

THE NORTH DAKOTA PROGRAM IMPROVEMENT PLAN

May 20, 2010

Introduction

Child welfare service delivery in North Dakota is centered around the Wraparound Practice Model. The values of this model (model attached as [Appendix A](#) and “Values, Beliefs, and Principles” attached as [Appendix B](#)) emphasize child safety, permanence, family engagement and child well-being in each and every service provided. This model is the vehicle that drives child welfare practice in the state.

Delivering child welfare services in North Dakota requires a partnership between the department, counties, four tribal child welfare agencies, and private human service providers. While the PIP serves as a roadmap for practice improvements, child welfare service delivery also encompasses child welfare state and federal policy and law and federal requirements in IV-B and IV-E.

The guiding value set in the practice model is engaging and involving families at every opportunity as a lead service delivery value within every child welfare program. The Child and Family Team meeting is the centerpiece for the delivery of this value set in the practice model. Decisions are made with the family and plans are created with a process and forum to enhance child and family involvement.

Supervisors are recognized as key in this process, in achieving both systemic and case practice model and individual case goals. Supervisors are in positions to hold the keys to practice change to deepen and support the practice model with the robust vision that includes values, processes and outcome goals. They are crucial stakeholders and partners in each and every aspect of the practice model as well as in the action steps and benchmarks of the PIP.

History and advances:

The work of the “first” PIP provided the foundational structure for the North Dakota practice model: Wraparound Case Management. While the values and practices that guide delivery of child welfare services had been widely used prior to this first PIP, the focus of the first PIP was to establish and build these casework practices into a Wraparound Practice Model for the state. The work completed in the first PIP was very successful and created significant change in the child welfare service delivery system. The pinnacle of the change was the creation of a foundation for the practice model.

Since the work of this first PIP, North Dakota has made significant strides in advancing the work and values of the practice model by building and enhancing supports for this model:

- Over the past three years, a new child welfare data system, FRAME, has been built and introduced to the field in November of 2009. This system was built around the need for efficiency (reduce duplication of entry and allow already established - but disconnected - data systems to work together under one “engine”); and the need for greater data access

(establishing a data warehouse); and to support best practice case management for case and system-related decision-making at all levels of child welfare work.

- In the most recent legislative assembly, the CFS Division received additional dollars for Safety/Permanency Funds and enhancements to the Family Group Decision-making initiative. Safety/Permanency funds are flexible funds used locally to prevent placement and address immediate safety issues with the least disruption to the child and family.
- In the past two years, with support from the Bush Foundation and CFS dollars, a partnership was developed with Village Family Services to provide family group decision-making services statewide.
- Since the April 2008 CFSR there have been advancements in other areas that are significant to the practice environment in North Dakota. In addition to the work that has gone into the development of FRAME as a data tool to support practice, intensive work was done in the area of the adoption program to address localized issues that emerged during the CFSR site reviews. This adoption practice model and the accompanying data results are truly one of the strengths of the practice model in North Dakota; thus, North Dakota was very surprised when these issues emerged in the CFSR.
 - A random review of the case files and procedures in the Minot Office was conducted immediately upon learning the results of the CFSR by the Adults Adopting Special Kids (AASK) Program Director. Files and local procedures were not in compliance with program standards, confirming the concerns expressed in the stakeholder meetings and file reviews were confirmed in the findings. Immediate changes were initiated, including a change in administrative oversight for that region. Two adoption workers and a supervisor were placed on performance improvement plans as a direct result of the CFSR findings and the administrative review. Ultimately, all three were terminated as their performance did not improve. Since that time, there has been a complete turn over in staff for the Minot office. Focus on providing quality services consistent with program standards was paramount, along with restoring a working relationship with community partners and clients.
 - The program utilizes referral source customer satisfaction surveys and family and youth customer satisfaction surveys and these have reflected positive comments about the changes that have occurred since May 2008. County and Regional partners have indicated both verbally and in writing they are very pleased with the changes that have occurred in the program for their area and they are pleased with the movement and progress of moving children towards permanency through the AASK program. A Regional Supervisor and Assistant Regional Supervisor, at the time, provided letters of support for Catholic Charities ND/the AASK program during the recent RFP process. These positive results are also supported by the outcomes that have been produced.
 - While the feedback in the Bismarck and Fargo area were mostly positive, issues related to program standards, quality services, timeliness and supervision were analyzed alongside concerns expressed in the Minot region. While services were not found to be deficient in these areas, opportunities for program improvement were

noted and addressed along with the areas for improvement noted in the Minot office. Attention to case planning, quality visits and documentation, child recruitment plans, supervision oversight to ensure services are being provided consistent with program standards are all areas which have and continue to receive focus. Sections of the CFSR are now included as a part of the AASK Staff meeting and AASK Management Team.

- During the CFSR, questions were raised regarding administrative assessments. North Dakota's CFSR Final Report identifies areas needing improvement related to Safety Outcome 1, Item 2. The Final Report Safety Outcome 1, Item 2 "Stakeholder Interview Information" section specifically contains the statement "Several stakeholders at the review site expressed the need for education on the administrative assessment process." The PIP 1.1 (E) contains the following action step: "Provide safety/risk assessment training to a broader population of child welfare professionals - i.e. CFS workforce and all partners as defined in 1.1 (A)." The professionals listed in this step are Division of Juvenile Services case managers, child placing agencies, and Partnerships care coordinators who will receive training for safety and risk assessment, which will include education on the process for administrative assessments. We anticipate this will address the issues raised by stakeholders in the review.
- The recently submitted North Dakota Child and Family Services Plan (CFSP) has been integrated with this PIP plan/process and cross-walked with and around the Wraparound Practice Model.

The overarching goal in North Dakota is to strengthen and deepen use of the Wraparound Practice Model. This is addressed by:

1). Examining and working to enhance the fidelity of the practice model

While we acknowledge the success in the development and implementation of the practice structure in the first PIP, the CFSR results indicated that model fidelity, or the need to "even out" and equal the practice delivery points and outcomes across sites remains a challenge. This is aligned with our vision to deliver child welfare services with consistency and model fidelity no matter the size or location of the county. We value consistency in the delivery of child welfare services and recognize families in the western counties of the state should have access to the same services and be included in the casework process in the same way as those families in the eastern counties of the state. Likewise, the engagement of parents, partners, and kin should not only be a value, but consistent case work practice in every location, varying only to address the individual needs of the child and family.

Prior to the April 2008 Child and Family Services Review (CFSR), the local CFSR results produced findings that clearly indicated casework practice, when Single Plan of Care (SPOC) was fully used to document the Wraparound Practice Model, produced near perfect results on the CFSR measures (this proved true using both the newer and former CFSR measures and was maintained in every county/region where the local reviews took place). This provides additional evidence for North Dakota that our primary strategy to seek model fidelity to impact program and practice model improvements has validity.

Key stakeholders needed to reach this goal include county child welfare agency staff including county supervisors, administrators and front line staff; Regional Supervisors; court, legal and judicial partners; foster parents; private providers of child welfare services; and most importantly, parents and kin of the children we serve. Each and every stakeholder serves as a catalyst in creating the change needed to reach our goal. In turn, they are addressed in the PIP strategies and action elements in our proposed plan.

Strategies used to accomplish this overarching goal are: practices that address safety and risk assessment over the life of a case; providing a policy document that addresses the practice model and how it is integrated into program areas; strengthening practice components of the practice model enhancing permanency and well-being outcomes; engaging court partners in achieving permanency goals for children in care; developing and using resources that will enhance family engagement (particularly fathers); and developing strategies to address the array of services and resources we have available to meet the individual needs of children and families. These areas comprise the themes that were reported as areas needing improvement in the April 2008 CFSR.

2). Recognition of supervisors as a key to practice change

Both casework supervisors and administrative/programmatic supervisors play a crucial role in creating, evaluating and maintaining fidelity to the Wraparound Practice Model. Strategies to impact this work supervisors group to discuss application and fidelity of the practice model, and how the practice model can address the identified issues of safety and risk, permanence and family engagement. In turn, how does this impact outcome goals and improve practice delivery? Identifying the critical decision points in a case and examining possible resources and strategies, or services that will impact the identified issue, will assist us in enhancing our practice model and making it nimble enough to create the change needed to produce positive outcomes. Finding ways to measure success and outcomes will also be an issue on the table for this group to address, to produce a roadmap of multiple measures that will add to the existing measure of practice success.

3). Building strategies that are sustainable and directly impact the identified CFSR findings

Examples in this area include how we will use supervisors to support and assist front-line staff to build specific and individualized plans for children and families. Included in this work will be a clarification of resources and services available to Priority I and Priority II youth in the Independent Living program. The practice issue we face is how we serve all youth with the existing resources, and how we can evaluate the outcomes of the services and identify youth that aren't being served to inform our need for additional budget resources. Another strategy will be directed toward building capacity to understand the needs of, and to serve non-custodial parents. This strategy will start with providing training to service providers to better understand processes, engagement strategies and resources that will provide an engagement corridor for these parents.

Program Improvement Planning Process

The PIP development process in response to the recent CFSR was an extension of the first PIP process and the development of the five-year CFSP in the IV-B Plan. Because of the success of the first PIP, case practice and casework practice model discussions continued

during this span of time between finalization of the first PIP and the CFSR in April of 2008. In addition, North Dakota practiced a very hearty model of local and regional CFSR's as a QA structure for the state to measure practice outcomes and results. While using the federal CFSR measurements, every region had several opportunities for full review and abbreviated case reviews using the federally developed tools. This provided localized data and measures to review when preparing for the federal CFSR, as well as measuring practice advancements and model fidelity on the ground. This work involved partners and stakeholders at every level, including providing and evaluating practice data and outcomes.

This information was central in providing preparation for the April 2008 CFSR, as well as informing administration and front-line case managers regarding micro-and macro practice outcomes and issues. After every regional CFSR, a post-CFSR discussion was convened to address practice issues brought to the forefront by stakeholders and case review results in the local area. The discussion from these sessions emerged as a local plan for improvement.

These locally developed plans, the local/regional CFSR reviews, stakeholder input, analysis of data and data trends, the Statewide Assessment report all contributed to the building process of this PIP. Also, invitations to public and private stakeholders at all levels to come to the table to review the "new" CFSR results, discuss practice issues, and identify themes and practice outcomes contributed to the development of the second PIP. All these entities were integral in developing this current plan, and informing the build of the CFSP in the IV-B plan. Again, all these plans are integrated, cross-walked and built around the refinement and enhancement of the established practice model, with an overarching emphasis on supervision.

To accomplish this work, a smaller working group of this larger invited stakeholder group met frequently, with support of federal partners and TA resources to further refine and focus the work of developing goals and strategies in this PIP plan and the IV-B plan and CFSP.

A significant barrier in the PIP planning process was timing and nature. The CFSR report arrived in the midst of our biennial legislative session (four intense months every two years), in the midst of one of the snowiest and stormiest winters on record, and unprecedented and record-breaking floods in every sector of the state except for the extreme northwest sector. Our failed negotiation with nature left us with cancelled meetings and partners that were in no place or frame of mind to develop a PIP. Despite this temporary barrier, we worked through this as best we could with use of technology and small group work plans to move the PIP development forward. That has left us with the remaining task of bringing the group back together to re-engage in the work that was done in their absence and to message the refined themes in the final plan.

Budget barriers do exist, albeit in a different way in North Dakota. When compared to most states in the nation, North Dakota stands among the top in budget resources because of the strength of the energy sector in our economy. Thus, we have a strong budget history and potential. In the next several years, CFS will need to analyze the budget to assure that we are placing dollars in programs and services that directly enhance and support our practice model, and to assure alignment of resources to need. As addressed in service array, North Dakota falls equally with challenges other states small in population and big in geography face in regard to equitable service delivery.

Another barrier that provides a challenge is working with established policies and structures in the legal process to effect change. We have excellent relationships with our collaborative partners in the legal and court system; however, we do face systemic challenges as we try to achieve our child welfare outcomes. For example, as noted in the CFSR report, foster parent notification and opportunity to be heard is noted as an issue in our review. While notification of foster parents remains a child welfare agency-related task that we manage, the ability of foster parents' opportunity to be heard is more complicated. Foster parents and relative caregivers are by law (and soon to be defined by rule) not parties to an action, and because juvenile proceedings are closed, foster parents cannot be assured a voice in the courtroom unless the parties to the action consent or judges provide an order to allow their presence. Because the judicial and executive branches are separate governmental entities, judges make this decision on a case-by-case basis. Again, while foster parents may submit information or opinion to the court in writing, the judge's willingness to use this "ex-parte" process and information is again discretionary. Therefore, the case-by-case and judge-by-judge process is very individualized, but yields an uneven systemic result. By noting this as a challenge, we mean nothing critical to our good partners; it just creates a systemic reality that provides a systemic challenge.

Finally, we face a challenge in maintaining and enhancing fidelity to the practice model with our "external" partners in the foster care realm and mental health realm. North Dakota Division of Juvenile Services (DJS) provides case management for delinquent youth through the ND Department of Corrections. A number of these youth are placed in foster care at all levels in the state. Tribal child welfare agencies provide and maintain relationships with all the county and facility providers in the state. "Partnerships" is a program for emotionally and behaviorally disturbed children, delivered by the human service centers. While many of these children are "child-welfare" involved, and their custodial or case managing agencies share the same values sets in working with the children and families, their practice models may differ. This creates a challenge in sharing and teaming for these children and families in terms of maintaining practice clarity, data, and case goal continuity.

Identified Challenges – Themes

Early in the PIP building process, working with partners and stakeholders, we identified the following challenges and themes that emerged as strategies. Further stratifying, we identified one primary strategy designed to impact the specific outcome, item or standards (as indicated in PIP Matrix). In doing so we recognize that the outcomes, items and standards can and will be impacted by other strategies that are not directly identified in the matrix. This cross-cutting stands as the integrated whole of the plan building process to bring and sustain practice change in North Dakota.

1. Strengthen the risk and safety assessment practice components (direct and supervisory) of the Wraparound Practice Model to enhance safety outcomes across all stages of the child welfare service delivery system
 - ❖ risk and safety across life of the case
 - ❖ risk and safety for children in foster care

2. Strengthen the child and family engagement practice components (direct and supervisory) of the Wraparound Practice Model to enhance permanency and well-being outcomes across all stages of the child welfare service delivery system
 - ❖ Engaging non-custodial parents in all stages of case practice
 - ❖ Engagement of children and parents in case planning and visits
 - ❖ Addressing needs of children and families across life of case – particularly with respect to preventing foster care re-entry
 - ❖ Caseworker visitation (especially with parents/fathers)
 - ❖ Focus on in-home service case service delivery

3. Strengthen: a). child permanency practice components (direct and supervisory) of the Wraparound Practice Model; and b). intra-agency case practice to enhance permanency outcomes across all stages of the child welfare service delivery system
 - ❖ Parent-child and sibling visits
 - ❖ Parent-child relationships
 - ❖ Relatives as placement resources
 - ❖ Meeting IL needs of older youth
 - ❖ Placement stability (what are underlying issues)

4. Use multiple sources of data to engage court partners in ongoing dialogue and county-specific strategies to achieve timely permanency goals for children in foster care
 - ❖ Timeliness of reunification
 - ❖ TPR timeliness issues
 - ❖ Notification/Opportunity to be Heard

5. Develop collaborative approaches, both formal and informal, to address service array issues
 - ❖ Accessibility of Services
 - ❖ Capacity to Individualize Services for children and families

The challenges above were further selected after thorough analysis of the outcomes, identified items in the CFSR, systemic factors and the data composite.

Method of Evaluation

In addition to the quarterly assessment of PIP progress and reporting on outcomes, PIP progress will be measured using:

- **Outcomes and measures of local CFSR reviews**
 - Fidelity of practice model
 - Casework outcomes
 - Stakeholder focus groups with queries developed around specific PIP items
 - Refer to [Appendix C](#) for the PIP Year One measurement plan for North Dakota

- **Review and analysis of data measures:**
 - Analysis and progress on AFCARS data measures
 - Analysis and progress on NCANDS data measures

- Use of Info Link program to provide quarterly dashboard data to the field on federal AFCARS data measures

Local CFSR reviews will include case reviews using random samples drawn from FRAME in each local area. A workgroup is in the process of streamlining the use of FRAME reports that will link directly to CFSR measures for ease in integrating the CFSR with the data reports in FRAME.

Outcomes and data from the local CFSR reviews will be analyzed by CFS Division staff and taken to the field quarterly to be reviewed with county directors, Regional Supervisors, and county supervisors. In addition, local Post-CFSR meetings will be held to discuss performance on CFSR measures and to address local planning around practice improvements.

The CFS Division will work with data experts, including TA from national experts, to review the progress and trends on reported data measures. InfoLink technology and the FRAME developed data warehouse will provide a digital dashboard to review data trends on federal reported AFCARS data measures.

| I. PIP General Information | | | | | | | | | | | | | |
|---|---|----|-----|----|---|----|--|------|-------------------------------------|----|---|--|--|
| CB Region: | I | II | III | IV | V | VI | VII | VIII | <input checked="" type="checkbox"/> | IX | X | | |
| State: North Dakota | | | | | | | | | | | | | |
| Lead Children's Bureau Regional Office Contact Person: | | | | | | | Telephone Number: (303)844-1164 | | | | | | |
| Marilyn Kennerson | | | | | | | E-mail Address: marilyn.kennerson@acf.hhs.gov | | | | | | |
| | | | | | | | | | | | | | |
| State Agency Name: | | | | | | | Address: | | | | | | |
| Children & Family Services Division North Dakota Dept of Human Services | | | | | | | 600 E Boulevard Ave, Dept 325 Bismarck, ND 58505-0250 | | | | | | |
| | | | | | | | Telephone Number: (701)328-2316 | | | | | | |
| | | | | | | | | | | | | | |
| Lead State Agency Contact Person for the CFRS: | | | | | | | Telephone Number: (701)328-4152 | | | | | | |
| Delores Friedt | | | | | | | E-mail Address: dfriedt@nd.gov | | | | | | |
| | | | | | | | | | | | | | |
| Lead State Agency PIP Contact Person (if different): | | | | | | | Telephone Number: (701)328-3587 | | | | | | |
| Tara Muhlhauser | | | | | | | E-mail Address: tmuhlhauser@nd.gov | | | | | | |
| | | | | | | | | | | | | | |
| Lead State Agency Data Contact Person: | | | | | | | Telephone Number: (701)328-8925 | | | | | | |
| Julie Bruns | | | | | | | E-mail Address: jabruns@nd.gov | | | | | | |
| State PIP Team Members* (name, title, organization) | | | | | | | | | | | | | |
| 1. Marlys Baker, Child Protection Services Administrator, Children & Family Services Division | | | | | | | | | | | | | |
| 2. Rhonda Rhoden, Independent Living Administrator, Children & Family Services Division | | | | | | | | | | | | | |
| 3. Linda Schell, Refugee Services Administrator, Children & Family Services Division | | | | | | | | | | | | | |
| 4. Wendy LaMontagne, Children's Mental Health Administrator, Division of Mental Health & Substance Abuse | | | | | | | | | | | | | |
| 5. Diana Weber, Family Preservation Services Administrator, Children & Family Services Division | | | | | | | | | | | | | |

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| 6. Delores Friedt, Birth & Adoptive Family Services Coordinator, Children & Family Services Division |
| 7. Scot Hoyer, Regional Supervisor, Northeast Human Service Center |
| 8. Julie Hoffman, Adoption Services Administrator, Children & Family Services Division |
| 9. Dean Sturn, Foster Care Administrator, Children & Family Services Division |
| 10. Tara Muhlhauser, Director, Children & Family Services Division |
| 11. Pete Tunseth, CFS Training Center Director, University of North Dakota |
| 12. Laurie Gotvaslee, Deputy Director, North Central Human Service Center |

*List key individuals who are actually working on the PIP and not necessarily everyone who was consulted during the PIP development process.

II. PIP Strategy Summary and TA Plan

State: North Dakota

Date Submitted: May 20, 2010

| Primary Strategies | Key Concerns | TA Resources Needed |
|---|--|--|
| <p>1. Strengthen the risk and safety assessment practice components (direct and supervisory) of the Wraparound Practice Model to enhance safety outcomes across the child welfare service delivery system.</p> | <ul style="list-style-type: none"> • Risk and safety across the life of the case • Risk and safety for children in foster care • Risk and safety for children receiving in-home services • Initial and ongoing safety and risk assessments at indicated times to match needed services • Maltreatment in foster care • Use of administrative assessments when recurrence occurs • Inconsistent implementation of the Wraparound Practice Model | <ul style="list-style-type: none"> ○ National Resource Center on Organizational Improvement for TA on supervisory components of risk and safety assessment ○ National Resource Center on Action for Child Protection for TA on safety and risk assessment across the life of the case ○ National Resource Center on Organizational Improvement for TA regarding measurement |
| <p>2. Strengthen the child and family engagement practice components (direct and supervisory) of the Wraparound Practice Model to enhance permanency and well-being outcomes across the child welfare service delivery system.</p> | <ul style="list-style-type: none"> • Engaging non-custodial parents in all stages of case practice • Engagement of children and parents in case planning and visits • Addressing needs of children and families across the life of the case – particularly with respect to preventing foster care re-entry • Caseworker visitation with children, their custodial parents and non-custodial parents • Inadequate family engagement practices and assessment in all areas of child welfare, especially with non-custodial parents, with fathers and with in-home cases • Improving caseworker contact frequency and quality with children, their parents and non-custodial parents • Preserving continuity of relationships for children in care • Lack of support for supervisors as change agents in delivery of child welfare services | <ul style="list-style-type: none"> ○ National Resource Center on Organizational Improvement for TA on supervisor training ○ National Resource Center for Permanency & Family Connections for TA on family engagement strategies ○ National Resource Center on Organizational Improvement for TA regarding measurement |

| Primary Strategies | Key Concerns | TA Resources Needed |
|--|---|---|
| <p>3. Strengthen:</p> <p>a. Child permanency practice components (direct and supervisory) of the Wraparound Practice Model; and</p> <p>b. Intra-agency case practice to enhance permanency outcomes across the child welfare service delivery system.</p> | <ul style="list-style-type: none"> • Parent-child sibling visits • Parent-child relationships • Relatives as placement resources • Meeting IL needs of older youth • Placement stability (identifying underlying issues) • Re-entry into foster care • Instability in foster care placements | <ul style="list-style-type: none"> ○ National Resource Center for the Recruitment & Retention of Foster & Adoptive Parents/Adopt US Kids for TA on permanency practice ○ National Resource Center on Organizational Improvement for TA regarding measurement |
| <p>4. Use multiple sources of data to:</p> <p>a. Engage court partners in ongoing dialogue; and</p> <p>b. Develop county-specific strategies to achieve timely permanency goals for children in foster care.</p> | <ul style="list-style-type: none"> • Timeliness of reunification • TPR timeliness issues • Notification/opportunity to be heard • Lack of timely filing for TPRs • Continuance issues that stall permanency • Delays in permanence due to resources and practice issues • Lack of notice to foster parents / caregivers and involvement in court hearings • Timeliness related to Native American children in care • Engaging partners to achieve permanence for children and youth in a timely manner | <ul style="list-style-type: none"> ○ National Resource Center for Legal & Judicial Issues for TA on permanency issues and involvement of foster parents/care givers in court hearings ○ TA from American Bar Association ○ National Resource Center on Organizational Improvement for TA regarding measurement |
| <p>5. Develop collaborative approaches, both formal and informal, to address service array issues.</p> | <ul style="list-style-type: none"> • Access to services in remote areas and on the reservation • Culturally appropriate services for refugees and Native American population • Insufficient individualization of services • Lack of adequate service array to meet needs, particularly for youth with significant issues | <ul style="list-style-type: none"> ○ National Resource Center on Organizational Improvement for TA regarding measurement |

III. PIP Agreement Form

The PIP should be signed and dated by the Chief Executive Officer of the State child welfare agency and by the Children's Bureau Regional Office responsible for the State. The approved PIP with original signature must be retained in the Children's Bureau Regional Office. A hard copy of the approved PIP must be submitted to the following parties immediately upon approval:

- State child welfare agency
- Children's Bureau (Child and Family Services Review staff)
- Child Welfare Review Project, c/o JBS International, Inc.

Agreements

The following Federal and State officials agree to the content and terms of the attached Program Improvement Plan:

| | |
|--|-------|
| _____ | _____ |
| Name of State Executive Officer for Child Welfare Services | Date |
| _____ | _____ |
| Children's Bureau | Date |

Amendments

This section should be completed only in the event of renegotiations regarding the content of the PIP, pursuant to 45 CFR 1355.35(e)(4). The specific renegotiated content should be inserted in the PIP Matrix under the appropriate section being replaced or modified. A summary by the action step, benchmark or improvement goal can be listed below. Copies of approved, renegotiated PIPs should be retained and distributed as noted above immediately upon completion of the renegotiation process.

The renegotiated content of the attached PIP, as summarized below, has been approved by State personnel and the Children’s Bureau Regional Office with authority to negotiate such content and is approved by Federal and State officials:

| Renegotiated Action Steps, Benchmarks, or Improvement Goals | Date Renegotiated | Approval of State Executive Officer for Child Welfare Services |
|--|------------------------------|---|
| | | Approval Children’s Bureau |
| | | |
| | | |
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| | | |

IV. PIP Matrix

State: North Dakota

Type of Report: PIP: X Quarterly Report: (Quarter:)

Date Submitted: May 20, 2010

| Primary Strategy: 1. Strengthen the risk and safety assessment practice components (direct and supervisory) of the Wraparound Practice Model to enhance safety outcomes across the child welfare service delivery system. | | | Applicable CFSR Outcomes or Systemic Factors: Safety Outcome 2 | | |
|--|-----------------------|---|--|----------|------------------|
| Goal: <i>Provide quality, consistent assessment and planning for all children and families served.</i> | | | Applicable CFSR Items: 4 | | |
| Action Steps and Benchmarks | Person(s) Responsible | Evidence of Completion | Qtr Due | Qtr Done | Quarterly Update |
| 1.1 Develop and implement consistent policies for all child welfare programs, identifying critical decision points in the life of the case where a formal safety/risk assessment is required | | | | | |
| 1.1 (A) Clarify the roles and responsibilities of in-home service providers, Division of Juvenile Services case managers, child placing agencies, and Partnerships care coordinators in assessing safety/risk pursuant to the Family Assessment Instrument | Marlys Baker | Documentation that outlines the clarified roles and responsibilities as incorporated into policy and training | Q 1 | | |
| 1.1 (B) Determine timing (i.e. critical points) for safety/risk assessments and incorporate into policy across child welfare programs/Wraparound Practice Model | Marlys Baker | Timing for the safety/risk assessments is incorporated into policy across programs | Q 2 | | |

IV. PIP Matrix

State: North Dakota

Type of Report: PIP: X Quarterly Report: (Quarter:)

Date Submitted: May 20, 2010

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|--|-----------------|---|-----|--|--|
| 1.1 (C) Develop training plan for safety/risk assessments | Marlys Baker | Training plan is developed | Q 2 | | |
| 1.1 (D) Modify existing training curriculum to meet needs of diverse audience and support principles of Wraparound Practice Model | Pete Tunseth | Modified training curriculum | Q 2 | | |
| 1.1 (E) Provide safety/risk assessment training to a broader population of child welfare professionals - i.e. CFS workforce and all partners as defined in 1.1 (A) | Pete Tunseth | Percentage of child welfare and Partnerships staff that have been trained | Q 4 | | |
| 1.1 (F) Implement and disseminate the policy as described in 1.1 (B) | Tara Muhlhauser | Copy of policy and formal policy issuance | Q 4 | | |
| 1.1 (G) Incorporate policy and training expectations into service provider contracts and MOU's | Tara Muhlhauser | Contracts and MOU's will be amended | Q 4 | | |
| 1.2 Support supervisors as implementation agents of the ongoing assessment of safety and risk across the life of the case consistent with the Wraparound Practice Model. | | | | | |

IV. PIP Matrix

State: North Dakota

Type of Report: PIP: X Quarterly Report: (Quarter:)

Date Submitted: May 20, 2010

| | | | | | |
|--|-------------|---------------------|-----|--|--|
| 1.2 (A) CFS Management Team will develop a Wraparound Practice Model manual that includes guidelines for staff and private providers related to <u>safety and risk assessments</u> | Diana Weber | Manual is completed | Q 2 | | |
| 1.2 (B) Utilize TA support to assemble and convene meeting of supervisors (across the system), county directors and key private providers to engage their support and explain their role in the plan and process related to <u>safety and risk assessments</u> | Diana Weber | Meeting is held | Q 2 | | |
| 1.2 (C) Formalize core supervisory workgroup | Diana Weber | Workgroup is formed | Q 1 | | |
| 1.2 (D) Utilize TA support and core supervisory workgroup to: - conduct needs assessment - determine protocols - develop plan | Diana Weber | Plan is developed | Q 2 | | |
| 1.2 (E) Implement the plan, monitor progress and make improvements to the plan | Diana Weber | Implementation plan | Q 6 | | |

IV. PIP Matrix

State: North Dakota

Type of Report: PIP: X Quarterly Report: __ (Quarter: __)

Date Submitted: May 20, 2010

| | | | | | |
|---|--|--|--|--|--|
| <i>Renegotiated Action Steps and Benchmarks</i> | | | | | |
|---|--|--|--|--|--|

IV. PIP Matrix

State: North Dakota

Type of Report: PIP: X Quarterly Report: (Quarter:)

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| Primary Strategy: 2. Strengthen the child and family engagement practice components (direct and supervisory) of the Wraparound Practice Model to enhance permanency and well-being outcomes across the child welfare service delivery system. | | | Applicable CFSR Outcomes or Systemic Factors: National Standard – Placement Stability Permanency Outcome 2 Well-being Outcome 1 | | |
|---|---------------------------------|--|---|----------|------------------|
| Goal: <i>Children and their family members, including absent and non-custodial parents, will be offered the opportunity to participate in the case planning process.</i> | | | Applicable CFSR Items: 13, 15, 16, 17, 18, 19, 20, 25 | | |
| Action Steps and Benchmarks | Person Responsible | Evidence of Completion | Qtr Due | Qtr Done | Quarterly Update |
| 2.1 Ensure regular and high quality case worker visits with children and youth in both foster care and in-home cases and with their parent(s) | | | | | |
| 2.1 (A) Develop and implement consistent policies to require monthly face-to-face visits for caseworkers with in-home cases for children and parents | Diana Weber Wendy LaMontagne | Copy of policy and formal policy issuance | Q 2 | | |
| 2.1 (B) Generate and disseminate a monthly report to monitor face-to-face visits by county which reflects the percentage of visits which occur in the child's and youth's residence for both foster care and in-home cases | Dean Sturn | Reports are generated and regularly disseminated | Q 3 | | |

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|---|-----------------|---|-----|--|--|
| 2.1 (C) Amend and implement state policy to clarify expectations for content of caseworker visits with parents and documentation of their efforts for in-home and foster care cases | Dean Sturn | Copy of amended policy and formal policy issuance | Q 2 | | |
| 2.1 (D) Convene a meeting with Regional Supervisors to address expectations for caseworker visits and the associated documentation during Child & Family Team Meetings | Tara Muhlhauser | Summary of meeting | Q 3 | | |
| 2.1 (E) Develop written guidance regarding documentation of Child and Family Team Meetings regarding casework visits | Scot Hoeper | Written guidance is developed and disseminated | Q 2 | | |
| 2.1 (F) Meet with the Cabinet and Human Service Center Directors to address the need to refine / strengthen role of Regional Supervisors and engage their support in defining their responsibility related to individualization and accessibility of services | Tara Muhlhauser | Summary of the plan | Q 2 | | |

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|--|----------------|---|-----|--|--|
| 2.2 Improve involvement of non-custodial / absent parent / significant other / parent figure across foster care and in-home programs | | | | | |
| 2.2 (A) Review, compare, clarify, develop and implement consistent policies for involving and documenting non-custodial / absent parent / significant other / parent figure / relative search and/or placement in case planning and visitation across foster care and in-home programs | Diana Weber | Copy of policy and formal policy issuance | Q 2 | | |
| 2.2 (B) Develop and disseminate a checklist for caseworkers as a tool to ensure efforts are made to include all family members in case planning | Diana Weber | Checklist tool developed and used statewide; | Q 3 | | |
| 2.2 (C) Monitor the use of the checklist tool to ensure that all items are addressed during case planning | Delores Friedt | Use of the tool is monitored through the CFSR QA process | Q 7 | | |
| 2.2 (D) Strengthen child welfare certification training to emphasize involving all family members (including absent and non-custodial parents) and methods to locate absent parents | Pete Tunseth | Report of changes made to the certification training curriculum | Q 4 | | |

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|--|--------------|--|-----|--|--|
| 2.2 (E) Provide training for the remaining CFS workforce on involving all family members (including absent and non-custodial parents) and methods to locate absent parents | Pete Tunseth | Percentage of child welfare staff that have been trained | Q 5 | | |
| 2.3 Develop post-certification skill-based modules regarding family engagement | | | | | |
| 2.3 (A) Utilize TA consultation to develop skill-based training modules regarding challenges to engagement in child welfare populations | Pete Tunseth | TA plan completed | Q 3 | | |
| 2.3 (B) Develop training curriculum and implementation plan (i.e., who is required to participate, when, how often, and how training will roll out) | Pete Tunseth | Training curricula are developed | Q 4 | | |
| 2.3 (C) Provide training on family engagement | Pete Tunseth | Population and percentage of participants trained | Q 8 | | |
| 2.4 Support supervisors as change agents in the implementation of family engagement consistent with the Wraparound Practice Model | | | | | |

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| 2.4 (A) CFS will develop a Wraparound Practice Model manual that includes guidelines for staff and private providers related to <u>family engagement</u> | Tara Muhlhauser | Manual is completed | Q 2 | | |
| 2.4 (B) Assemble and convene a meeting of supervisors (across the system), county directors and key private providers to engage their support and explain their role in the plan and process related to <u>family engagement</u> | Tara Muhlhauser | Meeting is held | Q 2 | | |
| 2.4 (C) Formalize core supervisory workgroup | Diana Weber | Workgroup is formed | Q 1 | | |
| 2.4 (D) Utilize TA support and the core supervisory workgroup to: - conduct needs assessment - determine protocols - develop plan | Diana Weber | TA plan is developed | Q 2 | | |
| 2.4 (E) Implement the plan, monitor progress and make improvements to the plan | Diana Weber | Implementation plan | Q 6 | | |
| Renegotiated Action Steps and Benchmarks | | | | | |

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IV. PIP Matrix

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| Primary Strategy: 3. Strengthen: a. Child permanency practice components (direct and supervisory) of the Wraparound Practice Model; and b. Intra-agency case practice to enhance permanency outcomes across the child welfare service delivery system. | | | Applicable CFSR Outcomes or Systemic Factors: Permanency Outcome 1 | | |
|--|--------------------|------------------------|--|----------|------------------|
| Goal: <i>Every child in care will have a clear permanency goal and timely path to permanency.</i> | | | Applicable CFSR Items: 5, 6, 9, 12 | | |
| Action Steps and Benchmarks | Person Responsible | Evidence of Completion | Qtr Due | Qtr Done | Quarterly Update |
| 3.1 Statewide and regional recruitment and retention plans, that are consistent with the Wraparound Practice Model, will reflect increased efforts to recruit homes that are child specific and appropriate for sibling groups, older youth and Native American children | | | | | |
| 3.1 (A) Secure TA support to develop recruitment messages and specific techniques | Deb Petry | TA plan is developed | Q 5 | | |

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|---|-------------|---|-----|--|--|
| 3.1 (B) Funding announcements will be released with specific focus on the development of recruitment and retention plans that include strategies for sibling groups, older youth, and Native American children | Deb Petry | Funding announcement | Q 6 | | |
| 3.1 (C) Develop a training plan and provide training related to the recruitment and retention plans | Deb Petry | Training plan is developed and percentage of participants trained | Q 6 | | |
| 3.1 (D) Implement the recruitment and retention plans at the state and regional levels | Deb Petry | Implementation plans | Q 7 | | |
| 3.2 Improve the quality and consistency of Child & Family Team meetings to accurately establish case plan goals for children and youth, document and work toward the goals, and evaluate/monitor progress toward achieving permanency | | | | | |
| 3.2 (A) Develop written guidance to guide the Regional Supervisors and ensure that key practice components are consistently addressed at each Child & Family Team meeting | Scot Hoeper | Written guidance | Q 3 | | |

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| 3.2 (B) Provide training on the written guidance for the Regional Supervisors | Pete Tunseth | Report of the training | Q 3 | | |
| 3.2 (C) Every agenda at the quarterly Regional Supervisors meetings will include a discussion about Child & Family Team meetings and how this process supports the Wraparound Practice Model | Tara Muhlhauser | Attendance at one quarterly meeting (annually) | Q 4 | | |
| 3.2 (D) Meet with the Cabinet and Human Service Center Directors to address the need to refine / strengthen the role of Regional Supervisors and engage their support in defining their responsibility related to the Wraparound Practice Model | Tara Muhlhauser | Summary of the plan | Q 2 | | |
| 3.3 Support supervisors as implementation agents to increase the implementation and documentation of clear and timely permanency goals, consistent with the Wraparound Practice Model. | | | | | |
| 3.3 (A) CFS will develop a Wraparound Practice Model manual that includes guidelines for staff and private providers related to <u>clear and timely permanency goals</u> | Julie Hoffman | Manual is completed | Q 2 | | |

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|---|----------------------|-----------------------------|------------|--|--|
| <p>3.3 (B) Utilize TA support to assemble and convene meeting of supervisors (across the system), county directors and key private providers to engage their support and explain their role in the plan and process related to <u>clear and timely permanency goals</u></p> | <p>Julie Hoffman</p> | <p>Meeting is held</p> | <p>Q 2</p> | | |
| <p>3.3 (C) Formalize core supervisory workgroup</p> | <p>Diana Weber</p> | <p>Workgroup is formed</p> | <p>Q 1</p> | | |
| <p>3.3 (D) Utilize TA support and core supervisory workgroup to: - conduct needs assessment - determine protocols - develop plan</p> | <p>Diana Weber</p> | <p>TA plan is developed</p> | <p>Q 2</p> | | |
| <p>3.3 (E) Implement the plan, monitor progress and make improvements to the plan</p> | <p>Diana Weber</p> | <p>Implementation plan</p> | <p>Q 6</p> | | |
| <p><i>Renegotiated Action Steps and Benchmarks</i></p> | | | | | |

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| Primary Strategy: 4. Use multiple sources of data to engage court partners in ongoing dialogue and county-specific strategies to achieve timely permanency goals for children in foster care. | | | Applicable CFSR Outcomes or Systemic Factors: Case Review System | | |
|---|--------------------|----------------------------|--|----------|------------------|
| Goal: <i>Court proceedings promote timely achievement of permanency for children.</i> | | | Applicable CFSR Items: 28, 29 | | |
| Action Steps and Benchmarks | Person Responsible | Evidence of Completion | Qtr Due | Qtr Done | Quarterly Update |
| 4.1 Develop strategies for encouraging opportunities for the child's caregiver to have input into reviews or hearings with respect to the child | | | | | |
| 4.1 (A) Seek consultation and TA from the ABA / NRC for Legal and Judicial Issues | Tara Muhlhauser | TA plan is developed | Q 1 | | |
| 4.1 (B) Collaborate with the ND Supreme Court to provide a presentation at the ND Judicial Conference focused on child welfare issues (i.e., TPR proceedings, foster parent opportunities to be heard) | Tara Muhlhauser | Report on the presentation | Q 7 | | |

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|--|-----------------|--|-----|--|--|
| 4.2 Achieve timely permanency for children and youth in foster care | | | | | |
| 4.2 (A) Assess county data related to filing of TPRs and ND Supreme Court data on TPR continuances to determine reasons for delays in achieving permanency | Dean Sturn | Analysis and report on findings | Q 5 | | |
| 4.2 (B) Determine, based on the findings, which Region to target for improvement | Dean Sturn | Targeted site identified | Q 5 | | |
| 4.2 (C) Create individualized plans to achieve improvement for targeted area | Dean Sturn | Plan for improvement developed | Q 6 | | |
| 4.2 (D) Monitor and evaluate results and disseminate findings to the ND Court Improvement Project and child welfare supervisors | Dean Sturn | Evaluation completed and report disseminated | Q 8 | | |
| 4.2 (E) Develop a protocol for conveying a request for legal assistance in identified TPR cases through CFS to the Attorney General's office | Tara Muhlhauser | Protocol for referring TPR cases to the AG's office is developed | Q 2 | | |

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|---|------------------------|---|------------|--|--|
| <p>4.2 (F) Collaborate with the Attorney General's Office in the appointment of a new civil litigator who will specialize in child welfare cases to assist the counties with achieving timely permanence for children</p> | <p>Tara Muhlhauser</p> | <p>New AAG is hired to do this specialized work</p> | <p>Q 2</p> | | |
| <p><i>Renegotiated Action Steps and Benchmarks</i></p> | | | | | |

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| Primary Strategy: 5. Develop collaborative approaches, both formal and informal, to address service array issues | | | Applicable CFSR Outcomes or Systemic Factors: Well-being Outcome 3 Service Array | | |
|---|--------------------|---|--|----------|------------------|
| Goal: <i>Ensure children and families in the child welfare system have services that are accessible and individualized to meet their specific needs.</i> | | | Applicable CFSR Items: 10, 23, 36, 37 | | |
| Action Steps and Benchmarks | Person Responsible | Evidence of Completion | Qtr Due | Qtr Done | Quarterly Update |
| 5.1 Identify and address the barriers to accessing needed services for children and families and ensure that there is an array of essential services across the state to support individualized plans of care for children and their families | | | | | |
| 5.1 (A) Per the contract with CFS, collaborate with NATI to do an assessment as to essential child welfare services available in each tribal entity | Tara Muhlhauser | NATI will complete assessment and post information on the website | Q 3 | | |
| 5.1 (B) Meet with tribal child welfare directors quarterly | Tara Muhlhauser | Summaries of meetings held | Q 1 | | |
| 5.2 Improve provision of adequate and appropriate mental health services to meet children's assessed needs | | | | | |

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|---|-------------------------|---|------------|--|--|
| <p>5.2 (A) Develop a Memorandum of Agreement to assure that all children, birth to 21, who receive a Health Tracks Screening through Medical Assistance will have a Mental Health Screening using an Evidenced-Based Mental Health Screening Instrument</p> | <p>Wendy LaMontagne</p> | <p>MOA developed</p> | <p>Q 2</p> | | |
| <p>5.2 (B) Collaborate with system partners to develop and provide training for Health Tracks Screeners on the use of Evidence-Based Mental Health Screening Instruments</p> | <p>Wendy LaMontagne</p> | <p>Training is developed and percentage of Health Tracks Screeners trained</p> | <p>Q 6</p> | | |
| <p>5.2 (C) Collaborate with system partners to develop and distribute a comprehensive listing of referral sources throughout North Dakota as a tool for Health Tracks Screeners when making a Mental Health Referral of a youth, birth to 21 years of age</p> | <p>Wendy LaMontagne</p> | <p>Comprehensive list of Mental Health referral sources is developed and published online; percentage of trainees that receive the document</p> | <p>Q 6</p> | | |
| <p>5.3 Enhance the capacity of the system to provide individualized planning for children and families consistent with the Wraparound Practice Model</p> | | | | | |

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|--|--------------|------------------------------------|-----|--|--|
| 5.3 (A) Formalize a core supervisory group | Diana Weber | Workgroup is formed | Q 1 | | |
| 5.3 (B) Utilize TA support and core supervisory group to develop a peer mentoring model to identify and disseminate innovative applications of the Wraparound Practice Model, particularly those that address <u>individualization and accessibility of services</u> | Diana Weber | Peer mentoring model is developed | Q 5 | | |
| 5.3 (C) Implement the peer mentoring plan | Diana Weber | Rollout is completed | Q 8 | | |
| 5.4 Increase capacity to fully meet the needs of Priority 1 and 2 youth | | | | | |
| 5.4 (A) Develop clear rationale and submit request for increased funding in the budget | Kelsey Bless | Report on result of budget request | Q 1 | | |
| 5.4 (B) Develop and implement plan for use of increased funds | Kelsey Bless | Implementation plan | Q 1 | | |
| <i>Renegotiated Action Steps and Benchmarks</i> | | | | | |

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Part B: National Standards Measurement Plan and Quarterly Status Report

| Safety Outcome 1: Absence of Recurrence of Maltreatment | | | | | | | | | | | | |
|--|-------|----|----|----|----|----|----|----|----|-----|-----|-----|
| National Standard | 94.6% | | | | | | | | | | | |
| Performance as Measured in Final Report/Source Data Period | | | | | | | | | | | | |
| Performance as Measured at Baseline/Source Data Period | | | | | | | | | | | | |
| Negotiated Improvement Goal | | | | | | | | | | | | |
| Renegotiated Improvement Goal | | | | | | | | | | | | |
| Status (Enter the current quarter measurement for the reported quarter.) | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Q11 | Q12 |
| | | | | | | | | | | | | |

| Safety Outcome 1: Absence of Maltreatment of Children in Foster Care | |
|--|--------|
| National Standard | 99.68% |
| Performance as Measured in Final Report/Source Data Period | |
| Performance as Measured at | |

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|--|----|----|----|----|----|----|----|----|----|-----|-----|-----|
| Baseline/Source Data Period | | | | | | | | | | | | |
| Negotiated Improvement Goal | | | | | | | | | | | | |
| Renegotiated Improvement Goal | | | | | | | | | | | | |
| Status (Enter the current quarter measurement for the reported quarter.) | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Q11 | Q12 |
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| Permanency Outcome 1: Timeliness and Permanency of Reunification | | | | | | | | | | | | |
|--|-------|----|----|----|----|----|----|----|----|-----|-----|-----|
| National Standard | 122.6 | | | | | | | | | | | |
| Performance as Measured in Final Report/Source Data Period | | | | | | | | | | | | |
| Performance as Measured at Baseline/Source Data Period | | | | | | | | | | | | |
| Negotiated Improvement Goal | | | | | | | | | | | | |
| Renegotiated Improvement Goal | | | | | | | | | | | | |
| Status (Enter the current quarter measurement for the reported quarter.) | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Q11 | Q12 |
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| Permanency Outcome 1: Timeliness of Adoptions | | | | | | | | | | | | |
|--|-------|----|----|----|----|----|----|----|----|-----|-----|-----|
| National Standard | 106.4 | | | | | | | | | | | |
| Performance as Measured in Final Report/Source Data Period | | | | | | | | | | | | |
| Performance as Measured at Baseline/Source Data Period | | | | | | | | | | | | |
| Negotiated Improvement Goal | | | | | | | | | | | | |
| Renegotiated Improvement Goal | | | | | | | | | | | | |
| Status (Enter the current quarter measurement for the reported quarter.) | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Q11 | Q12 |
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| Permanency Outcome 1: Achieving Permanency for Children in Foster Care for Long Periods of Time | |
|---|-------|
| National Standard | 121.7 |
| Performance as Measured in Final Report/Source Data Period | |
| Performance as Measured at Baseline/Source Data Period | |

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| Negotiated Improvement Goal | | | | | | | | | | | | |
| Renegotiated Improvement Goal | | | | | | | | | | | | |
| Status (Enter the current quarter measurement for the reported quarter.) | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Q11 | Q12 |
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| Permanency Outcome 1: Placement Stability | | | | | | | | | | | | |
|--|-------|----|----|----|----|----|----|----|----|-----|-----|-----|
| National Standard | 101.5 | | | | | | | | | | | |
| Performance as Measured in Final Report/Source Data Period | | | | | | | | | | | | |
| Performance as Measured at Baseline/Source Data Period | | | | | | | | | | | | |
| Negotiated Improvement Goal | | | | | | | | | | | | |
| Renegotiated Improvement Goal | | | | | | | | | | | | |
| Status (Enter the current quarter measurement for the reported quarter.) | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Q11 | Q12 |
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Part C: Item-Specific and Quantitative Measurement Plan and Quarterly Status Report

| Outcome/Systemic Factor: _____ Item: _____ | | | | | | | | | | | | |
|--|----|----|----|----|----|----|----|----|----|-----|-----|-----|
| Performance as Measured in Final Report | | | | | | | | | | | | |
| Performance as Measured at Baseline/Source Data Period | | | | | | | | | | | | |
| Negotiated Improvement Goal | | | | | | | | | | | | |
| Method of Measuring Improvement | | | | | | | | | | | | |
| Renegotiated Improvement Goal | | | | | | | | | | | | |
| Status (Enter the current quarter measurement for the reported quarter.) | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Q11 | Q12 |
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| Outcome/Systemic Factor: _____ Item: _____ | |
|--|--|
| Performance as Measured in Final Report | |
| Performance as Measured at Baseline/Source Data Period | |

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|--|----|----|----|----|----|----|----|----|----|-----|-----|-----|
| Negotiated Improvement Goal | | | | | | | | | | | | |
| Method of Measuring Improvement | | | | | | | | | | | | |
| Renegotiated Improvement Goal | | | | | | | | | | | | |
| Status (Enter the current quarter measurement for the reported quarter.) | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Q11 | Q12 |
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|--|----|----|----|----|----|----|----|----|----|-----|-----|-----|
| Outcome/Systemic Factor: _____ Item: _____ | | | | | | | | | | | | |
| Performance as Measured in Final Report | | | | | | | | | | | | |
| Performance as Measured at Baseline/Source Data Period | | | | | | | | | | | | |
| Negotiated Improvement Goal | | | | | | | | | | | | |
| Method of Measuring Improvement | | | | | | | | | | | | |
| Renegotiated Improvement Goal | | | | | | | | | | | | |
| Status (Enter the current quarter | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Q11 | Q12 |

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|--|--|--|--|--|--|--|--|--|--|--|--|--|
| measurement for the reported quarter.) | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|

| Outcome/Systemic Factor: <u> </u> Item: <u> </u> | | | | | | | | | | | | |
|--|----|----|----|----|----|----|----|----|----|-----|-----|-----|
| Performance as Measured in Final Report | | | | | | | | | | | | |
| Performance as Measured at Baseline/Source Data Period | | | | | | | | | | | | |
| Negotiated Improvement Goal | | | | | | | | | | | | |
| Method of Measuring Improvement | | | | | | | | | | | | |
| Renegotiated Improvement Goal | | | | | | | | | | | | |
| Status (Enter the current quarter measurement for the reported quarter.) | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Q11 | Q12 |
| | | | | | | | | | | | | |

| Outcome/Systemic Factor: <u> </u> Item: <u> </u> | |
|--|--|
| Performance as Measured in Final Report | |

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|--|----|----|----|----|----|----|----|----|----|-----|-----|-----|
| Performance as Measured at Baseline/Source Data Period | | | | | | | | | | | | |
| Negotiated Improvement Goal | | | | | | | | | | | | |
| Method of Measuring Improvement | | | | | | | | | | | | |
| Renegotiated Improvement Goal | | | | | | | | | | | | |
| Status (Enter the current quarter measurement for the reported quarter.) | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Q11 | Q12 |
| | | | | | | | | | | | | |

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|--|--|
| Outcome/Systemic Factor: _____ Item: _____ | |
| Performance as Measured in Final Report | |
| Performance as Measured at Baseline/Source Data Period | |
| Negotiated Improvement Goal | |
| Method of Measuring Improvement | |
| Renegotiated Improvement Goal | |

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| Status (Enter the current quarter measurement for the reported quarter.) | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Q11 | Q12 |
|--|----|----|----|----|----|----|----|----|----|-----|-----|-----|
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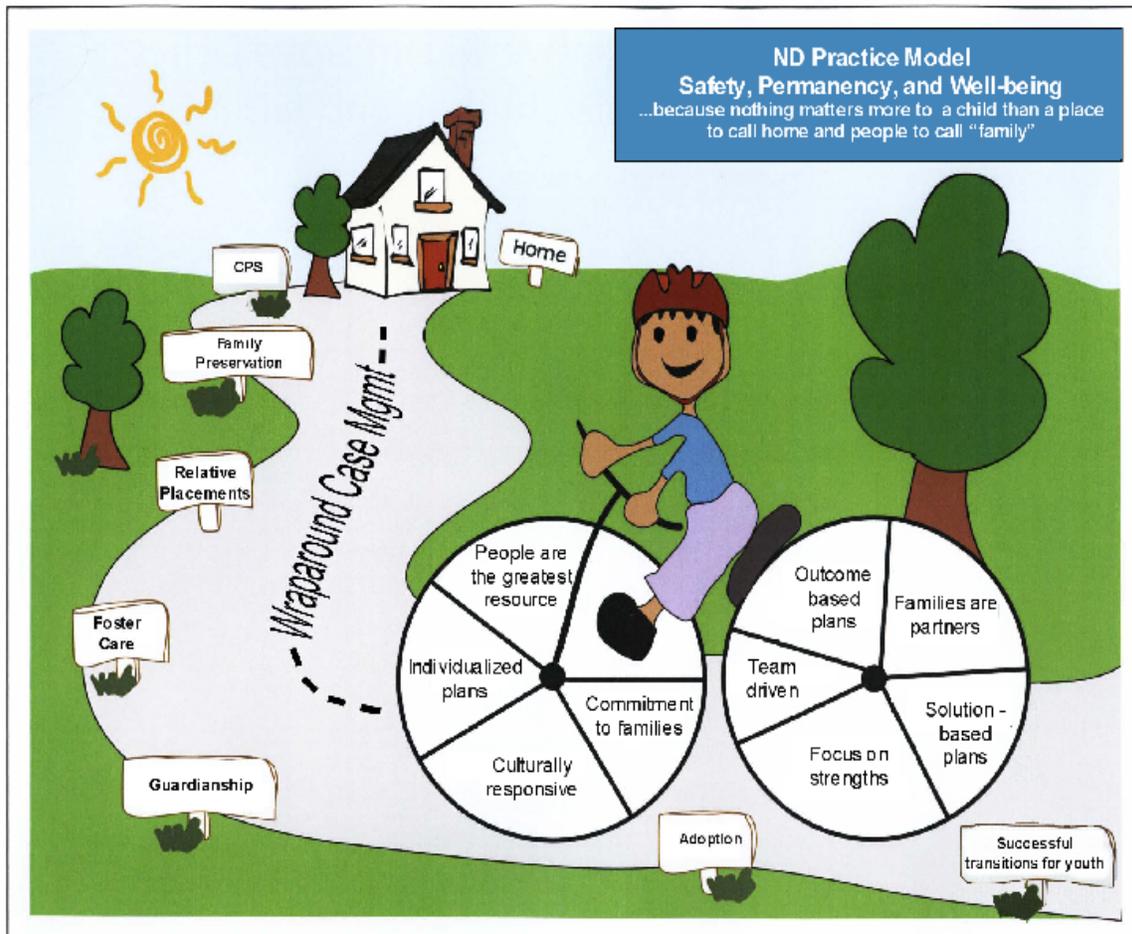
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Type of Report: PIP: X

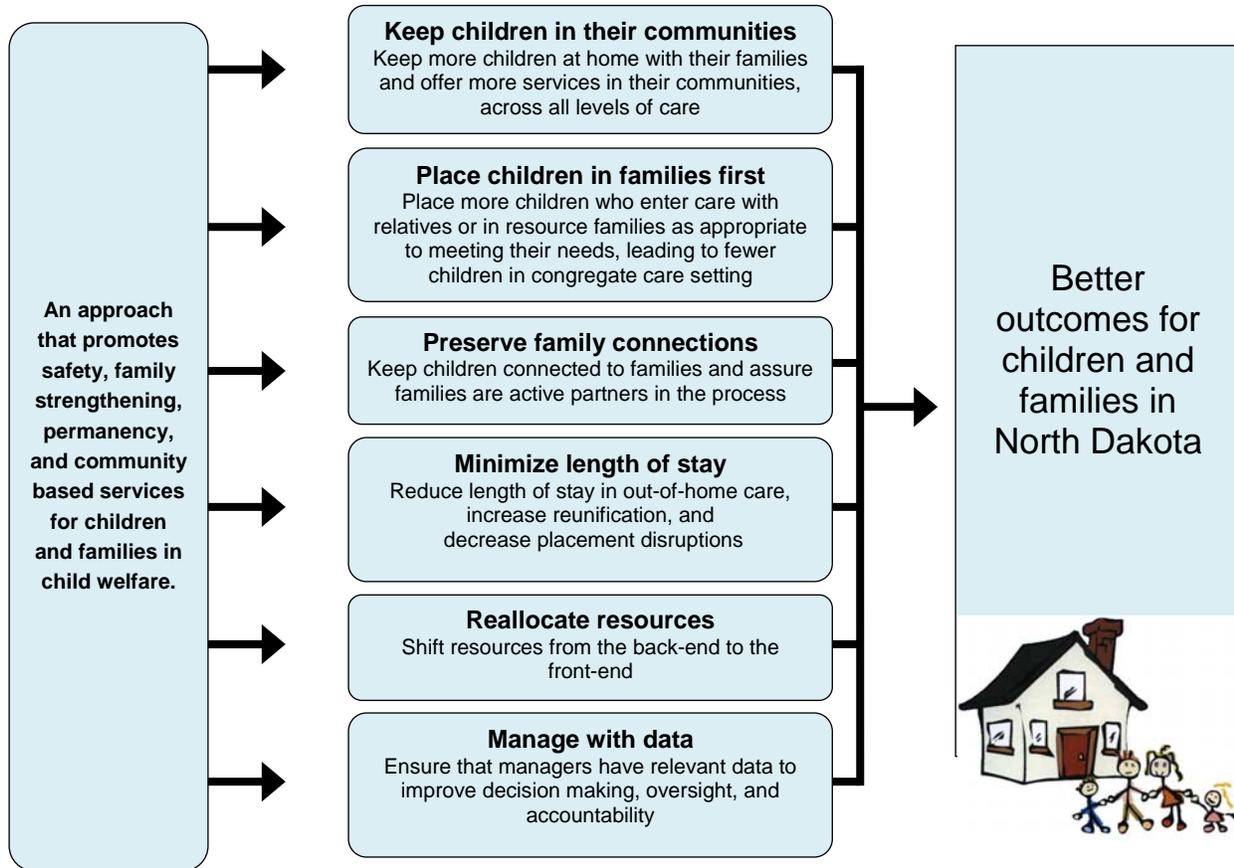
Quarterly Report: (Quarter:)

Date Submitted: May 20, 2010

Appendix A



The ND Wraparound Practice Model improves services to children and families



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Date Submitted: May 20, 2010

Appendix B

The North Dakota

Wraparound Practice Model

Values, Beliefs & Principles

A. Unconditional commitment to working with families and children is provided

1. Families are provided with respect, honesty and openness.
2. The family's language is utilized. Jargon is avoided.
3. We are committed to never giving up on children and families while keeping children safe.
4. Setbacks may reflect the changing needs of family members, not resistance.

B. Families are full and active partners and colleagues in the process

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

C. Services are culturally responsive

1. Cultural diversity is valued and respected.
2. Each family is culturally unique.
3. Differences are valued as strengths.
4. The impact of culture on workers and agencies is recognized and understood.

D. The process is team driven

1. Partnering with other systems and natural supports of families, help bridge the complexity of our work. Partnering is no longer a luxury, but essential because problems are too big and too complex. Collaboration produces results and it provides clarity for families and children/youth who interact with numerous systems which can be confusing at times. The team process allows us to focus on the whole child/family and be better positioned to address issues negatively impacting their functioning.
2. Families, children, natural and conventional supports, and agencies are all part of the team.
3. A multi-system assessment is needed to help provide the family with the necessary resources.

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4. Collaboration between systems and team members is important in building and delivering effective services to families. Teams work together and share core values, beliefs and principles.
5. The multi system approach provides shared risk with involved families.
6. The team approach provides for an integrated system of care.

E. Services focus on strengths and competencies of families, not on deficiencies and problems

1. Strengths discovery is central to getting to know the family.
2. Strengths are utilized in developing the plan with the family.
3. Strengths are utilized in addressing the safety needs of the children and families.
4. The strengths of all family members and supports are assessed in developing the plan.

F. Care plans (service plans) are outcome based

1. Plans address the needs of the children and family.
2. The needs of all family members are identified and addressed in the plan.
3. Goals and tasks with measurable outcomes are established to address change (rather than compliance).
4. Services and supports are built on strengths that are unique to the family and child.
5. Family members are full partners in establishing plans.
6. The Wraparound Practice Model is utilized across systems.
7. The Wraparound Practice Model provides outcome oriented plans rather than compliance based plans.

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

1. Plans are flexible in nature.
2. Families should have access to services that they need.
3. Services and supports can be coordinated into one plan.

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

1. A balance of formal and informal, natural and conventional supports are utilized.
2. Families are key in identifying supports.
3. The community is recognized and respected as a key resource and support.

I. People are the greatest resource to one another

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Appendix C

North Dakota State Measurement Plan

North Dakota proposes to establish a baseline and follow-up review plan by utilizing “Method 2 – State prospective data with baseline and goal established during PIP implementation” per the Child and Family Services Review Amended Technical Bulletin #3 dated October 8, 2009.

North Dakota’s Children and Family Services (CFS) Division proposes to complete eight regional reviews, one in every region of the state. North Dakota will use the Federal Child and Family Services Review Instrument to complete the eight reviews. Six of these reviews will be “Case File” reviews and two will be “Full Case” reviews. Please refer to attached chart for the PIP Year One schedule.

A “Case File” review is defined as a team review of the case record/file plus an interview with the case manager. “Full Case” reviews involve a team review of the case record/file and also include interviews with all pertinent entities including case manager, family members, child(ren), therapist, and other providers. “Full Case” reviews also include scheduled stakeholder interviews with case managers, administrators, supervisors, community representatives, education, court/legal, foster parents and youth.

The reviews will begin during the first quarter of the PIP, anticipated to be April-June, 2010. It is proposed that during PIP Year Two (Quarters 5-8), a second round of regional reviews will be scheduled in every region of the state and will be similar in construct, using “Case File” and “Full Case” reviews. This plan will allow for “rolling quarters” in our data measurement, therefore providing consistent quarterly data over the life of the PIP.

A total of 68 cases will be reviewed each year. Of these 68 cases, 41 (60%) will be foster care cases and 27 (40%) will be in-home cases. Of the 68 cases reviewed 25%, or 17 cases, will be reviewed in Cass County, the largest metropolitan area in the state. At least one Division of Juvenile Services’ (DJS) case will be drawn for review in every region.

A random case draw by the Decision Support Services Division will be completed 6 to 8 weeks prior to each review. The random case draw period will be a 10-month time frame originating one year prior to the month of the scheduled regional review. For example, if the review is scheduled for June 8-10, 2010, the case draw period will be June 1, 2009-March 31, 2010. The period under review (PUR) will be a 12-month time frame. For example, if the review is conducted June 8-10, 2010, the PUR will be June 1, 2009-June 8, 2010.

The random case draw will exclude cases where the following occurs:

- A foster care case officially closed before the case draw period;
- A case appearing multiple times, such as a case that involves siblings in foster care in separate cases or an in-home services case that was opened more than one time during the case draw period;
- A foster care case in which the child’s adoption or guardianship was finalized before the case review period, and the child is no longer under the custody of a public agency (county social services or DJS); or
- Over-representation of caseworkers.

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In determining whether a foster care case should be included in the final case draw for each review, the following criteria will be used:

- The county child welfare agency or DJS has (or had) ongoing responsibility for the case, or the children served pursuant to the state's CFSP; and
- The case was open for at least one day during the case draw period.

In determining whether an in-home case should be included in the final case draw for each review, the following criteria will be used:

- The county child welfare agency has (or had) ongoing responsibility for the case, or the family is or was served pursuant to the state's CFSP; and
- The case was open for at least 30 consecutive days during the case draw period and did not have any children placed in foster care for 24 hours or longer during the period under review.

Data Pulls for Child and Family Services Reviews:

Purpose: To identify Foster Care and In-Home cases for a specified region and Cass County during April 2010 through March 2011 CFSTRs. The Program Administrator from Children and Family Services requests the case draw from the specified region and Cass County and the 10-month time period under review in advance of the scheduled review. The data will be requested eight times, once for each of the eight regions (two regions reviewed per quarter), between April 2010 and March 2011. In addition, data will be requested four times (reviewed quarterly) for Cass County within the aforementioned time period. A total of 68 cases will be reviewed from April 2010 to March 2011 in the eight regions and Cass County.

Methodology for the CFSTR Data Pull for Foster Care Cases from FRAME:

Placement: The case pull includes children placed in the administrative county associated with the CFSTR requested region. The placement start or end date for each foster care child will be within the 10-month time period under review. The condition being that the child is in a foster care placement at least one day during the specified period under review.

FR_FC_PLACEMENT

- ADMIN_COUNTY_NO
- PLACEMENT_START_DT
- PLACEMENT_END_DT

Court Order: At least one case and one backup case from each regional CFSTR will include the DJS (Division of Juvenile Services) as a custodian (coded as "55"). At least one case from each regional CFSTR will include an ICWA (Indian Child Welfare Act) component of ICWA_APPLIES "Y".

FR_COURT_ORDER

- CASE_NO
- CUSTODIAN_CO
- ICWA_APPLIES

Permanency Goal: At least six cases of the 68 regional and Cass County case reviews from April 2010 through March 2011 will have an OPPLA (other planned permanent living arrangement) goal. By definition, the OPPLA cases would include a most recent "permanency plan goal" of at least one of the following: emancipation, independent living, or planned permanent living arrangement. The goal type is either "primary" or "concurrent". The start date and end date of the permanency goal will be used to select the most recent permanency plan goal. There will be at least one case and one backup case with an

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OPPLA qualifying permanency plan randomly selected for six designated regional and Cass County CFSR to ensure that this requirement is fulfilled.

FR_FC_PERMNCY_GOAL

- GOAL
- GOAL_TYPE
- START_DATE
- ACTUAL_END_DATE

Potential Inclusive Nature of Elements: The query for the foster care pull is initially run without parameters for the custodian (“55” for DJS) and permanency goal (goal type as any falling under OPPLA) as not all cases will have one or more of these elements. This will provide a list of the entire universe. The cases that are selected as DJS, ICWA, and OPPLA can be inclusive or exclusive in nature. For example, a case may be selected that is both DJS and OPPLA.

Randomly Achieving Desired Cases: Cases are randomly selected until there are a designated number of DJS, ICWA, and OPPLA cases in the sample. Additional consideration is made for representation from all counties, if possible, within the CFSR region. This will be further addressed in the sample draw section.

Methodology for the CFSR Data Pull for In-Home Cases from SPOC and FRAME:

Data Sources: SPOC and FRAME

The following assumptions regarding the data pulled from SPOC and FRAME should be kept in mind:

- Data in the SPOC system contains information through the last day of October 2009.
- The “Foster Care” indicator is the primary mechanism for identifying cases that are not considered “Foster Care.”
 - If the case is marked “Y” it is Foster Care
 - If the case is marked “N” it is considered In-Home

CFSR In-Home Criteria for the Review:

- The county child welfare agency has (or had) ongoing responsibility for the case, or the family is or was served pursuant to the state’s CFSP; and
- The case was open for at least 30 consecutive days during the case draw period and did not have any children placed in foster care for 24 hours or longer during the period under review.

Methodology: Depending on the time period specified, cases may be drawn from both SPOC and FRAME. For time periods beginning with November 2009, all case draws will be completed from FRAME.

Cases are first identified as being either “In-Home” or “Foster Care” from the appropriate tables. (From SPOC: SP_CASE; SP_CASE_OWNER; SP_SERVICE_PERIOD. From FRAME: FR_CASE; FR_CASE_OWNER; FR_SERVICE_PERIOD).

Cases are then narrowed down to the requested 10 month time period, and the specified Region/County. These steps will be followed for both SPOC and FRAME pulls. After these data have been pulled from SPOC and FRAME the cases from each are matched for duplicates.

The resulting files will then be merged and exported into an Excel spreadsheet. This Excel file is used to compile data for the CFS Program Administrator.

Beyond information provided, a detailed technical manual outlining the complete methodology for pulling In-Home cases is available, if needed.

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Sample Draw for In-Home and Foster Care:

Once both lists are pulled with the entire universe for a given CFSR region or Cass County, a random number generator is used to select cases for review. The sample draw was completed separately for Foster Care and In-Home with each list under a separate tab on an Excel spreadsheet. Typically all counties within a region are represented within the 4-6 foster care and 4 In-Home cases requested (with at least two additional backup cases of each). There are times in which no Foster Care or In-Home cases exist meeting the aforementioned criteria within one or more counties. To ensure representation from a given county, the random number generator may be used to select a number out of the total number of cases within a particular county rather than using the generator for the entire universe.

Once the In-Home cases are pulled from FRAME and SPOC, a manual check is run on the sample draw. Children who were clients of both In-Home and Foster Care, at any point in their experience with child welfare, are excluded from selection. If there are cases excluded, additional cases are drawn using the random number generator.

For certain regions there may be instructions from the CFS Program Administrator to make sure to include a specified number of DJS, ICWA, Foster Care, and In-Home cases from designated counties.

- The selected cases and backup cases are highlighted on an Excel spreadsheet that includes all cases in the universe and is forwarded to the CFS Program Administrator.

General Guidelines:

- The CFSR regional review teams comprise county and regional staff (including supervisors), private agency staff, retired staff, and other child welfare professionals. Prior to their participation as case reviewers they attend training on the CFSR instrument.
- The Quality Assurance Team, as determined by the CFS Division, will be available at all regional reviews to answer any questions and to conduct QA and debriefing of all cases reviewed. They will also conduct entrance and exit conferences at each site. A CFS management team member will be present at every "Case File" and "Full Case" review.
- In respect to the Cass County "Case File" reviews each quarter, teams of reviewers will have flexibility to determine when they will conduct the reviews and designated members of the QA team will be available to answer any questions. These reviews must be conducted by the last day of each quarter.

Feedback following reviews:

An essential part of the North Dakota CFSR process is to provide feedback to counties, DJS, other public/private agencies, and the CFS Division team regarding the outcomes and any proposed program improvements needed. Some initial feedback will occur at the exit conference. Part of the ongoing QA process will be to identify agency strengths and barriers. The strengths of the agency will be used to address possible solutions to the barriers. In order to achieve this, the CFS Division will provide information identifying specific strengths and/or barriers within 45 days after the last day of the review.

After the CFS management team has reviewed and discussed the draft report, a decision will be made regarding whether a Program Improvement Plan (PIP) will be required to address specific findings. If

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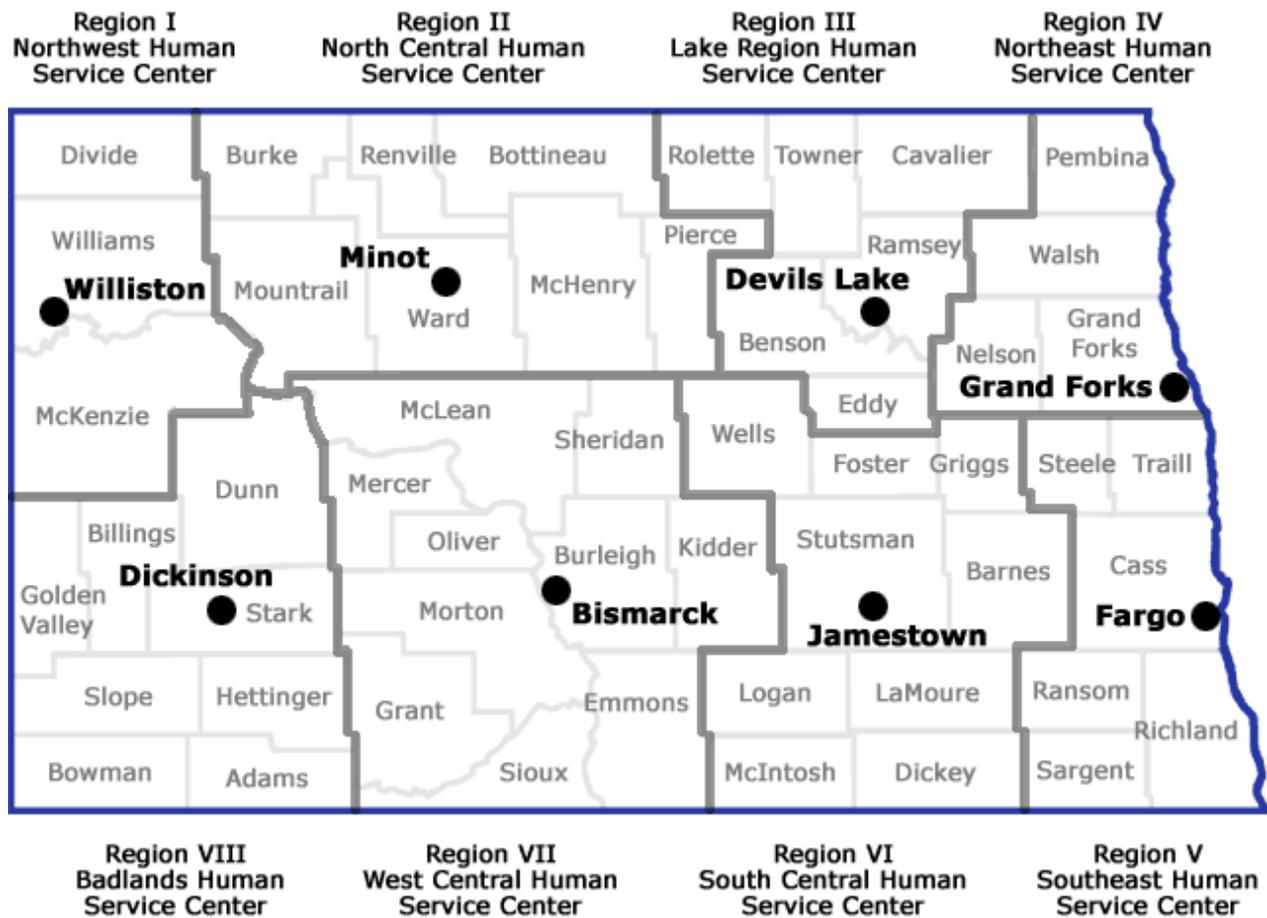
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a PIP is requested from a specific county/DJS office, its development should include participation by the Regional Supervisor, the County Director, and the County Supervisor(s). Once the PIP has been completed by the county/DJS, the CFS Division’s Management Team will be responsible to review the PIP and direct follow-up and reporting as needed.

Following a “Full Case” review, the CFS Division’s Management Team will address the stakeholder comments and any other issues arising from the reviews within a reasonable time frame. Reports will be made to CFS staff, the CFS Committee, Regional Supervisors, County Supervisors, etc. regarding the outcomes of the reviews. A post-CFSR conference will be held to discuss the “Full Case” review findings.

Regional Structure:

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



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North Dakota CFSR Plan
PIP Year One: April 2010-March 2011
68 cases reviewed

QUARTER 1: April – June 2010 17 CASES

| REVIEW TYPE | REGION | DATE | CASE DRAW PERIOD | PERIOD UNDER REVIEW | # OF CASES | MGMT TEAM REP |
|------------------|--------------------|-----------------|------------------|---------------------|------------|---------------|
| Case File Review | VII – West Central | May 11-13, 2010 | 5/1/09-2/28/10 | 5/1/09-5/11/10 | 8 | Marlys |
| Case File Review | III – Lake Region | June 8-10, 2010 | 6/1/09-3/31/10 | 6/1/09-6/8/10 | 5 | TBD |
| Case File Review | Cass County | TBD | 6/1/09-3/31/10 | 6/1/09-6/8/10 | 4 | --- |

QUARTER 2: July – September 2010 18 CASES

| REVIEW TYPE | REGION | DATE | CASE DRAW PERIOD | PERIOD UNDER REVIEW | # OF CASES | MGMT TEAM REP |
|------------------|----------------|------------------|------------------|---------------------|------------|---------------|
| Case File Review | IV - Northeast | Aug 10-12, 2010 | 8/1/09-5/30/10 | 8/1/09-8/10/10 | 6 | Julie |
| Full Case Review | V - Southeast | Sept 28-30, 2010 | 9/1/09-6/30/10 | 9/1/09-9/28/10 | 8 | Tara |
| Case File Review | Cass County | TBD | 9/1/09-6/30/10 | 9/1/09-9/28/10 | 4 | --- |

QUARTER 3: October – December 2010 17 CASES

| REVIEW TYPE | REGION | DATE | CASE DRAW PERIOD | PERIOD UNDER REVIEW | # OF CASES | MGMT TEAM REP |
|------------------|------------------------|-----------------|------------------|---------------------|------------|---------------|
| Full Case Review | VIII – Badlands Region | Oct 19-21, 2010 | 10/1/09-7/31/10 | 10/1/09-10/19/10 | 8 | Tara |
| Case File Review | I - Northwest | Nov 2-4, 2010 | 11/1/09-8/31/10 | 11/1/09-11/2/10 | 5 | Dean |
| Case File Review | Cass County | TBD | 11/1/09-8/31/10 | 11/1/09-11/2/10 | 4 | --- |

QUARTER 4: January – March 2011 16 CASES

| REVIEW TYPE | REGION | DATE | CASE DRAW PERIOD | PERIOD UNDER REVIEW | # OF CASES | MGMT TEAM REP |
|------------------|--------------------|-----------------|------------------|---------------------|------------|---------------|
| Case File Review | II – North Central | Jan 11-13, 2011 | 1/1/10-10/31/10 | 1/1/10-1/11/11 | 8 | Marlys |
| Case File Review | VI – South Central | Feb 22-24, 2011 | 2/1/10-11/30/10 | 2/1/10-2/22/11 | 5 | Julie |
| Case File Review | Cass County | TBD | 2/1/10-11/30/10 | 2/1/10-2/22/11 | 3 | --- |

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