing with a tenured caseworker, and additional training opportunities.

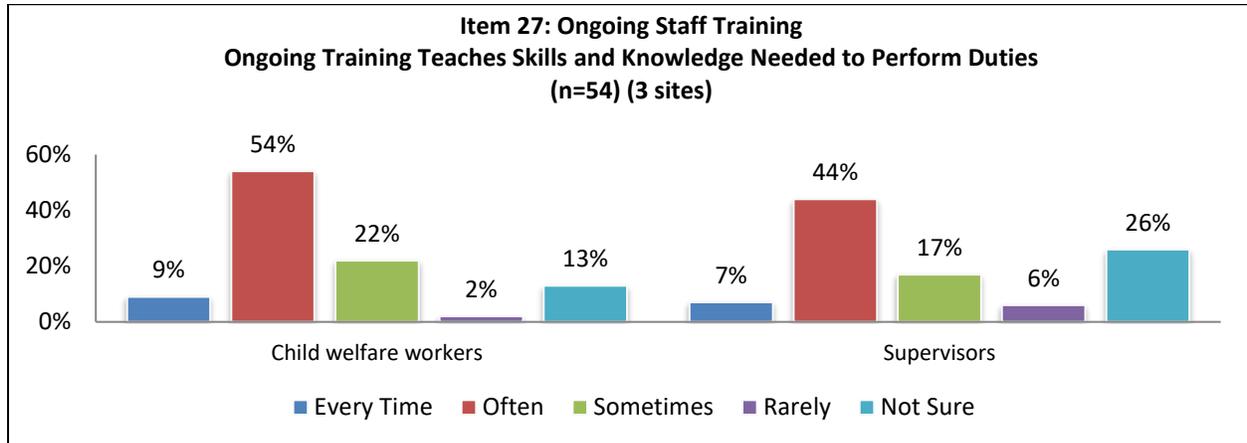
**Item 27 Ongoing Staff Training**

Feedback related to ongoing staff training was sought from the following Stakeholder groups:

- Agency administrators
- Agency caseworkers

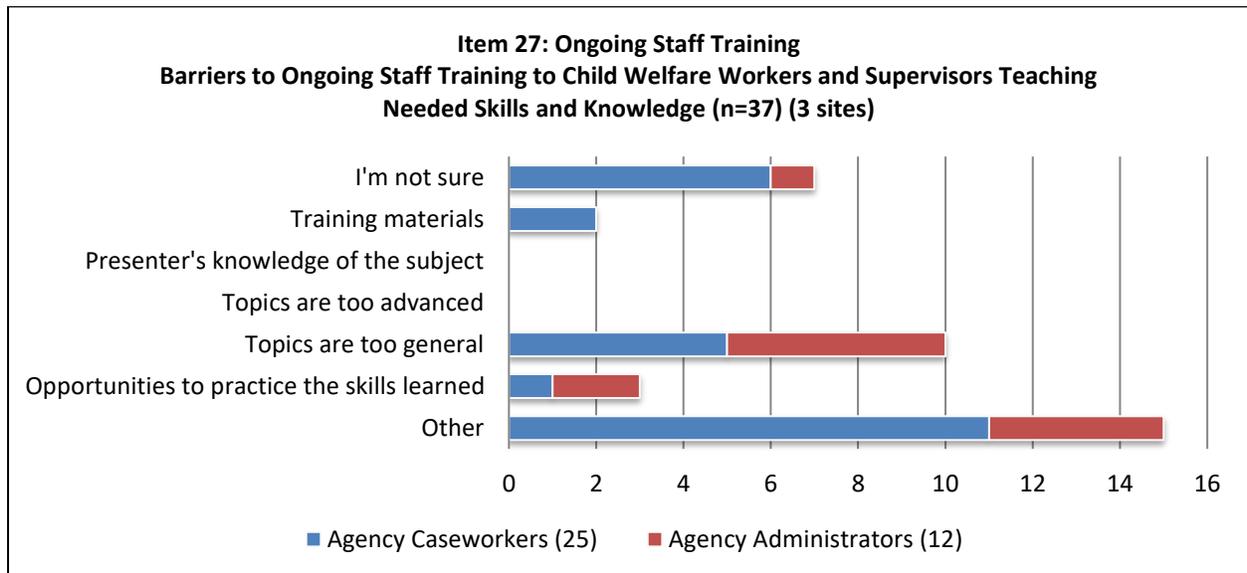
Respondents were asked the following questions related to ongoing staff training:

1. *To the best of your knowledge, does the ongoing training provided to each group below teach the skills and knowledge needed for them to carry out their duties in child welfare?*



Respondents who did not answer “Every Time” to this question were asked:

2. *In your opinion, what gets in the way of child welfare workers/ supervisors getting all the needed skills and training needed to perform their duties from ONGOING trainings? Choose the most important reason:*



Other barriers to ongoing staff training provided by respondents:

- “Lack of time to attend ongoing trainings”

- *“Ability/funding to attend training”*
- *“The ability to be at trainings is a huge stumbling block for us. Having web-based trainings has been very helpful and we also enjoy listening to the calls.”*
- *“A great deal of the training opportunities are located in the eastern portion of the state. Determining who and how many can attend is reviewed for budgeting as well as licensing requirements.”*
- *“The ongoing training is generally offered at a large setting such as the April and July conferences. There is a couple hours available to cover a specific topic. This is time to provide some basic knowledge and understanding but not the time to become skilled in the topic.”*
- *“Distance to travel for ongoing trainings requires being out of the office for several days.”*
- *“Not enough trainings in our area”*
- *“Finding time to attend trainings”*
- *“Workers not mandatory to attend the training, i.e. ICWA; Supervisor who attend the training however do not come back to share training, communicate the training and expectations; keep the knowledge to themselves until that topic skill knowledge needs to be applied, then supervisor indicates that they have had knowledge of this.”*
- *“Budget and time”*
- *“Opportunities/availability to leave the work place and attend training”*
- *“Ongoing trainings are often offered in conference form. It’s very difficult for workers and supervisors to get away for extended periods of time. Often times if workers do go to a conference their work responsibilities follow them and they end up missing information to address work related issues”*
- *“High caseloads which makes it difficult to get away”*
- *“Trainings on PI’s could be webinars for all so all get the same training, trainings are offered – it often a choice to use the skills & knowledge, if staff are unwilling or not capable – need to be held accountable.”*

In summary, a small majority of respondents thus far (63% of child welfare workers, 51% of supervisors) indicated the ongoing training offered to the field teaches needed skills/knowledge. However, it was clear that such training is not always accessible to the staff.

### ***Item 28 Foster and Adoptive Parent Training***

Feedback was sought from the following Stakeholder groups:

- Agency administrators
- Agency caseworkers
- Foster caregivers
- Community partners

The North Dakota foster care and adoption programs follow the PRIDE Model for the training and assessment of all individuals interested in becoming foster or adoptive families. PRIDE is an acronym for *Parents Resource for Information Development and Education*. This program offers a competency-based, integrated approach to recruitment, family assessment, and pre-service training. Through a series of at-home consultations and competency-based training sessions, prospective families have an opportunity to learn and practice the knowledge and skills they will need as new foster parents and adoptive parents.

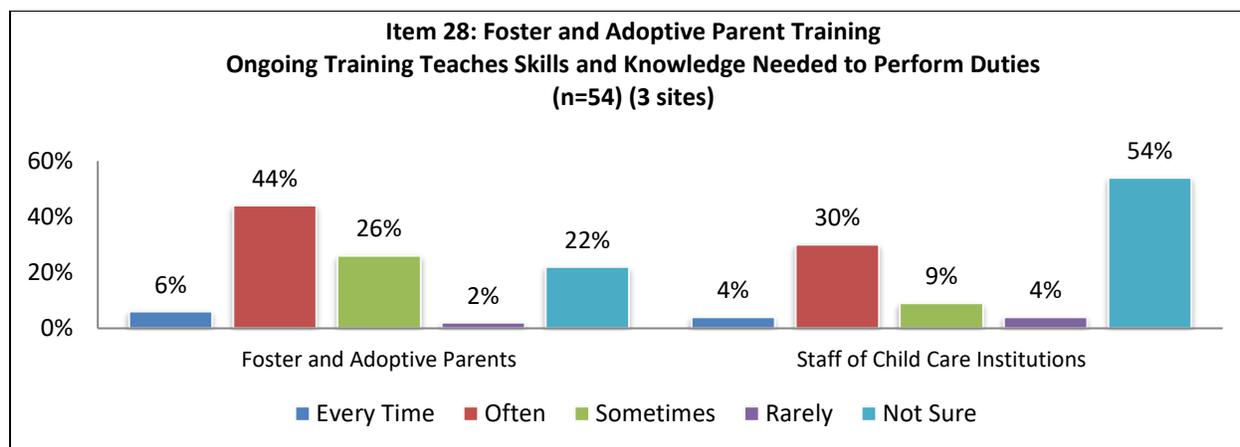
In the 3 sites convened to date a total of 18 foster caregivers participated in face-to-face Stakeholder meeting held the week of the Regional OCRs. They were asked a series of questions related to the initial PRIDE training and any ongoing training they've received.

The majority of foster caregivers felt the required initial PRIDE training was high quality, but that no training can really prepare a person for their role as a foster parent. Concerns mentioned related to the length and accessibility of PRIDE training. They would appreciate more online training options.

Foster caregivers also shared their perspectives regarding the availability and quality of ongoing trainings. In general, the interviewees felt they are well-notified of training opportunities through the CFS Training Center's *Fostering Communications* newsletter. General consensus was that ongoing training was of high quality. However, they did share concerns related to accessing needed training. Barriers included busy family schedules, cost, distance, lack of child care, etc. They did indicate the ability to complete some training online, but also stated it is helpful to have in-person training to connect with other foster parents.

Agency Case Managers and Agency Administrators were asked the following questions:

1. *To the best of your knowledge, does the training provided to each group below teach the skills and knowledge needed for them to carry out their duties in child welfare?*



Respondents who did not answer “Every Time” to this question were asked:

2. *In your opinion, what gets in the way of trainings to foster and adoptive parents or staff of child care institutions getting all the needed skills and training needed to perform their duties from ONGOING trainings?*



*Respondents were instructed to choose the most important reason*

Other barriers provided by foster and adoptive parents:

- *“Lack of options for training for them to go to or that will work with their schedules”*
- *“Not enough trainings in our area”*
- *“Child Care”*
- *“Child care and the availability of trainings in this region”*
- *“Trainings are rarely offered in Region 1. Travel is required for everything and foster parents resent that issue.”*
- *“Limited opportunities in the region where the foster parent lives. Very difficult for the foster parents to schedule an out of area training with all the other responsibilities they have as parents/foster parents”*

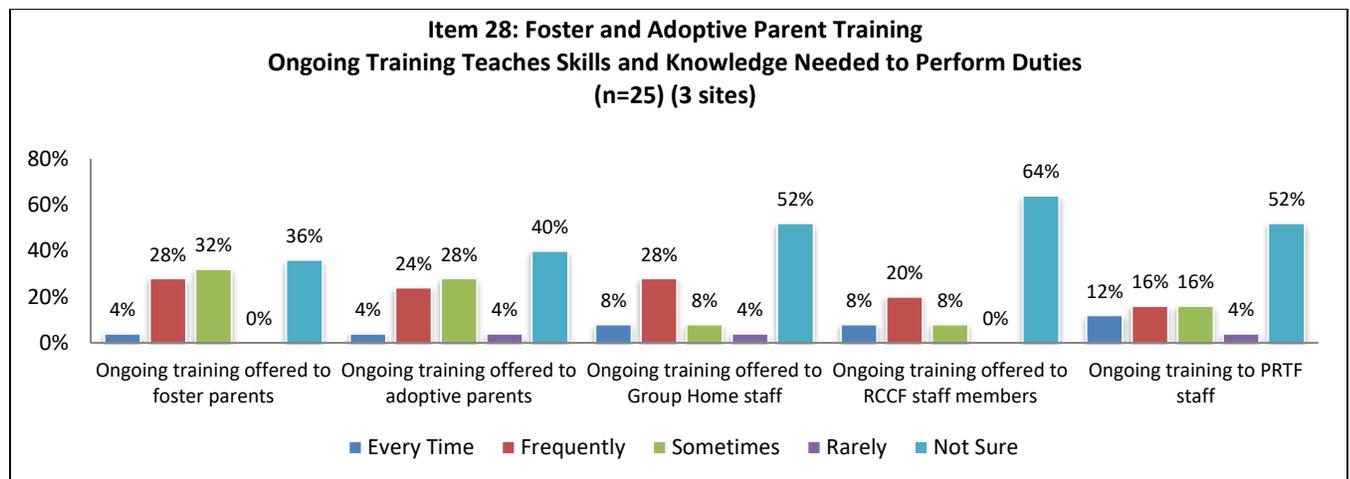
- *“In contact with foster parents, the most common issue I have heard is that a guideline has changed and they are not aware of the change; even for long-term foster parents. Sometimes there are changes that do not benefit the people we serve.”*
- *“Expectations”*
- *“I have not been part of their trainings to give an informed response”*
- *“Life, foster parent demands of caring children, and personal time, to travel, and become fully invested”*
- *“Time”*
- *“Caregivers do not/cannot prioritize training over daily commitments”*
- *“Foster parents tell me that they lack child care so they can attend training”*
- *“I think our foster homes are skilled and learn a lot at trainings. At times, we forget what it means to live this work 24/7 and how that impacts an entire household. We rarely have the supports that we need when foster parents need a break and often ‘talk’ foster parents into taking placements as we are short of options.”*
- *“Time schedules, demands of their own children, and foster children, child care availability.”*

Other barrier provided by staff of child care institutions:

- *“Staff turnover and the facility as a whole is not training workers or offering programs that meet the needs of children in our state.”*

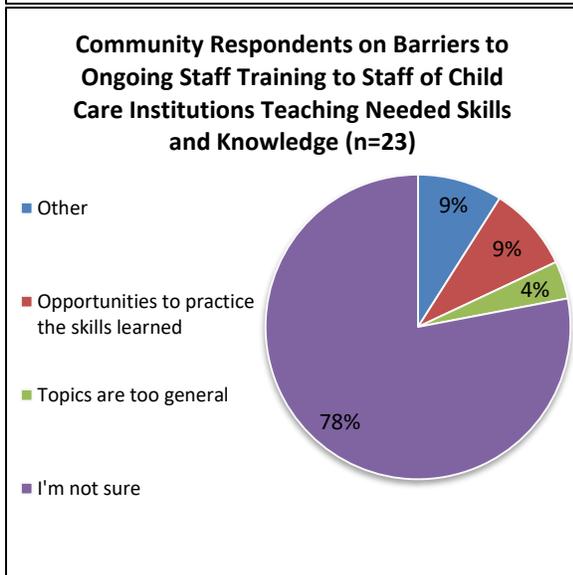
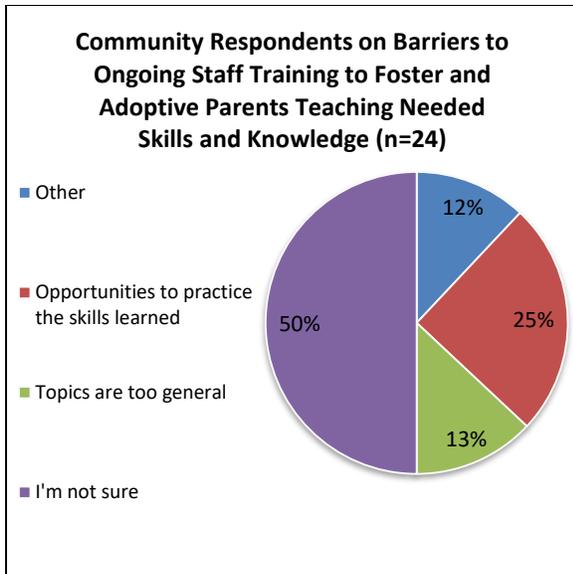
Community Stakeholders were asked the following questions:

1. *To the best of your knowledge, does the training provided to each group below teach the skills and knowledge needed for them to carry out their duties in child welfare?*



Respondents who did not answer “Every Time” to this question were asked:

2. *In your opinion, what gets in the way of trainings to foster and adoptive parents, or residential group home staff getting all the needed skills and training needed to perform their duties from ONGOING trainings?*



*Respondents were instructed to choose the most important reason*

Other barriers provided by Community Stakeholders related to foster/adopt parents getting ongoing training:

- *“There are not a lot of training opportunities in our area for foster parents. Foster parents need more training to best meet the needs of the children they serve. Adoptive parents require VERY minimal training, they are often idealistic about adoption and do not have the training or resources to meet the needs of children adopted from foster care and as a result a number of adoptions fail.”*
- *“I think it is likely a combination of listed factors. Trainers with good firsthand knowledge of their subject and the ability to share that knowledge in a meaningful and helpful way is critical. Time is of the essence, nothing worse than sitting in a training session that has little meaning to the attendee. This response is general in nature and not based on any firsthand knowledge of problems in this region.”*
- *“We need to offer more online trainings to meet the needs of foster parents.”*
- *“Funding and professional staffing/ trainings”*

Other barriers provided by Community Stakeholders related to staff at child care institutions getting ongoing training:

- *“Time. It is very difficult to get direct care staff to training sessions. Most places provide significant training in-house and via online training courses. While this training is good and can be extensive, being able to go off-site and attend training with others that perform similar work is very difficult because the facility needs to be staffed 24/7. Speaking specifically about PRTF’s it would be great if we could find or develop a baseline competency curriculum that all staff would need to complete within a certain timeframe.”*
- *“Training is not provided on a frequent enough basis”*

In summary, there was mixed response related to the quality and effectiveness of ongoing training provided to foster and adoptive parents as well as that offered to child care institutions.

## ***SYSTEMIC FACTOR 5 Service Array and Resource Development***

### ***Item 29 Array of Services***

Feedback regarding service array was sought from all Stakeholder groups.

Information received from in-person stakeholder meetings with youth (n= 6) in foster care from the 3 sites included:

- Consensus was that they received all the services they needed to meet their goals.
- They felt the restrictions or limitations on the things they can do were not typical for teenagers, that foster care is more restrictive. Examples included:
  - *“Early curfew.”*
  - *“Can’t leave the state”*
  - *“Can’t stay home from school without letting my custodian know.”*
  - *“My caseworker comes to my appointments.”*
  - *“Couldn’t see my friends.”*
  - *“Had to get permission to cut my hair a certain length and color it.”*
  - *“Couldn’t get a driver’s license. It’s ridiculous.”*
  - *“I have to pay for my own phone.”*
  - *“My foster parents thought I had a weight problem so they would portion out my food and I had to eat less than everyone else.”*
- Most youth interviewed shared they participated in Independent Living services. Examples included:
  - *“I learned how to file my taxes.”*
  - *“There’s an amount of money they [custodial agency] can spend per year on us but they don’t really spend it. Foster parents mostly helped me with that.”*
  - *“PATH IL program provided services to me.”* (Several youth reported this).
- When asked about the opportunity to meet with a counselor (mental/behavioral health provider) most youth interviewed stated they had received counseling/therapy services but did not find them especially helpful.

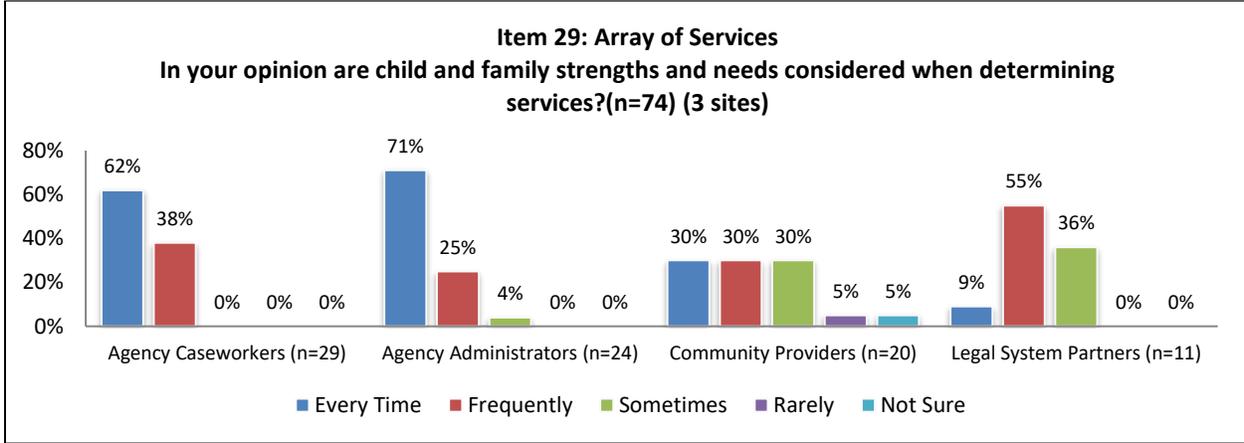
Information received from in-person stakeholder meetings with foster caregivers (n= 17) from the 3 sites included:

- Mixed sentiment on whether they receive the services needed to support and stabilize the placements. Challenges in accessing services included:
  - *Transportation to get to services*
  - *Waiting lists, even for crisis situations*
  - *Only certain services are available in their area, but not all services needed by the children in their care (most often noted was the lack of available mental/ behavioral health services)*
  - *Respite isn't available*
  
- When asked if there were specific services foster caregivers needed to support them and their ability to provide care for foster children that are NOT available they responded:
  - *"A Healthy Relationships group would be good for young teens."*
  - *"A mentoring program so the caseworkers have what they need to support new foster parents."*
  - *"Assistance in working with cultural/ ethnic diversity."*
  - *"Respite services for families."*
  - *"Assistance with transportation for family visits and appointments."*
  - *"Lack of childcare for children in foster care."*
  - *"Assistance in raising teenagers. We've asked for help and advice but our questions go unanswered. It would be nice if the caseworker would just be present and back us up by saying what we're saying, and supporting our expectations."*
  - *"I feel I get criticized a lot. I don't feel we're getting the help we need to take care of the children in our care."*
  - *"The social worker hung up on me last week and now won't return my calls. We need help."*
  - *"No medical care for specific concerns – have to travel across the state to get to a specialist."*
  
- When asked to identify a service that is particularly helpful for families in their area, or a service that is particularly helpful they responded:
  - *"Head Start and Early Head Start."* (Many shared this)
  - *"Parent aide who works with my foster child's parents has been fantastic with them."*
  - *"Small school – they are more understanding and helpful with the child."*
  - *"Right Tracks."*
  - *"General and emergency medical care."*
  - *"Schools" were frequently seen as a source of support to foster parents.*
  
- When asked to identify a service that is missing in their area they responded:
  - *"Respite services."* (Many shared this)
  - *"Transportation to and from school/ child care."*
  - *"Dental services aren't available in our community so we have to travel to get them to a dentist."*
  - *"Reimbursement for our costs (ex. Transportation, child care) takes several months."*
  - *"General and emergency medical care."*
  - *"Schools" were frequently seen as a source of support to foster parents.*

- *“I really wish we had a support group [for foster parents].”*

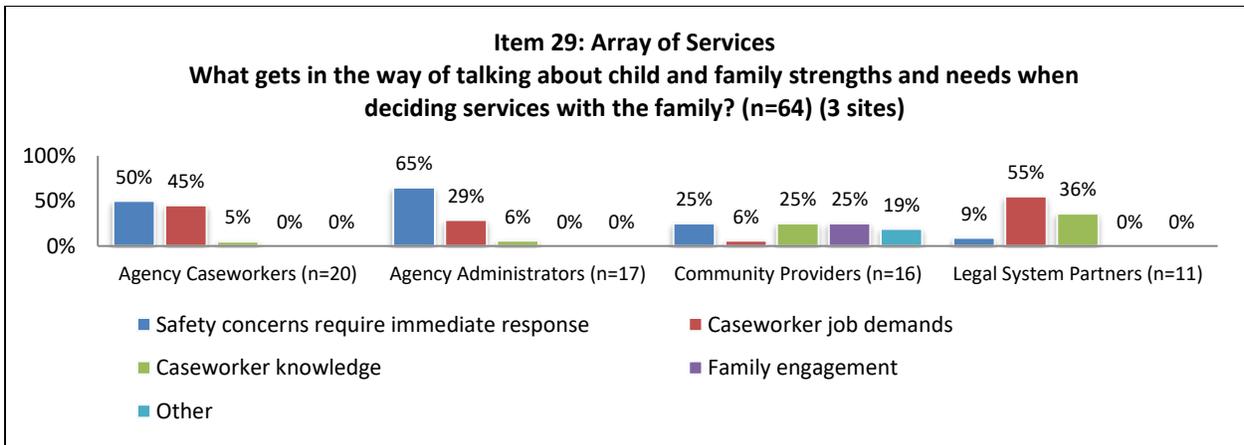
Survey questions asked of Agency Case Managers, Agency Administrators, Community, and Legal partners who reported being a part of child and family team meetings:

1. *In your opinion, are child and family strengths and needs considered when determining services?*



The respondents who did not answer “Every Time” or “Not Sure” to the above question were then asked:

2. *What gets in the way of talking about child and family strengths and needs when deciding services with the family?*

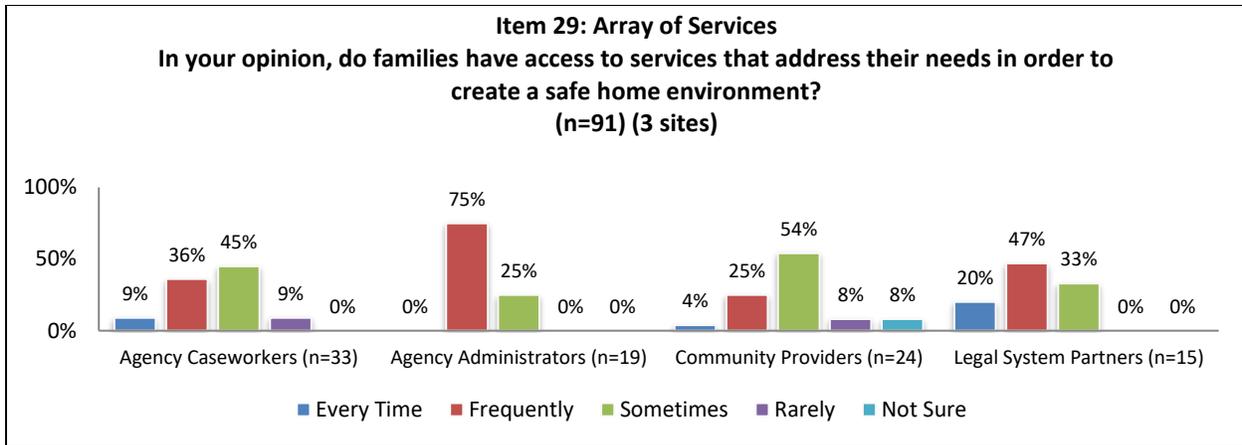


“Other” responses given by the above Stakeholders:

- *“The caseworker and Regional Representative do not always take into consideration what the support team professional on the team say when making decisions for the child and family”*
- *“The meetings sometimes get bogged down with ‘backstory’ or just discussing the general nature of a parent issue and giving example upon example instead of just moving forward with stating the need and discussing how to fill the need.”*
- *“Inconsistent family involvement”*
- *“It’s a combination of all”*

Questions asked of Agency Case Managers, Agency Administrators, Community, and all in Legal group:

3. *In your opinion, do families have access to services that address their needs in order to create a safe home environment?*



The respondents who did not answer “Every Time” or “Not Sure” to the above were then asked the follow-up question:

4. *“What gets in the way of families receiving services need to create a safe home environment?”* The top three issues identified (n=83) were the following:
  - a. *Lack of addiction services*
  - b. *Lack of family engagement*
  - c. *Lack of mental health services*

### **Item 30 Individualizing Services**

Feedback regarding Item 30 was sought from all Stakeholder groups.

Information received from in-person stakeholder meetings with youth (n= 6) in foster care from the 3 sites included:

- Question asked if they felt the service they and their families received were the right services for them. Responses received included:
  - “No.”
  - *“A lot of it could have been that I didn’t open up and didn’t feel like they could help anyways so I didn’t say anything. But I feel certain areas weren’t targeted right and it could have been different.”*
  - *“My social worker never helps them [foster parents] with any questions they have and don’t reimburse them financially. No idea about services to parents.”*
  - “Yes.”
- Question was asked if they thought the services were culturally appropriate and addressed any special needs they or their family had. Examples of responses included:
  - *“Not really. Social services doesn’t do much at all.”*
  - “Yes.”

- *“I don’t know. I kind of did whatever the family I was placed with did. If I had a different culture I don’t think it would have happened though because they [foster parents] had set beliefs.”*
- Question was asked if their caseworker helped them understand which services they were going to receive. Examples of responses included:
  - *“They told me who they were going to contact, where I was going, what group I was going to be put into.”*
  - *“I had weekly meetings to go over the goals and how they can help.”*
  - *“She didn’t help me understand.”*
  - *“She talked to me about it and told me what I was going to be doing and stuff. I’d meet with my worker twice a month in my foster home, and once a month when I was in a facility.”*
  - *“Communication is really bad – things change and I’m not told.”*
  - *“I was sent to a place that didn’t work for my family to come visit because it was too far away.”*
  - *“My worker will have me go to some services I don’t really like but I go anyway. I can talk to her about it.”*
- Question was asked if services were available at times that the youth were able to attend. Several youth stated they’d have to miss school sometimes (but were okay with that!). Others said services didn’t interfere with their schedule at all.

Information received from in-person stakeholder meetings with foster caregivers (n= 17) from the 3 sites included:

- Question was asked how individualized the case plans were for the children. In one site the general consensus was that plans were NOT individualized. It was stated that the plans are to meet the needs of the parents, not the children. Examples of responses from the two other sites included:
  - *“Absolutely. They always ask if there’s anything specific needed for the care of the children.”*
  - *They [children in foster care] need permanency but the laws sometimes prevent that from happening timely. Children are in care way too long and I don’t know why the [parents] are given so many chances.”*
  - *“The case plans are way too long, 40-50 objectives and the mom is lower functioning and they expect her to do it all. I’m overwhelmed for them. Where do you start? Now I know why the parents give up.”*
- When asked if the children’s needs are being met with the services provided, they responded:
  - *“Varies depending on what service is needed. For example, if a child needs play therapy but it isn’t available.”*
  - *“I’m not sure if mental health therapies are working. They may need higher levels than are available.”*
  - *“Yes – with our current child in foster care. They [custodial agency] participate with everything. The social worker even goes to some of the activities he’s in.”*

- Foster caregivers were asked to provide an example of how the agency had adjusted a plan or service to meet a specific need of the child. Responses included:
  - *“Child care services became a need during the child’s placement and the agency went above and beyond to help us.”*
  - *“I feel the agency genuinely cares.”*
  - *“Special needs are addressed, early childhood development services are available to the infant child. They are really on top of everything.”*
  - *“Our social worker is awesome to work with. She doesn’t pour the overwhelming stuff on you. She doesn’t push hard and works with us related to appointments and services. I can’t say enough. She’s super.”*
  - *“It’s nice that the parents can Facetime with their children. Mom can read stories or sing songs so that helps.”*

### ***SYSTEMIC FACTOR 6 Agency Responsiveness to the Community***

#### ***Item 31 State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR***

Feedback regarding Item 31 was sought from the following Stakeholder groups:

- Agency administrators
- Agency caseworkers
- Legal system partners
- Community providers
- Foster caregivers
- Youth in foster care (or foster care alumni)

The youth interviewed during Stakeholder meetings were asked if they were aware of any opportunities for foster youth to become involved in statewide efforts to provide input regarding child welfare services. Examples of responses received included:

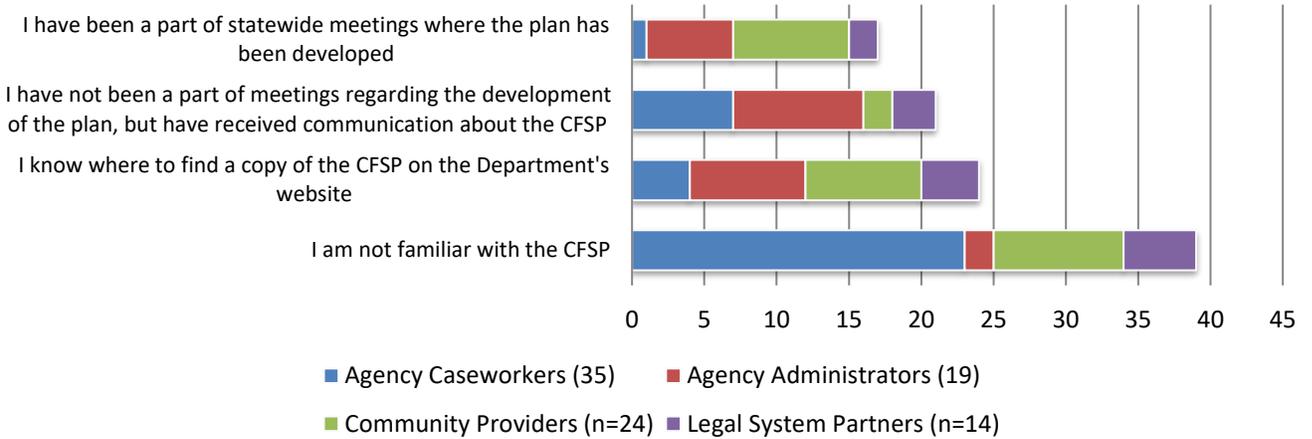
- *“No.”*
- *“The ND Youth Leadership Board does a little bit of that. I learned about it through the IL program.”*
- *“We can go to foster parent meetings to share the youth perspective with them.”*

Foster caregivers were asked if they were aware of the state’s Child and Family Services Plan, and if they’ve been involved in any meetings where this plan was developed. All in attendance stated, “No,” they had not been involved and didn’t know what that particular plan was.

Survey questions asked to Agency administrators, caseworkers, legal system partners, and community providers:

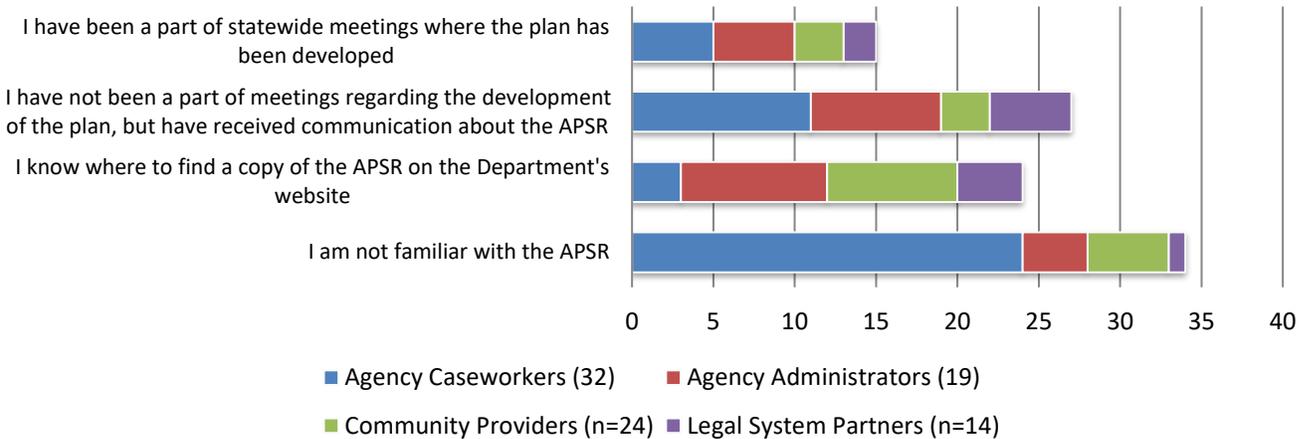
1. *Which statement below reflects your involvement in the meetings held every five years to develop the state’s five-year plan for child welfare services, known as the “IV-B” or “CFSP – Children and Services Plan”?*

**Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR  
Awareness and Involvement with CFSP (n=92) (3 sites)**



2. Which statement below reflects your involvement in the meetings the annual reviews of the “TV-B Plan” or “CFSP” (known as the APSR)?

**Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR  
Awareness and Involvement with APSR (n=89) (3 sites)**



The consensus on this particular item is that the larger child welfare system has not participated in the development of the CFSP or APSR, and most are not aware of the plan at all.

**Item 32 Coordination of CFSP Services with Other Federal Programs**

Per North Dakota’s response in the 2016 Statewide Assessment Instrument:

*North Dakota has a fully functioning statewide system to coordinate services under the CFSP with services or benefits provided by other federal or federally assisted programs serving the same population. Many are accomplished through direct coordination within the North Dakota Department of Human Services as ND*

DHS is the state agency administering Medicaid, Economic Assistance programs, Child Support, Behavioral Health Services and Child Welfare programs. Other means include coordination efforts statewide or through local county social service agency effort.

Refer to this assessment for additional information, including many examples of ongoing collaborative efforts made by CFS in this regard.

### **SYSTEMIC FACTOR 7 Foster and Adoptive Parent Licensing, Recruitment, and Retention**

#### **Item 33 Standards Applied Equally**

Feedback regarding Item 33 was sought from the following Stakeholder groups:

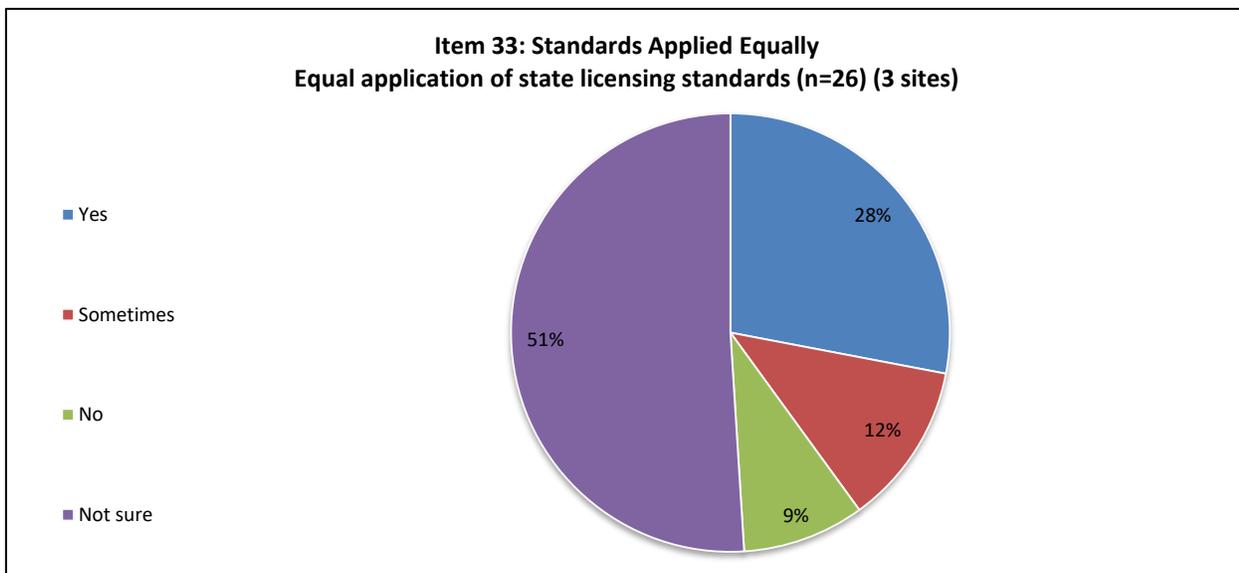
- Agency caseworkers
- Community providers
- Foster caregivers

Foster caregivers were asked if they believed the state’s standards were applied equally to all licensed foster home or child care institutions. Examples of responses included:

- “They seem to be.”
- “I don’t know what the state standards are.”
- “I think that’s why PRIDE is important, because it’s so in-depth.”
- “The tribal agencies are way too lenient. They should all be held to the same state standards.”
- “I think it’s the same for all the foster families I know.”

Agency caseworkers and community providers were asked the following questions:

1. Do you believe there is equal application of state standards when licensing foster care providers in North Dakota (ex: Licensed Foster Homes, Residential Child Care Facilities, Group Homes)?



2. Please comment on your response:

- *There are issues in group/residential facilities that are not addressed, that are not tolerated in foster home placements.”*
- *“This is hard to say as one generally isn’t greatly aware of the licensing issues/process of other entities. Significant staff turnover at the state level related to PRTF licensure has made consistency and general knowledge of licensure issues and accreditation issues difficult to maintain from one person to the next. Consistency of knowledgeable state level personnel is required if providers are to reach their full potential as trust is critical when looking for guidance, etc.”*
- *“I believe licensing standards are followed well as a rule”*
- *“I am not familiar enough with the various requirements to make an assessment.”*
- *“I am concerned that finances motivated some to do foster care. Ex. Private foster care agency not completing the financial form with potential foster parents”*
- *“Again, coordination and communication huge issue between local, state, and federal”*
- *“Not a licenser”*
- *“It’s a very subjective process”*

It was noted by the OCR Manager that the Stakeholders didn’t seem to truly understand the questions. Therefore, there are perceived limitations to the data above.

**Item 34 Requirements for Criminal Background Checks**

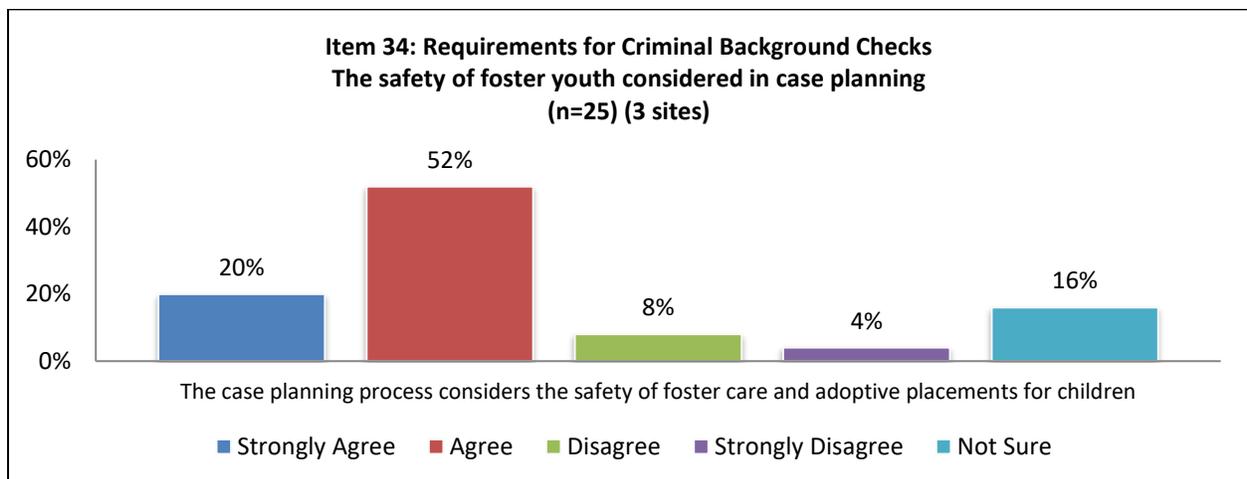
The state continues to comply with these requirements as described in the 2016 North Dakota Statewide Assessment. North Dakota’s Criminal Background Check Unit (CBCU) completes all criminal background checks for all ND foster and adoptive families, licensed child placing agency employees, residential child care staff, and early childhood providers.

Feedback regarding Item 34 was sought from the following Stakeholder group:

- Community providers

Question asked of Community Stakeholders:

1. Please indicate your level of agreement with the following statement regarding child welfare agencies in your region.



2. Please comment on your response above.

- *“For the majority of the cases I agree with this statement, however there have been a number of times when children are reunified when the parent has not completed all care planning tasks that would have helped the child and family do well and the child has had to come back into care or been in danger due to lack of care plan completion.”*
- *“I have seen that there is such a need to it is not uncommon to have to override safety issues for placements and there are times when foster home care is questionable or there are mental health concerns on the part of the foster parent and children continue to be placed with them.”*
- *“Placement stability is important, but also making sure that the kids are not just a meal ticket would be key, too.”*
- *“Significant concern regarding number of moves foster children often have to make, lack of knowledge on behalf of case workers of impact of trauma and mental health, lack of impact of trauma histories/ impact on mental health parents have experienced throughout their lives as well as how trauma of children being removed impacts them & concern that foster care workers present as engaging in power struggles with parents versus truly understanding parent’s positions and the history that led them to the path they’re on – this creates resistance from the get go of parents desired in working cooperatively/ collaboratively with case workers.”*
- *“I think they always consider the safety of placements, but sometimes have to place kids where they know are not the safest purely due to shortage of available placements. I don’t think it’s ever been a question of whether they are considering the safety, but rather if they have the ‘safest option’ available, which sometimes they don’t.”*

### **Item 35 Diligent Recruitment of Foster and Adoptive Homes**

Feedback regarding Item 35 was sought from the following Stakeholder group:

- Agency Caseworkers
- Foster Caregivers
- Community providers

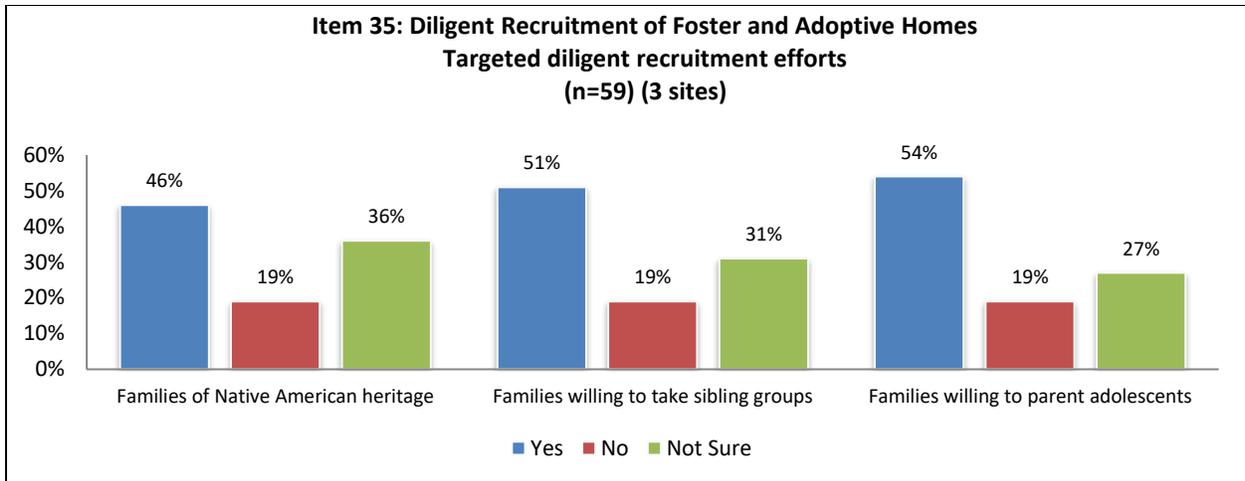
Information received from in-person stakeholder meetings with foster caregivers (n= 17) from the 3 sites included:

- When asked if diligent recruitment efforts were occurring:
  - *“You better believe it.”*
  - *“I don’t know the last time I’ve really heard local marketing campaigns for foster parents, just the national ones.”*
  - *“They have posters up. I hear it on the radio.”*
  - *I think so.”*
  - *“Yes.”*
  - *“We see ads, billboards, people promoting it at community events.”*

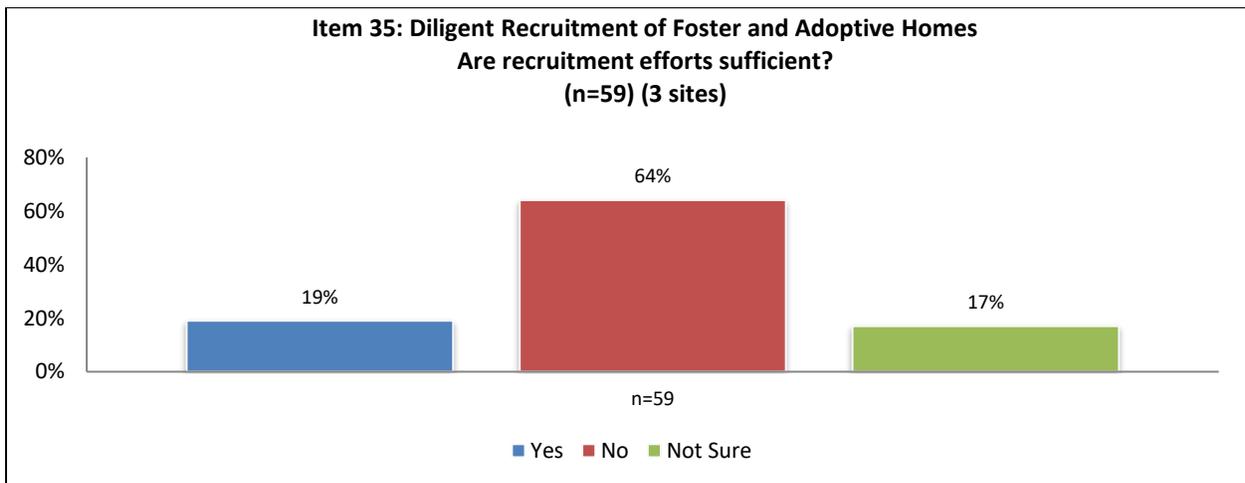
Additional comments from foster caregivers indicated more focus needs to be made to recruit homes of Native American heritage, those taking large sibling groups, and teenagers.

Surveyed Stakeholders were asked the following questions:

1. *Is there diligent recruitment of foster and adoptive in your area for the following populations?*



2. *Are recruitment efforts sufficient to provide the number of licensed foster homes or adoptive homes to meet the region's needs?*



3. *What could be done to increase the availability of foster and adoptive homes able to meet the needs of youth in foster care in your area?*

- *“Give more money to recruitment efforts. They work hard but are limited as to what they can do.”*
- *“Availability to talk to churches and groups. Presently, foster care case managers are too overwhelmed to help out with speaking engagements and groups.”*
- *“Unsure – our person works very hard to find homes but there just doesn't ever seem to be enough”*
- *“Need more homes willing to take teenagers”*
- *“Would like to see a position/worker that is responsible for specifically recruitment, licensing/ re-licensing homes specific to rural areas”*
- *“More respite homes to give foster parents a break as the nature of the issues that youth present with have gotten increasing more acute. Better pay. Early engagement with foster parents or prospective foster parents in the treatment process of youth in residential facilities.”*

- *“More support offered for foster parents. I think there is a great fear that ‘if we take an adolescent, and they are misbehaving, we won’t know how to help/handle”*
- *“Maybe more outreach/engagement with former foster/ adoptive kids to help people realize that just cause mom or dad can’t hang, doesn’t automatically make the kids a risk to the stability of your home. Somehow show that kids are in need, idk ‘with your help, this child could be the next president of the US...’ or something.”*
- *“Implement funding for a position specific to only recruitment and retention duties”*
- *“Full time recruitment positions in the area. PATH has someone half-time and they have recruited many homes.”*
- *“Many of the foster/ adopt families I have worked with do not feel supported by the system, especially County Foster Care, and that what they get put through is not fair. They have passed all the requirements to become licensed in the first place and continue to do what is asked for educational requirements, etc., but then are scrutinized harshly and expected to jump through hoops that aren’t consistent with other foster/ adopt families. Word then spreads to other foster care providers and potential new ones and they choose not to go further with the process because of the hassles that either the Regional Representative, or some Foster Care county workers, put them through.”*
- *“There should be more discussion about the need. There is little discussion in the larger community of the number of children in foster care. Providers are knowledgeable but the general public has very little knowledge.”*
- *“I believe that if recruitment would host more informational meetings for interested parents, partner with churches or other agencies, and do more “large scale” recruitment, we may have more community members willing to do foster care. I have not once come into contact with anybody recruiting for foster parents or seen any available informational meetings. Even just basic information posted somewhere where interested people would then know how to get involved. I have had people tell me that they want to get involved in foster care, but I think that people are afraid that if they just contact the county, they’re going to get signed up for something; vs. if there was purely informational meeting they could attend to get some ground knowledge and decide whether to proceed.”*
- *“More public information about the need. If we improved substance abuse treatment options for parents, there would be less need for foster care and greater likelihood of family reunification.”*
- *“Increased outreach for family willing to foster adolescents with delinquent backgrounds”*
- *“More time”*
- *“Don’t know”*
- *“More public speaking, awareness, time/ staff/ resources to devote to this area. Competition with private sector has also greatly reduced the number of homes licensing with our agency. Following the last PRIDE training only one family chose to license through the county and the rest through the private provider.”*
- *More PR, awareness, training efforts, communication”*
- *“Less negativity with existing foster parents and them feeling ‘judged’ by social services. Foster parents are typically good recruiters of other foster parents and if they are dissatisfied with their treatment, they will not try to convince friends and family to provide foster care services. There are too many restrictions on foster parents at times, especially with alternative care needed and also in ways in which they can/ can’t implement ‘normalcy’.”*
- *“Continuous recruitment efforts”*

- *“The recruitment team needs to have a plan, meet on a consistent basis and participate in more activities and events throughout the course of the year. I also think that more support needs to be provided to foster parents to help retain the foster parents that are currently licensed. Several case managers are great at supporting foster parents but some are provide no support, do not communicate with the foster parents and no not provide information the foster parents or parents need in order to do the best work possible.”*
- *“Greater education, support and follow up of those already licensed foster care homes, collaboration and information to local churches, dissemination of information in local business, etc.”*
- *“Unknown”*
- *“The effort is being made to license foster homes, but the demand for placements have increased”*
- *“Support the foster parents that we do have, actually recruit in smaller specific targeted populations”*
- *“More people in the area willing to be foster parents”*
- *“More outreach”*
- *“More individuals need to be willing to be foster parents”*
- *“More individuals willing to commit to become foster parents”*
- *“More active efforts to educate the community on the needs for foster parents in our region”*
- *“Foster homes are filled as soon as license is approved so continues to be the shortage of foster homes even with active recruitment efforts”*

Consensus from those surveyed was that there needs to be more active recruitment efforts occurring in North Dakota.

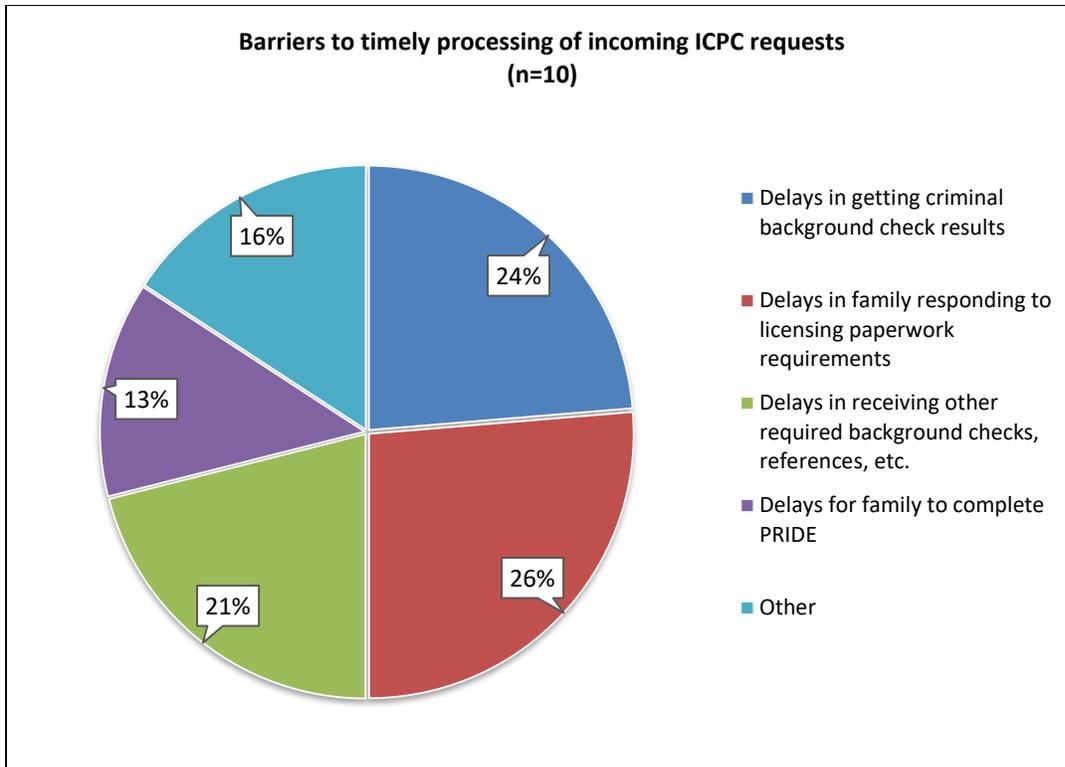
### ***Item 36 State Use of Cross-Jurisdictional Resources for Permanent Placements***

Feedback regarding Item 36 was sought from the following Stakeholder group:

- Agency Administrator
- Agency Caseworkers
- Community providers

Surveyed Stakeholders were asked the following question:

1. *ICPC data indicate that our state has challenges in meeting the 60-day requirements (75 days if certified the delay is in the child’s best interest). To help the state understand the nature of these challenges, please select up to three factors listed below which contribute to delays in processing incoming ICPC requests in a timely manner.*



Other reasons provided:

- “Unsure”
- “Not Sure”
- “It’s been a while since we’ve done one but case worker limited time has been a barrier”
- “Caseloads. Scheduling with families. High needs of child.”
- “Background checks are major source of delay and PRIDE is only offered twice a year in our region and most spots are taken by private foster care families, causing long delays.”
- “Workload of case managers”

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

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

#### GOAL I

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

In the past year CFS has initiated the Family Centered Engagement (FCE) Initiative implementation team. While not strictly adhering to the model of “Family Team Decision Making,” the plan is to roll out a front-end team conferencing process to support families at the onset of services and to assist with finding an appropriate and safe place for alleged victims of child maltreatment. The goals of this new service are reduction in foster care placements, increase in relative care, and sustaining the family

unit whenever safely possible. Over the past year, the intervention team has secured technical assistance from the Capacity Building Center for States and Casey Family Programs, gathered and analyzed extensive data, surveyed county interest, developed a staged roll-out, and planned for an October 1, 2018 launch. CFS has extended the due date of this objective to Quarter 17 (December 2018).

### **GOAL 3**

**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 (OCR). OCR Policy was manualized within the CQI policy chapter, disseminated to the field 12/29/2017, and effective as of 1/1/2018 (link: <http://www.nd.gov/dhs/policymanuals/605/605.htm>). The OCR Procedures Manual was also developed and disseminated to the field on 12/12/17 (link: <http://www1.und.edu/centers/children-and-family-services-training-center/nd-ocr/proceduresmanualrevone.pdf>). This Objective/Intervention is completed. Please refer to the “Quality Assurance” section of this document for further information on the OCR process.

#### **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 65<sup>th</sup> 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), Juvenile Justice Board. In addition, email updates are provided to the field. Stakeholders will continue to be involved in all aspects of planning and implementation of goals during the upcoming year through these avenues.

## **4. UPDATE ON SERVICE DESCRIPTION**

### **Title IV-B, Subpart 1 Services:**

North Dakota provides the following:

- **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 2017, 96 families received FGDM services through this contract (a 30% decrease from FFY 2016). It is planned that title IV-B, subpart 1 funds will be reallocated to support the FES initiative in the coming year. Therefore, North Dakota will no longer provide FGDM services once the FES initiative is launched (projected date of 10/1/18).

- **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 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 2017, 247 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. During FFY 2017, Safety/Permanency Funds requests totaled 1,232 for the eight North Dakota regions. 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, this includes safety permanency funds. Costs will be covered by the state using a caseload formula developed by the legislature.

- **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 2017 an average of 65 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.

### **Title IV-B, Subpart 2 Services:**

North Dakota provides the following:

**Family Preservation Services:** Due to ND legislative law passed in 2017, as of January 1, 2018 the state discontinued funding Family Preservation Services through memoranda of agreement with the

counties. Per this new law, the county social service agencies 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 at risk of foster care placement, and for children returning to the home following reunification to prevent re-entry into foster care. During FFY 2018, 39 counties received funding through memoranda of agreement with the Department. Through these agreements 1,221 unduplicated families received in-home case management services. It is planned that title IV-B, subpart 2 funds will continue to be used to support this service in the coming year.
- **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 2018, 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 2018, 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 2018, services were funded in 13 counties through memoranda of agreement. Additional counties can request this funding if the need arises. During FFY 2017, 46 unduplicated families received Prime Time Child Care services. . It is planned that title IV-B, subpart 2 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 2018, 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 2017, 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 under this contract, 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. Programing known as "Authentic Voices" networks survivors of childhood maltreatment and others to advocate on behalf of children. PCAND also coordinates 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%). Public Awareness efforts include coordination of statewide Child Abuse Prevention Month activities:

Child Abuse Prevention Month 2017 Grant Summary Snapshot:

Number of grantees – 19

Counties reached – 51

Total population outreach estimate – 713,801

Total printed materials distributed – 13,511

Grantee expenditure - \$ 14,387

It is planned that title IV-B, subpart 2 funds will continue to be used to support this service in the coming year.

### Time Limited Family Reunification

- **Intensive In-home Family Therapy Services** A combination of subpart 1 and 2 funds are used to support this particular service area. See description and data in the subpart 1 section above. It is planned that title IV-B, subpart 2 funds will continue to be used to support this service in the coming year.

### 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 adoption (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 18 through May 31, 2018, there have been 167 placements of North Dakota children made by AASK (of which 17 were Tribal custody children), with an additional 13 incoming Interstate Compact for the Placement of Children (ICPC) placements, for a total of 179 placements through AASK. There have been 173 finalizations of adoptions for North Dakota children during that time period which included nine Tribal children finalized during this time period. AASK has completed 72 new home studies for adopting families with an additional 28 subsequent and updated assessments. AASK has also completed 169 child adoption assessments during this period.

During the past 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. Outreach to private agencies has encouraged their referral of families in need of service who have adopted internationally, as well as other private adoptive families. 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 2018 the ND Post Adopt Network has facilitated support groups in 3 areas of the state with 28 individual groups being held - all meeting monthly with the exception of the Fargo area, which has been meeting twice per month. There was one *Mom's Retreat* held with nine mom's attending. A winter retreat was held that involved 8 families, including 13 adults and 19 children. The 2018 Post Adopt Camp is scheduled for July 2018 and has 12 families registered, that includes 49 children and 22 parents. A national speaker and his family will be presenting at this camp.

The department has recently authorized funding for a new position with the AASK program that will focus on providing adoption services for tribal custody children. This new worker's efforts will concentrate on those referrals from the Spirit Lake and Turtle Mountain Tribes where there is a significant backlog of adoption work to be done at the request of the Tribes. This position is being funded by adoption incentive funds.

The post adopt program is working on a mentor curriculum and on curriculum for pre-adoption training. AASK families who finalize receive a welcome packet, and follow up contacts for one year, or beyond if necessary. Adoptive families through other agencies receive these services also. Guardianship families, families who have adopted internationally and other private adoptive families can also request the supports of the ND Post Adopt Network.

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 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 in foster care, as well as an assessment and eventual development of these types of trainings available for parents of all children in this age group,
- Continued work with the Head Start Collaboration Office to maintain awareness of the availability of Head Start and Early Head Start to all young children, including those 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 all young children with developmental delays, to assess their capacity to serve all 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 all children in this age range.

Specific to children in foster care, recent available data showed there were 542 children less than 5 years of age out of 1604 children in foster care on the last day of Adoption and Foster Care Analysis and Reporting System (AFCARS) reporting period 2017B. There were **670** children less than 5 years of age out of 1716 children in foster care on the last day of AFCARS reporting period 2018A. Children under the age of five both represented 34% and 39% of the foster care universe respectively for these reported time periods

- **Steps to Track and Prevent Child Maltreatment Deaths**

North Dakota uses Child Fatality Review Panel (CFRP) 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 organized under state statute and supported through the state child welfare agency. 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 by the CFRP coordinator with assistance as requested from the medical Examiner's Office and other Panel members as requested. 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 contained in medical, law enforcement or forensic records to indicate the relationship of the individual responsible for the act upon 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 in the Program Instruction are excluded from the analysis. Data extracted for submission to NCANDS is first compared to the deaths reviewed by the Child Fatality Review Panel for any variation in reporting. Another safeguard in data reporting is that the child welfare agency is also the entity that convenes the Child Fatality Review Panel, reviews the records for each death, compiles that data following the reviews and publishes the annual Child Fatality Review Panel Data report as well as being responsible for NCANDS reporting.

- **Steps the state is taking to develop and implement a comprehensive, statewide plan to prevent child maltreatment fatalities**

The state will develop and implement a comprehensive, statewide plan to prevent child maltreatment fatalities utilizing the following steps:

- Develop a contract with Prevent Child Abuse North Dakota to coordinate development of the plan
  - Review child abuse and neglect fatalities in the state over the past 5 years in order to gather data about commonalities in case presentations, demographics, maltreatment types, cause & manner of death, etc. to inform prevention planning
  - Using existing groups with members representative of the public health community, law enforcement, Courts, (ACJ, CFRP, CPSTF) and other relevant public and private agency partners, begin to map out a prevention plan which addresses the issues identified by the data review
  - Consider surveying additional staff of partner agencies, including the public health community, law enforcement and the Courts as to preferred prevention strategies to inform preferred prevention methods
  - Implement the plan with support and collaboration from system partners
- **Services for Children Adopted from Other Countries**  
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. 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) on 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.

### **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 Erica Cavanaugh, 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, CFSR, 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.

### **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 OCR 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 2018.
- 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 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.
- Continued participation as a member of the ICWA Subcommittee of the former Court Improvement Project (CIP), now Juvenile Policy Board. Meetings were on hold, however momentum has been gained and ICWA topics will continue quarterly.
- Continued participation and support of the re-application for Court Improvement Project federal funds to support overall court improvement efforts, but also support the ICWA State Partnership Grant. Due to Supreme Court budget constraints, the CIP efforts were redistributed to the ND Supreme Court Juvenile Policy Board. A proposal, financial support and collaboration from various ND stakeholders will likely lead to the re-application for CIP.
- 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 (Main point of contact)
- 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:

- Lauren Sauer, Assistant 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. In the last year, the ICWA State Partnership Grant has accomplished:

- The creation of a new ICWA training for North Dakota child welfare workers! The ICWA Partnership Trainer of the Children and Family Services Center (CFSTC), Harmony Bercier, will continue to provide an updated and innovative ICWA curriculum to new child welfare workers during their Child Welfare Certification training.
- The development of a website specific to ICWA related functions, grant goals, etc. <http://www1.und.edu/centers/children-and-family-services-training-center/icwa/index.cfm>
- The organization and hosting of the “40 Years of Hope, Healing and Perseverance” ICWA Conference was done by the director of the Native American Training Institute (NATI) and the ICWA State Partnership Grant. The conference was hosted on Spirit Lake Indian Reservation.
- The attendance and presentation at the National Indian Child Welfare Act conference in Anchorage, Alaska. Topic: **Being "Active" in our "Efforts": Agents of Change** was presented by the ND State Partnerships Grant presented on The North Dakota ICWA Implementation Partnership Grant, supported by the U.S. Department of Health and Human Services, Office of the Administration for Children and Families, facilitating changes around ICWA implementation in North Dakota. Strengthening relationships between stakeholders, with a primary focus of improving the implementation of ICWA, has resulted in exciting improvements. This session will provide examples of how relationship building and inter-agency collaboration has made this process smooth. We will share with participants the process we are utilizing to drive efforts around policy change, practice improvement procedures, as well as tools created to help child welfare workers. Participants will:
  1. Learn strategies to improve relationships within and between parties invested in the consistent and effective implementation of ICWA.
  2. Get a glimpse of how utilizing these improved relationships to collaborate on policy creation or modification supports the consistent and effective implementation of ICWA.
  3. Learn how we are using the collaborative collection of data to drive this process.
  4. Receive access to practical tools created thorough this process to aid in the consistent and effective implementation of ICWA.
- Grant Team has held several tribal and state conversations that will serve to improve ICWA policy and practice across the state. Collaborations have led to the first state policy review and modification, development of new forms that will be used to facilitate and improve County and Tribal communication and a new ICWA training for child welfare workers across the state.

### 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 2019 APSRs**

The CFS Division will provide electronic copies and links to the 2019 APSR to the Tribal child welfare workers when submission is finalized. The 2019 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. 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 four-day CFS Conference/Children's Justice Symposium in July of 2017. 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 \$447,553 in adoption assistance incentive payments in FFY 16 and \$44,424 in FFY 17. Traditionally these funds have been used to fund North Dakota's special needs adoption collaborative, the AASK Program. In the current biennium, the funds have been used to support two new positions with the AASK program that are addressing the backlog of work referred to the 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. The department has recently authorized funding for a new position with the AASK program that will focus on providing adoption services for tribal custody children. This new worker's efforts will concentrate on those referrals from the Spirit Lake and Turtle Mountain Tribes where there is a significant backlog of adoption work to be done at the request of the Tribes. This position is being funded by adoption incentive funds. 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, some of those dollars may be funneled to specific adoption, family preservation and post adoption services.

## 9. CHILD WELFARE WAIVER DEMONSTRATION ACTIVITIES

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

## 10. QUALITY ASSURANCE SYSTEM

The revamped case review process, known as the ND Onsite Case Review (OCR) began in January 2018. To date 25 cases have been reviewed in three ND regions. A minimum of 65 cases will be reviewed each year, with 72 having been scheduled for review during CY 2018. Refer to the Update on Assessment of Performance section for further information on the ND OCR outcomes data thus far.

### Overview

The ND OCR utilizes the federal CFSR Online Monitoring System (OMS) and the federal Onsite Review Instrument (OSRI). Eight 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. 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.

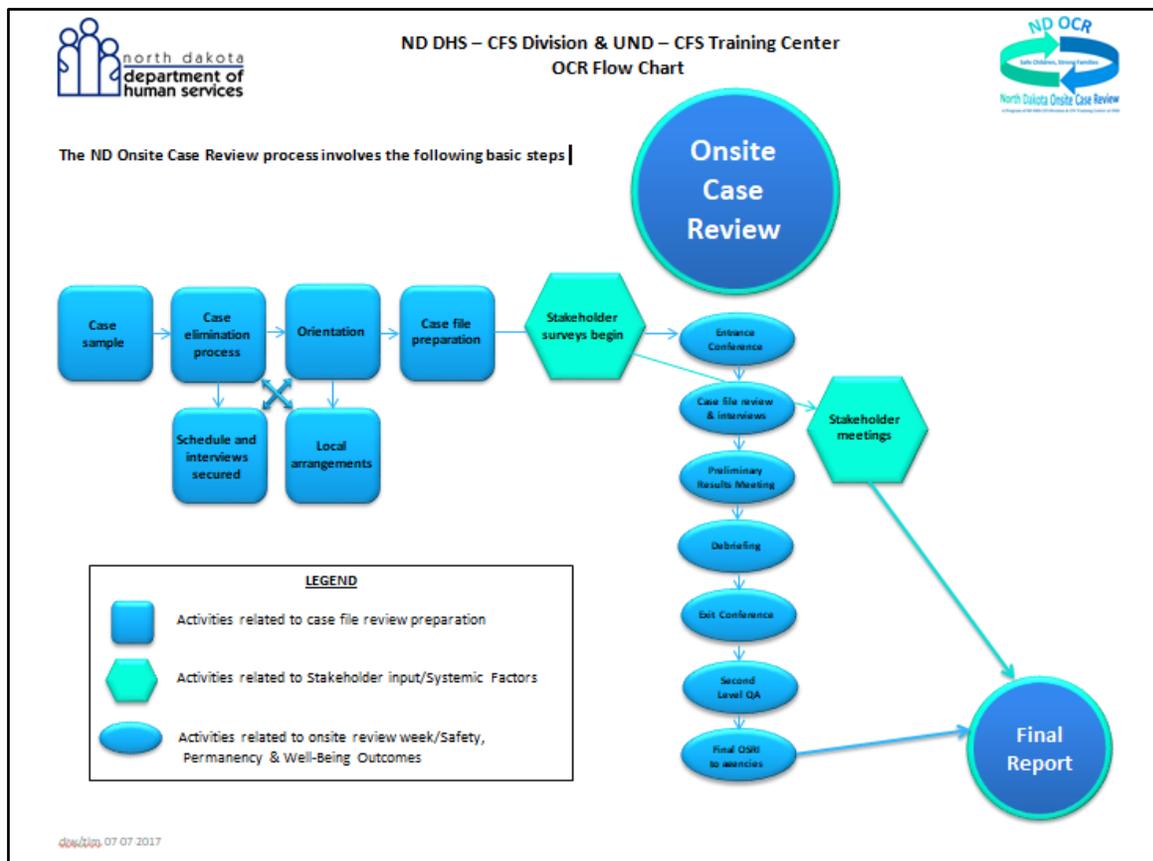
Each OCR includes case preparation activities by the local agencies, review of the case file, and interviews with key case participants. Case reviewers are teamed with a partner to review one case each day. QA Leads are available at all OCRs to answer questions, conduct QA of all cases reviewed, and participate with reviewers in case debriefings. The CFS Administrator of OCR and the OCR

Manager provide second level QA of all cases reviewed. During the 3<sup>rd</sup> Round PIP, federal partners also provide secondary oversight of 50% of all cases reviewed.

Regional Stakeholders are sent a survey (via email) during the month of that region’s OCR. Survey questions will come from the federal Stakeholder Interview Guide, and focus on the seven systemic factors. Two Stakeholder groups (youth in foster care and foster caregivers) meet in person with OCR staff, rather than completing an online survey.

Following each onsite case review, the OCR Manager disseminates a detailed report of the findings to the regional agencies. This report is used by the regional agencies and CFS Assistant Director as a tool to assist with collaboration on 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.

ND OCR activities are summarized in the following flow chart:



### Schedule

Following is a table showing the rotation for the CY 2018 reviews:

Review Month Region	Case Sampling Period*	PUR	# FC Cases	# IH Cases	Total Cases	Cases Per Qtr	Resources Needed
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January 22-26, 2018 Region 4 Northeast (Grand Forks)	1/1/17 – 6/30/17	1/1/17 - Date of Review	8	2	10		10 Reviewers for 5 Teams 2 QA Leads
February 12-16, 2018 Region 3 Lake (Devils Lake)	1/1/17 – 6/30/17	1/1/17 - Date of Review	7	2	9		10 Reviewers for 5 Teams 2 QA Leads
March 12-16, 2018 Make Up Month		1/1/17 - Date of Review				19	
April 16-20, 2018 Region 1 Northwest (Williston)	4/1/17 – 9/30/17	4/1/17 - Date of Review	5	2	7		8 Reviewers for 4 Teams 2 QA Leads
May 14-18, 2018 Region 7 West Central (Bismarck)	4/1/17 – 9/30/17	4/1/17 - Date of Review	7	4	11		12 Reviewers for 6 Teams 2 QA Leads
June 11-15, 2018 Make Up Month		4/1/17 - Date of Review				18	
July 2018	----- NO CASE REVIEW -----						
August 13-17, 2018 Region 8 Badlands (Dickinson)	7/1/17 – 12/31/17	7/1/17 – Date of Review	2	3	5		6 Reviewers for 3 Teams 1 QA Lead
September 17-21, 2018 Region 5 Southeast (Fargo) <i>(Largest Metro Area)</i>	7/1/17 – 12/31/17	7/1/17 – Date of Review	9	3	12	17	12 Reviewers for 6 Teams 2 QA Leads
October 23-27, 2018 Region 6 South Central (Jamestown)	10/1/17 – 3/31/18	10/1/17 - Date of Review	3	3	6		6 Reviewers for 3 Teams 1 QA Lead
November 13-17, 2018 Region 2 North Central (Minot)	10/1/17 – 3/31/18	10/1/17 - Date of Review	6	6	12		12 Reviewers for 6 Teams 2 QA Leads
December 11-15, 2018 Make Up Month		10/1/17 - Date of Review				18	
<b>TOTALS</b>			<b>47</b>	<b>25</b>	<b>72</b>	<b>72</b>	<b>76 Reviewers 14 QA Leads</b>

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

### Case Sampling

The case draw period is a 6-month time frame originating one year prior to the month of the scheduled case review. A simple random sample design is used by a research analyst from the Decision Support Services Division. Child welfare cases are randomly sampled from the state's case record system (FRAME) and 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 are 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 12-14 month time frame beginning one year prior to the review date through the date of review.

### **Case Preparation**

While North Dakota's OCR process closely aligns with the federal process, it also includes a case preparation component to be completed by the local agency. This preparation 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 involved Stakeholder input to ensure the case preparation activities accomplished the intended purpose.

### **Onsite Review Teams & Quality Assurance Leads**

The OCR workforce (determined jointly by CFS and CFSTC) comprise county and regional staff, private agency staff, and other child welfare Stakeholders. Comprehensive training for the case reviewers and QA Leads is provided at least annually. At the completion of training, including a mock case review, case reviewers and QA Leads become certified. Case reviewers and QA Leads must maintain OCR Certification in order to participate. Secondary QA on all cases reviewed is 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 (ND's CQI team) for continuous quality improvement work.

### **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 ND'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.

## **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)**

### **NDDHS Response to the Family First Prevention Services Act Instruction**

All States and Tribes directly operating the Chafee and ETV Programs: All states and tribes operating the Chafee and ETV programs must review their Chafee program services and eligibility requirements to ensure that they are consistent with the amended program.

***NDDHS Response: North Dakota has reviewed the State's Chafee program services and eligibility requirements to ensure implementation of the expanded requirements will be consistent with FFPSA.***

As previously directed in ACYF-CB-PI-18-01 and ACYF-CB-PI-18-02, states and tribes are required to provide in their 2019 APSR, due June 30, 2018 updates on their Chafee and ETV programs and to describe the services to be provided using Chafee funds and any planned changes to their use of funds in FY 2019. In addressing these requirements, states and tribes must indicate any changes they intend to make as a result of the amendments to the Chafee and ETV programs.

***NDDHS Response: The following report provides updates on North Dakota's Chafee and ETV programs and describes the services to be provided using Chafee funds and any planned changes to the state's use of funds in FY 2019. Changes the state intends to make as a result of the amendments to the Chafee and ETV programs are highlighted throughout the report.***

*States and Tribes Operating Extended Foster Care Programs:* As described above, a state or tribe that has an approved title IV-E plan amendment to serve youth in foster care until age 21 or that is operating a comparable program using state or tribal funds, now has the option to extend Chafee Program services to youth up through their 23rd birthday (see section 477(b)(3) of the Social Security Act).

***NDDHS Response: North Dakota has an approved title IV-E plan amendment to serve youth in foster care until age 21 and plans to proceed with the option to extend Chafee Program services to youth until their 23<sup>rd</sup> birthday.***

To exercise this option and begin offering Chafee-funded services to this population, the state or tribe must:

- Include in their 2019 APSR due June 30, 2018 a description of the services to be offered to youth ages 21 – 22 (up through 23rd birthday) and how the expansion of the program will be implemented, including how youth, service providers, and community partners will be informed of the change.

***NDDHS Response: North Dakota plans to expand the ages served through the Chafee program up to the 23<sup>rd</sup> birthday. The following 2019 APSR report contains a description of the services to be offered to youth ages 21 until their 23<sup>rd</sup> birthday. Due to current limited funding, North Dakota is not planning to add additional services, but rather to focus on the provision of existing services to the wider population, to those with the highest needs. If additional Chafee or other funding were available, ND would like to expand our service array to focus on housing options to make an impact on our state's homelessness, substance abuse, and incarceration rates for former foster youth. As evidenced by NYTD data included in this report, these are areas identified as the highest need. Expanding youth involvement in the system is also priority for North Dakota. Youth involvement is critical to system change and our current youth board can't keep up with the demands of the system. Additional funding to expand the youth board component would lead to a huge impact on system change, in particular on the implementation of Family First legislation.***

***NDDHS met with PATH, Inc., the contracted provider in June 2019 for an initial discussion on FFPSA. DHS has scheduled a series of follow-up conference calls, with the initial call scheduled for July 10<sup>th</sup>. The purpose of these calls is to develop an implementation plan which will include collaboration with youth representatives, all child welfare partners including custodial agencies (County Social Services, Division of Juvenile Services, Tribes), Juvenile Court, Regional Supervisors, Behavioral Health Division, DD Division, and the Field Services Division. The implementation plan will include policy revisions and a communication plan to ensure all system partners are kept apprised of the changes. DHS is also meeting with system partners to address Family First legislation implementation, and the State Chafee IL Administrator is present at these meetings, allowing the transfer of information between groups. Chafee related forms and brochures will also be updated and distributed to all relevant parties.***

- Submit a certification signed by the Chief Executive Officer (Governor) of the State or Tribal Leader of the Tribe (see Attachment A).

***ND Response: A certification signed by the Chief Executive Officer (Governor) of the State accompanies this report.***

- In addition to submitting the signed certification (Attachment A), if the state or tribe does not have an approved title IV-E plan amendment to serve youth in foster care up to age 21, but operates a comparable state- or tribal-funded program serving youth up to age 21, the state or tribe must also submit information documenting that the state provides such services and assistance to youth.

***NDDHS Response: North Dakota currently has an approved title IV-E plan amendment to serve youth in foster care up to age 21.***

- The state or tribe must receive approval (in the form of a counter-signed certification) from the Children's Bureau prior to initiating use of Chafee funds to serve youth age 21 or older (up through 23rd birthday).

***NDDHS Response: North Dakota is requesting approval from the Children’s Bureau extend the maximum eligibility age and to use Chafee funds to serve youth age 21 to age 23.***

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 all 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.

The Family First Prevention Services Act amended section 477 of the Act by changing the name of the John H. Chafee Foster Care Independence Program (CFCIP) to the Chafee Foster Care Program for Successful Transition to Adulthood.

North Dakota continued serving youth across the state ensuring that all political subdivisions in the eight regions and 53 counties were served by the Chafee, including tribal youth and youth in custody of the Division of Juvenile Services. Below is data reflecting Chafee participation in ND.

<b>Number of Youth Participating in the Chafee Foster Care Independence Program (CFCIP) in North Dakota FY 2013-2016</b>						
	<b>CFCIP Youth</b>	<b>Current Foster Care Youth</b>	<b>Foster Care Alumni</b>	<b>Priority 1 Youth</b>	<b>Priority 2 Youth</b>	<b>Native American Youth</b>
<b>FY 2013</b>	399	232	167	267	132	87
<b>FY 2014</b>	438	252	186	312	126	101
<b>FY 2015</b>	479	304	175	345	134	95
<b>FY 2016</b>	473	315	158	333	140	113
<b>FY 2017</b>	474	316	158	296	178	112

Benefits and services under the programs are made available to Indian children in the state on the same basis as to other children in the state. In FFY 2017 112 of the 474-youth served in the Chafee program were Native American youth. Each of the regional IL programs collaborate with tribes located within their regions, on the same basis as other custodial agencies. No tribe in North Dakota has requested to develop an agreement to administer or supervise the CFCIP or an ETV program with respect to eligible Indian children and to receive an appropriate portion of the state’s allotment for such administration or supervision. The tribes haven’t brought forth concerns to the state with accessing Chafee services.

Current 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 2017, 251 North Dakota Chafee Foster Care Independence Program state assessments were completed for the period October 1, 2016 – September 30, 2017. **This is an increase of 49 assessments compared to the prior year** where 202 assessments were completed for the similar time frame.

When comparing 2017 to the previous year (2016) the ND CFCIP Assessment Outcomes Table below indicates an increase in the percentage of positive youth responses to all outcomes other than Safe & Stable Living, Education Plan, and Normalcy, which show a very slight decrease in the percentage of positive responses. It is exciting to see youth are increasingly reporting more positive outcomes. The Table below also indicates an **overall increase of 1.3% positive youth responses** to the 8 outcomes between the years of 2014 and 2017.

NORTH DAKOTA CHAFEE FOSTER CARE INDEPENDENCE PROGRAM ASSESSMENT OUTCOMES FFY 2014 – FFY 2017					
Outcome	2014	2015	2016	2017	+ or - Between 2014 & 2017

# of Youth Responses	223	218	202	251	+28
	% of Yes Responses	% of Yes or Positive Responses	% of Yes or Positive Responses	% of Yes or Positive Responses	
1. Economic Resources	65.9%	66.5%	61.4%	70.5%	+4.6%
2. Safe Stable Living	92.4%	93.1%	94.6%	92.8%	+4.4%
3. Educational Plan	95.5%	94.5%	93.1%	92.8%	-2.7%
4. Permanent Connection	90.6%	90.8%	91.1%	91.2%	+6.6%
5. Avoid High Risk Behavior	96.9%	97.2%	96.5%	97.2%	+3.3%
6. Postponed Parenthood	95.5%	96.8%	94%	98%	+2.5%
7. Ability to Access Mental Health Services	91.9%	94%	91.6	94.4%	+2.5%
8. Normalcy	N/A	85.7%	92.6%	92%	+6.3%
<b>Overall % of Yes Responses</b>	<b>89.8%</b>	<b>89.8%</b>	<b>89.4%</b>	<b>91.1</b>	<b>+1.3%</b>

### 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 the required changes identified from the NYTD Review conducted in July 2013 in preparation for the upcoming Federal NYTD Review. Efforts this last year included nearing completion of required updates to NYTD Element 18 Educational Level and NYTD Element 19 Special Education. During FFY 2018 progress towards completion of Element 18 and 19 were slowed due to limited staff lack resources and competing priorities, and as of July 2018 the testing phase is scheduled to begin. Our goal for completion of the remaining elements was also delayed. The goal for 2019 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.

The first Cohort of NYTD Surveys, ages 17, 19, and 21 is complete, and results were included in the 2016 APSR report. Currently states are in the process of collecting Cohort 2, Age 21B Surveys. Complete Cohort 2 data will be included in next year's APSR Report.

Please see the following NYTD Data included in this report (Attachment K):

- NYTD Data results for ages 17, 19, and 21A from Cohort 2
- NYTD Data results for age 17-year-olds from Cohorts 1, 2, and 3
- NYTD Data results for age 21-year-olds from Cohorts 1 & 2

NYTD Cohort 1 data has proven to be very beneficial to the division with guiding program planning and quality assurance efforts. North Dakota developed and distributed the Cohort 1 Report to multiple system partners, including youth, tribes, counties, DJS, DHS, etc., and is looking forward to the completion of Cohort 2 Survey Data, obtaining additional outcomes, and a second report distribution.

#### *National Youth in Transition Database (NYTD)*

On January 13, 2017 the Children's Bureau issued ACYF-CB-PI-17-01 announcing the implementation of NYTD Reviews. Beginning in FY 2017, states will be required to participate in a NYTD Review to evaluate comprehensively states' policies and practices related to collecting and reporting timely, reliable and accurate data on youth in transition.

In the 2019 APSR:

Describe the state's plan to inform stakeholders and others of the NYTD Review for the state. States with NYTD Reviews scheduled in FY 2019 should discuss steps to begin to prepare for their review.

*North Dakota was one of several states who volunteered to participate in the Federal NYTD site review in 2013, thus have been informed our state will be one of the last to be reviewed. The site review process was handled very similar to the upcoming NYTD reviews so based on this experience we have some knowledge of what to expect. The Chafee IL Administrator has also participated in federal instructional webinars during this past year, and looks forward to obtaining more information at the Chafee Meeting in D.C. in July. When North Dakota is informed of the date of the review, we will begin to inform stakeholders through a process similar to that used for the Onsite Case Review (OCR) process.*

Describe how the state, since the 2015-2019 CFSP and subsequent APSR submissions, has informed partners, tribes, the legal and judicial community, and other stakeholders (including youth, birth, kinship and adoptive families) about NYTD data and involved them in the analysis of the results of the NYTD data collection or NYTD Review. Describe how the state has used these data and any other available data in consultation with youth and other stakeholders to improve service delivery in the last year.

*Each year CFS has expanded the use of NYTD data. Stakeholders are aware of the data and have begun to request data for the purpose of applying for federal grants, or for program planning purposes. Based on NYTD homeless data showing a need for additional supports to the 18+ young adults, CFS has partnered with Dakota Boys and Girls Ranch to implement a Transitional Living Program. The program is licensed through the department and scheduled to open on July 1, 2018. We have also partnered with Youthworks to apply for a homeless grant. Much of the data included in the application came from NYTD.*

*CFS utilizes NYTD data as an additional piece of information to help inform transition planning practices, service provision, extended foster care policies, and data collection procedures. CFS uses the data for legislative purposes, and federal reporting. All data must be manually extracted which limits opportunities for using the data. 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 continue to engage in deeper analysis of the current data to better understand system needs and monitor and assess potential solutions to improve outcomes for youth transitioning out of foster care.*

Provide information on how the state has improved NYTD data collection, based on the plan outlined in the 2015-2019 CFSP and subsequent APSR submissions or NYTD Review. States are reminded that information related to NYTD can be viewed in “snap shot” format and can be requested by emailing: NYTDhelp@acf.hhs.gov. While the “snap shot” only provides an overview of the NYTD data, it can be a resource to talk with youth, providers, the courts, and other stakeholders about services and outcomes of youth transitioning out of foster care.

*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. Surveys are presented to youth by foster care case managers at age 17. Follow up surveys are presented to age 19 and 21-year-olds 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, but North Dakota has proven to be successful in our efforts and have been in compliance with all report submissions! North Dakota utilizes the snap shot data and shares it with child welfare partners, executive management, custodial agencies, and other stakeholders.*

## 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.***

See NYTD Data included in this report for outcomes relating to employment and self-sufficiency. 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 to remain in or return to foster care, financial stability becomes a crucial indicator of youth's readiness for independence.

#### 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 continue outreach efforts to county social services, tribes, and DJS this past year and worked diligently on building and maintaining relationships.
- They assisted custodial case managers in completing the foster care youth discharge checklist.
- Assistance provided with completing the Medicaid application process.
- Job Service representative attendance at monthly IL groups.
- Provided individual assistance with creating budgets and resumes.
- Wells Fargo Bank representative presenting on financial literacy.
- 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 to explore ways to better engage youth who are eligible for the program and maintain youth in the program.
- Explore options of utilizing peer mentors and current participants reaching out to better engage youth.
- 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 collaborate with Dakota Boys and Girls Ranch's 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.
- Expand eligibility as allowed by Family First legislation.

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

See NYTD Data included in this report for outcomes relating to education, training, and employment.

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.
- 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.

Planned:

- Continue to collaborate with and refer youth to resources that can help them with education and job-related services.
- Continue to promote the ETV program to eligible youth and expand utilization of the ETV.

- 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.
- Expand eligibility as allowed by Family First legislation.

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

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.
- 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.
- Expand age eligibility and increase eligibility to 5 years as allowed by Family First legislation.

**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.***

See NYTD Data included in this report for outcomes relating supportive connections.

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.

Achieved:

- Collaboration with the Building Bridges Initiative.
- 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.
- Collaboration 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's 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.
- Continue collaboration with Building Bridges Initiative to enhance supportive connections.
- Expand eligibility as allowed by Family First legislation.

***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

See NYTD Data included in this report for outcomes relating to these areas.

#### Achieved:

The Chafee program'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:

- Police officer representation at monthly IL groups to provide information importance of being a law-abiding citizen to avoid high risk situations.
- 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 and 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.
- 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.
- Expand eligibility as allowed by Family First legislation.

***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.

See NYTD Data included in this report for outcomes relating to education.  
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.
- 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 their college experience 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.
- Expand eligibility as allowed by Family First legislation.

**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. The ND Post Adopt Network provides services to adoptive and guardianship families. The support is promoted using promotional materials.

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 has policies and procedures as defined in PL 113-183 and section 475(11) of the Act and continues to promote “normalcy”.
- North Dakota has 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.
- Foster children under the custody of DHS are now able to attain their driver’s license.

Planned:

- Continue to gain knowledge relating to human trafficking through trainings and seminars.
- Continue to collaborate with child welfare partners to promote the engagement in age or developmentally-appropriate activities.
- Expand eligibility as allowed by Family First legislation.

**Reporting Activities Performed**

North Dakota’s Chafee program 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 participates 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 Chafee program and create dialogue about referrals and needed service for young people in and out of the system. North Dakota’s Chafee program 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.

Other federal/state programs: As part of collaboration at the regional level; PATH ND continued to provide quality services to eligible Chafee 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.
- The Chafee Program 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.
- Residential Child Care Facilities (RCCF) and Psychiatric Treatment Facilities (PRTF) in the state have implemented independent living into their service array.
- The ND Youth Board provides presentations to other youth, foster parents, counties, tribes, DJS, and other child welfare partners.

## 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. At age 21, 23% reported being homeless within the past two years. 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.

DHS partnered with Youthworks in March 2018 to apply for a Youth Homelessness Demonstration Grant on behalf of the ND CoC. DHS was able to supply the following data obtained from the NYTD surveys to show the need for additional housing options in the state.

Age 19 (A&B)

- Out of the total 55 youth surveyed at age 19, 22 youth responded “yes” to being homeless at any time during the past two years.
- 10 of these 22-youth reporting homelessness also responded “yes” to being confined in a jail, prison, correctional facility, or juvenile or community detention facility, in connection with allegedly committing a crime within the past 2 years.

- In summary, 45.5% of 19-year-old youth surveyed experiencing homelessness also experienced confinement in a jail, prison, correctional facility, or juvenile or community detention facility, in connection with allegedly committing a crime.

Age 21 (A&B)

- Out of the total 57 youth surveyed at age 21, 16 youth responded “yes” to being homeless at any time during the past two years.
- 9 of these 16-youth reporting homelessness also responded “yes” to being confined in a jail, prison, correctional facility, or juvenile or community detention facility, in connection with allegedly committing a crime within the past 2 years.

In summary, 56.3% of 21-year-old youth surveyed experiencing homelessness also experienced confinement in a jail, prison, correctional facility, or juvenile or community detention facility, in connection with allegedly committing a crime.

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 transitional living supportive opportunities for 18+ participants. The program is licensed by NDDHS and scheduled to open on July 1, 2018. This is a pilot project in the state and is being considered for implementation in other regions of the state. Administrative rule will be written within the next 2 years.

The ND Chafee Foster Care Independence Program (ND CFCIP) collects data on eight outcomes of Chafee Independent Living, requiring program participants to complete an annual assessment which inquires on youth homelessness. The number of youth reporting they had a safe and stable place to live has increased .4% since 2014.

<b>NUMBER OF YOUTH REPORTING THEY HAD A SAFE AND STABLE PLACE TO LIVE FFY 2014 – FFY 2017</b>					
<b>Outcome</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>+ or - Between 2014 &amp; 2017</b>
<b># of Youth Responses</b>	223	218	202	251	+28
	% of Yes Responses	% of Yes or Positive Responses	% of Yes or Positive Responses	% of Yes or Positive Responses	
<b>9. Safe Stable Living</b>	92.4%	93.1%	94.6%	92.8%	+ .4%

ND continues to look at data to analyze areas of opportunities to better support transition and minimize risk of homelessness. Age 21 Cohort 2 NYTD data collection will be complete in October 2018 and will provide a second full Cohort of data on youth homelessness.

The Chafee Program provides funds to assist youth transitioning out of foster care with rental deposit, rent, and start-up costs. The Education and Training Voucher program also assists with room and board related costs for eligible youth pursuing post-secondary education.

Chafee IL plans to continue to provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 23 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.
- 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), and are currently collecting the Age 21B surveys for Cohort 2.

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, and at age 21, 22.7% responded yes to the NYTD survey question “In the past two years, did you give birth or father any children that were born?”

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.

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”. In FFY 2017 98% responded “yes” to postponing parenthood, which is a 4% increase over the previous year, showing positive results.

PERCENTAGE OF YOUTH RESPONDING THEY HAVE “POSTPONED PARENTHOOD”					
FFY 2014 – FFY 2017					
Outcome	2014	2015	2016	2017	+ or -

					<b>Between 2014 &amp; 2017</b>
<b># of Youth Responses</b>	223	218	202	251	+28
	% of Yes Responses	% of Yes or Positive Responses	% of Yes or Positive Responses	% of Yes or Positive Responses	
<b>10. Postponed Parenthood</b>	95.5%	96.8%	94%	98%	+2.5%

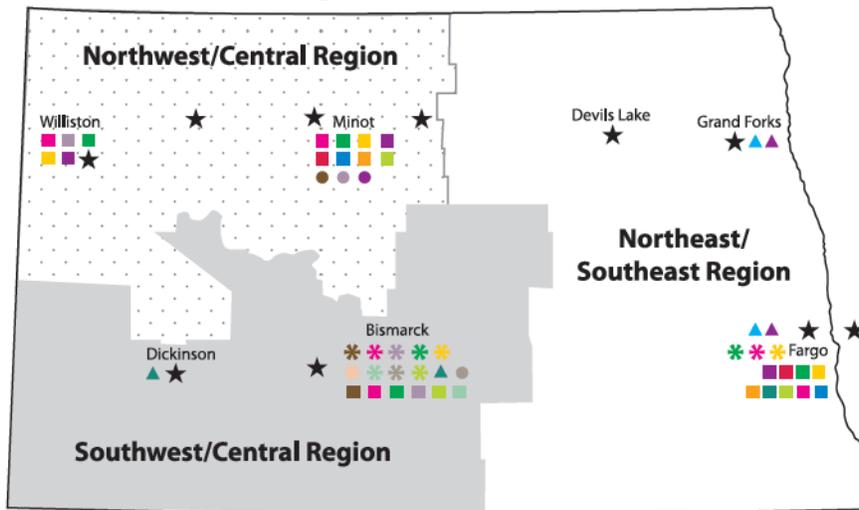
CFS is not the recipient of funding to assist with pregnancy prevention; however, the overall topic of pregnancy prevention services does occur in case planning with children in foster care as needed. In North Dakota, various nonprofit agencies offer prevention services to women of all age’s including 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). The 2017 legislative session 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. 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.

# Human Trafficking Services in North Dakota



## Regional Navigators Contact Information

Regional Navigators are part of the North Dakota Human Trafficking Task Force and are responsible for connecting suspected or confirmed victims of trafficking to services and support, and for providing training and technical assistance on human trafficking to their region.

### Northwest/Central Region

Sara Eastman  
seastman\_yworks@midconetwork.com  
701-595-2344

### Southwest/Central Region

Amy Jacobson  
jacobson\_yworks@midconetwork.com  
701-595-2112

### Northeast/Southeast Region

Melissa Williams  
mwilliams@youthworksnd.org  
701-595-4604

Please contact the appropriate Regional Navigator, referencing the services map above, if you or someone you know needs support or referrals to service providers in your area.

Map Key:			
● In-house case management	● Literary education/ job training	● Mental health treatment	● HHSOOR certification services
● Shelter/housing/substance	● Life skills training	● Medical care	● 24-hour law enforcement response
● Victim advocacy	● Employment assistance	● Emergency intake assessment	● Legal services
● Forensic interviewing	● Transportation assistance	● Emergency case management	● In-house intake assessment
■ Services for adults over 22	✱ Services for youth under 22	▲ Services for youth under 18	● Services for youth & adults
★ Host home locations			

## Chafee Training:

North Dakota continues to gain insight on needs from the Chafee contract 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. This new process has been in place for approximately a year and a half and has been positive.

## Youth Involvement:

Leadership and oversight of the ND Youth Board was contracted to the Chafee IL vendor, PATH, Inc. in January 2017. The board continues 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 again 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 was consulted during planning efforts for the new Transitional Living Program implemented at Dakota Boys and Girls Ranch. The board, made up of five youth, meets in conjunction with the Chafee IL Coordinators at the quarterly meetings. During meetings, youth board members are asked to provide feedback on foster care related topics.

Representatives from the youth board have presented to large groups of foster youth and foster parents this past year in Fargo, Devils Lake, and Grand Forks. They also presented to custodial agencies in April of this year. The youth board intends to present at each of the Residential Child Care Facilities in the state if time and resources allow. These presentations are very valued across the state and NDDHS sees youth advocates as key to moving system change. **Currently the existing youth board can't keep up with the demand for their involvement, and limited funding is preventing the program from expanding. Expanding youth involvement is a priority for North Dakota, and we will continue to explore options for additional funding for expansion.** Several youth representatives will participate in a panel presentation for a Building Bridges Initiative training for Residential Child Care Facilities in July. A youth will also assist the State IL Administrator with opening and closing remarks at the conference. The youth board is also conducting a panel presentation at the upcoming Children and Family Service's conference. In addition, a youth board member will accompany the ND Team to the Chafee IL meeting in Washington, D.C. in July.

North Dakota conducts the OCRs (Onsite Case Reviews) in each region of the state on an annual basis. Youth Stakeholder groups are an important component of the reviews. Youth participants have the opportunity to share their perspective of what has gone well in foster care and what areas could be improved.

North Dakota is engaged in the Building Bridges Initiative which places top priority on youth and family involvement. We expect to see great progress in this area due to this collaborative effort. Youth representatives will also be consulted with for with Family First planning. 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 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.

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 2012-2017			
	Clients	18+ Episodes	Percentage of Foster Youth Choosing to Remain in the 18+ Program
<b>CY 2012</b>	42	45	
<b>CY 2013</b>	48	49	
<b>CY 2014</b>	57	57	
<b>CY 2015</b>	53 <sup>1</sup>	53	20.8% <sup>2</sup>
<b>CY 2016</b>	53 <sup>3</sup>	54	21.7% <sup>4</sup>
<b>CY 2017</b>	45 (28 new clients)	47	New Methodology: In 2017 of clients who turned 18 and had an open foster care program within 90 days prior to their 18th birthday: 28 of 72 entered the 18+ program (39%).

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 E (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. The ETVs awarded to the Unaccompanied Refugee Minor youth 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 2018 have been awarded and included in our annual totals. 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 an increase in ETV awards. North Dakota is pleased about the age and number of years extension made possible through Family First legislation. We expect to see continued increases in the number of 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 were NO youth who had been adopted from a foreign country that also entered foster care during FFY 2017. There were three youth who were adopted from foreign countries whose foster care programs were initiated before FFY 2017, but who were in foster care during this time period. All three of these youth entered care because of child behavior problems. Their adoptions had been facilitated in North Dakota by the Village Family Service Center. One remains in foster care with case plan goal of return to his own home. One youth has been subsequently adopted by another family and the other youth has aged out of care and is living 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.

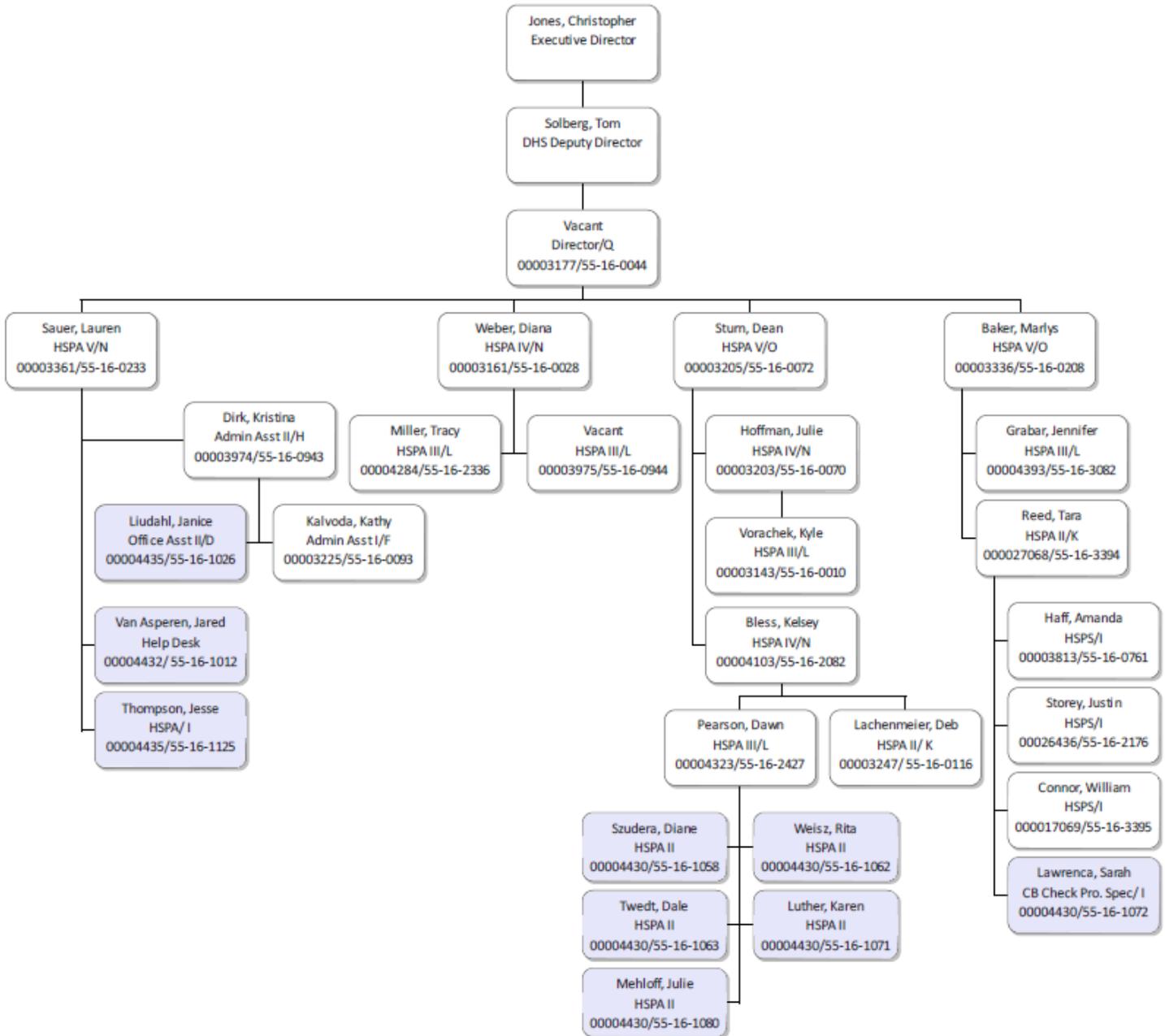
### **16. ATTACHMENTS**

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 Certification – Chafee
- 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
- K. NYTD Cohort 2 Data

**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**

**(Updated June 2018)**

## 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 was the structure and schedule North Dakota will utilize throughout the five years of this CFSP. In January 2018, request for funding had to change based in the SB 2206 County Social Service Redesign efforts, which wrapped recruitment and retention funding into the legislative bill. Funds were distributed to the counties in a similar way, but most costs were embedded into the county fiscal formula.

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
<b>Age Totals</b>	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	<b>Total</b>	1357
Native Hawaiian or Pacific Islander	13		
White	820		
Unable to Determine	39		
Refusal by Client	0		
<b>Total</b>	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			
<b>Age Totals</b>	<b>1411</b>		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

Race	Total
American Indian or Alaskan Native	563
Asian	8
African American	125
Native Hawaiian or Pacific Islander	12
White	788
Unable to Determine	47
Refusal by Client	0
<b>Total</b>	<b>1543</b>

### Children by Gender

Gender	Total
Male	709
Female	702
<b>Total</b>	<b>1411</b>

**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			
<b>Age Totals</b>	<b>1463</b>		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

Race	Total
American Indian or Alaskan Native	609
Asian	5
African American	121
Native Hawaiian or Pacific Islander	14
White	827
Unable to Determine	29
Refusal by Client	0
<b>Total</b>	<b>1605</b>

### Children by Gender

Gender	Total
Male	747
Female	716
<b>Total</b>	<b>1463</b>

**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 6/26/2018

Unique Child Totals by Age <a href="#">?</a>																						
Region	Ages																					
	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
<a href="#">I - Northwest</a>	150	14	9	15	11	10	15	5	3	8	6	6	6	7	10	8	6	9	2			
<a href="#">II - North Central</a>	167	12	14	17	10	7	10	8	8	8	12	7	4	7	10	7	8	10	7	1		
<a href="#">III - Lake Region</a>	270	16	19	19	20	16	19	21	26	10	14	17	13	10	11	10	9	10	8	2		
<a href="#">IV - Northeast</a>	276	16	29	21	21	14	18	9	22	16	17	10	15	9	10	11	12	8	13	2	2	1
<a href="#">V - Southeast</a>	321	34	29	23	16	25	13	18	16	14	10	15	13	6	10	20	16	19	17	6	1	
<a href="#">VI - South Central</a>	105	6	8	4	8	5	5	4	5	4	4	6	2	6	10	5	7	10	3	3		
<a href="#">VII - West Central</a>	249	23	15	17	11	11	10	12	14	12	15	11	19	13	14	13	12	9	14	4		
<a href="#">VIII - Badlands</a>	73	7	3	2	4	7	4	3	5	1	1	2	2		5	4	8	5	9		1	
<b>Age Totals</b>	<b>1611</b>	<b>128</b>	<b>126</b>	<b>118</b>	<b>101</b>	<b>95</b>	<b>94</b>	<b>80</b>	<b>99</b>	<b>73</b>	<b>79</b>	<b>74</b>	<b>74</b>	<b>58</b>	<b>80</b>	<b>78</b>	<b>78</b>	<b>80</b>	<b>73</b>	<b>18</b>	<b>4</b>	<b>1</b>

Unique Child Totals by Race <a href="#">?</a>		Children by Gender <a href="#">?</a>	
Race	Total	Gender	Total
American Indian or Alaskan Native	679	Male	811
Asian	6	Female	800
African American	148	<b>Total</b>	<b>1611</b>
Native Hawaiian or Pacific Islander	8		
White	897		
Unable to Determine	38		
Refusal by Client	0		
<b>Total</b>	<b>1776</b>		

**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 the foster care demographics reports “moment in time” data to determine the difference from last year to this year. From June of 2016 to June 2018, the data shows that ND foster care numbers have increased by 200 children on any given day. The foster care cases with client’s ages 0-5 have increased by 18 children and the cases with youth ages 17+ have increased by 26.

The report can be run as a statewide data report or specific to a county. If the report were specific to Grand Forks County (Region 4) 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 Grand Forks County children in foster care.

Unique Child Totals by Age <a href="#">?</a>																						
Region	Ages																					
	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
<a href="#">IV - Northeast</a>	230	14	26	18	18	11	13	6	20	14	16	10	13	9	8	7	6	8	8	2	2	1
<b>Age Totals</b>	<b>230</b>	<b>14</b>	<b>26</b>	<b>18</b>	<b>18</b>	<b>11</b>	<b>13</b>	<b>6</b>	<b>20</b>	<b>14</b>	<b>16</b>	<b>10</b>	<b>13</b>	<b>9</b>	<b>8</b>	<b>7</b>	<b>6</b>	<b>8</b>	<b>8</b>	<b>2</b>	<b>2</b>	<b>1</b>

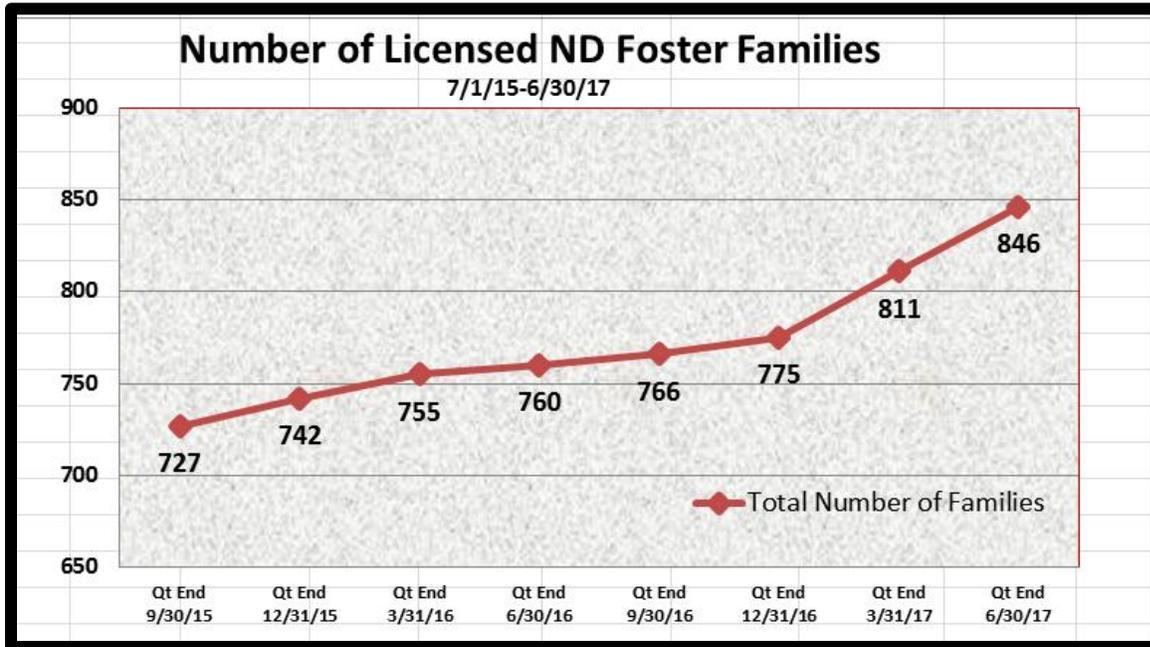
Unique Child Totals by Race <a href="#">?</a>		Children by Gender <a href="#">?</a>	
Race	Total	Gender	Total
American Indian or Alaskan Native	100	Male	122
Asian	4	Female	108
African American	14	<b>Total</b>	<b>230</b>
Native Hawaiian or Pacific Islander	1		
White	145		
Unable to Determine	2		
Refusal by Client	0		
<b>Total</b>	<b>266</b>		

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

\*The age 21 case indicates that child will be 21 this year. ND does not provide foster care services after age 21.

**Previous State Biennium Update**  
July 1, 2015 to June 30, 2017

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



\* Data reported by the Foster Care Recruitment and Retention Coalition includes all eight ND regions. These numbers do not include Tribal Affidavit homes.

**2015-2017 Statistics:**

- The ND biennium began with 727 homes licensed
- The ND biennium ended with an **increase of 119** homes
- The lowest number of homes was in the first quarter.
- The highest number of homes was in the eighth quarter at 846.

**2015-2017 Outcomes (Attachment 1):** Regional outcomes are collected and submitted at the end of each state biennium addressing the statewide goals (Attachment 3). The last outcomes collection was received August 15, 2017. 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. North Dakota is interested in adjusting the outcomes data collection process to capture more quantitative data. However, the historical approach remained after consultation with the National Resource Center for Recruitment and Retention did not offer new or additional ways to capture the data. In fact, North Dakota’s approach is far further reaching than other states, so North Dakota opted to continue as is until a further analysis of data collection measures can be implemented.

**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:
  - Region III: A foster family took in a sibling group of three so they did not have to leave their school of origin
  - Tribal: Affidavit home taking emergency placements to keep children close to the reservation.
  - Region IV: Foster family who took in a sibling group who entered care at staggered times in efforts to keep the children close for reunification, school, and sibling connections.
  - Region V: A teacher at a school became licensed solely for a student in need of foster care placement. Their license allowed the child to continue in their high school.

### **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:*

- Several large sibling groups have been maintained together!
- Amending a license to accommodate sibling placements is allowable and helpful.
- If not the same home, efforts to keep them all in the same community. Families work collaboratively to facilitate sibling visits (meet at zoo, park, etc).
- When children cannot be placed together it is mostly due to a child's treatment needs out of county area or at times out of state.
- Successful Examples:
  - Region III: A new foster family was unsure of taking more than one child to begin; however took a sibling group of three to keep them together. All of them did well.
  - Region V: Family of six kids began in four placements, now all together with a plan of adoption with the family.
  - Previous adoption for a child who entered foster care later, adoptive home fostered the siblings.

### **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.*

- Increased use of homes for drug exposed newborns
- Recruitment is done for specific homes for 18+, infants, high needs placements International adoptions (TPR on adoptive parents) high needs of the children, now in pre-adoptive families awaiting adoption.
- LGBTQ homes to care for children who identify as LGBTQ
- Successful Examples:
  - Region I: 18+ youth had a family get licensed specific for him.
  - Region III: Therapeutic home took on two brothers with significant behavior challenges; negative behaviors have greatly decreased!
  - Region V: International adoption where the parents terminated their rights 8 years after having the child; AASK's Wendy's Wonderful Kids program found this child a forever home.
  - Region V: After several failed attempts to locate a forever family for a TPR case; the teenager was found by a single mother who is his forever home.
  - Region II: Increase in interest for 18+ placements.
  - Region IV: 18+ youth who went to college; the college experience did not go as planned and the youth chose to work fulltime and discontinue 18+ care. However, the child remained as a "family member" in the foster home post discharge.
  - Region IV: Excess maintenance payment was used to assist with additional costs to support a medically fragile child with cancer. The family adopted the child.

#### **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.
- Less than 10% of the foster parents are of diverse racial background
- Training and cultural sensitivity education is offered to all providers
- 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.
- Relative recruitment is a priority; however, many relatives do not choose to get a foster care license.
- More homes licensed who identify themselves as LGBTQ community.

#### **Outcome 5: Providers will not terminate their foster care license due to the licensing agency's lack of support, insufficient training 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
- Community Outreach: "Extra Slice" on pizza boxes, etc.
- Faith based community outreach
- Child-specific recruitment (locating relatives/fictive family)
- County workers advocating
- Educating relatives on benefits of licensure
- Social Media FaceTime Live
- Radio/TV advertising

#### **Regions reported the most successful approach to retain the current families**

- To have good, clear and ongoing communication with licensed providers
- Offer support groups
- Provide information, tools, resources to recharge their perspective

#### **Regions reported reasons families did not complete their initial licensing process**

- Training access to 27 face-to-face hours for PRIDE (multiple regions), want online options to be part of the training. \*\*This is underway!
- Spouse not on board

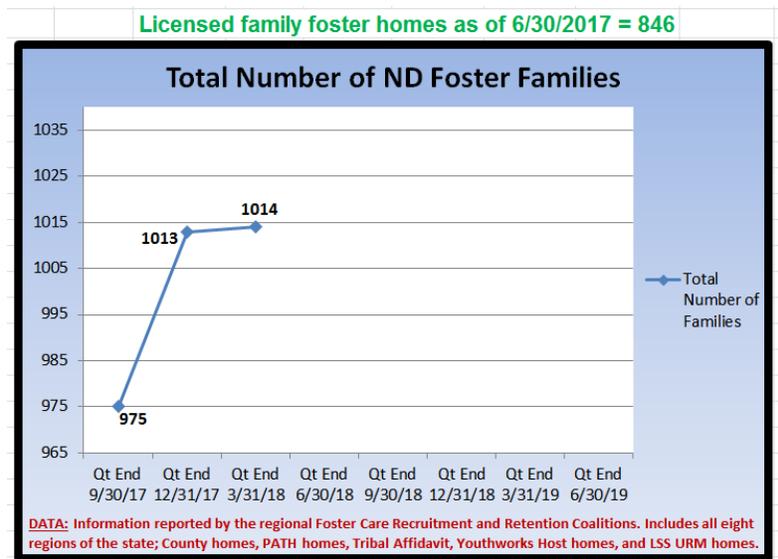
- Cannot pass the background check
- Foster parenting is harder than they thought it would be
- Family schedule is too busy
- Family situation changed – divorce, death, birth of a baby, etc.

**Reasons families discontinued their foster care license**

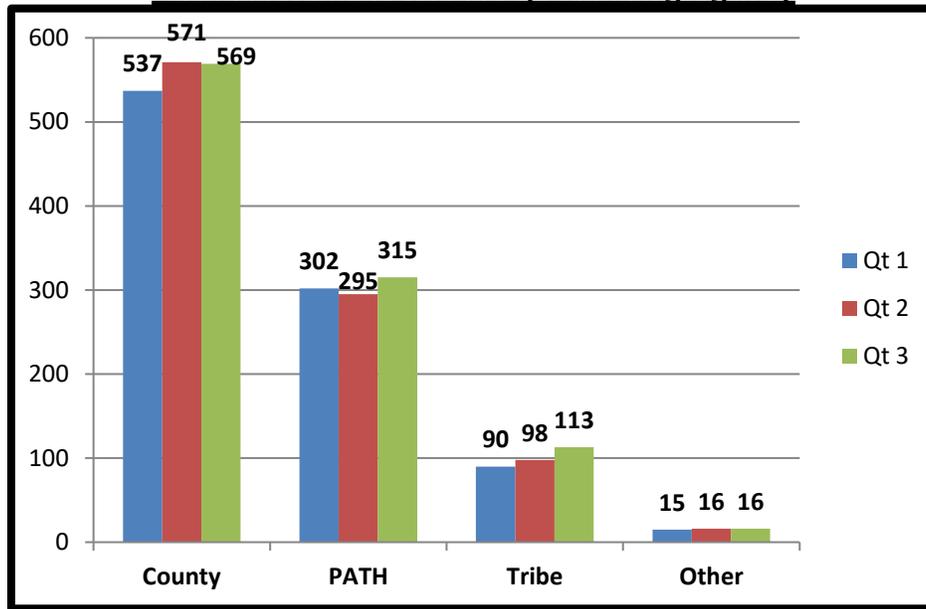
- Moved out of state
- Adopted the foster youth
- Working parents -- schedule of foster youth is too cumbersome
- Need more time to focus on current family needs
- Provider burn out
- Revocation
- CPS report on their own children in their home
- Systems issues (treatment needs, services for child, or frustrated with workers)

**Current State Biennium Update**  
**July 1, 2017 to June 30, 2019**

The 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.



**Licensed Homes Divided By Licensing Agency**



**Recruitment & Retention  
Statewide Task Force**

**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.

**Statewide R&R Accomplishments – Obtained October 2017**

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 annual statewide Recruitment & Retention Task Force meeting hosted by Children & Family Services each fall. At the Task Force meeting, held October 2017 regions reported:

- Stress ball STARS given to the blood drives
- “Fishing for Foster Parents”; goldfish crackers were given out at parades
- “Find Your Super Power - Become a Foster Parent” theme community activities
- Kids Day Out event during week of the young child
- Movie Theater restored – advertising for foster parenting
- Community booth at “Rock the Leaves” musical event

- School PTA/ PTO meetings and school fliers
- Minot Fairgrounds and ND highways had billboards about foster parenting
- Foster Care month – coalition dispersed yard signs, ribbons on trees, etc.
- Hockey arena team sponsors \$5 ticket night
- Incentives purchased for families: pool passes, ball game tickets
- Birthday cards and anniversary cards were mailed to the foster parents
- Booths, fairs, radio ad, online ad, cotton candy at the rodeo
- Pizza cutters and flyers on super bowl Sunday
- Banquet for foster parent recognition
- Christmas in the Park booth
- Flamingos on the hospital lot one for each child in care
- All licensing forms are linked online makes it easy for providers to apply/ reapply
- Activities at county fairs, advertisements on bus, email on school, ad in school
- Offering trauma training and grief and loss therapy sessions
- Facebook page + Logo – Dare to Care social media
- More interest in respite and emergency care, helpful for short term assistance to current families (retention efforts)!
- Community Fun Nights – donations, games, activities, etc.
- Good Day Dakota media segment, IHeart Radio advertising and PSAs
- Educators Staff Development Days – allowed a booth to help recruit
- Foster parent picnic with door prizes.
- Fundraiser Event: 31 Bags as a fundraiser to give each child in region VIII. Individuals sponsored the bags; youth from the school help
- Banners at baseball field and the Dickinson city banner as advertising
- Brainstorming Facebook Live
- Homecoming float with promotional items thrown to the crowd
- Annual foster parent picnic ~ huge donation of food and games for all MHA nation foster children and foster parents.
- \$5000 in donations for door prizes; smokers, grills, food gift cards, swimming gear; great recruitment!! Great recruitment tool too.
- Table tents at area restaurants
- Pens in at Pharmacies
- Cup sleeves to coffee shops
- Golf tees to area golf courses
- Halloween candy stickers for foster parent to use on their candy they hand out
- Foster parent gem of the week
- “Foster Ware” Parties (Tupperware; invite others to recruit foster parents)
- Letters to mayors- include paragraphs with water bills, posters in city hall

### **Statewide R&R Challenges – Obtained October 2017**

ND 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.

ND 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.

### **Regional Coalition 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 from the state. This model has been working.

Examples of general recruitment activities contained in the regional plans:

- Host foster parents inquiry meetings at public establishments
- Facebook LIVE events
- Purchase radio, newspaper, television or billboard ads
- Develop public service announcements
- Television and radio interviews highlighting specific events or awareness
- 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:

- Recruit specialized care for specific behavior challenges (aggressive, sexually acting out, and low function). These three populations are the most difficult to place foster children.
- 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 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
- Offer stipends to seasoned foster parents 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

### **Specific Adoption Recruitment - Update June 2018:**

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, 2017 through May 2018) the AASK Program has completed 72 new assessments and 6 updated 22 subsequent adoption assessments. In this same time frame, AASK has completed 169 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 in eastern ND, with one recruiter having 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 14 children in the ND Heart Gallery, with 15 additional children featured who have been matched with prospective adoptive parents. This number has been recently reduced by the placement and adoption finalization of 19 children who were waiting without an identified family. Additional children will be added before August 2018 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 17 children for adoption at the request of the Tribe and has also assisted in the finalization of adoption for 17 children.

## Ongoing R&R Plan Information

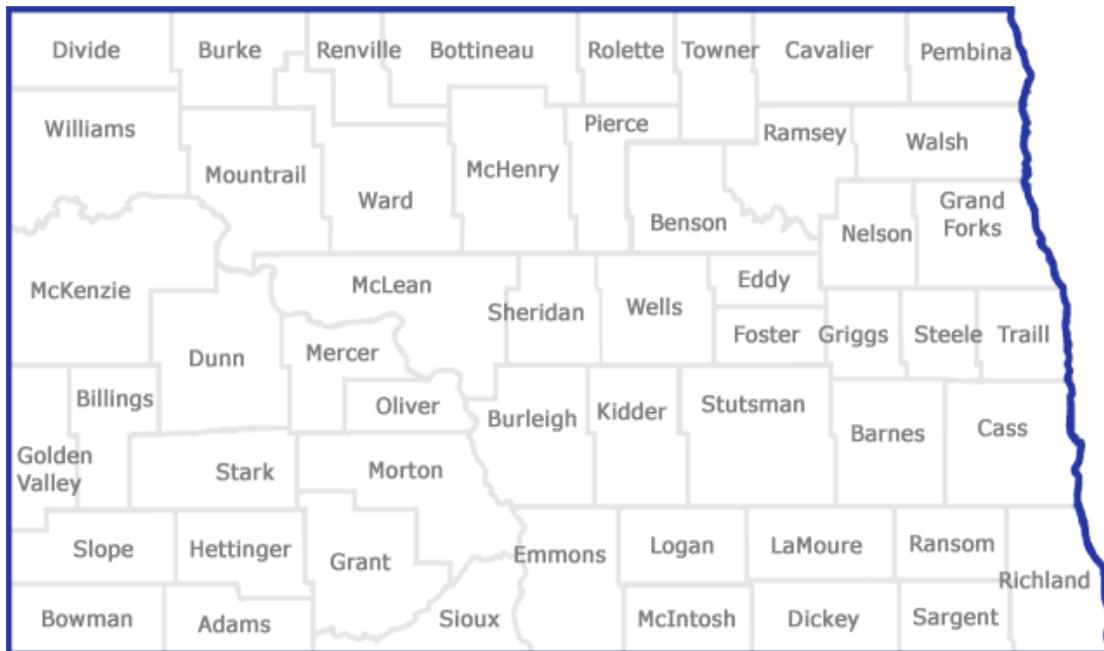
### Inquiry Contact Information:

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.

**CHANGES/ PLANS:** ND has had an increase in inquiries for foster parenting. In addition, SB 2206 County Redesign efforts have challenged current practices to ensure consistency, efficiency and seamless effort to assist the client. In this case, the prospective foster parent would be the client and we want to ensure they are contacted back asap with clear, detailed information. At this time the contact response to inquiries is sent to the county and PATH office to complete the outreach. North Dakota is analyzing a "Clearing House" model to take on all recruitment and retention inquiries, oversight of the funds to be dispersed, etc. Phase one may include having the regional office staff contact the prospective provider to detail the levels of care in state, what is required, how to proceed with background checks, etc. Phase two would be to contract the effort to one vendor.

### **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.

### **State Policy Limitations:**

ND 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 ND foster care.

### **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 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.

### **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 NRCADR/Adopt US Kids, tips for customer services, talking tips for people interested in foster parenting, etc.
- 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

Foster and Adopt Recruitment & Retention  
Regional Outcomes  
July 1, 2015 – June 30, 2017

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 7/1/15: \_\_\_\_\_
- 2. Number of newly licensed foster parents from 7/1/15 - 6/30/17: \_\_\_\_\_
- 3. Number of foster parents who terminated their license: \_\_\_\_\_
- 4. Licensed foster parents as of 6/30/17: \_\_\_\_\_

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.

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

# Request for Funding

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: \_\_\_\_\_

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.

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

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

Please attach a detailed budget (broke out by line items) to support the activities listed above. If you have any questions, please feel free to contact Kelsey Bless at (701)328-3581, or [kmbless@nd.gov](mailto:kmbless@nd.gov). Due date: August 15, 2017.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*Administrative County  
(\*County to be reimbursed by the State on SEN 119.)

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.

## North Dakota Goals

**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: 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.**

**ATTACHMENT C  
HEALTH CARE OVERSIGHT PLAN**



# HEALTH CARE OVERSIGHT AND COORDINATION PLAN 2015-2019

(Revised June, 2018)

**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 Main Street Initiative – Healthy, Vibrant Communities. The CFS Division’s plan embraces the efforts of statewide committees such as Healthy North Dakota, and CFS Division staff sits 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	2019 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 Behavioral Health Division and Medical 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 <a href="http://www.ndhealth.gov/oralhealth">http://www.ndhealth.gov/oralhealth</a> . 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 Annual Report (2014) indicated that the Care Mobile visited 43 sites, 1,008 children, with a total value of treatment provided estimated at \$477,893 from January to December of 2014. Approximately 74% of those children were uninsured, with 23% utilizing Medicaid and 3% 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
		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.
	d. Health needs identification;	d. North Dakota Medicaid provides annual

	monitoring and treatment are accomplished through the Health Tracks Screening Plan.	training to all state Health Tracks Screeners on specific evidence-based assessment instruments as well as needs identification and treatment referral.
	e. The CFS Division staff will collaborate with the Behavioral Health (BH) staff regarding initiatives aimed at addressing mental health screenings for foster children.	e. 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.	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.
	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 to capture this data.

3. Develop a plan to ensure the continuity of health care services which may include establishing a medical home for every child in care.	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.	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.
4. Oversee prescription medications for all foster care children.	a. Case workers will review current prescription medications at the Child & Family Team Meetings.	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.
	b. Medication updates will be documented in the FRAME system.	b. Child welfare workers use FRAME as their management information system for documentation of medication updates on all

		youth in foster care.
	c. Physicians/psychiatrists will be included as team members and provided with care plans and updates to the care plan.	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.
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, determining appropriate medical treatment for the children, and ensure that children in foster care are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses.	a. Case workers will report consultations with medical personnel at the Child & Family Team Meetings and will document updates in FRAME.	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.
	b. The CFS Division staff members will participate on the Healthy North Dakota Committee.	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.
	c. Staff from BH and CFS divisions will coordinate discussions regarding mental health screenings, including training and dissemination of suggested evidence based screenings.	c. Guidance will be provided, including training on the suggested screenings for mental health to individuals in the field serving children in foster care.
6. The state will monitor and treat emotional trauma associated with a child's maltreatment and removal from the home.	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.	a. The Department's Behavioral Health 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.
	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.	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.
	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.	c. PATH ensures ongoing trauma training for new staff and therapeutic foster parents joining their agency.
7. Psychotropic	a. A workgroup with representation from	a. The workgroup maintains responsibility for

<p>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>CFS Division, Medical Services Division (MS), and Behavioral Health Division (BH) will be convened.</p>	<p>monitoring the psychotropic drug use for children in foster care and review of this Health Care Oversight and Coordination Plan. The workgroup 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 workgroup 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>
		<p>the trend. The workgroup will continue to analyze the trends, as well as the actions taken to initiate a peer review in the field.</p>
	<p>b. Data will be gathered and analyzed.</p>	<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.</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>
	<p>c. The ND Administrative Code surrounding the consent and usage of psychotropic medications in residential</p>	<p>c. The ND Administrative Code for residential facilities addresses the consent and usage of psychotropic medications. CFS staff will</p>

	<p>facilities (PRTFs and RCCFs) will be reviewed and revised as necessary.</p>	<p>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.</p>
	<p>d. Protocols are written and disseminated to state and tribal child welfare providers.</p>	<p>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 workgroup 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, the</p>

		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 workgroup 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 <a href="http://www.legis.nd.gov/cencode/t23c065.pdf">www.legis.nd.gov/cencode/t23c065.pdf</a>.</p> <p>In addition, ND Children &amp; Family Services continues to utilize an informational brochure, "Health Care Directives, A Guide to Assist Youth Aging Out of Foster Care, 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</p>

		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.
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**ATTACHMENT D  
DISASTER PLAN**



# **DISASTER PLAN**

## **Emergency Disaster Preparedness Continuity of Operations (COOP) Plan**

(Reviewed June 2018)

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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.

Fortunately, North Dakota has not had to utilize the formal procedures developed in the Disaster Plan since June of 2011, when the flood occurred in Minot, ND and also affected homes in south Bismarck, ND.

### **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 for all children within this county and/or region.

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 [dhscfs@nd.gov](mailto:dhscfs@nd.gov) and two designated telephone numbers (1-800-245-3736 toll-free and 701-328-2316) 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.



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](mailto: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  
701-328-2316  
[dhscfs@nd.gov](mailto: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**



north dakota  
**department of  
human services**

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

**July 1, 2018- June 30, 2019**

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 15<sup>th</sup> 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 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.
- C. 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.
- D. Provide a list of persons who have completed Child Welfare Certification at the request of the Division Director or designee.
- E. Adjustments to the training will be made to maintain consistency with any policy adjustments. Adjustments will be documented in the CFSTC quarterly reports and meetings.
- F. CFSTC will review the training curriculum of Child Welfare Certification and make ongoing changes as requested by Division.
- G. 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 foster/adopt parents.
- H. Serve on the PRIDE Advisory Committee.
- I. Work with Governors State University and the State of Illinois to implement changes in PRIDE curriculum.
- J. 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.
- K. Serve as a member of the Recruitment/Retention state task force.
- L. 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, 2018.
- 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, 2018, with the PATH Administrative Team.
- C. CFSTC will implement any identified changes in the Treatment Foster Care curriculum by January 1, 2019.
- 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. 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 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.
- Continue developing, with Division staff, electronic methods and options for delivery of child welfare training.

### **Section 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.

### **Section 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 CERTIFICATION - CHAFEE**

### Certification for the John H. Chafee Foster Care Program for Successful Transitions to Adulthood<sup>1</sup>

As Chief Executive Officer of the State or Tribal Leader of the Tribe of North Dakota,  
(Fill in State/Tribe Name)

I certify:

[Check one of the following boxes]:

*If the State/Tribe has an approved title IV-E plan amendment to serve youth up to age 21, check here:*

the State/Tribe has elected under section 475(8)(B) of title IV-E of the Social Security Act to extend eligibility for foster care to all children who have not attained 21 years of age;

*If the State/Tribe has a comparable program to serve youth in foster care up to age 21, check here:*

the State/Tribe agency responsible for administering the State/Tribe plans under titles IV-B and IV-E of the Social Security Act uses State/Tribal funds or any other funds not provided under title IV-E to provide services and assistance for youths who have aged out of foster care that are comparable to the services and assistance the youths would receive if the State/Tribe had elected to extend eligibility for foster care up to age 21 under section 475(8)(B) of title IV-E.

I further certify that the State/Tribe has in effect and is operating a Statewide or areawide program pursuant to section 477(b) of the Act relating to the Chafee Foster Care Program for Successful Transitions to Adulthood (the Chafee program) and that the following provisions to effectively implement the Chafee program are in place:

- (A) The State/Tribe provides assistance and services to youths who have aged out of foster care, and have not attained 23 years of age.
- (B) Not more than 30 percent of the amounts paid to the State/Tribe from its allotment for a fiscal year will be expended for room or board for youths who have aged out of foster care and have not attained 23 years of age.



Signature of State Chief Executive Officer or Tribal Leader

6/28/2018

Date

Signature of Associate Commissioner, Children's Bureau

Date

<sup>1</sup> This certification is required only if the State/Tribe wishes to serve youth up to their 23<sup>rd</sup> birthday.

**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**  
**Lauren Sauer, Assistant 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 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 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 workers and supervisors. Increased funding included in the FY 2018 appropriation, with a priority on developing, implementing or monitoring plans of safe care.

- Increased funding included in the FFY 2018 appropriation, will be used as specified above, with a priority on developing, implementing or monitoring plans of safe care. The state plans to explore development of electronic training, which can be used to train field staff on an ongoing basis, for the state's Alternative Response for Substance Exposed Newborns which requires development, implementation and monitoring plans of safe care.

### **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 4 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 2015-2016 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-2015-2016.pdf>. Reviews of child deaths and child maltreatment near deaths for 2017 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 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.

## UPDATE

The lead agency, along with the CPS Committee of the CJA Task Force and the state's Behavioral Health Division (the workgroup) have developed and implemented 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 produced supporting documents ([http://www.nd.gov/dhs/policymanuals/640/640.htm#640\\_85\\_15.htm%3FTocPath%3DChild%2520Protection%2520Services%2520Manual%2520640%7CAppendix%2520640-85%7C\\_\\_\\_\\_\\_4](http://www.nd.gov/dhs/policymanuals/640/640.htm#640_85_15.htm%3FTocPath%3DChild%2520Protection%2520Services%2520Manual%2520640%7CAppendix%2520640-85%7C_____4)) 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 provided training on the policies and practice for 189 child welfare workers, in four locations around the state, in October, 2017.

The state has consulted with Casey Family Programs and the Center for States in the development of this response. Additionally, the lead agency had planned to hold a state level stakeholder's meeting by January 2018 to collaborate and explore resources across the state to support this process. Due to competing demands, this stakeholders meeting has been on hold and will be scheduled to occur during the 2018-2019 plan period. 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 completed 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 were 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. Data System changes were delayed for technical and resource reasons beyond control of the program and were implemented June 1, 2018. Between implementation on 11/1/2018 and June 1, 2018 a minimal data report for substance exposed newborns reported under the state's CPS reporting law has been used to monitor reports and assessments of Substance Exposed Newborns on a monthly basis. From 11/1/2017 through May 31, 2018, 119 reported substance exposed newborns were identified. Of these, 26 Alternative Response Assessments were opened, with 18 remaining AR at close. There were 8 AR assessments reverted to Standard CPS assessments and 16 substance exposed newborns entered foster care. There were 55 of the 119 known to have Plans of Safe Care (46%). Beginning with implementation on June 1, 2018, data fields now operational will provide additional data to inform program processes, policies and needs. The number of substance exposed newborns with Plans of Safe Care is expected to increase as a result of this system implementation.

North Dakota submitted the Governor's Assurance Statement for the Child Abuse and Neglect State Plan related to CAPTA as amended by Public Law 114-198, on March 27, 2018.

The state has identified a need for ongoing training regarding Alternative response for Substance Exposed Newborns and Plans of Safe Care. A portion of the increased CAPTA appropriation will be used to develop an online training with modules on working with substance exposed newborns and their mothers, Plans of Safe Care and Protective Factors/needs assessment that can be offered in a cost effective way, ongoing, to county/regional staff to keep the field updated as there are and lateral moves and staff turnover at the local agencies.

## Information on Child Protective Service Workforce:

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

### **Data on the education, qualifications, and training of such personnel;**

- 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 71.4%, with 39 of 49 counties reporting. Directors reported a total of 195 employees, including supervisors (53), workers responsible for intake (180) and assessment (152). These were then calculated as a corresponding portion of a Full Time Equivalent position (FTE), resulting in a total of 104 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 102 of the workers/supervisors, for a response rate of approximately 52.3%. The worker response rate in 2017 was 52.9%.

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 one of 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. Respondents were from 82.4% rural counties and 17.6% urban counties

<b>Highest degree obtained</b>	<i>Frequency</i>	<i>Percent</i>
<b>Bachelor of Social Work</b>	61	59.8
<b>Master of Social Work</b>	12	11.8
<b>Other Bachelor</b>	20	20.6
<b>Other Master</b>	8	7.8
Total	102	100.0

<b>Additional Degree</b>	<b>Frequency</b>	<b>Percent</b>
Bachelors of Science - Psychology Major	1	1.1
Additional Bachelor's in Justice Administration	1	1.1
Bachelor of Science in Child Development and Family Sciences	1	1.1
Bachelor of Music	1	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

• Demographic information of the child protective service personnel;

<b>Race</b>	<b>Frequency</b>	<b>Percent</b>
American Indian or Alaska Native	1	1.0%
Black or African American	1	1.0%
White	100	98.0%
<b>Total</b>	<b>102</b>	<b>100.0%</b>

Note: All participating employees are Not Hispanic or Latino.  
No employees reported race=Multiracial

Gender	Frequency	Percent
Female	95	93.1%
Male	7	6.9%
Total	102	100.0%

Age	Frequency	Percent
18-24 years old	3	2.9%
25-34 years old	48	47.1%
35-44 years old	18	17.6%
45-54 years old	24	23.5%
55-64 years old	9	8.8%
Total	102	100.0

- **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 (section 106(d) (10) of CAPTA).**
  - 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.*

**Average Caseload (per FTE)\***

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**A. Intake Workers**

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10,651 CPS reports / 13.0 Intake FTEs      Average # of Reports per Intake FTE: 819\*\*

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**B. Assessment Workers**

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2,876 CPS Full Assessments / 77.4 Assessment FTEs      Average # of Full Assessments per Assessment FTE: 37\*\*

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2,450 CPS Terminated/Pregnant Woman Assessments /  
77.4 Assessment FTEs      Average # of Term/Preg Assessments per Assessment  
FTE: 31\*\*

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2,063 Admin Assessments / 77.4 Assessment FTEs      Average # of Admin Assessments per Assessment FTE:  
26\*\*

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771 Referrals / 77.4 Assessment FTEs      Average # of Referrals per Assessment FTE: 9\*\*

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\* CPS counts for only the counties responding to the FFY 2017 CPS Workforce Survey-Director: Adams Barnes Bottineau Burke Burleigh Cavalier Dickey Divide Eddy Emmons Foster Grand Forks Griggs Hettinger LaMoure Logan McInstosh McKenzie Morton Mountrail Nelson Pembina Pierce Ransom Renville Richland Rolette Sargent Sioux Stark Steele Stutsman Traill Walsh Ward Wells Williams

\*\*Numbers are rounded to the nearest integer

- The average caseload (yearly)=103

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**C. Supervisors**

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Supervisors FTE to Worker FTE Ratio      Slightly more than 1:6  
( 14 supervisors FTE's to 90 worker FTE's)

- Average supervisor caseload= 6 employees.

\*\*Note: By state law, North Dakota is not able to screen out reports of suspected child abuse or neglect. All reports are accepted.

- 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).

**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, 2018. Overall DJS cases are slightly higher than last year at which time the case count was 147 compared to 149 as of June 1, 2018. The case transfers across the state have also increased from a year ago, at which time the data showed 17 cases transferred from Social Services to DJS (11.56%) compared to 34 cases (23%) as of June 1, 2018.

Juvenile Justice Transfers – 2018

DJS Office	6/1/2018 Case Count	# Transferred From Social Services to DJS	% Transferred from Social Services to DJS
Williston	10	2	20%
Minot	14	2	14.3%
Devils Lake	13	3	23%
Grand Forks	19	14	73.7%
Fargo	39	3	7.7%
Jamestown	14	3	21.4%
Bismarck	33	6	18.2%
Dickinson	7	1	14.3%
<b>TOTAL</b>	<b>149</b>	<b>34</b>	<b>23%</b>
West	64	12	18.8%
East	85	22	25.9%

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%
<b>TOTAL</b>	<b>147</b>	<b>17</b>	<b>11.56%</b>
West	71	10	14.08%
East	76	7	9.21%

**VI. CAPTA Annual State Data Report Items:**

1. The number of children who were reported to the State during the year as victims of child abuse or neglect.
  - The number of children who were reported to the State as victims of child abuse and neglect during the FFY 2017 is 7,492.

2. Of the number of children described in paragraph (1), the number with respect to whom such reports were—
  - A. substantiated;
    - The number of victims with respect to whom such reports were substantiated as reported in NCANDS during FFY 2017 is 2,064.
  - B. unsubstantiated; or
    - The number of victims with respect to whom such reports were unsubstantiated as reported in NCANDS during FFY 2017 is 5,428.
  - C. determined to be false.
    - 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.
3. Of the number of children described in paragraph (2)—
  - A. the number that did not receive services during the year under the State program funded under this section or an equivalent State program;
  - B. There were 5,236 report/child pairs with report dispositions (i.e., assessment decision) of “Unsubstantiated” in FFY 2017. Of those, 191 received post response services, 5,039 did not receive post response services, and 6 had “Unknown or Missing” post response services.
  - C. the number that received services during the year under the State program funded under this section or an equivalent State program; and
  - D. There were 2,256 report/child pairs with report dispositions (i.e., assessment decision) of “Substantiated” in FFY 2017. Of those, 1,443 received post response services, 809 did not receive post response services, and 4 had “Unknown or Missing” post response services.
  - E. The number that were removed from their families during the year by disposition of the case.
  - F. There were 394 report/child pairs that had foster care/removal from home during FFY 2016. Of those, 368 had report dispositions of “Substantiated” and 26 had report dispositions of “Unsubstantiated”.
4. The number of families that received preventive services, including use of differential response, from the State during the year.
  - The number of families that received preventive services, including use of differential response, from the State during the year is 3,568.
5. The number of deaths in the State during the year resulting from child abuse or neglect.
  - The number of deaths in the State during the year resulting from child abuse or neglect is one.
6. Of the number of children described in paragraph (5), the number of such children who were in foster care.
  - Of the number of children described in paragraph (5), the number of such children who were in foster care is zero.

7. 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***

<b>Number of (FTE) positions employed in FFY 16</b>	<b>FTE’s</b>
FTE’s for CPS Intake (receiving 960 reports) functions	<b>13.0</b>
FTE’s for CPS Assessment functions	<b>77.4</b>
FTE’s for CPS Supervision functions	<b>13.7</b>
Total	<b>104</b>

**Staff turnover**

	Frequency	Percent
<b>Retirement</b>	0	0.0
<b>Dismissal</b>	3	7.1
<b>Lateral/Promotion</b>	8	19.0
<b>Voluntary Resignation</b>	31	73.8
Total	42	100.0

8. The agency response time with respect to each such report with respect to initial investigation of reports of child abuse or neglect.
- The agency response time with respect to each such report with respect to initial investigation of reports of child abuse or neglect is 210.5 hours.
9. 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.
- The mean time to foster care in days for FFY 2017 was **21.13 days**. The median time to foster care in days for FFY 2017 was **11 days**.
  - The mean time to in-home care in days for FFY 2017 was **83.32 days**. The median time to in-home care in days for FFY 2017 was also **83 days**. **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: 2017 NCANDS)

10. For child protective service personnel responsible for intake, screening, assessment, and investigation of child abuse and neglect reports in the State—
  - A. information on the education, qualifications, and training requirements established by the State for child protective service professionals, including for entry and advancement in the profession, including advancement to supervisory positions;
  - B. data of the education, qualifications, and training of such personnel;
  - C. demographic information of the child protective service personnel; and
  - D. 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.

SEE SECTION *Information on Child Protective Service Workforce Page 9 above.*

11. 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.

The state is not able to collect this data.

12. 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.

North Dakota uses trained, lay Guardians Ad Litem in child welfare cases.

1440 - Number of children that were appointed a GAL from 10/01/16 - 09/30/17

17,289 - Total number of hours of GAL time dedicated to assisting these children

12.01 - Average number of hours of GAL time per child\*

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

See Attachment A

14. 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.

See Page 19 above

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

There were **396 reported victims** less than 1 year of age with maltreatment codes of Alcohol present at birth, Drugs other than meth present at birth, Fetal Alcohol Spectrum Disorder, Meth present at birth, Neonatal Abstinence Syndrome, Prenatal exposure to alcohol, Prenatal exposure to drugs other than meth, Prenatal exposure to meth, OR Prenatal exposure to opioids were listed in CPS reports during FFY 2017. This is not a completely unduplicated count of victims because FRAME does not assign unique identifiers to all victims entered into the system. Of the 396 reported victims with the maltreatments above, **323** are verified **unique** victims. There were 116 records excluded from analysis due to missing or invalid dates of birth. (Source: FRAME)

It should also be noted that North Dakota law defines a Substance Exposed Infant as a newborn under the age of 28 days and allows for an alternative response to these reports. The state law preceded the federal definition of a substance exposed infant to be up to age one year. The alternative response process for substance exposed newborns was implemented by the state on 11/1/17 and is not included in the FFY 2017 data.

16. 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.).

- There were **589** victims less than 3 years of age with a service required assessment during FFY 2016; **557** had referrals to Part C Infant Development programs, **18** did not have referrals to Part C Infant Development programs, **14** were 'not applicable' for a referral to Part C Infant Development programs and **1** record was missing Part C referral data. There were 23 records excluded from analysis due to missing or invalid dates of birth. (Source: FRAME)

## **VII. 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  
(701) 328-1853  
[mbaker@nd.gov](mailto:mbaker@nd.gov)

ATTACHMENT A

## 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 2015 and 2016 has been completed and is posted to the state website: <http://www.nd.gov/dhs/info/pubs/docs/cfs/child-fatality-report-2015-2016.pdf>

Child deaths which occurred in 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.

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 2017 in order to review these deaths and make recommendations.

Recommendations resulting from 2015 and 2016 Reviews

### North Dakota Child Fatality Review Panel (NDCFRP) Recommendations

- 1. The Panel recommends continuing to provide safe sleep information, through existing programs, to parents, child care providers, birthing hospitals, and other entities. (NICU babies' parents should be given "safe sleep" information from the hospital.) Safe sleep information should include information related to dangers to infants prenatally or environmentally exposed to alcohol or controlled substances.**
- 2. The Panel recommends continuing to collaborate with existing programs to support vehicle safety for young children, teen drivers and their caregivers focusing on continued education through media campaigns, materials and community events to promote car seat safety, safety in and around vehicles, safe driving practices, utilization of helmets and safety gear when operating a bicycle and motorized recreational vehicles, distracted driving and alcohol and drug usage of teens operating a motor vehicle.**
- 3. The Panel recommends that all child deaths receive a thorough, comprehensive investigation of the death scene and circumstances surrounding the death.**

4. The Panel, with interagency support, must continue to find ways to promote increased communication and cooperation with the Panel's purpose and duties among professional disciplines across all jurisdictions.

## Child Fatality Review Panel /Citizen Review Committee



### State Response

The North Dakota 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 calendar years 2015 and 2016 has been finalized and is published on the state website: <http://www.nd.gov/dhs/info/pubs/docs/cfs/child-fatality-report-2015-2016.pdf>

Child deaths which occurred in 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 several months, due to delay in certification of the death certificate by the certifier, inability to obtain records needed for a comprehensive review, or a pending criminal investigation or prosecution of the case.

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 (0.2 FTE), maintaining documentation and data concerning these reviews (0.2 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.

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

**#1 The Panel recommends continuing to provide safe sleep information, through existing programs, to parents, child care providers, birthing hospitals, and other entities. (NICU babies' parents should be given "safe sleep" information from the hospital.) Safe sleep information should include information related to dangers to infants prenatally or environmentally exposed to alcohol or controlled substances.**

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 all birthing hospitals in the state.

In addition the MCH has published a statewide web-based continuing education course for nurses on reducing the risk of SIDS and other sleep-related causes of infant death. The continuing education activity provides nurses with the information and tools needed to communicate risk reduction messages to parents and caregivers quickly and effectively.

The lead agency participated in the legislatively created Substance Exposed Newborn Task Force and supports the Task Force recommendations related to prevention and treatment of substance exposed newborns and their mothers. The lead agency in partnership with the North Dakota Department of Health along with the Behavioral Health Division within the North Dakota Department of Human Services continues to implement Task Force recommendations to the extent practicable. These efforts include the dissemination of prevention and education materials for women of childbearing age, their significant others and families regarding the dangers of substance use / abuse during pregnancy; for educators, health care providers, social workers, child care providers and foster parents about the long term effects of Neonatal Abstinence Syndrome (NAS), signs and symptoms of withdrawal and best practices for the treatment of a substances exposed newborns and their mothers.

The Parents LEAD website, a collaboration between the ND Department of Human Services, ND Department of Transportation and the ND University System features printable handouts and resources targeted at professions working with parents and families specific to this effort. In addition the lead agency in partnership with Prevent Child Abuse of ND (PCAND) has updated the web-based interactive mandated reporter training as it relates to the identification and notification of substance exposed newborns.

In 2017, The North Dakota legislature modified the child protection law to allow for an alternative response assessment for reports of substance exposed newborns, designed to provide referral services to and monitor support services for a person responsible for the child's welfare and the substance exposed newborn. The lead agency in partnership with the University of North Dakota Children and Family Services Training Center and the Addiction Technology Transfer Center Network provided statewide training for child welfare staff related to the identification of substance exposed newborns and the multidisciplinary approach in serving the needs of these infants and their caregivers through the development and monitoring of plans of safe care to address the health and safety needs of the substance exposed newborn and the health and substance use disorder treatment needs of the infant's caregivers.

**#2 The Panel recommends continuing to collaborate with existing programs to support vehicle safety for young children, teen drivers and their caregivers focusing on continued education through media campaigns, materials and community events to promote car seat safety, safety in and around vehicles, safe driving practices, utilization of helmets and safety gear when operating a bicycle and motorized recreational vehicles, distracted driving and alcohol and drug usage of teens operating a motor vehicle.**

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 recreational vehicle safety.

### **#3 The Panel recommends that all child deaths receive a thorough, comprehensive investigation of the death scene and circumstances surrounding the death.**

- That a consistent and uniform protocol be developed for infant/child death scene Investigations;
- That a standardized statewide protocol be developed for scene investigations of all child/adolescent suicide deaths;
- That all children involved in a motor / recreational vehicle fatality receive an autopsy;
- Universal alcohol and drug testing for every child fatality;
- That, as part of the investigation, law enforcement obtain cell phone records to determine if the child was using the cellular device while operating a motor / recreational vehicle;
- That law enforcement officers receive education on scene investigations involving children and firearms;
- That physicians and those of the medical field receive education on the timely notification to child protection services when a child presents with trauma and where child abuse and neglect may be reasonably suspected;
- That hospitals continue to use the peer review as a means to examine trauma processes and protocols in regards to child injuries and death.

The lead agency continues working with Child Fatality Review Panel members, such as the Medical Examiner's Office, Bureau of Criminal Investigation, Department of Health Injury Prevention, and the Attorney General's Office, along with the Alliance for Children's Justice (CJA Task Force) to improve the quality of investigations related to child deaths including thorough investigations of the death scenes and the gathering of information pertaining to family violence, mental health, substance use and other such issues, as these are vital to understanding the circumstances surrounding the deaths of children and for planning to prevent future deaths. 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 and recreational vehicle deaths, investigation of firearms deaths involving children and improved completion of scene investigation forms.

### **#4 The Panel, with interagency support, must continue to find ways to promote increased communication and cooperation with the Panel's purpose and duties among professional disciplines across all jurisdictions.**

The Child Fatality Review Panel coordinator continues to contact representatives of the Bureau of Indian Affairs Office of Justice Services as well as representatives from the FBI and U.S. Attorney's Office in ongoing attempts to obtain information to enable quality reviews of these deaths. Discussion continues among partner agencies, represented by membership on the Panel, as to additional strategies to obtain the needed information for meaningful and effective reviews, particularly for child deaths in Indian Country. The child death review process has raised the collective awareness of all participants and has led to a clearer understanding of agency responsibilities and possibilities of collaboration on all efforts addressing child health and safety.

## ND Citizen Review Committee/Child Fatality Review Panel Members



### Child Fatality Panel Members 2017

*CPT* Marlys Baker – Administrator of  
Child Protection Services – DHS

*CPT* Tracy Miller – Child Maltreatment  
Prevention – DHS

*CPT* Jenn Grabar – Assistant Administrator  
Child Protection Services – DHS

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  
Justice

Duane Stanley – Bureau of Criminal  
Investigation

Bobbi Peltier – Indian Health Services  
Injury Prevention

*CPT* Karen Eisenhardt – Citizen Member

Dr. Melissa Seibel- Sanford Health

Carol Meidinger – Citizen Member

Mandy Slag – Injury Prevention  
Administrator- Dept. of Health

Kris Dirk – Children and Family  
Services – DHS

\*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.

**ATTACHMENT H  
FINANCIAL INFORMATION**

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

For Federal Fiscal Year 2019: October 1, 2018 through September 30, 2019

<b>1. Name of State or Indian Tribal Organization:</b>		<b>2. EIN</b>	
<b>3. Address:</b> (insert mailing address for grant award notices in the two rows below)		<b>4. Submission Type:</b>	
		<input checked="" type="checkbox"/> NEW <input type="checkbox"/> REALLOTMENT <input type="checkbox"/> REVISION	
a) Email address for grant award notices:			
<b>REQUEST FOR FUNDING for FFY 2019:</b>			
Hardcode all numbers; no formulas or linked cells.			
<b>5. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:</b>			\$471,786
a) Total administrative costs (not to exceed 10% of the CWS request)		ok	\$47,178
<b>6. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:</b>		<b>% of Total</b>	<b>\$372,026</b>
a) Family Preservation Services		23%	\$83,706
b) Family Support Services		23%	\$83,706
c) Time-Limited Family Reunification Services		23%	\$83,706
d) Adoption Promotion and Support Services		23%	\$83,706
e) Other Service Related Activities (e.g. planning)		0%	
f) Administrative costs (APPLICABLE TO STATES ONLY: not to exceed 10% of the PSSF request)		10.0%	\$37,202
g) Total itemized request for title IV-B Subpart 2 funds: <i>NO ENTRY: Displays the sum of lines 6a-6f.</i>		100%	\$372,026
<b>7. Requested Monthly Caseworker Visit (MCV) funds: (For STATES ONLY)</b>			\$23,443
a) Total administrative costs (FOR STATES ONLY: not to exceed 10% of MCV request)		ok	
<b>8. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: (STATES ONLY)</b>			\$112,596
<b>9. Requested Chafee Foster Care Independence Program (CFCIP) funds:</b>			\$500,000
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of CFCIP request).		ok	\$0
<b>10. Requested Education and Training Voucher (ETV) funds:</b>			\$148,372
<b>REALLOTMENT:</b>			
<i>Complete this section for adjustments to current year (FFY 2018) awarded funding levels.</i>			
<b>11. Identification of Surplus for Reallotment:</b>			
a) Indicate the amount of the State's/Tribe's FFY18 allotment that will not be utilized for the following programs:			
CWS	PSSF	MCV (States only)	CFCIP Program
\$0	\$0	\$0	\$0
<b>12. Request for additional funds in the current fiscal year, should they become available for re-allotment:</b>			
CWS	PSSF	MCV (States only)	CFCIP Program
\$0	\$0	\$0	\$0
<b>13. Certification by State Agency and/or Indian Tribal Organization:</b>			
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.			
Signature of State/Tribal Agency Official		Signature of Federal Children's Bureau Official	
			
Title Assistant Director		Title	
Date 6-18-18		Date	

2019 APSR

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

Name of State or Indian Tribal Organization: North Dakota For FFY 2019: OCTOBER 1, 2018 TO SEPTEMBER 30, 2019

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	\$ -			\$ 107,546			\$ -	\$ 35,949	4000	7500	NA	Statewide
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	\$ 99,608	\$ 83,706		\$ -			\$ -	\$ 61,105	920	NA	Crisis/Plan of Foster Care	Statewide/Reservations
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	\$ 85,000	\$ 83,706		\$ -			\$ -	\$ 56,235	590000	1200	Report of Abuse & Neglect	Statewide/Reservations
4.) TIME-LIMITED FAMILY REUNIFICATION SERVICES	\$ 50,000	\$ 83,706		\$ -			\$ -	\$ 44,569	510	NA	All Eligible Children	Statewide/Reservations
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	\$ 65,000	\$ 83,706		\$ -			\$ -	\$ 49,569	140	NA	All Eligible Children	Statewide/Reservations
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	\$ -	\$ -		\$ -			\$ -	\$ -	NA	NA	NA	NA
7.) FOSTER CARE MAINTENANCE:												
(9) FOSTER FAMILY & RELATIVE FOSTER CARE	\$ -						\$ 5,630,386	\$ 11,070,008	1159	NA	All Eligible Children	Statewide/Reservations
(b) GROUP/INST CARE	\$ -						\$ 2,029,675	\$ 9,892,463	205	NA	All Eligible Children	Statewide
8.) ADOPTION SUBSIDY PYMTS.	\$ -						\$ 6,547,462	\$ 10,343,673	1475	NA	All Eligible Children	Statewide
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	\$ 125,000						\$ -	\$ 240,882	75	NA	All Eligible Children	Statewide
10.) INDEPENDENT LIVING SERVICES	\$ -				\$ 500,000		\$ -	\$ 166,667	-	NA	All Eligible Children	Statewide/Reservations
11.) EDUCATION AND TRAINING VOUCHERS	\$ -				\$ -	\$ 148,372	\$ -	\$ 49,457	-	NA	All Eligible Children	Statewide/Reservations
12.) ADMINISTRATIVE COSTS	\$ 47,178	\$ 37,202	\$ -				\$ 7,558,613	\$ 28,127				
13.) FOSTER PARENT RECRUITMENT & TRAINING	\$ -	\$ -					\$ 180,631	\$ 43,500				
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	\$ -	\$ -					\$ 90,315	\$ 43,500				
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	\$ -	\$ -					\$ -	\$ -				
16.) STAFF & EXTERNAL PARTNERS TRAINING	\$ -	\$ -		\$ 5,050			\$ 90,315	\$ 1,683				
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	\$ -	\$ -	\$ 23,443				\$ -	\$ 7,814				
18.) TOTAL	\$ 471,786	\$ 372,026	\$ 23,443	\$ 112,596	\$ 500,000	\$ 148,372	\$ 22,127,397	\$ 32,135,101				
19.) TOTALS FROM PART I	\$471,786	\$372,026	\$23,443	\$112,596	\$500,000	\$148,372						
20.) Difference (Part I - Part II)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						

(If there is an amount other than \$0.00 in Row 20, adjust amounts on either Part I or Part II. A red value means Part II exceeds request)

\* 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.

21.) Population data are included in the AFSR/CFSP narrative, rather than above in columns I - L.  YES  NO

**CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence and Education And Training Voucher Reporting For Federal Fiscal Year 2016 Grants: October 1, 2015 through September 30, 2017**

1. Name of State or Indian Tribal Organization: North Dakota		2. EIN: 45-0309764		3. Address: 600 East Boulevard Avenue, Bismarck, ND 58505-0250			
4. Submission Type: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISION		#REF!					
Description of Funds	(A) Estimated Expenditures for FFY 16 Grants	(B) Actual Expenditures for FFY 16 Grants	(C) Number Individuals served	(D) Number Families served	(E) Population served	(F) Geographic area served	
5. Total title IV-B, subpart 1 (CWS) funds	\$ 416,114	\$ 416,114	NA	1640	All Eligible Families	States/Provinces	
a) Administrative Costs (not to exceed 10% of CWS allotment)	\$ 46,071	\$ 41,611					
6. Total title IV-B, subpart 2 (PSSF) funds	\$ 346,806	\$ 118,291	71304	3451	All Eligible Families	States/Provinces	
Tribes enter amounts for Estimated and Actuals, or complete 6a-f.							
a) Family Preservation Services	\$ 89,974	\$ 79,176					
b) Family Support Services	\$ 79,176	\$ 69,361					
c) Time-Limited Family Reunification Services	\$ 82,776	\$ 76,482					
d) Adoption Promotion and Support Services	\$ 71,979	\$ -					
e) Other Service Related Activities (e.g. planning)	\$ -	\$ -					
f) Administrative Costs	\$ 35,989	\$ 25,515					
(FOR STATES: not to exceed 10% of PSSF allotment)							
g) Total title IV-B, subpart 2 funds	\$ 359,894	\$ 346,806					
NO ENTRY: This line displays the sum of lines a-f.							
7. Total Monthly Caseworker Visit funds (STATES ONLY)	\$ 21,845	\$ 20,089					
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)	\$ -	\$ -	NA	NA	NA	NA	
9. Total Education and Training Voucher (ETV) funds	\$ 140,101	\$ 92,970	NA	NA	NA	NA	
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 <i>Annun Aguel</i>		Signature of Federal Children's Bureau Official					
Title Assistant Director	Date 8-13-18	Title		Date			

**ATTACHMENT I  
ANNUAL REPORTING OF EDUCATION AND TRAINING VOUCHERS  
AWARDED**

Unduplicated Number of Education and Training Vouchers Awarded 2016-2017 and 2017-2018 School Years		
	Total ETVs Awarded	Number of New ETVs
<b>2016-2017 School Year</b> (July 1, 2015 to June 30, 2016)	44	10
<b>2017 – 2018 School Year</b> (July 1, 2016 – June 30, 2017)	54	24

**ATTACHMENT J**  
**Glossary of Acronyms**

## Acronym and Abbreviation Glossary

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

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

**ATTACHMENT K  
NYTD COHORT 2 DATA**

**NYTD COHORT 2: Currently are you enrolled in and attending high school, GED classes, post high school vocational training, or college?**

GENDER	AGE 17							AGE 19							AGE 21						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
MALE	28	96.6%	1	3.4%	0	0.0%	29	10	50.0%	10	50.0%	0	0.0%	20	2	18.2%	9	81.8%	0	0.0%	11
FEMALE	31	100.0%	0	0.0%	0	0.0%	31	11	61.1%	7	38.9%	0	0.0%	18	3	27.3%	8	72.7%	0	0.0%	11
<b>TOTAL</b>	<b>59</b>	<b>98.3%</b>	<b>1</b>	<b>1.7%</b>	<b>0</b>	<b>0.0%</b>	<b>60</b>	<b>21</b>	<b>55.3%</b>	<b>17</b>	<b>44.7%</b>	<b>0</b>	<b>0.0%</b>	<b>38</b>	<b>5</b>	<b>22.7%</b>	<b>17</b>	<b>77.3%</b>	<b>0</b>	<b>0.0%</b>	<b>22</b>

**NYTD COHORT 2: Currently are you employed full time? (working at least 35 hours/week at one or multiple jobs)**

GENDER	AGE 17							AGE 19							AGE 21						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
MALE	0	0.0%	29	100.0%	0	0.0%	29	5	25.0%	15	75.0%	0	0.0%	20	9	81.8%	2	18.2%	0	0.0%	11
FEMALE	1	3.2%	30	96.8%	0	0.0%	31	6	33.3%	12	66.7%	0	0.0%	18	4	36.4%	7	63.6%	0	0.0%	11
<b>TOTAL</b>	<b>1</b>	<b>1.7%</b>	<b>59</b>	<b>98.3%</b>	<b>0</b>	<b>0.0%</b>	<b>60</b>	<b>11</b>	<b>28.9%</b>	<b>27</b>	<b>71.1%</b>	<b>0</b>	<b>0.0%</b>	<b>38</b>	<b>13</b>	<b>59.1%</b>	<b>9</b>	<b>40.9%</b>	<b>0</b>	<b>0.0%</b>	<b>22</b>

**NYTD COHORT 2: Currently are you employed part-time? (working 1-34 hours/week at one or multiple jobs)**

GENDER	AGE 17							AGE 19							AGE 21						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
MALE	9	31.0%	19	65.5%	1	0.0%	29	5	25.0%	14	70.0%	1	5.0%	20	2	18.2%	9	81.8%	0	0.0%	11
FEMALE	7	22.6%	24	77.4%	0	0.0%	31	5	27.8%	13	72.2%	0	0.0%	18	5	45.5%	6	54.5%	0	0.0%	11
<b>TOTAL</b>	<b>16</b>	<b>26.7%</b>	<b>43</b>	<b>71.7%</b>	<b>1</b>	<b>0.0%</b>	<b>60</b>	<b>10</b>	<b>26.3%</b>	<b>27</b>	<b>71.1%</b>	<b>1</b>	<b>2.6%</b>	<b>38</b>	<b>7</b>	<b>31.8%</b>	<b>15</b>	<b>68.2%</b>	<b>0</b>	<b>0.0%</b>	<b>22</b>

**NYTD COHORT 2: Currently are you using a scholarship, grant, stipend, student loan, voucher, or other type of financial aid to cover any educational expenses?**

GENDER	AGE 17							AGE 19							AGE 21						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
MALE	1	3.4%	28	96.6%	0	0.0%	29	3	15.0%	17	85.0%	0	0.0%	20	1	9.1%	10	90.9%	0	0.0%	11
FEMALE	1	3.2%	30	96.8%	0	0.0%	31	8	44.4%	10	55.6%	0	0.0%	18	3	27.3%	8	72.7%	0	0.0%	11
<b>TOTAL</b>	<b>2</b>	<b>3.3%</b>	<b>58</b>	<b>96.7%</b>	<b>0</b>	<b>0.0%</b>	<b>60</b>	<b>11</b>	<b>28.9%</b>	<b>27</b>	<b>71.1%</b>	<b>0</b>	<b>0.0%</b>	<b>38</b>	<b>4</b>	<b>18.2%</b>	<b>18</b>	<b>81.8%</b>	<b>0</b>	<b>0.0%</b>	<b>22</b>

**NYTD COHORT 2: Have you ever been homeless? (AGE 17) OR In the past two years, were you homeless at any time? (AGE 19 & 21)**  
 ("Homeless" means that you had no adequate place to live. You were living in a car, on the street, or in a shelter for at least one night.)

GENDER	AGE 17							AGE 19							AGE 21						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
MALE	6	20.7%	22	75.9%	1	0.0%	29	5	25.0%	15	75.0%	0	0.0%	20	2	18.2%	9	81.8%	0	0.0%	11
FEMALE	7	22.6%	24	77.4%	0	0.0%	31	4	22.2%	14	77.8%	0	0.0%	18	3	27.3%	8	72.7%	0	0.0%	11
<b>TOTAL</b>	<b>13</b>	<b>21.7%</b>	<b>46</b>	<b>76.7%</b>	<b>1</b>	<b>0.0%</b>	<b>60</b>	<b>9</b>	<b>23.7%</b>	<b>29</b>	<b>76.3%</b>	<b>0</b>	<b>0.0%</b>	<b>38</b>	<b>5</b>	<b>22.7%</b>	<b>17</b>	<b>77.3%</b>	<b>0</b>	<b>0.0%</b>	<b>22</b>

**NYTD COHORT 2: In the past two years, did you refer yourself, or has someone else referred you for alcohol or drug abuse assessment or counseling?**

GENDER	AGE 17							AGE 19							AGE 21						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
MALE	13	44.8%	16	55.2%	0	0.0%	29	0	0.0%	20	100.0%	0	0.0%	20	1	9.1%	10	90.9%	0	0.0%	11
FEMALE	14	45.2%	17	54.8%	0	0.0%	31	2	11.1%	16	88.9%	0	0.0%	18	2	18.2%	9	81.8%	0	0.0%	11
<b>TOTAL</b>	<b>27</b>	<b>45.0%</b>	<b>33</b>	<b>55.0%</b>	<b>0</b>	<b>0.0%</b>	<b>60</b>	<b>2</b>	<b>5.3%</b>	<b>36</b>	<b>94.7%</b>	<b>0</b>	<b>0.0%</b>	<b>38</b>	<b>3</b>	<b>13.6%</b>	<b>19</b>	<b>86.4%</b>	<b>0</b>	<b>0.0%</b>	<b>22</b>

**NYTD COHORT 2: Have you ever been confined in a jail, prison, correctional facility, or juvenile or community detention facility, in connection with allegedly committing a crime? (AGE 17)**  
**OR In the past two years, were you confined in a jail, prison, correctional facility, or juvenile or community detention facility, in connection with allegedly committing a crime? (AGE 19 & 21)**  
 (If you were arrested and locked up for even one night, check "Yes.")

GENDER	AGE 17							AGE 19							AGE 21						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
MALE	16	55.2%	12	41.4%	1	0.0%	29	6	30.0%	14	70.0%	0	0.0%	20	6	54.5%	5	45.5%	0	0.0%	11
FEMALE	15	48.4%	16	51.6%	0	0.0%	31	4	22.2%	14	77.8%	0	0.0%	18	4	36.4%	7	63.6%	0	0.0%	11
<b>TOTAL</b>	<b>31</b>	<b>51.7%</b>	<b>28</b>	<b>46.7%</b>	<b>1</b>	<b>0.0%</b>	<b>60</b>	<b>10</b>	<b>26.3%</b>	<b>28</b>	<b>73.7%</b>	<b>0</b>	<b>0.0%</b>	<b>38</b>	<b>10</b>	<b>45.5%</b>	<b>12</b>	<b>54.5%</b>	<b>0</b>	<b>0.0%</b>	<b>22</b>

NYTD COHORT 2: Have you ever given birth or fathered any children that were born? (AGE 17) OR In the past two years, did you give birth or father any children that were born? (AGE 19 & 21) (If you are male and do not know, check "No.")																					
GENDER	AGE 17							AGE 19							AGE 21						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
MALE	1	3.4%	28	96.6%	0	0.0%	29	0	0.0%	20	100.0%	0	0.0%	20	2	18.2%	9	81.8%	0	0.0%	11
FEMALE	2	6.5%	29	93.5%	0	0.0%	31	1	5.6%	17	94.4%	0	0.0%	18	3	27.3%	8	72.7%	0	0.0%	11
<b>TOTAL</b>	<b>3</b>	<b>5.0%</b>	<b>57</b>	<b>95.0%</b>	<b>0</b>	<b>0.0%</b>	<b>60</b>	<b>1</b>	<b>2.6%</b>	<b>37</b>	<b>97.4%</b>	<b>0</b>	<b>0.0%</b>	<b>38</b>	<b>5</b>	<b>22.7%</b>	<b>17</b>	<b>77.3%</b>	<b>0</b>	<b>0.0%</b>	<b>22</b>

NYTD COHORT 2: Currently are you on Medicaid?																					
GENDER	AGE 17							AGE 19							AGE 21						
	YES	% YES	NO	% NO	Don't Know	% Don't Know	TOTAL	YES	% YES	NO	% NO	Don't Know	% Don't Know	TOTAL	YES	% YES	NO	% NO	Don't Know	% Don't Know	TOTAL
MALE	26	89.7%	2	6.9%	1	0.0%	29	7	35.0%	12	60.0%	1	5.0%	20	3	27.3%	8	72.7%	0	0.0%	11
FEMALE	28	90.3%	2	6.5%	1	0.0%	31	9	50.0%	8	44.4%	1	5.6%	18	6	54.5%	5	45.5%	0	0.0%	11
<b>TOTAL</b>	<b>54</b>	<b>90.0%</b>	<b>4</b>	<b>6.7%</b>	<b>2</b>	<b>0.0%</b>	<b>60</b>	<b>16</b>	<b>42.1%</b>	<b>20</b>	<b>52.6%</b>	<b>2</b>	<b>5.3%</b>	<b>38</b>	<b>9</b>	<b>40.9%</b>	<b>13</b>	<b>59.1%</b>	<b>0</b>	<b>0.0%</b>	<b>22</b>

NYTD COHORT 2: Currently do you have health insurance other than Medicaid?																					
GENDER	AGE 17							AGE 19							AGE 21						
	YES	% YES	NO	% NO	Don't Know	% Don't Know	TOTAL	YES	% YES	NO	% NO	Don't Know	% Don't Know	TOTAL	YES	% YES	NO	% NO	Don't Know	% Don't Know	TOTAL
MALE	12	41.4%	16	55.2%	1	0.0%	29	6	30.0%	14	70.0%	0	0.0%	20	4	36.4%	6	54.5%	1	9.1%	11
FEMALE	11	35.5%	18	58.1%	2	0.0%	31	3	16.7%	13	72.2%	2	11.1%	18	3	27.3%	8	72.7%	0	0.0%	11
<b>TOTAL</b>	<b>23</b>	<b>38.3%</b>	<b>34</b>	<b>56.7%</b>	<b>3</b>	<b>0.0%</b>	<b>60</b>	<b>9</b>	<b>23.7%</b>	<b>27</b>	<b>71.1%</b>	<b>2</b>	<b>5.3%</b>	<b>38</b>	<b>7</b>	<b>31.8%</b>	<b>14</b>	<b>63.6%</b>	<b>1</b>	<b>4.5%</b>	<b>22</b>

NYTD COHORT 2: Currently are you enrolled in and attending high school, GED classes, post high school vocational training, or college?																					
CHAFEE	AGE 17							AGE 19							AGE 21						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
YES	19	100.0%	0	0.0%	0	0.0%	19	12	57.1%	9	42.9%	0	0.0%	21	4	30.8%	9	69.2%	0	0.0%	13
NO	21	95.5%	1	4.5%	0	0.0%	22	4	44.4%	5	55.6%	0	0.0%	9	0	0.0%	5	100.0%	0	0.0%	5
DO NOT KNOW	0	0.0%	0	0.0%	0	0.0%	0	4	57.1%	3	42.9%	0	0.0%	7	1	25.0%	3	75.0%	0	0.0%	4
DECLINED	19	100.0%	0	0.0%	0	0.0%	19	1	100.0%	0	0.0%	0	0.0%	1	0	0.0%	0	0.0%	0	0.0%	0
<b>TOTAL</b>	<b>59</b>	<b>98.3%</b>	<b>1</b>	<b>1.7%</b>	<b>0</b>	<b>0.0%</b>	<b>60</b>	<b>21</b>	<b>55.3%</b>	<b>17</b>	<b>44.7%</b>	<b>0</b>	<b>0.0%</b>	<b>38</b>	<b>5</b>	<b>22.7%</b>	<b>17</b>	<b>77.3%</b>	<b>0</b>	<b>0.0%</b>	<b>22</b>

NYTD COHORT 2: Currently are you employed full time? (working at least 35 hours/week at one or multiple jobs)																					
CHAFEE	AGE 17							AGE 19							AGE 21						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
YES	0	0.0%	19	100.0%	0	0.0%	19	6	28.6%	15	71.4%	0	0.0%	21	8	61.5%	5	38.5%	0	0.0%	13
NO	0	0.0%	22	100.0%	0	0.0%	22	3	33.3%	6	66.7%	0	0.0%	9	4	80.0%	1	20.0%	0	0.0%	5
DO NOT KNOW	0	0.0%	0	0.0%	0	0.0%	0	1	14.3%	6	85.7%	0	0.0%	7	1	25.0%	3	75.0%	0	0.0%	4
DECLINED	1	5.3%	18	94.7%	0	0.0%	19	1	100.0%	0	0.0%	0	0.0%	1	0	0.0%	0	0.0%	0	0.0%	0
<b>TOTAL</b>	<b>1</b>	<b>1.7%</b>	<b>59</b>	<b>98.3%</b>	<b>0</b>	<b>0.0%</b>	<b>60</b>	<b>11</b>	<b>28.9%</b>	<b>27</b>	<b>71.1%</b>	<b>0</b>	<b>0.0%</b>	<b>38</b>	<b>13</b>	<b>59.1%</b>	<b>9</b>	<b>40.9%</b>	<b>0</b>	<b>0.0%</b>	<b>22</b>

NYTD COHORT 2: Currently are you employed part-time? (working 1-34 hours/week at one or multiple jobs)																					
CHAFEE	AGE 17							AGE 19							AGE 21						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
YES	7	36.8%	11	57.9%	1	0.0%	19	4	19.0%	16	76.2%	1	4.8%	21	5	38.5%	8	61.5%	0	0.0%	13
NO	5	22.7%	17	77.3%	0	0.0%	22	4	44.4%	5	55.6%	0	0.0%	9	0	0.0%	5	100.0%	0	0.0%	5
DO NOT KNOW	0	0.0%	0	0.0%	0	0.0%	0	2	28.6%	5	71.4%	0	0.0%	7	2	50.0%	2	50.0%	0	0.0%	4
DECLINED	4	21.1%	15	78.9%	0	0.0%	19	0	0.0%	1	100.0%	0	0.0%	1	0	0.0%	0	0.0%	0	0.0%	0
<b>TOTAL</b>	<b>16</b>	<b>26.7%</b>	<b>43</b>	<b>71.7%</b>	<b>1</b>	<b>0.0%</b>	<b>60</b>	<b>10</b>	<b>26.3%</b>	<b>27</b>	<b>71.1%</b>	<b>1</b>	<b>2.6%</b>	<b>38</b>	<b>7</b>	<b>31.8%</b>	<b>15</b>	<b>68.2%</b>	<b>0</b>	<b>0.0%</b>	<b>22</b>

NYTD COHORT 2: Currently are you using a scholarship, grant, stipend, student loan, voucher, or other type of financial aid to cover any educational expenses?																					
CHAFEE	AGE 17							AGE 19							AGE 21						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
YES	0	0.0%	19	100.0%	0	0.0%	19	8	38.1%	13	61.9%	0	0.0%	21	4	30.8%	9	69.2%	0	0.0%	13
NO	2	9.1%	20	90.9%	0	0.0%	22	2	22.2%	7	77.8%	0	0.0%	9	0	0.0%	5	100.0%	0	0.0%	5
DO NOT KNOW	0	0.0%	0	0.0%	0	0.0%	0	1	14.3%	6	85.7%	0	0.0%	7	0	0.0%	4	100.0%	0	0.0%	4
DECLINED	0	0.0%	19	100.0%	0	0.0%	19	0	0.0%	1	100.0%	0	0.0%	1	0	0.0%	0	0.0%	0	0.0%	0
<b>TOTAL</b>	<b>2</b>	<b>3.3%</b>	<b>58</b>	<b>96.7%</b>	<b>0</b>	<b>0.0%</b>	<b>60</b>	<b>11</b>	<b>28.9%</b>	<b>27</b>	<b>71.1%</b>	<b>0</b>	<b>0.0%</b>	<b>38</b>	<b>4</b>	<b>18.2%</b>	<b>18</b>	<b>81.8%</b>	<b>0</b>	<b>0.0%</b>	<b>22</b>

**NYTD COHORT 2: Have you ever been homeless? (AGE 17) OR In the past two years, were you homeless at any time? (AGE 19 & 21)**  
 ("Homeless" means that you had no adequate place to live. You were living in a car, on the street, or in a shelter for at least one night.)

CHAFEE	AGE 17							AGE 19							AGE 21						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
YES	7	36.8%	12	63.2%	0	0.0%	19	9	42.9%	12	57.1%	0	0.0%	21	2	15.4%	11	84.6%	0	0.0%	13
NO	4	18.2%	17	77.3%	1	0.0%	22	0	0.0%	9	100.0%	0	0.0%	9	3	60.0%	2	40.0%	0	0.0%	5
DO NOT KNOW	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	7	100.0%	0	0.0%	7	0	0.0%	4	100.0%	0	0.0%	4
DECLINED	2	10.5%	17	89.5%	0	0.0%	19	0	0.0%	1	100.0%	0	0.0%	1	0	0.0%	0	0.0%	0	0.0%	0
<b>TOTAL</b>	<b>13</b>	<b>21.7%</b>	<b>46</b>	<b>76.7%</b>	<b>1</b>	<b>0.0%</b>	<b>60</b>	<b>9</b>	<b>23.7%</b>	<b>29</b>	<b>76.3%</b>	<b>0</b>	<b>0.0%</b>	<b>38</b>	<b>5</b>	<b>22.7%</b>	<b>17</b>	<b>77.3%</b>	<b>0</b>	<b>0.0%</b>	<b>22</b>

**NYTD COHORT 2: In the past two years, did you refer yourself, or has someone else referred you for alcohol or drug abuse assessment or counseling?**

CHAFEE	AGE 17							AGE 19							AGE 21						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
YES	10	52.6%	9	47.4%	0	0.0%	19	2	9.5%	19	90.5%	0	0.0%	21	2	15.4%	11	84.6%	0	0.0%	13
NO	10	45.5%	12	54.5%	0	0.0%	22	0	0.0%	9	100.0%	0	0.0%	9	1	20.0%	4	80.0%	0	0.0%	5
DO NOT KNOW	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	7	100.0%	0	0.0%	7	0	0.0%	4	100.0%	0	0.0%	4
DECLINED	7	36.8%	12	63.2%	0	0.0%	19	0	0.0%	1	100.0%	0	0.0%	1	0	0.0%	0	0.0%	0	0.0%	0
<b>TOTAL</b>	<b>27</b>	<b>45.0%</b>	<b>33</b>	<b>55.0%</b>	<b>0</b>	<b>0.0%</b>	<b>60</b>	<b>2</b>	<b>5.3%</b>	<b>36</b>	<b>94.7%</b>	<b>0</b>	<b>0.0%</b>	<b>38</b>	<b>3</b>	<b>13.6%</b>	<b>19</b>	<b>86.4%</b>	<b>0</b>	<b>0.0%</b>	<b>22</b>

**NYTD COHORT 2: Have you ever been confined in a jail, prison, correctional facility, or juvenile or community detention facility, in connection with allegedly committing a crime? (AGE 17) OR In the past two years, were you confined in a jail, prison, correctional facility, or juvenile or community detention facility, in connection with allegedly committing a crime? (AGE 19 & 21)**  
 (If you were arrested and locked up for even one night, check "Yes.")

CHAFEE	AGE 17							AGE 19							AGE 21						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
YES	11	57.9%	8	42.1%	0	0.0%	19	6	28.6%	15	71.4%	0	0.0%	21	4	30.8%	9	69.2%	0	0.0%	13
NO	9	40.9%	12	54.5%	1	4.5%	22	2	22.2%	7	77.8%	0	0.0%	9	5	100.0%	0	0.0%	0	0.0%	5
DO NOT KNOW	0	0.0%	0	0.0%	0	0.0%	0	2	28.6%	5	71.4%	0	0.0%	7	1	25.0%	3	75.0%	0	0.0%	4
DECLINED	11	57.9%	8	42.1%	0	0.0%	19	0	0.0%	1	100.0%	0	0.0%	1	0	0.0%	0	0.0%	0	0.0%	0
<b>TOTAL</b>	<b>31</b>	<b>51.7%</b>	<b>28</b>	<b>46.7%</b>	<b>1</b>	<b>1.7%</b>	<b>60</b>	<b>10</b>	<b>26.3%</b>	<b>28</b>	<b>73.7%</b>	<b>0</b>	<b>0.0%</b>	<b>38</b>	<b>10</b>	<b>45.5%</b>	<b>12</b>	<b>54.5%</b>	<b>0</b>	<b>0.0%</b>	<b>22</b>

**NYTD COHORT 2: Have you ever given birth or fathered any children that were born? (AGE 17) OR In the past two years, did you give birth or father any children that were born? (AGE 19 & 21)**  
 (If you are male and do not know, check "No.")

CHAFEE	AGE 17							AGE 19							AGE 21						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
YES	0	0.0%	19	100.0%	0	0.0%	19	1	4.8%	20	95.2%	0	0.0%	21	2	15.4%	11	84.6%	0	0.0%	13
NO	2	9.1%	20	90.9%	0	0.0%	22	0	0.0%	9	100.0%	0	0.0%	9	2	40.0%	3	60.0%	0	0.0%	5
DO NOT KNOW	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	7	100.0%	0	0.0%	7	1	25.0%	3	75.0%	0	0.0%	4
DECLINED	1	5.3%	18	94.7%	0	0.0%	19	0	0.0%	1	100.0%	0	0.0%	1	0	0.0%	0	0.0%	0	0.0%	0
<b>TOTAL</b>	<b>3</b>	<b>5.0%</b>	<b>57</b>	<b>95.0%</b>	<b>0</b>	<b>0.0%</b>	<b>60</b>	<b>1</b>	<b>2.6%</b>	<b>37</b>	<b>97.4%</b>	<b>0</b>	<b>0.0%</b>	<b>38</b>	<b>5</b>	<b>22.7%</b>	<b>17</b>	<b>77.3%</b>	<b>0</b>	<b>0.0%</b>	<b>22</b>

**NYTD COHORT 2: Currently are you on Medicaid?**

CHAFEE	AGE 17							AGE 19							AGE 21						
	YES	% YES	NO	% NO	Don't Know	% Don't Know	TOTAL	YES	% YES	NO	% NO	Don't Know	% Don't Know	TOTAL	YES	% YES	NO	% NO	Don't Know	% Don't Know	TOTAL
YES	17	89.5%	1	5.3%	1	5.3%	19	12	57.1%	8	38.1%	1	4.8%	21	5	38.5%	8	61.5%	0	0.0%	13
NO	19	86.4%	2	9.1%	1	4.5%	22	2	22.2%	7	77.8%	0	0.0%	9	2	40.0%	3	60.0%	0	0.0%	5
DO NOT KNOW	0	0.0%	0	0.0%	0	0.0%	0	2	28.6%	4	57.1%	1	14.3%	7	2	50.0%	2	50.0%	0	0.0%	4
DECLINED	18	94.7%	1	5.3%	0	0.0%	19	0	0.0%	1	100.0%	0	0.0%	1	0	0.0%	0	0.0%	0	0.0%	0
<b>TOTAL</b>	<b>54</b>	<b>90.0%</b>	<b>4</b>	<b>6.7%</b>	<b>2</b>	<b>3.3%</b>	<b>60</b>	<b>16</b>	<b>42.1%</b>	<b>20</b>	<b>52.6%</b>	<b>2</b>	<b>5.3%</b>	<b>38</b>	<b>9</b>	<b>40.9%</b>	<b>13</b>	<b>59.1%</b>	<b>0</b>	<b>0.0%</b>	<b>22</b>

**NYTD COHORT 2: Currently do you have health insurance other than Medicaid?**

CHAFEE	AGE 17							AGE 19							AGE 21						
	YES	% YES	NO	% NO	Don't Know	% Don't Know	TOTAL	YES	% YES	NO	% NO	Don't Know	% Don't Know	TOTAL	YES	% YES	NO	% NO	Don't Know	% Don't Know	TOTAL
YES	9	47.4%	10	52.6%	0	0.0%	19	5	23.8%	15	71.4%	1	4.8%	21	3	23.1%	10	76.9%	0	0.0%	13
NO	9	40.9%	13	59.1%	0	0.0%	22	1	11.1%	8	88.9%	0	0.0%	9	3	60.0%	1	20.0%	1	20.0%	5
DO NOT KNOW	0	0.0%	0	0.0%	0	0.0%	0	2	28.6%	4	57.1%	1	14.3%	7	1	25.0%	3	75.0%	0	0.0%	4
DECLINED	5	26.3%	11	57.9%	3	15.8%	19	1	100.0%	0	0.0%	0	0.0%	1	0	0.0%	0	0.0%	0	0.0%	0
<b>TOTAL</b>	<b>23</b>	<b>38.3%</b>	<b>34</b>	<b>56.7%</b>	<b>3</b>	<b>5.0%</b>	<b>60</b>	<b>9</b>	<b>23.7%</b>	<b>27</b>	<b>71.1%</b>	<b>2</b>	<b>5.3%</b>	<b>38</b>	<b>7</b>	<b>31.8%</b>	<b>14</b>	<b>63.6%</b>	<b>1</b>	<b>4.5%</b>	<b>22</b>

GENDER	COHORT 1							COHORT 2							COHORT 3						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
MALE	29	85.3%	4	11.8%	1	2.9%	34	28	96.6%	1	3.4%	0	0.0%	29	39	92.9%	3	7.1%	0	0.0%	42
FEMALE	51	94.4%	2	3.7%	1	1.9%	54	31	100.0%	0	0.0%	0	0.0%	31	33	100.0%	0	0.0%	0	0.0%	33
TOTAL	80	90.9%	6	6.8%	2	2.3%	88	59	98.3%	1	1.7%	0	0.0%	60	72	96.0%	3	4.0%	0	0.0%	75

NYTD AGE 17 by COHORT: Currently are you employed full time? (working at least 35 hours/week at one or multiple jobs)																					
GENDER	COHORT 1							COHORT 2							COHORT 3						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
MALE	1	2.9%	33	97.1%	0	0.0%	34	0	0.0%	29	100.0%	0	0.0%	29	0	0.0%	42	100.0%	0	0.0%	42
FEMALE	0	0.0%	54	100.0%	0	0.0%	54	1	3.2%	30	96.8%	0	0.0%	31	0	0.0%	33	100.0%	0	0.0%	33
TOTAL	1	1.1%	87	98.9%	0	0.0%	88	1	1.7%	59	98.3%	0	0.0%	60	0	0.0%	75	100.0%	0	0.0%	75

NYTD AGE 17 by COHORT: Currently are you employed part-time? (working 1-34 hours/week at one or multiple jobs)																					
GENDER	COHORT 1							COHORT 2							COHORT 3						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
MALE	4	11.8%	30	88.2%	0	0.0%	34	9	31.0%	19	65.5%	1	3.4%	29	10	23.8%	32	76.2%	0	0.0%	42
FEMALE	12	22.2%	42	77.8%	0	0.0%	54	7	22.6%	24	77.4%	0	0.0%	31	9	27.3%	24	72.7%	0	0.0%	33
TOTAL	16	18.2%	72	81.8%	0	0.0%	88	16	26.7%	43	71.7%	1	1.7%	60	19	25.3%	56	74.7%	0	0.0%	75

NYTD AGE 17 by COHORT: Have you ever been homeless? (AGE 17) OR in the past two years, were you homeless at any time? (AGE 19 & 21) ("Homeless" means that you had no adequate place to live. You were living in a car, on the street, or in a shelter for at least one night.)																					
GENDER	COHORT 1							COHORT 2							COHORT 3						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
MALE	5	14.7%	29	85.3%	0	0.0%	34	6	20.7%	22	75.9%	1	3.4%	29	8	19.0%	34	81.0%	0	0.0%	42
FEMALE	14	25.9%	40	74.1%	0	0.0%	54	7	22.6%	24	77.4%	0	0.0%	31	12	36.4%	21	63.6%	0	0.0%	33
TOTAL	19	21.6%	69	78.4%	0	0.0%	88	13	21.7%	46	76.7%	1	1.7%	60	20	26.7%	55	73.3%	0	0.0%	75

NYTD AGE 17 by COHORT: In the past two years, did you refer yourself, or has someone else referred you for alcohol or drug abuse assessment or counseling?																					
GENDER	COHORT 1							COHORT 2							COHORT 3						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
MALE	16	47.1%	16	47.1%	2	5.9%	34	13	44.8%	16	55.2%	0	0.0%	29	17	40.5%	25	59.5%	0	0.0%	42
FEMALE	22	40.7%	32	59.3%	0	0.0%	54	14	45.2%	17	54.8%	0	0.0%	31	14	42.4%	19	57.6%	0	0.0%	33
TOTAL	38	43.2%	48	54.5%	2	2.3%	88	27	45.0%	33	55.0%	0	0.0%	60	31	41.3%	44	58.7%	0	0.0%	75

NYTD AGE 17 by COHORT: Have you ever been confined in a jail, prison, correctional facility, or juvenile or community detention facility, in connection with allegedly committing a crime? (AGE 17) OR in the past two years, were you confined in a jail, prison, correctional facility, or juvenile or community detention facility, in connection with allegedly committing a crime? (AGE 19 & 21) (If you were arrested and locked up for even one night, check "Yes.")																					
GENDER	COHORT 1							COHORT 2							COHORT 3						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
MALE	20	58.8%	14	41.2%	0	0.0%	34	16	55.2%	12	41.4%	1	3.4%	29	26	61.9%	16	38.1%	0	0.0%	42
FEMALE	26	48.1%	28	51.9%	0	0.0%	54	15	48.4%	16	51.6%	0	0.0%	31	13	39.4%	20	60.6%	0	0.0%	33
TOTAL	46	52.3%	42	47.7%	0	0.0%	88	31	51.7%	28	46.7%	1	1.7%	60	39	52.0%	36	48.0%	0	0.0%	75

NYTD AGE 17 by COHORT: Have you ever given birth or fathered any children that were born? (AGE 17) OR in the past two years, did you give birth or father any children that were born? (AGE 19 & 21) (If you are male and do not know, check "No.")																					
GENDER	COHORT 1							COHORT 2							COHORT 3						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
MALE	0	0.0%	34	100.0%	0	0.0%	34	1	3.4%	28	96.6%	0	0.0%	29	1	2.4%	41	97.6%	0	0.0%	42
FEMALE	3	5.6%	51	94.4%	0	0.0%	54	2	6.5%	29	93.5%	0	0.0%	31	1	3.0%	32	97.0%	0	0.0%	33
TOTAL	3	3.4%	85	96.6%	0	0.0%	88	3	5.0%	57	95.0%	0	0.0%	60	2	2.7%	73	97.3%	0	0.0%	75

NYTD AGE 17 by COHORT: Currently are you enrolled in and attending high school, GED classes, post high school vocational training, or college?																					
CHAFEE	COHORT 1							COHORT 2							COHORT 3						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
YES	33	89.2%	2	5.4%	2	5.4%	37	19	100.0%	0	0.0%	0	0.0%	19	38	95.0%	2	5.0%	0	0.0%	40
NO	44	91.7%	4	8.3%	0	0.0%	48	21	95.5%	1	4.5%	0	0.0%	22	16	100.0%	0	0.0%	0	0.0%	16
DO NOT KNOW	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0
DECLINED	1	100.0%	0	0.0%	0	0.0%	1	19	0.0%	0	0.0%	0	0.0%	19	18	94.7%	1	5.3%	0	0.0%	19
TOTAL	78	90.7%	6	7.0%	2	2.3%	86	59	98.3%	1	1.7%	0	0.0%	60	72	96.0%	3	4.0%	0	0.0%	75

NYTD AGE 17 by COHORT: Currently are you employed full time? (working at least 35 hours/week at one or multiple jobs)																					
CHAFEE	COHORT 1							COHORT 2							COHORT 3						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
YES	1	2.7%	36	97.3%	0	0.0%	37	0	0.0%	19	100.0%	0	0.0%	19	0	0.0%	40	100.0%	0	0.0%	40
NO	0	0.0%	48	100.0%	0	0.0%	48	0	0.0%	22	100.0%	0	0.0%	22	0	0.0%	16	100.0%	0	0.0%	16
DO NOT KNOW	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0
DECLINED	0	0.0%	1	100.0%	0	0.0%	1	1	5.3%	18	94.7%	0	0.0%	19	0	0.0%	19	100.0%	0	0.0%	19
TOTAL	1	1.2%	85	98.8%	0	0.0%	86	1	1.7%	59	98.3%	0	0.0%	60	0	0.0%	75	100.0%	0	0.0%	75

NYTD AGE 17 by COHORT: Currently are you employed part-time? (working 1-34 hours/week at one or multiple jobs)																					
CHAFEE	COHORT 1							COHORT 2							COHORT 3						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
YES	6	16.2%	31	83.8%	0	0.0%	37	7	36.8%	11	57.9%	1	5.3%	19	10	25.0%	30	75.0%	0	0.0%	40
NO	10	20.8%	38	79.2%	0	0.0%	48	5	22.7%	17	77.3%	0	0.0%	22	6	37.5%	10	62.5%	0	0.0%	16
DO NOT KNOW	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0
DECLINED	0	0.0%	0	0.0%	1	100.0%	1	4	21.1%	15	78.9%	0	0.0%	19	4	21.1%	15	78.9%	0	0.0%	19
<b>TOTAL</b>	<b>16</b>	<b>18.6%</b>	<b>69</b>	<b>80.2%</b>	<b>1</b>	<b>1.2%</b>	<b>86</b>	<b>16</b>	<b>26.7%</b>	<b>43</b>	<b>71.7%</b>	<b>1</b>	<b>1.7%</b>	<b>60</b>	<b>20</b>	<b>26.7%</b>	<b>55</b>	<b>73.3%</b>	<b>0</b>	<b>0.0%</b>	<b>75</b>

NYTD AGE 17 by COHORT: Have you ever been homeless? (AGE 17) OR In the past two years, were you homeless at any time? (AGE 19 & 21) ("Homeless" means that you had no adequate place to live. You were living in a car, on the street, or in a shelter for at least one night.)																					
CHAFEE	COHORT 1							COHORT 2							COHORT 3						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
YES	8	21.6%	29	78.4%	0	0.0%	37	7	36.8%	12	63.2%	0	0.0%	19	10	25.0%	30	75.0%	0	0.0%	40
NO	11	22.9%	37	77.1%	0	0.0%	48	4	18.2%	17	77.3%	1	4.5%	22	6	37.5%	10	62.5%	0	0.0%	16
DO NOT KNOW	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0
DECLINED	0	0.0%	1	100.0%	0	0.0%	1	4	21.1%	15	78.9%	0	0.0%	19	4	21.1%	15	78.9%	0	0.0%	19
<b>TOTAL</b>	<b>19</b>	<b>22.1%</b>	<b>67</b>	<b>77.9%</b>	<b>0</b>	<b>0.0%</b>	<b>86</b>	<b>15</b>	<b>25.0%</b>	<b>44</b>	<b>73.3%</b>	<b>1</b>	<b>1.7%</b>	<b>60</b>	<b>20</b>	<b>26.7%</b>	<b>55</b>	<b>73.3%</b>	<b>0</b>	<b>0.0%</b>	<b>75</b>

NYTD AGE 17 by COHORT: In the past two years, did you refer yourself, or has someone else referred you for alcohol or drug abuse assessment or counseling?																					
CHAFEE	COHORT 1							COHORT 2							COHORT 3						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
YES	16	43.2%	20	54.1%	1	2.7%	37	10	52.6%	9	47.4%	0	0.0%	19	16	40.0%	24	60.0%	0	0.0%	40
NO	21	43.8%	26	54.2%	1	2.1%	48	10	45.5%	12	54.5%	0	0.0%	22	4	25.0%	12	75.0%	0	0.0%	16
DO NOT KNOW	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0
DECLINED	0	0.0%	1	100.0%	0	0.0%	1	7	36.8%	12	63.2%	0	0.0%	19	11	57.9%	8	42.1%	0	0.0%	19
<b>TOTAL</b>	<b>37</b>	<b>43.0%</b>	<b>47</b>	<b>54.7%</b>	<b>2</b>	<b>0.0%</b>	<b>86</b>	<b>27</b>	<b>45.0%</b>	<b>33</b>	<b>55.0%</b>	<b>0</b>	<b>0.0%</b>	<b>60</b>	<b>31</b>	<b>41.3%</b>	<b>44</b>	<b>58.7%</b>	<b>0</b>	<b>0.0%</b>	<b>75</b>

NYTD AGE 17 by COHORT: Have you ever been confined in a jail, prison, correctional facility, or juvenile or community detention facility, in connection with allegedly committing a crime? (AGE 17) OR In the past two years, were you confined in a jail, prison, correctional facility, or juvenile or community detention facility, in connection with allegedly committing a crime? (AGE 19 & 21) (If you were arrested and locked up for even one night, check "Yes.")																					
CHAFEE	COHORT 1							COHORT 2							COHORT 3						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
YES	19	51.4%	18	48.6%	0	0.0%	37	11	57.9%	8	42.1%	0	0.0%	19	21	52.5%	19	47.5%	0	0.0%	40
NO	27	56.3%	21	43.8%	0	0.0%	48	9	40.9%	12	54.5%	1	4.5%	22	6	37.5%	10	62.5%	0	0.0%	16
DO NOT KNOW	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0
DECLINED	0	0.0%	1	100.0%	0	0.0%	1	11	57.9%	8	42.1%	0	0.0%	19	12	63.2%	7	36.8%	0	0.0%	19
<b>TOTAL</b>	<b>46</b>	<b>53.5%</b>	<b>40</b>	<b>46.5%</b>	<b>0</b>	<b>0.0%</b>	<b>86</b>	<b>31</b>	<b>51.7%</b>	<b>28</b>	<b>46.7%</b>	<b>1</b>	<b>1.7%</b>	<b>60</b>	<b>39</b>	<b>52.0%</b>	<b>36</b>	<b>48.0%</b>	<b>0</b>	<b>0.0%</b>	<b>75</b>

NYTD AGE 17 by COHORT: Have you ever given birth or fathered any children that were born? (AGE 17) OR In the past two years, did you give birth or father any children that were born? (AGE 19 & 21) (If you are male and do not know, check "No.")																					
CHAFEE	COHORT 1							COHORT 2							COHORT 3						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
YES	2	5.4%	35	94.6%	0	0.0%	37	0	0.0%	19	100.0%	0	0.0%	19	2	5.0%	38	95.0%	0	0.0%	40
NO	1	2.1%	47	97.9%	0	0.0%	48	2	9.1%	20	90.9%	0	0.0%	22	0	0.0%	16	100.0%	0	0.0%	16
DO NOT KNOW	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0
DECLINED	0	0.0%	1	100.0%	0	0.0%	1	1	5.3%	18	94.7%	0	0.0%	19	0	0.0%	19	100.0%	0	0.0%	19
<b>TOTAL</b>	<b>3</b>	<b>3.5%</b>	<b>83</b>	<b>96.5%</b>	<b>0</b>	<b>0.0%</b>	<b>86</b>	<b>3</b>	<b>5.0%</b>	<b>57</b>	<b>95.0%</b>	<b>0</b>	<b>0.0%</b>	<b>60</b>	<b>2</b>	<b>2.7%</b>	<b>73</b>	<b>97.3%</b>	<b>0</b>	<b>0.0%</b>	<b>75</b>

NYTD AGE 21 by COHORT: Currently are you enrolled in and attending high school, GED classes, post high school vocational training, or college?														
GENDER	COHORT 1							COHORT 2						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
MALE	7	36.8%	12	63.2%	0	0.0%	19	2	18.2%	9	81.8%	0	0.0%	11
FEMALE	6	15.8%	32	84.2%	0	0.0%	38	3	27.3%	8	72.7%	0	0.0%	11
TOTAL	13	22.8%	44	77.2%	0	0.0%	57	5	22.7%	17	77.3%	0	0.0%	22

NYTD AGE 21 by COHORT: Currently are you employed full time? (working at least 35 hours/week at one or multiple jobs)														
GENDER	COHORT 1							COHORT 2						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
MALE	15	78.9%	4	21.1%	0	0.0%	19	4	36.4%	7	63.6%	0	0.0%	11
FEMALE	14	36.8%	24	63.2%	0	0.0%	38	9	81.8%	2	18.2%	0	0.0%	11
TOTAL	29	50.9%	28	49.1%	0	0.0%	57	13	59.1%	9	40.9%	0	0.0%	22

NYTD AGE 21 by COHORT: Currently are you employed part-time? (working 1-34 hours/week at one or multiple jobs)														
GENDER	COHORT 1							COHORT 2						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
MALE	4	21.1%	15	78.9%	0	0.0%	19	2	18.2%	9	81.8%	0	0.0%	11
FEMALE	4	10.5%	34	89.5%	0	0.0%	38	5	45.5%	6	54.5%	0	0.0%	11
TOTAL	8	14.0%	49	86.0%	0	0.0%	57	7	31.8%	15	68.2%	0	0.0%	22

NYTD AGE 21 by COHORT: Currently are you using a scholarship, grant, stipend, student loan, voucher, or other type of financial aid to cover any educational expenses?														
GENDER	COHORT 1							COHORT 2						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
MALE	3	15.8%	16	84.2%	0	0.0%	19	1	9.1%	10	90.9%	0	0.0%	11
FEMALE	2	5.3%	36	94.7%	0	0.0%	38	3	27.3%	8	72.7%	0	0.0%	11
TOTAL	5	8.8%	52	91.2%	0	0.0%	57	4	18.2%	18	81.8%	0	0.0%	22

NYTD AGE 21 by COHORT: Have you ever been homeless? (AGE 17) OR In the past two years, were you homeless at any time? (AGE 19 & 21) ("Homeless" means that you had no adequate place to live. You were living in a car, on the street, or in a shelter for at least one night.)														
GENDER	COHORT 1							COHORT 2						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
MALE	5	26.3%	14	73.7%	0	0.0%	19	2	18.2%	9	81.8%	0	0.0%	11
FEMALE	11	28.9%	27	71.1%	0	0.0%	38	3	27.3%	8	72.7%	0	0.0%	11
TOTAL	16	28.1%	41	71.9%	0	0.0%	57	5	22.7%	17	77.3%	0	0.0%	22

NYTD AGE 21 by COHORT: In the past two years, did you refer yourself, or has someone else referred you for alcohol or drug abuse assessment or counseling?														
GENDER	COHORT 1							COHORT 2						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
MALE	4	21.1%	15	78.9%	0	0.0%	19	1	9.1%	10	90.9%	0	0.0%	11
FEMALE	4	10.5%	34	89.5%	0	0.0%	38	2	18.2%	9	81.8%	0	0.0%	11
TOTAL	8	14.0%	49	86.0%	0	0.0%	57	3	13.6%	19	86.4%	0	0.0%	22

NYTD AGE 21 by COHORT: Have you ever been confined in a jail, prison, correctional facility, or juvenile or community detention facility, in connection with allegedly committing a crime? (AGE 17) OR In the past two years, were you confined in a jail, prison, correctional facility, or juvenile or community detention facility, in connection with allegedly committing a crime? (AGE 19 & 21)														
GENDER	COHORT 1							COHORT 2						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
MALE	8	42.1%	11	57.9%	0	0.0%	19	6	54.5%	5	45.5%	0	0.0%	11
FEMALE	8	21.1%	30	78.9%	0	0.0%	38	4	36.4%	7	63.6%	0	0.0%	11
TOTAL	16	28.1%	41	71.9%	0	0.0%	57	10	45.5%	12	54.5%	0	0.0%	22

NYTD AGE 21 by COHORT: Have you ever given birth or fathered any children that were born? (AGE 17) OR In the past two years, did you give birth or father any children that were born? (AGE 19 & 21) (If you are male and do not know, check "No.")														
GENDER	COHORT 1							COHORT 2						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
MALE	4	21.1%	15	78.9%	0	0.0%	19	2	18.2%	9	81.8%	0	0.0%	11
FEMALE	15	39.5%	23	60.5%	0	0.0%	38	3	27.3%	8	72.7%	0	0.0%	11
TOTAL	19	33.3%	38	66.7%	0	0.0%	57	5	22.7%	17	77.3%	0	0.0%	22

NYTD AGE 21 by COHORT: Currently are you on Medicaid?																		
GENDER	COHORT 1									COHORT 2								
	YES	% YES	NO	% NO	Don't Know	% Don't Know	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	Don't Know	% Don't Know	DECLINED	% DECLINED	TOTAL
MALE	5	26.3%	12	63.2%	1	5.3%	1	5.3%	19	3	27.3%	8	72.7%	0	0.0%	0	0.0%	11
FEMALE	22	57.9%	12	31.6%	4	10.5%	0	0.0%	38	6	54.5%	5	45.5%	0	0.0%	0	0.0%	11
TOTAL	27	47.4%	24	42.1%	5	8.8%	1	1.8%	57	9	40.9%	13	59.1%	0	0.0%	0	0.0%	22

NYTD AGE 21 by COHORT: Currently do you have health insurance other than Medicaid?																		
GENDER	COHORT 1									COHORT 2								
	YES	% YES	NO	% NO	Don't Know	% Don't Know	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	Don't Know	% Don't Know	DECLINED	% DECLINED	TOTAL
MALE	6	31.6%	11	57.9%	1	5.3%	1	5.3%	19	4	36.4%	6	54.5%	1	9.1%	0	0.0%	11
FEMALE	7	18.4%	31	81.6%	0	0.0%	0	0.0%	38	3	27.3%	8	72.7%	0	0.0%	0	0.0%	11
TOTAL	13	22.8%	42	73.7%	1	1.8%	1	1.8%	57	7	31.8%	14	63.6%	1	4.5%	0	0.0%	22

NYTD AGE 21 by COHORT: Currently are you enrolled in and attending high school, GED classes, post high school vocational training, or college?														
CHAFEE	COHORT 1							COHORT 2						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
YES	6	19.4%	25	80.6%	0	0.0%	31	4	30.8%	9	69.2%	0	0.0%	13
NO	6	30.0%	14	70.0%	0	0.0%	20	0	0.0%	5	100.0%	0	0.0%	5
DO NOT KNOW	1	25.0%	3	75.0%	0	0.0%	4	1	25.0%	3	75.0%	0	0.0%	4
DECLINED	0	0.0%	2	100.0%	0	0.0%	2	0	0.0%	0	0.0%	0	0.0%	0
<b>TOTAL</b>	<b>13</b>	<b>22.8%</b>	<b>44</b>	<b>77.2%</b>	<b>0</b>	<b>0.0%</b>	<b>57</b>	<b>5</b>	<b>22.7%</b>	<b>17</b>	<b>77.3%</b>	<b>0</b>	<b>0.0%</b>	<b>22</b>

NYTD AGE 21 by COHORT: Currently are you employed full time? (working at least 35 hours/week at one or multiple jobs)														
CHAFEE	COHORT 1							COHORT 2						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
YES	18	58.1%	13	41.9%	0	0.0%	31	8	61.5%	5	38.5%	0	0.0%	13
NO	6	30.0%	14	70.0%	0	0.0%	20	4	80.0%	1	20.0%	0	0.0%	5
DO NOT KNOW	4	100.0%	0	0.0%	0	0.0%	4	1	25.0%	3	75.0%	0	0.0%	4
DECLINED	1	50.0%	1	50.0%	0	0.0%	2	0	0.0%	0	0.0%	0	0.0%	0
<b>TOTAL</b>	<b>29</b>	<b>50.9%</b>	<b>28</b>	<b>49.1%</b>	<b>0</b>	<b>0.0%</b>	<b>57</b>	<b>13</b>	<b>59.1%</b>	<b>9</b>	<b>40.9%</b>	<b>0</b>	<b>0.0%</b>	<b>22</b>

NYTD AGE 21 by COHORT: Currently are you employed part-time? (working 1-34 hours/week at one or multiple jobs)														
CHAFEE	COHORT 1							COHORT 2						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
YES	3	9.7%	28	90.3%	0	0.0%	31	5	38.5%	8	61.5%	0	0.0%	13
NO	4	20.0%	16	80.0%	0	0.0%	20	0	0.0%	5	100.0%	0	0.0%	5
DO NOT KNOW	1	25.0%	3	75.0%	0	0.0%	4	2	50.0%	2	50.0%	0	0.0%	4
DECLINED	0	0.0%	2	100.0%	0	0.0%	2	0	0.0%	0	0.0%	0	0.0%	0
<b>TOTAL</b>	<b>8</b>	<b>14.0%</b>	<b>49</b>	<b>86.0%</b>	<b>0</b>	<b>0.0%</b>	<b>57</b>	<b>7</b>	<b>31.8%</b>	<b>15</b>	<b>68.2%</b>	<b>0</b>	<b>0.0%</b>	<b>22</b>

NYTD AGE 21 by COHORT: Currently are you using a scholarship, grant, stipend, student loan, voucher, or other type of financial aid to cover any educational expenses?														
CHAFEE	COHORT 1							COHORT 2						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
YES	3	9.7%	28	90.3%	0	0.0%	31	4	30.8%	9	69.2%	0	0.0%	13
NO	1	5.0%	19	95.0%	0	0.0%	20	0	0.0%	5	100.0%	0	0.0%	5
DO NOT KNOW	1	25.0%	3	75.0%	0	0.0%	4	0	0.0%	4	100.0%	0	0.0%	4
DECLINED	0	0.0%	2	100.0%	0	0.0%	2	0	0.0%	0	0.0%	0	0.0%	0
<b>TOTAL</b>	<b>5</b>	<b>8.8%</b>	<b>52</b>	<b>91.2%</b>	<b>0</b>	<b>0.0%</b>	<b>57</b>	<b>4</b>	<b>18.2%</b>	<b>18</b>	<b>81.8%</b>	<b>0</b>	<b>0.0%</b>	<b>22</b>

NYTD AGE 21 by COHORT: Have you ever been homeless? (AGE 17) OR In the past two years, were you homeless at any time? (AGE 19 & 21) ("Homeless" means that you had no adequate place to live. You were living in a car, on the street, or in a shelter for at least one night.)														
CHAFEE	COHORT 1							COHORT 2						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
YES	9	29.0%	22	71.0%	0	0.0%	31	2	15.4%	11	84.6%	0	0.0%	13
NO	5	25.0%	15	75.0%	0	0.0%	20	3	60.0%	2	40.0%	0	0.0%	5
DO NOT KNOW	2	50.0%	2	50.0%	0	0.0%	4	0	0.0%	4	100.0%	0	0.0%	4
DECLINED	0	0.0%	2	100.0%	0	0.0%	2	0	0.0%	0	0.0%	0	0.0%	0
<b>TOTAL</b>	<b>16</b>	<b>28.1%</b>	<b>41</b>	<b>71.9%</b>	<b>0</b>	<b>0.0%</b>	<b>57</b>	<b>5</b>	<b>22.7%</b>	<b>17</b>	<b>77.3%</b>	<b>0</b>	<b>0.0%</b>	<b>22</b>

NYTD AGE 21 by COHORT: In the past two years, did you refer yourself, or has someone else referred you for alcohol or drug abuse assessment or counseling?														
CHAFEE	COHORT 1							COHORT 2						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
YES	1	3.2%	30	96.8%	0	0.0%	31	2	15.4%	11	84.6%	0	0.0%	13
NO	4	20.0%	16	80.0%	0	0.0%	20	1	20.0%	4	80.0%	0	0.0%	5
DO NOT KNOW	2	50.0%	2	50.0%	0	0.0%	4	0	0.0%	4	100.0%	0	0.0%	4
DECLINED	1	50.0%	1	50.0%	0	0.0%	2	0	0.0%	0	0.0%	0	0.0%	0
<b>TOTAL</b>	<b>8</b>	<b>14.0%</b>	<b>49</b>	<b>86.0%</b>	<b>0</b>	<b>0.0%</b>	<b>57</b>	<b>3</b>	<b>13.6%</b>	<b>19</b>	<b>86.4%</b>	<b>0</b>	<b>0.0%</b>	<b>22</b>

**NYTD AGE 21 by COHORT: Have you ever been confined in a jail, prison, correctional facility, or juvenile or community detention facility, in connection with allegedly committing a crime? (AGE 17)**

**OR In the past two years, were you confined in a jail, prison, correctional facility, or juvenile or community detention facility, in connection with allegedly committing a crime? (AGE 17)**

CHAFEE	COHORT 1							COHORT 2						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
YES	11	35.5%	20	64.5%	0	0.0%	31	4	30.8%	9	69.2%	0	0.0%	13
NO	2	10.0%	18	90.0%	0	0.0%	20	5	100.0%	0	0.0%	0	0.0%	5
DO NOT KNOW	2	50.0%	2	50.0%	0	0.0%	4	1	25.0%	3	75.0%	0	0.0%	4
DECLINED	1	50.0%	1	50.0%	0	0.0%	2	0	0.0%	0	0.0%	0	0.0%	0
<b>TOTAL</b>	<b>16</b>	<b>28.1%</b>	<b>41</b>	<b>71.9%</b>	<b>0</b>	<b>0.0%</b>	<b>57</b>	<b>10</b>	<b>45.5%</b>	<b>12</b>	<b>54.5%</b>	<b>0</b>	<b>0.0%</b>	<b>22</b>

**NYTD AGE 21 by COHORT: Have you ever given birth or fathered any children that were born? (AGE 17) OR In the past two years, did you give birth or father any children that were born? (AGE 19 & 21)**

**(If you are male and do not know, check "No.")**

CHAFEE	COHORT 1							COHORT 2						
	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	DECLINED	% DECLINED	TOTAL
YES	10	32.3%	21	67.7%	0	0.0%	31	2	15.4%	11	84.6%	0	0.0%	13
NO	6	30.0%	14	70.0%	0	0.0%	20	2	40.0%	3	60.0%	0	0.0%	5
DO NOT KNOW	2	50.0%	2	50.0%	0	0.0%	4	1	25.0%	3	75.0%	0	0.0%	4
DECLINED	1	50.0%	1	50.0%	0	0.0%	2	0	0.0%	0	0.0%	0	0.0%	0
<b>TOTAL</b>	<b>19</b>	<b>33.3%</b>	<b>38</b>	<b>66.7%</b>	<b>0</b>	<b>0.0%</b>	<b>57</b>	<b>5</b>	<b>22.7%</b>	<b>17</b>	<b>77.3%</b>	<b>0</b>	<b>0.0%</b>	<b>22</b>

**NYTD AGE 21 by COHORT: Currently are you on Medicaid?**

CHAFEE	COHORT 1										COHORT 2							
	YES	% YES	NO	% NO	Don't Know	% Don't Know	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	Don't Know	% Don't Know	DECLINED	% DECLINED	TOTAL
YES	15	48.4%	14	45.2%	2	6.5%	0	0.0%	31	5	38.5%	8	61.5%	0	0.0%	0	0.0%	13
NO	11	55.0%	8	40.0%	1	5.0%	0	0.0%	20	2	40.0%	3	60.0%	0	0.0%	0	0.0%	5
DO NOT KNOW	0	0.0%	2	0.0%	2	50.0%	0	0.0%	4	2	0.0%	2	0.0%	0	0.0%	0	0.0%	4
DECLINED	1	50.0%	0	0.0%	0	0.0%	1	50.0%	2	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
<b>TOTAL</b>	<b>27</b>	<b>47.4%</b>	<b>24</b>	<b>42.1%</b>	<b>5</b>	<b>8.8%</b>	<b>1</b>	<b>1.8%</b>	<b>57</b>	<b>9</b>	<b>40.9%</b>	<b>13</b>	<b>59.1%</b>	<b>0</b>	<b>0.0%</b>	<b>0</b>	<b>0.0%</b>	<b>22</b>

**NYTD AGE 21 by COHORT: Currently do you have health insurance other than Medicaid?**

CHAFEE	COHORT 1										COHORT 2							
	YES	% YES	NO	% NO	Don't Know	% Don't Know	DECLINED	% DECLINED	TOTAL	YES	% YES	NO	% NO	Don't Know	% Don't Know	DECLINED	% DECLINED	TOTAL
YES	9	29.0%	21	67.7%	1	3.2%	0	0.0%	31	3	23.1%	10	76.9%	0	0.0%	0	0.0%	13
NO	3	15.0%	17	85.0%	0	0.0%	0	0.0%	20	3	60.0%	1	20.0%	1	20.0%	0	0.0%	5
DO NOT KNOW	1	0.0%	3	0.0%	0	0.0%	0	0.0%	4	1	0.0%	3	0.0%	0	0.0%	0	0.0%	4
DECLINED	0	0.0%	1	50.0%	0	0.0%	1	50.0%	2	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
<b>TOTAL</b>	<b>13</b>	<b>22.8%</b>	<b>42</b>	<b>73.7%</b>	<b>1</b>	<b>1.8%</b>	<b>1</b>	<b>1.8%</b>	<b>57</b>	<b>7</b>	<b>31.8%</b>	<b>14</b>	<b>63.6%</b>	<b>1</b>	<b>4.5%</b>	<b>0</b>	<b>0.0%</b>	<b>22</b>