



NORTH DAKOTA CHILD & FAMILY SERVICES PLAN

2010-2014 Annual Progress and Services

Final Report

TITLE IV-B SUB PART I

TITLE IV-B SUB PART II

CAPTA

CHAFEE ILP

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Children & Family Services Division

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I. BACKGROUND

A. INTRODUCTION

The accompanying 2014 Annual Progress and Services Final Report (APSR) of the Child and Family Services Plan includes: IV-B Subparts I and II, the Child Abuse Prevention and Treatment Act Plan, and the Chafee Foster Care Independence Program Plan. This report reflects activity through Federal Fiscal Year 2013 and provides a final report on the 2010-2014 Children and Family Services Plan (CFSP).

B. ADMINISTRATION OF THE PLAN

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

Children and Family Services Division

The Children and Family Services (CFS) Division administers child protection services, foster care services, adoption services and family preservation services. These include child abuse and neglect prevention and intervention, Children's Trust Fund, Community-Based Grants for the Prevention of Child Abuse and Neglect (CBCAP), Child Fatality Review Panel, Institutional Abuse, Interstate Compact on the Placement of Children, Refugee Services, Independent Living Services, Subsidized Guardianship, Subsidized Adoption, services to pregnant teens, Parent Aide services, Prime Time Child Care services, Respite Care services, Safety/Permanency Funds, Intensive In-Home Family Therapy services, Family Group Decision Making (FGDM), Family Team Decision Making (FTDM), Early Childcare Services, and Head Start. A copy of the APSR will be placed on the Department's website along with the other key reports. Upon final acceptance of this report, the information will be available at: <http://www.nd.gov/dhs/info/pubs/family.html>.

County Social Service Boards

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

Regional Human Service Centers

The eight Human Service Centers are located in the primary economic, medical and business centers of the state. The 1981 North Dakota Legislative Assembly created these regional human service centers. Each Human Service Center has a Regional Representative/Supervisor who serves as the liaison between the counties and the CFS

Division. These representatives provide direction and program supervision of child welfare services provided by the county social service agencies.

Target Populations

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

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

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

A. MISSION STATEMENT

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

B. VISION AND VALUES

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

Unconditional commitment to working with families and children is provided

- A commitment to never give up on helping children and families, while keeping children safe.
 - Families are treated with respect, honesty and openness.
 - The family’s language is utilized and jargon is avoided.
 - Setbacks may reflect the changing needs of family members, not resistance.
- **The process is team driven**
- Partnering with other systems and natural supports of families helps bridge the complexity of the work.
 - Families, children, natural supports, conventional supports and agencies are all part of the team.
 - A multi system assessment is completed to provide the family with necessary resources.

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

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

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

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

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

 **Care plans are outcome-based**

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

 **Services are culturally responsive**

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

- ✚ **Services and care plans are individualized to meet the needs of children and families**
 - Care plans are flexible in nature.
 - The family and children should have access to services they need.
 - Services and supports can be coordinated into one plan.

- ✚ **Resources and supports, both in and out of the family, are utilized for solutions**
 - The family is key in identifying supports.
 - A balance of formal and informal, natural and conventional supports is utilized.
 - The community is recognized and respected as a key resource and support.

- ✚ **People are the greatest resource to one another**
 - Family Engagement: The key to success in the child and family team process is building positive and strong relationships between the Wraparound Practitioner and the family members.

III. 2014 ANNUAL PROGRESS AND SERVICES REPORT

A. GOALS & OBJECTIVES

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

2014 UPDATE: We have completed the ND PIP as of June 30, 2013. Updates on remaining objectives are provided in the following table:

GOALS	OBJECTIVES	MEASURES OF PROGRESS (TASK)	TIMELINE (YEAR)	2014 UPDATE
I. Strengthen the risk and safety assessment practice components of the Wraparound Practice Model to enhance safety outcomes across the child welfare service delivery system.	A. Develop and implement consistent policies for all child welfare programs, identifying critical decision points in the life of the case where a formal safety/risk assessment is required	A. Consistent policy is developed and implemented	A. Y 2 ✓	A. CPS Policy has been developed and implemented pertaining to safety/risk assessments and safety planning. The Wraparound Practice Model policy manual has been written. The manual is overarching for child welfare, DJS, and children’s mental health. In this manual is policy on the critical points where a formal assessment of safety/risk is required. Therefore this task is completed.
	B. Support supervisors as implementation agents of the ongoing assessment of safety and risk across the life of the case consistent with the Wraparound Practice Model.	B. Utilize TA from NRC on Organizational Improvement & NRC on Action for Child Protection; core supervisory work group is formed; a work plan is developed and implemented	B. Y3 ✓	B. The CFS Division received TA from Sarah Webster with the NRCOI and with her support has convened the Core Supervisory Group and developed a work plan to address safety/risk assessments across the life of the case. The work plan has been submitted as part of our quarterly PIP reports. This task

				is completed.
<p>II. Strengthen the child and family engagement practice components (direct and supervisory) of the Wraparound Practice Model to enhance permanency and well-being outcomes across the child welfare service delivery system.</p>	<p>A. Ensure regular and high quality case worker visits with children and youth in both foster care and in-home cases and with their parent(s)</p>	<p>A. Consistent policies developed and implemented; monthly reports are generated and disseminated; written guidance developed and disseminated</p>	<p>A. Y 2 ✓</p>	<p>A. A. CFS Division and Children’s Mental Health administrators have disseminated policy issuances specific to consistent and high quality caseworker visits with children served through in-home, foster care, and children’s mental health. Written guidance in the form of the Child and Family Team Meeting Outline has been developed and disseminated. This task is completed.</p>
	<p>B. Improve involvement of non-custodial / absent parent / significant other / parent figure across foster care and in-home programs</p>	<p>B. Formal policy issuance; checklist tool developed and disseminated; child welfare certification training strengthened and child welfare staff is trained</p>	<p>B. Y 3 ✓</p>	<p>B. The Child and Family Team Meeting Outline (tool for case managers in ensuring all areas are addressed at team meetings) is now available as a link on FRAME. The PI’s specific to family engagement and caseworker visits for foster care, in-home, and children’s mental health were developed and disseminated in June 2011. The curriculum for child welfare certification has been updated. Per the Family Engagement TA plan, training was provided to child welfare supervisors, regional supervisors, and DJS supervisors in May 2012. Family engagement training for caseworkers will be held at the 2012 Children’s Justice Symposium in July 2012. Additionally, a second round of the supervisory training on family engagement (for partner agencies) will occur in the fall of 2012. This task is completed.</p>
	<p>C. Develop post-certification skill-based modules regarding family engagement</p>	<p>C. TA consultation from NRC for Permanency & Family Connections and plan developed; training curricula developed and child welfare staff trained</p>	<p>C. Y 3 ✓</p>	<p>C. The NRC for Permanency & Family Connections and the NRC for In-Home Services assisted the CFS Division in developing a TA plan. The American Humane “The Work of the Coach” training for supervisors was chosen and the training was provided to county supervisors, regional supervisors, and DJS supervisors by Michelle Howard, M.S., LPC in May 2012. The second phase of training will be held in fall 2012 and the target audience will be partner agency supervisors. This task is completed.</p>
	<p>D. Support supervisors as change agents in the implementation of family engagement consistent with the Wraparound Practice Model</p>	<p>D. Utilize TA from NRC on Organizational Improvement; core supervisory work group is formed; a work plan is developed and implemented</p>	<p>D. Y 3 ✓</p>	<p>E. We have received TA from Sarah Webster with the NRCOI and with her support have convened the Core Supervisory Group and developed a work plan to</p>

				address family engagement. The work plan has been submitted as part of our quarterly PIP
<p>III. 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.</p>	<p>A. Statewide and regional recruitment and retention plans ,that are consistent with the Wraparound Practice Model, will reflect increased efforts to recruit homes that are child specific and appropriate for sibling groups, older youth and Native Americans</p>	<p>A. TA consultation from NRC for the Recruitment & Retention of Foster & Adoptive Parents/Adopt US Kids; plan developed; funding announcement disseminated; training plan developed and training provided; and recruitment and retention plan implemented; TA from NRC on Organizational Improvement regarding measurement</p>	<p>A. Y 3 ✓</p>	<p>A. The NRC for Recruitment and Retention of Foster and Adoptive Parents/ Adopt Us Kids assisted the state in developing the recruitment and retention training plan. The CFS Division disseminated the funding announcement in June 2011. The training plan was developed and training was provided to 90% of the recruitment/retention staff, with a plan to share the training with the remaining 10% during the next coalition meeting. The state recruitment & retention plan is a compilation of the eight regional plans, which emphasize recruitment for sibling groups, Native American families, and families to foster/adopt older children. This task is completed.</p>
	<p>B. Improve the quality and consistency of Child & Family Team meetings to accurately establish case plan goals for children and youth, document and work toward the goals, and evaluate/monitor progress toward achieving permanency</p>	<p>B. Written guidance is provided; training plan developed and training provided; ongoing reports from Regional Supervisors regarding Child & Family Team meetings</p>	<p>B. Y 2 ✓</p>	<p>B. The Child and Family Team Meeting Outline (written guidance) is available as a link in FRAME. The training on this tool was provided in May 2011. Diana Weber, CFSR Manager, continues to discuss aspects of child and family team meetings at each regional supervisor meeting. This task is completed.</p>
	<p>C. Support supervisors as implementation agents to increase the implementation and documentation of clear and timely permanency goals, consistent with the Wraparound Practice Model</p>	<p>C. Develop Wraparound Practice Model manual; utilize TA from NRCOI for plan development; core supervisory work group is formed; a work plan is developed and implemented</p>	<p>C. Y 3 ✓</p>	<p>C. The Wraparound Practice Model Manual has been written and includes a section on permanency/timely permanency goals. We have received TA from Sarah Webster with the NRCOI and with her support have convened the Core Supervisory Group to develop a work plan which addresses family engagement. The work plan has been submitted as part of our quarterly PIP reports. This task was completed in year 2.</p>
<p>IV. 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.</p>	<p>A. Develop strategies for encouraging opportunities for the child's caregiver to have input into reviews or hearings with respect to the child</p>	<p>A. TA consultation from NRC on Legal & Judicial Issues, ABA, and NRC on Organizational Improvement; plan developed; report on collaboration with ND Supreme Court</p>	<p>A. Y 3 ✓</p>	<p>A. At the June 2012 Judicial Conference, the CFS Director arranged for Timothy Travis, NRC on Legal & Judicial Issues consultant, to train ND judges on engaging foster parents and caregivers in child welfare proceedings. This task is completed.</p>
	<p>B. Achieve timely permanency for children and youth in foster care</p>	<p>B. Analysis and report on data; target site identified and improvement plan developed and implemented; evaluation report completed and disseminated; TPR protocol developed; Assistant Attorney General hired to do this specialized work</p>	<p>B. Y 3 ✓</p>	<p>B. A pilot site for developing strategies on system improvement was identified, a group was convened, and a report on the findings and recommendations was disseminated to the field. This work was accomplished through the PIP Extension. The PIP Extension plan was amended to "secure a method of hire for a new AAG to do this specialized work." This was done, in</p>

				negotiation with our federal partners, because DHS did not have a budget to hire a specialized litigator. The method secured will be an annual contract with an experienced civil litigator. Funding in the DHS budget has been identified in the 13-15 biennial budget for this purpose. This task is completed.
V. Develop collaborative approaches, both formal and informal, to address service array issues	A. Identify and address the barriers to accessing needed services for children and families and ensure that there is an array of essential services across the state to support individualized plans of care for children and their families	A. Assessment completed and information posted; meetings held quarterly with tribal directors	A. Y 2 ✓	A. The assessment is completed and the information was posted for a period of time. The Native American Training Institute (NATI) has links published on their website with local tribal customs, upcoming events, etc. The CFS director and NATI director co-facilitate quarterly meetings with tribal child welfare directors. This task is complete.
	B. Improve provision of adequate and appropriate mental health services to meet children's assessed needs	B. Evidence-based mental health screenings will be part of Health Tracks Screenings for foster children - training on screening instruments provided	B. Y 2 ✓	B. Children's Mental Health and Medical Services co-trained the Health Tracks Screeners in October 2010. The training was on evidence based mental health screening instruments. The training was videotaped for future use. This task is completed.
	C. Enhance the capacity of the system to provide individualized planning for children and families consistent with the Wraparound Practice Model	C. Utilize TA support from NRC on Organizational Improvement to develop a peer mentoring model; peer mentoring model developed and rollout completed	B. Y 3 ✓	C. A statewide group of county supervisors convenes quarterly in Bismarck. They received training on a peer mentoring model, "Learning Circles," in January 2012 and have implemented this model into their quarterly meetings. Pete Tunseth, CFS Training Center Director, provides TA to this group as needed. This task is completed.
	D. Increase capacity to fully meet the needs of Priority 1 and 2 youth	D. Report on budget request; plan developed and implemented	D. Y 2 ✓	D. An Optional Adjustment Request to increase the budget was not funded. The State IL Administrator has reorganized the IL program and will soon issue an RFP. The plan is to streamline the program so that the available budget will serve as many youth as possible in the state. This task is completed.
VI. Work together with partners in the field regarding caseload standards	A. Meet with state partners to review current information related to caseload standards	A. Meetings have occurred and caseload standards are in place for all child welfare programs	A. Y 4 (Y 5) ✓	A. The Children & Family Services Committee, a sub-committee of the ND Association of County Social Service Directors, worked throughout the year gathering data and information on caseload standards used by other states and professional organizations (CWLA, Casey Family Services, etc.). The sub-committee used this information to draft a Position Paper on ND Child Welfare caseload standards. This paper was used to define caseload ranges for two specific child welfare tasks: 1. case management, and 2. child protection. The core

				responsibilities for each task were identified and agreed upon and caseload standard ranges were applied to each task
	B. Determine a protocol for applying caseload standards in all CFS programs	B. Protocol for caseload standards is developed and applied	B. Y 5 ✓	A. The CFS committee accepted the sub committee's position statement and supported the caseload ranges identified. The CFS committee determined that caseload standard ranges must allow for the different staffing patterns among counties. In general, a worker caseload should not be <i>consistently</i> below or above the ranges to assure the benefits of caseload standards (as defined in the Position Paper) are realized. The protocol for caseload standard application is maintained and managed by CFS program managers (through policy) in collaboration with the county Children and Family Services committee.
VII. Strengthen relationships with tribal child welfare partners in the state to promote effective communication and enhance collaboration	A. Schedule quarterly meetings with tribal child welfare directors	A. Quarterly meetings are scheduled	A. Y 1 ✓	A. The tribal directors' group, SSNAP, has been meeting quarterly. Meetings have been very productive and well attended. This task is completed.
	B. Invite tribal child welfare staff to trainings and policy/plan-building meetings	B. Tribal child welfare staff are invited to trainings and meetings	B. Y 1 ✓	B. Tribal child welfare staff has been invited to CFS sponsored trainings (ex. Wraparound Certification, Parent Aide Training, CFS Conference) and will continue to be invited in the future. This task is completed.
	C. Continue to explore collaboration opportunities with Tribal partners	C. Collaboration opportunities are explored	C. Y 1 ✓	C. The CFS Division continues to look for collaborative opportunities. We have been involved with the Indian Affairs Commission on collaborations that will support best child welfare practice in the state (as a part of the Interim Health and Human Services Interim Committee on the ND State Legislature). This task is completed.
VIII. Continuous Quality Improvement to ensure safety, permanency and well-being across all stages of the child welfare service delivery system	A. The state will use CFSRs & Peer Reviews as QA review tools	A.1 Local CFSR reviews are taking place	A.1 Y 1 ✓	A.1 In the past year a total of 71 case reviews were completed throughout the state, with 17 of these being completed in the largest metropolitan area (Cass County). This task is completed.
		A.2 Peer Review process is launched	A.2 Y 2 ✓	A.2 Upon receipt of ACYF-CB-IM-12-07 issued 8/27/2012, the CFS Division began internal conversations on growing the current QA system in North Dakota. This system includes random draw case reviews in each region of the state annually. The case reviewers are often peers to the case managers, or county child welfare workers. Feedback from the CFSR Manager is

				<p>provided immediately following the reviews at the Exit Conference. Additionally, within two months of the review, a summary report and individual case instruments are mailed to those county agencies where cases were reviewed. If areas needing improvement were noted, counties are instructed to address practice improvements through the writing of a C-PIP (County Practice Improvement Plan). Due the cadre of reviewers used in this process, this has been viewed as a peer review process. However, the CFS Division is committed to expanding our QA process to include the functional components of CQI. Division staff have participated in regional webinars to glean from other states in Region VIII. The CFSR Manager and Infrastructure Administrator are committed to expanding child welfare CQI through the utilization of FRAME, data analysis and feedback to the field, and development of policy and procedures.</p>
	B. Annual review of CPS case files	B. Annual reviews are completed and results disseminated to the field	B. Y 1 ✓	B. The Regional Supervisors have continued the quality assurance process by reviewing cases and provide the CPS Administrator reports of the reviews. This task was completed in Year 1.
IX. In response to the Governor's Healthy North Dakota Initiative, the CFS Division and its partners will develop and implement a Health Care	A. The Health Care Services Plan as outlined in the 2010-2014 CFSP will be implemented with support from the Healthy North Dakota Early Childhood Alliance (HNDECA) and the North Dakota Social Emotional Developmental Alliance (NDESDA)	A. Health Care Services Plan is implemented in the state	A. Y 5	A. Refer to the Health Services Plan section of this report.

<p>Services Plan to ensure Foster Care children receive screening, assessment and treatment as appropriate for their physical, dental, and mental health.</p>	<p>B. The Treatment Collaborative for Traumatized Youth (TCTY) will be expanded in the state</p>	<p>C. TCTY is expanded</p>	<p>B. Y 2 ✓</p>	<p>B. TCTY continues to be expanded to provide evidence based treatment throughout the state. From July 1, 2011 – June 30, 2012 the TCTY trainings continued to be offered to Clinicians at the Human Service Center Staff on the evidence based treatment of Trauma Focused Cognitive Behavioral Therapy and Structured Psychotherapy for Adolescents Responding to Chronic Stress. In October 2011 TCTY added the evidence based treatment method of Alternative for Families: This is a one year learning collaborative on this cognitive – based therapy for Intensive In-Home Therapists at the Human Service Centers. The Department of Human Services Division of Mental Health & Substance Abuse continues to be committed to the ongoing expansion of this collaborative. This task is completed.</p>
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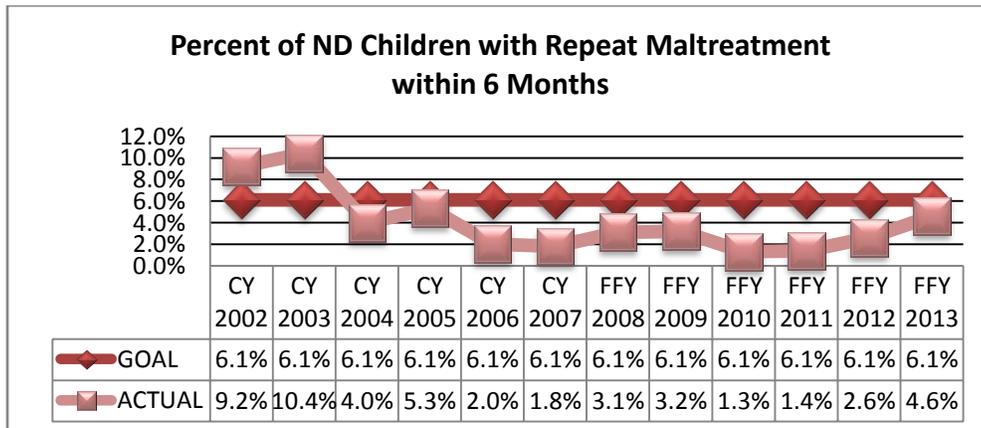
B. FEDERAL MEASURES

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

Child Protection

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

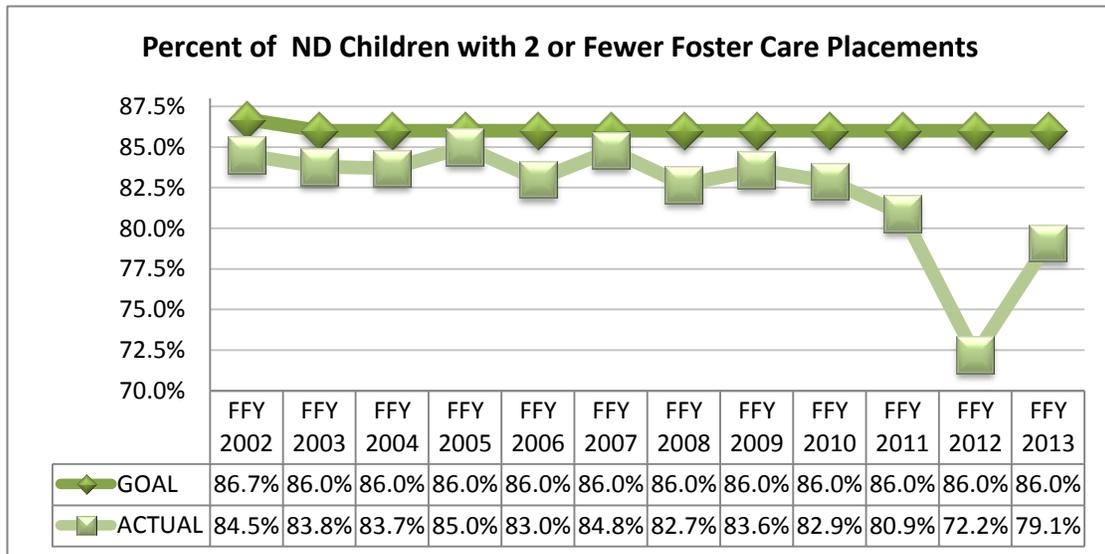
2014 UPDATE: In FFY 2013, 4.6% of North Dakota children had another services required report within 6 months of the first report.



Foster Care

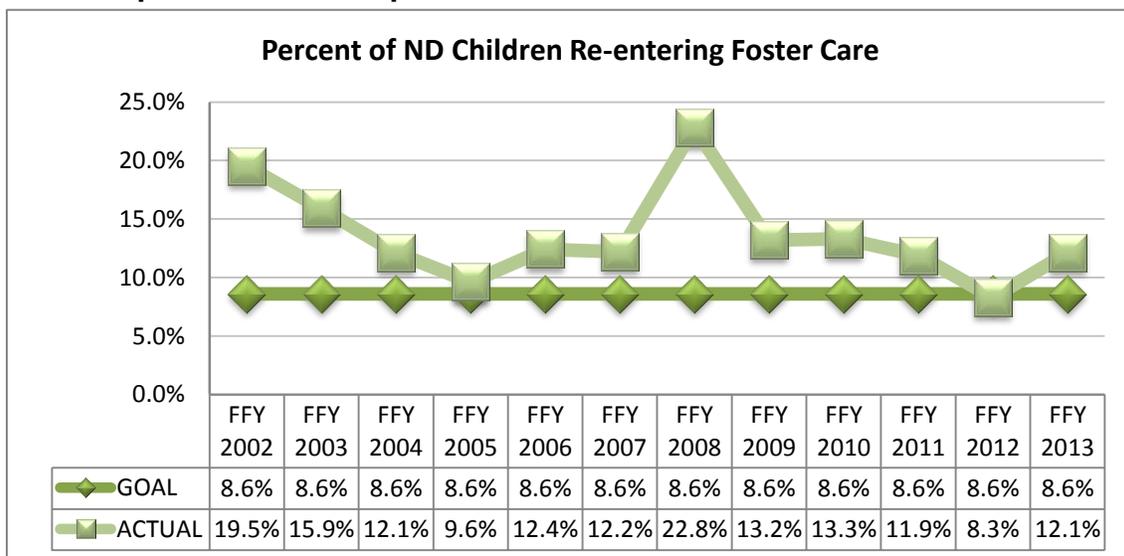
FEDERAL MEASURE: Of all children served in foster care during the 12 month target period who were in foster care for at least 8 days but less than 12 months, 86.7% will have two or fewer placement settings.

2014 UPDATE: In FFY 2013, 79.1% of North Dakota children in foster care less than 12 months had two or fewer placement settings.



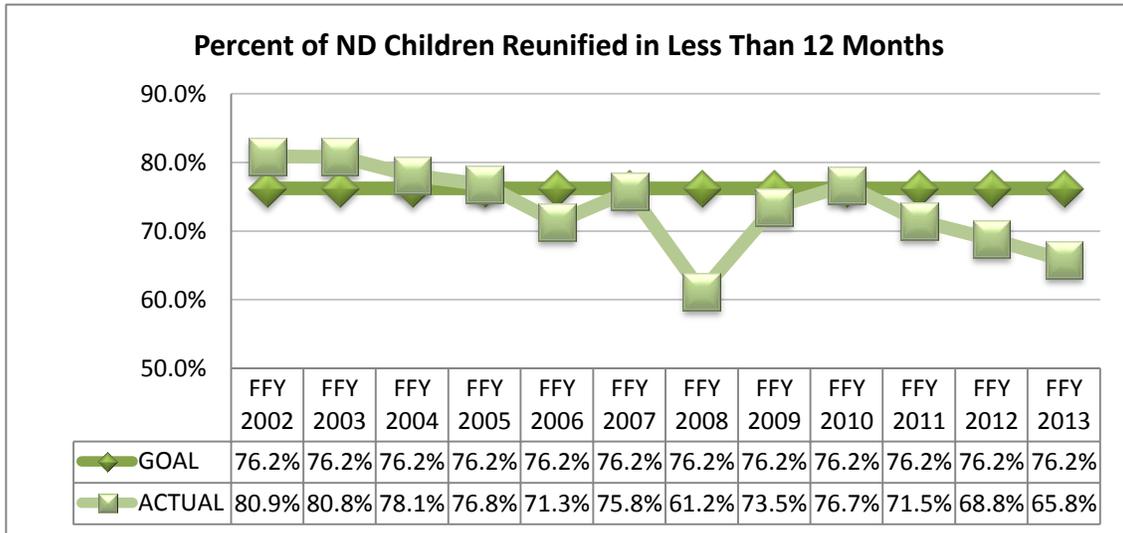
FEDERAL MEASURE: Of all children discharged from foster care to reunification in the 12-month period prior to the year shown, 8.6% or fewer will re-enter foster care in less than 12 months from the date of discharge.

2014 UPDATE: In FFY 2013, 12.1% of North Dakota children re-entered foster care within 12 months of a prior foster care placement.



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

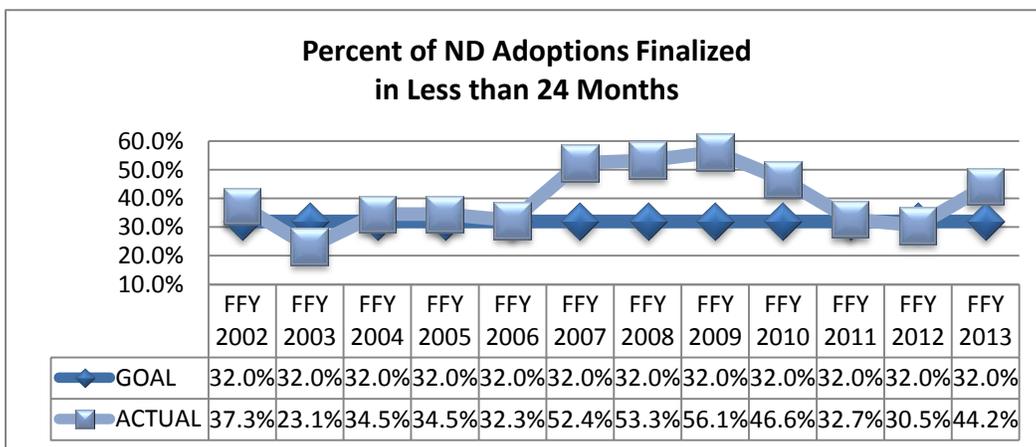
2014 UPDATE: In FFY 2013, 65.8% of North Dakota children were reunified in less than 12 months from the time of the latest removal from home.



Adoption

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

2014 UPDATE: In FFY 2013, 44.2% of North Dakota children exited foster care to a finalized adoption within 24 months.



C. SERVICE DESCRIPTIONS

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

+ **Child Protection Services**

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

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

2014 UPDATE: The CFRP continued to meet on a quarterly basis to review the deaths of all minors occurring during the timeframe of this report. The Child Maltreatment Prevention Services Administrator facilitated these meetings in Bismarck. The Panel members are listed as part of the CAPTA Plan.

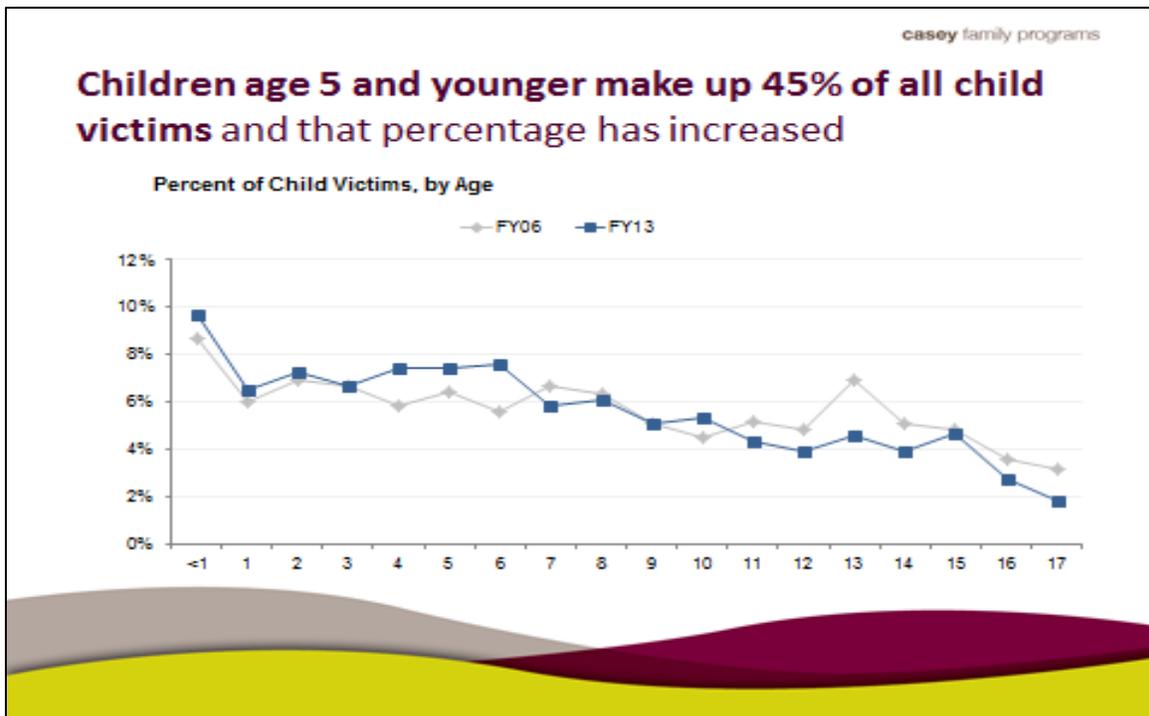
The North Dakota Child Fatality Review Panel receives death certificate information from the state's Vital Records Division of the ND State Health Department to initiate the process of child fatality review. As part of the review process, existing records are requested from law enforcement agencies, county coroners, and the State Medical Examiner's office, among others. Child maltreatment death data is extracted from the state data system (FRAME) and reported to the National Child Abuse and Neglect System (NCANDS). Prior to submitting data to NCANDS, the FRAME data is reconciled with the CFRP data to ensure that all child maltreatment deaths are accounted for in the final submission.

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

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

▫ Populations at Greatest Risk of Maltreatment:

2014 UPDATE: According to data analysis of NCANDS data provided by Casey Family Programs for FFY 2006 through FFY2013 (see below), children ages 5 and younger comprise the population at greatest risk for maltreatment. This is also reflected in NCANDS data for FFY 2013. Services are targeted to this population through referrals to Early Intervention programs for all children under age three, who are identified as victims of child maltreatment, Health Tracks Screening for all children entering foster care, and referral to county case management services for individualized child and family service plans.



✚ **Family Support Services**

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

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

- The Nurturing Parent Program: The North Dakota Nurturing Parent Programs are group-based programs in which both parents and their children participate. This field-tested and nationally recognized program provides a common learning experience and enhances positive interactions for parents and children. Nurturing Parent programs offer, “The Nurturing Program for Parents and Children Ages 5-12”, and “The Nurturing Parent Program for ages Birth to 5 Years”. The Nurturing Parenting Program is recognized by the

SAMHSA National Registry of Evidence-based Programs and Practices (NREPP) and by OJJDP's Model Programs Guide as a Promising Program.

2014 UPDATE: The Nurturing Parent Program (NPP) operated at 9 sites in 2013-2014. Evaluation of the program is based on participant completion of the Adult Adolescent Parenting Inventory (AAPI) pre-test and post-test. AAPI results indicated positive, practical, or educational differences in test constructs concerning:

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

Evaluation of North Dakota's Nurturing Parenting Programs reflected commendable decreases in the risk range of participants (decreases ranged from 40 to 80 percent) in each of the five test constructs.

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

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

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

2014 UPDATE: For many years services were not provided in Region 1 of the state, due to inability to hire a staff. On September 1, 2013 the eighth Parent Resource Center in the Region 1 opened. A partnership with Williams County made this

possible. Since the opening of the parent resource center, parent education and services have been offered to families across the region.

Each PRC participates in the Family Resource Center Network coordinated through the Family Life Education Program, a partnership with North Dakota State University Extension Service. The Network provides for site visits, a peer review process and an evaluation component for the individual centers as well as for the Network Parenting resource centers directly funded under CBCAP participate in an on-site peer review process. Peer review also includes an annual meeting, which was held on May 23, 2013 in Grand Forks, ND at the Region IV Parent Resource Center. Each of the CBCAP funded programs presented the attendees with details of their program operation, organization, activities, and funding. Network members were afforded the opportunity to ask questions of the grantee representatives and provide helpful feedback.

Region IV PRC has a unique arrangement and is housed at a public school. The coordinators responsibilities are performed at various locations. The PRC did not identify any technical assistance needed at the time. Some of the parent education classes offered by the PRC are Active Parenting, Love and Logic, 1-2-3 Magic, Common Sense Parenting, and the Parents Morning Out Support Group. The PRC also utilizes topic bags and the lending library as resources for the community. The coordinator was new to her position at the time of the site review. The PRC has strong partnerships in the community with the Public Schools, Head Start, Northeast Human Service Center and child welfare organizations. The PRC sees their newsletter and Facebook being very critical to their outreach efforts.

The goal for the networking opportunities has been to provide time to exchange ideas, share resource information, offer support and provide technical assistance as necessary. North Dakota Parent Education Network (NDPEN) held eight conference calls. The FLEP Coordinator facilitates the conference calls, peer review activities, and network evaluation activities. She also takes minutes/notes at the conference calls for the year. The Coordinator offered suggestions for improvements to the statistics sheet, Dropbox and CBCAP Final Report and made the necessary changes to the documents. She expanded the use of Dropbox to include the minutes/notes from PRC conference calls, and necessary CBCAP grant documents and information. The coordinator promoted the NDPEN at every available opportunity over the course of the year.

- Family Support Services Peer-To-Peer Mentoring & Support Groups For Parents/Primary Caregivers:

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

validating the parents' participation and contributions, they build self-esteem and confidence and therefore the parents are more likely to continue their active participation. An example of parent support is provided below:

“A parent resource center was providing a class on “Being a Teen Parent”. A teen parent that had previously attended the parenting class volunteered to come to the class to answer questions and give support. It was a wonderful thing to see a young parent want to share their story and offer support to others.”

- **Parent to Parent Support Services Program:** The Parent to Parent Support Services Program continues to provide support and education to parents, organize activities for family training and parent support for children's mental health, assist in training service providers by providing the parent perspective on training topics and assist in the continuous quality improvement process for the children's system of care in North Dakota. The Parent to Parent Support Services continue to collaborate with other private nonprofit entities and use both paid and natural supports. Their goal is to have a statewide collaborative effort with multiple systems to engage, train, educate, and support parents who have children with serious emotional disturbances.

2014 UPDATE: The contract through the department for the Parent to Parent Support Services Program ended June 30, 2013. Alternative funding sources or providers were not able to be secured this past year. The Department will explore the possibility of other options in regards to the provision of parent to parent support services.

- **Decision Making Process for Family Support Services:** In 2007, North Dakota consolidated the individual grants to local PRCs into one contract with the North Dakota State University Extension Service for Network coordination, training and technical assistance, and evaluation as well as salary and operating expenses for parent education/resource centers in seven of the state's eight planning regions. Although this number is presently reduced to six regions, currently there are efforts underway to support local communities and restore the seventh PRC. In addition, we plan to provide funding to the remaining region so that all eight regions have a Parent Resource Center in the Network this biennium.
- The contractual consolidation and support will be continued during SFY 2010.

2014 UPDATE: During North Dakota's most recent legislative session, the amount of state funding allocated to NDSU Extension Service for the support of PRCs was increased. Under the umbrella of the Family Life Education Program, this state funding has been “braided” with CBCAP dollars to provide greater stability and consistency for the Parent Education Network, enabling increased parent support and parent education services statewide. This enhanced collaboration with the North Dakota State University Extension Service is envisioned to enable more consistent programming, which meets criteria outlined for CBCAP Evidence-Based and Evidence –Informed Programs and Practices and CBCAP Annual Report Participant Numbers Guidelines. Additionally, strengthening the state-level collaboration will continue to provide access to training and technical assistance resources and bolster evaluation and data collection capacities of the local programs. This collaboration will also continue to facilitate broadening the Parent

Education Network to include Resource Centers in the state that are not currently receiving funding under CBCAP, creating a greater and more consistent footprint of services across the state.

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

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

+ Family Preservation Services and Time Limited Family Reunification Services

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

2014 UPDATE: During FFY12, the CFS Division expended 63% of estimated IV-B Subpart 2 funds for Family Preservation services, 22% for Family Support Services, and 10% for Adoption Promotion and Support Services during FFY 2012. North Dakota received a smaller award than anticipated for FFY 12. Time Limited Family Reunification services were funded during this timeframe with federal TANF dollars and state general funds and the funding budgeted for that category was shifted to the other three categories. The CFS Division made changes in FFY 13 to better align the expenditures between the four focus areas. For FFY 15, the CFS Division has budgeted to spend 25% of IV-B, Subpart 2 funds for Family Preservation services, 22% for Family Support Services, 23% for Time Limited Family Reunification Services and 20% for Adoption Promotion and Support Services.

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

- **Prime Time Child Care:** Prime Time Child Care provides temporary child care to children of families where child abuse and/or neglect have occurred or there is a risk of it occurring. It

gives parents an opportunity to attend counseling, addiction treatment, or other needed services while their children are cared for in a licensed facility.

2014 UPDATE: Services were funded in 15 counties assisting approximately 43 families. The funds were provided to counties based on usage. The Department has informed county agencies of available funding in the event Prime Time Child Care is needed by families in their respective service areas.

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

2014 UPDATE: Respite Care services were funded in one northwestern county through a state Memorandum of Agreement and in the past year this service was provided to 4 families. Three regional Human Service Centers (HSCs) also provided Respite Care services during the year and 56 families utilized this service. These three HSC programs were not funded with Title IV-B dollars.

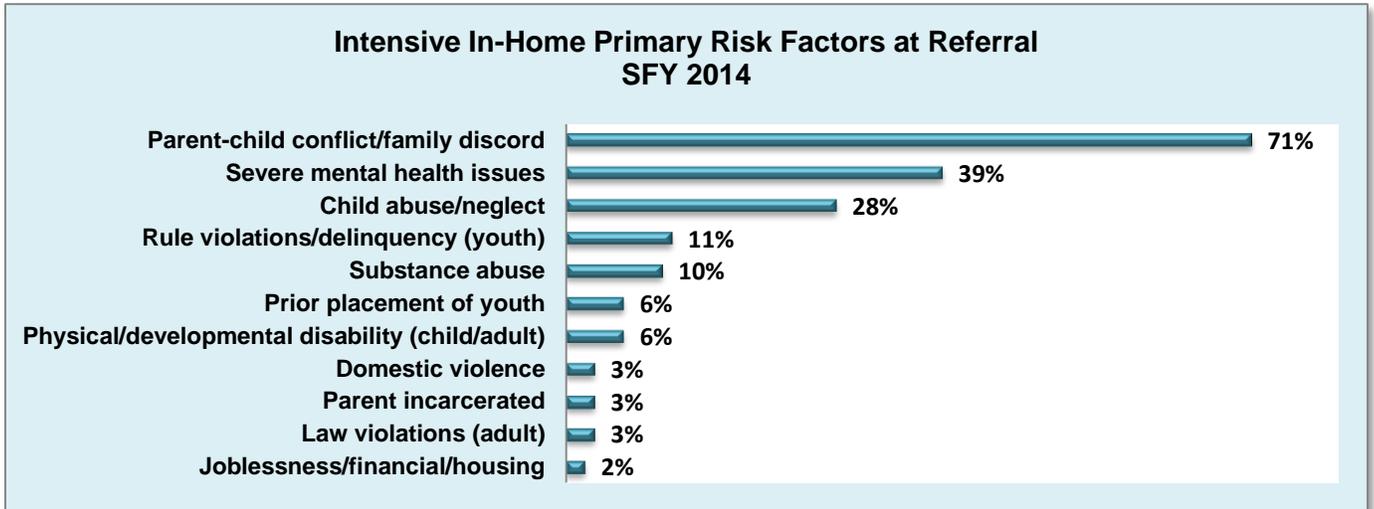
- **Parent Aide Services:** Parent Aide services are designed to improve parenting skills with parents who are at risk of abusing or neglecting their children, by reinforcing parents' confidence in their strengths and helping them to identify where improvement is needed and to obtain assistance in improving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

2014 UPDATE: Parent aide services were funded by state Memorandum's of Agreement in 40 North Dakota counties. Parent aide services were provided to approximately 541 families this past year. Two regional Human Service Centers also provided Parent Aide services and they served 66 families in the past year. The two HSC programs were not funded with Title IV-B dollars.

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

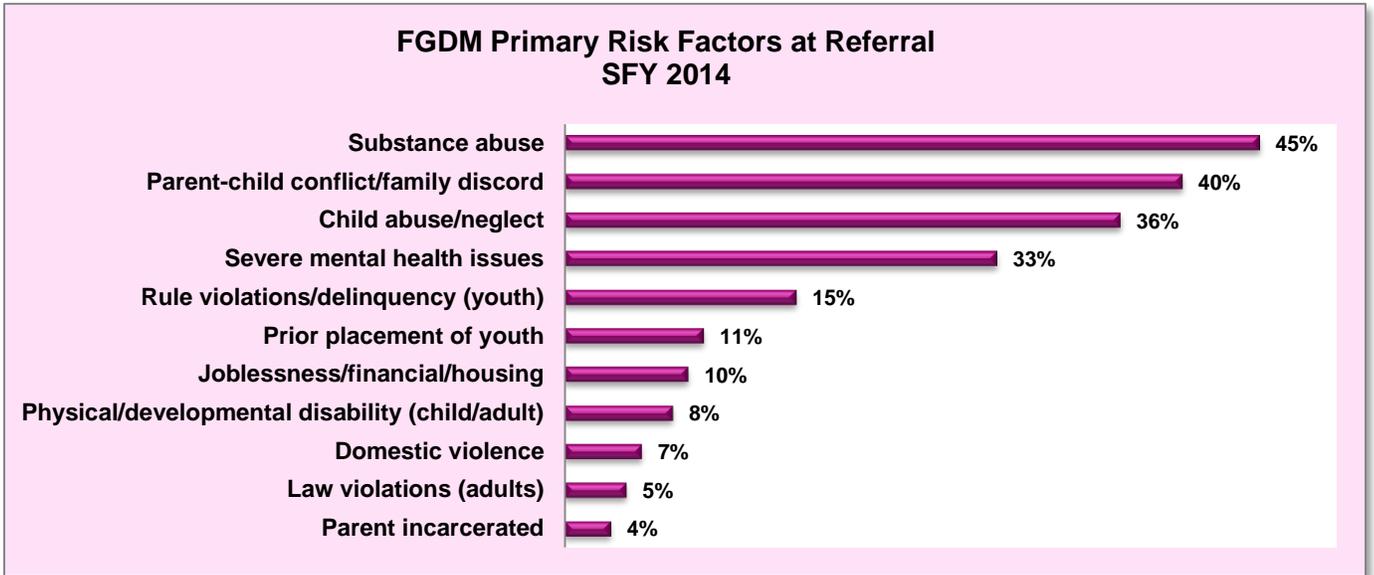
2014 UPDATE: In SFY 2014 Intensive In-Home services were available through a contract with The Village Family Services Center in six of the eight North Dakota regions. Approximately 225 families with 494 children received Intensive In-Home services through this agency in the past year. Of the children at risk of being placed out of home, placement was prevented in 83% of these cases. County child protection/child welfare referred 40% of the cases. Most of the families served had an annual household income of \$40,000 or less. The Human Service Centers served an additional 68 families during SFY 2014 and these intensive in-home therapy programs covered the counties in the two additional regions. While the HSC programs often serve families involved in the child welfare system, they do not receive Title IV-B funds and therefore are not included in the data below.

Following is a graph showing the primary risk factors reported at the time of referral for The Village’s Intensive In-Home cases for SFY 2014. Please note that more than one risk factor can be selected by the referral source.



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

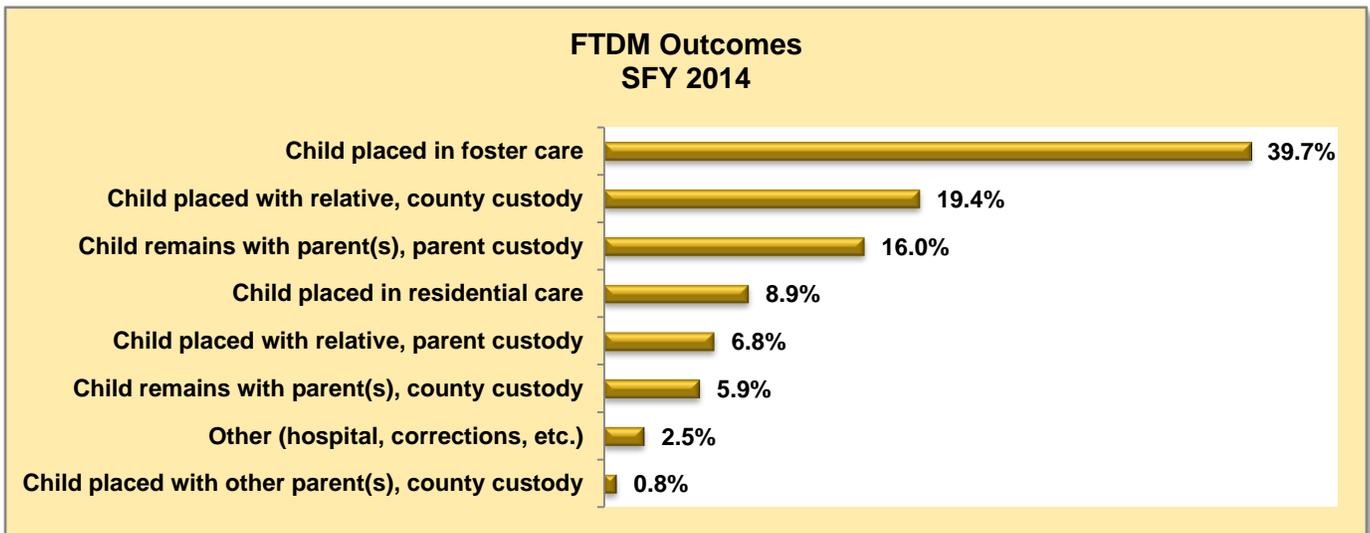
2014 UPDATE: During SFY 2014 Family Group Decision Making services were available to every region in the state through a contract with The Village Family Services Center. In SFY 2014, services were provided to a total of 87 families. Approximately 74% of the referrals came from county child welfare agencies. Following is a graph showing the concerns/risk factors at the time of referral. Please note that more than one risk factor can be selected by the referral source.



- The 2009 ND Legislative Assembly allocated funds to expand Family Preservation Services in the state by piloting a new, innovative practice. ND DHS chose the Family Team Decision Making (FTDM) process and the pilots began in Cass, Burleigh, and Morton Counties in the last year. FTDM is a facilitated team process which can include birth or adoptive parents, guardians, extended family members, youth, community members, service providers, child welfare staff and other caregivers. These meetings have only one purpose: to make critical decisions regarding the removal of children from their homes, changes in out-of-home placement, and reunification or placement into a permanent home. The goal of FTDM is to arrive at consensus regarding a placement decision to keep the child safe and ensure his or her best interest. The priorities of FTDM are to protect children, preserve or reunify families, and prevent placement disruption. FTDM services are contracted through The Village Family Service Center. Staff from The Village and counties received intense training by a Washington state FTDM trainer. Ongoing consultation with the trainer continues and another training session is planned at the upcoming CFS Conference in July. Data on FTDM is being collected and will be reported as part of the 2012 APSR.

As of SFY 2013, Family Team Decision Making (FTDM) services were available in Cass, Burleigh/Morton, and Grand Forks Counties through a contract with The Village Family Services Center. The service is a highly effective pilot that promotes the principles of the ND Wraparound Practice Model.

2014 UPDATE: In SFY 2014 a total 237 FTDMs were held in the three pilot sites. Nearly 74% of the FTDM referrals came from Child Protection Services. Just over 26% of the referrals came from Juvenile Court, the majority of those in Burleigh County. Following is a graph showing the outcome plans identified at the conclusion of the FTDMs. In 49% of the FTDMs, the child outcome was to be placed with a parent or relative and in 51% of the FTDMs the child outcome was to be placed in foster care, congregate care, or other (hospital, corrections). Please refer to the following chart for the FTDM outcomes, by percentage, for SFY 2014.



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

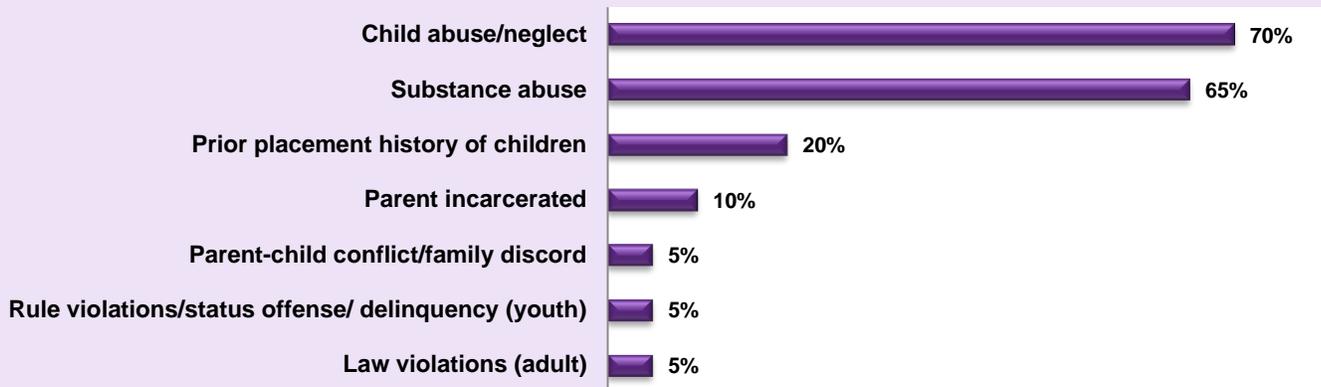
2014 UPDATE: All four tribal child welfare agencies have service grants with ND DHS to provide Family Preservation services.

Three Affiliated Tribes Social Services contracted with ND DHS to provide Intensive In-Home and Parent Aide services to families on the Ft. Berthold Reservation. During SFY 2014 they served 26 families with 72 children. Families were referred by child protection services in 100% of the referrals. Out of home placements were prevented in 93% of the families served. The primary risk factors at the time of referral were not reported by the agency.

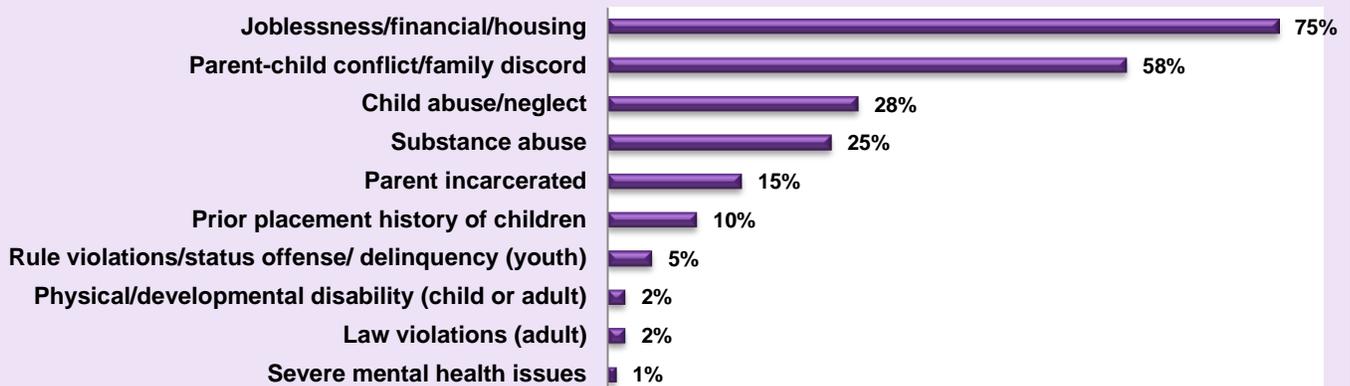
Turtle Mountain Band of Chippewa Tribal Social Services contracted with ND DHS to provide Wraparound case management and Parent Aide services to families residing on the Turtle Mountain Reservation. During SFY 2014 the agency provided Wraparound case management to 27 families with 66 children. Most of the referrals were received from within the agency. Placement was prevented in 90% of the cases. During SFY 2014 Turtle Mountain Tribal Social Services provided Parent Aide services to 28 families with 73 children. All the referrals were received from within the agency. Out of home placements were prevented in 98% of the cases.

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

**Turtle Mountain Band of Chippewa Tribal Social Services
Wraparound Case Management - Primary Risk Factors at Referral - SFY 2014**



**Turtle Mountain Band of Chippewa Tribal Social Services
Parent Aide Services - Primary Risk Factors at Referral - SFY 2014**

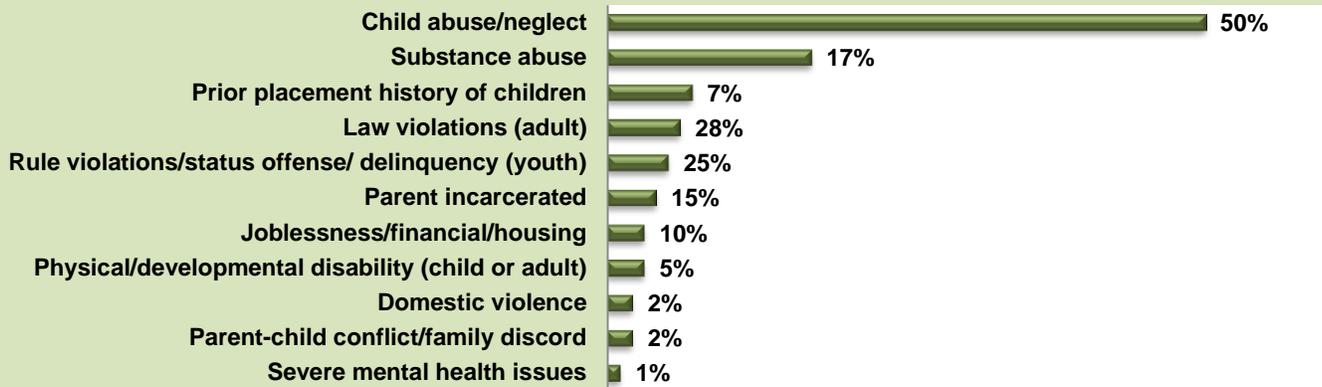


Spirit Lake Tribal Social Services contracted with ND DHS to provide Parent Aide services to children and families residing on the Spirit Lake Reservation. At the time of this writing their SFY 2014 data report was not available

Standing Rock Tribal Social Services contracted with ND DHS to provide Parent Aide services to children residing on the North Dakota side of the Standing Rock Reservation. During SFY 2014 the agency reported they provided Parent Aide services to a 232 families with a total of 298 children. Most referrals (85%) were received from within the agency. Out of home placements were prevented in 56% of the cases.

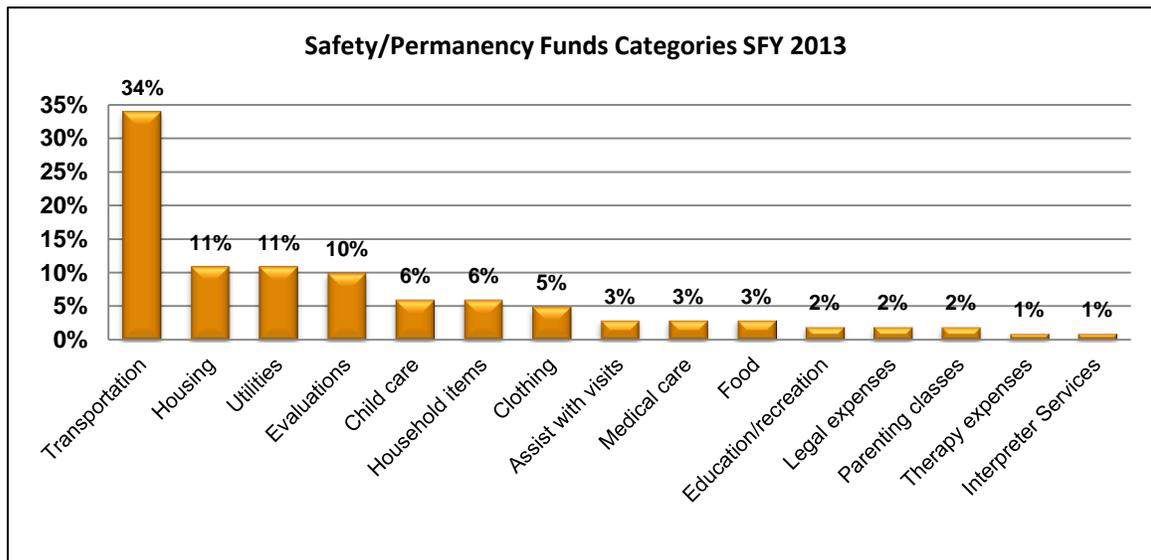
Refer to the graph below for the primary risk factors reported at the time of referral (data inclusive of both Wraparound and Parent Aide services). Please note that more than one risk factor can be selected by the referral source.

**Standing Rock Sioux Tribal Social Services
Parent Aide Services - Primary Risk Factors at Referral - SFY 2014**

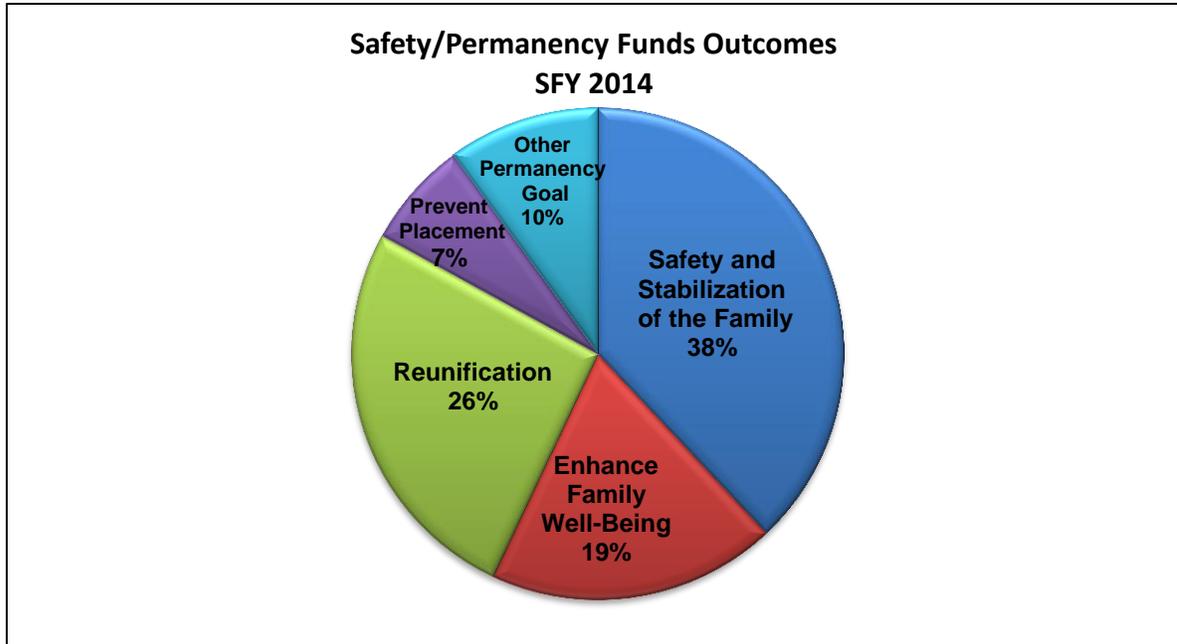


- Safety/Permanency Funds: Safety/Permanency Funds are distributed each biennium to the eight regions in North Dakota in proportion to child population rates. The funds are managed by the Regional Supervisors with oversight by the Family Preservation Administrator.

2014 UPDATE: During SFY 14, Safety/Permanency Funds requests totaled 1,096 in all eight North Dakota Regions. These funds were approved for the following reasons:



Safety/Permanency Funds requests are tracked by the Family Preservation Administrator in order to determine trends and to explore frequency of permanency outcomes. The SFY 2014 data is referenced in the graph below.



□ Time Limited Family Reunification Peer-To-Peer Mentoring & Support Groups for Parents/Primary Caregivers:

- Child and Family Team Process: The ND Wraparound Practice Model provides for family voice and choice at the table during every stage of the family’s involvement in the child welfare system. Families participate in case planning and therefore have opportunity to share their views and preferences on plan goals and tasks, family visitations, and permanency decisions.
- When children are placed in foster care, county agencies work together with parents and foster parents through the team process to ensure children have opportunity for consistent and quality visits with family members.
- Therapeutic Foster Care: PATH North Dakota, Inc. also provides in-home family support, respite, reunification services, assessment homes, and adoption services collaboratively with Catholic Charities ND (collaboration occurs through CFSR inclusion, ongoing meetings for discussion of issues, licensure through ND DHS, case reviews for licensure and audits, policy issuances from the department).
- Residential Facilities: Residential Child Care Facilities (RCCFs) and Psychiatric Residential Treatment Facilities (PRTFs) work as closely as they can with families to include biological, foster, extended family members in the process of creating and building an individual plan of care for the child placed in the facility. Families are encouraged to visit, engage in family activities, write letters, maintain phone contact, etc. RCCF and PRTF programming does vary throughout North Dakota, however some facilities provide family therapy, offer a family engagement and strengths building classes, pay for travel expenses to get families to and from the facility, as well

as house the families in separate apartment units to accommodate the distance in travel.

2014 UPDATE: Efforts to provide mentoring and support to parents/primary caregivers continue as described above.

Administrative Costs

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

2014 UPDATE: For FFY 2014, the CFS Division projects spending 10% of the IV-B, Subpart 2 funds for administrative costs.

Foster Care Services

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

2014 UPDATE: In the continuing effort to ensure the safety, permanence, and well-being of foster children, the CFS Division updated and manualized North Dakota Administrative Code (NDAC) 75-03-14 "Family Foster Care Homes" and 75-03-16 "Licensing of Group Homes and Residential Child Care Facilities." CFS also updated and manualized Service Chapter (SC) 622-05 "Foster Care for Children Licensing Standards" and 624-10 "Foster Care Independent Living".

More specifically, the administrative code and policy focused on the following to ensure safety, well-being and permanence:

- An increase in the initial and ongoing clothing allowances for foster youth.
- Clarification surrounding the bedroom requirements for foster youth.
- Clarifications surrounding the personal characteristics, training requirements, background check requirements, and appropriate use of discipline that apply to foster care providers.
- Clarifications surrounding the licensure of relative foster care providers.
- Clarification of the transfer of IV-E eligible children to Tribal agencies.
- Clarification of utilization of the National Youth in Transition Database (NYTD).
- Clarification surrounding the eligibility of current and former foster youth's eligibility for MA up to age 26.
- Clarification surrounding credit reporting for foster youth.

 Services to Children Under the Age of Five

2014 UPDATE:

- For foster children under the age of 5, AFCARS data for the last day of FY 2009 to FY 2013 showed a range of 24% to 28%.
- On September 30 of 2013, 28% of the children in foster care were under the age of five, a slight increase from 27% a year earlier.

- Last year's report indicated that an estimated 44 foster children under 5 years of age are projected to be without a permanent family in FFY 2013 and in FFY 2014. A review of the same data for the time period of April 2013 – March 2014 showed that there was an average of 44 children in foster care with a termination of parental rights on both parents. An average of 41 of these children had a case goal of adoption and 3 had a case goal of reunification.

- One of the priority areas of the Head Start State Collaboration Office (HSSCO) (located in CFS) is to partner with child welfare in order to maintain awareness of the availability of Head Start and Early Head Start to young children in care as well as assessing the needs of both programs and families to connect them to appropriate services. A continued activity is the distribution of educational materials to inform caretakers, foster parents, and social service workers regarding the availability of services for the children they serve. In addition to these ongoing efforts, the HSSCO Administrator is working with the North Dakota Head Start Association on a public education campaign to raise awareness of the programs in the state, especially in regards to the outcomes of the children they serve. This will be targeted at current and eligible children and their families.

- All children in Foster Care receive a Health Tracks screening, which include developmental and mental health assessments, as well as assessments for physical, dental and optical health needs.

- **North Dakota Plan:**
 - Efforts to track this group of children and provide more specific data analysis continue. This will be done through the analysis of demographics and characteristics of these children using AFCARS data and FRAME data, with particular emphasis on native youth in this age range in care. Casey Family Program resources assisted with this effort. Data available through the ND Supreme Court Odyssey system remains to be requested in order to give CFS a full snapshot of this age group in care. This collaboration will assist in assessing permanency issues for this group in the legal process, as well as analysis of entries and exits into care.

 - FRAME does allow us at present to track Head Start and Early Head Start enrollment for children in foster care. However, at present this field is not a required field in FRAME. Changes to the FRAME system requiring this to be a required field have not yet been completed. CFS will continue pursue this change. Once implement, the data will allow us to track the percentage of the foster care

- population using Head Start and Early Head Start services. We will also be able to identify areas where referrals are not being made with placements for this population and address this issue with a statewide and local plan/response.
- The current Head Start State Collaboration Office (HSSCO) Administrator, Mark Schaefer, will continue to work with the Adoption and Foster Care Task Force to promote appropriate referrals to Head Start and Early Head Start programs utilizing the information indicating any gaps where referrals have not been made. This process will continue to take into account the feedback from foster parents to ascertain any barriers to them using the programs.
 - By nature of the age and vulnerability of young children, the safety assessment guidelines already consider this factor in prioritizing a CPS referral. In addition, the CAPTA requirements will trigger a developmental referral for this age group; thus, if the child is placed into care as a result of a CPS incident, a developmental referral will automatically ensue per law and policy.
 - Additional training was offered at the 2013 CFS Conference in regard to meeting the developmental needs of young children in care for front-line child welfare staff and supervisors. A plenary session entitled “Understanding the Vulnerability of Young Children Exposed to Trauma and Stress” was presented by Anne Gearity. Additionally, two breakout sessions offered: “Development Repair for Young Children: Turning Ideas into Interventions that Support Resilience” by Anne Gearity and Infant Mental Health by Sonya Thorn.
 - CFS and UNDCFSTC continued to work together with the ND Foster Parent Association to address training needs for foster parents in this area.
 - CFS continued to work with the regional Human Service Centers (HSC), which provides services to young children with developmental delays, to assess their capacity to serve all foster children needing assessment and services to assure developmental progress. Regional HSC have an array of services available including developmental assessments and therapy for children in this age range.
- Child Welfare Data Snapshot: The trends in North Dakota foster care placements are shown on the “Child Welfare Data Snapshot.” This data is gathered annual by Decision Support Services in collaboration with the CFS Division.

2014 UPDATE: The 2013 Child Welfare Data Snapshot is located on the following two pages.

2013 Child Welfare Data Snapshot

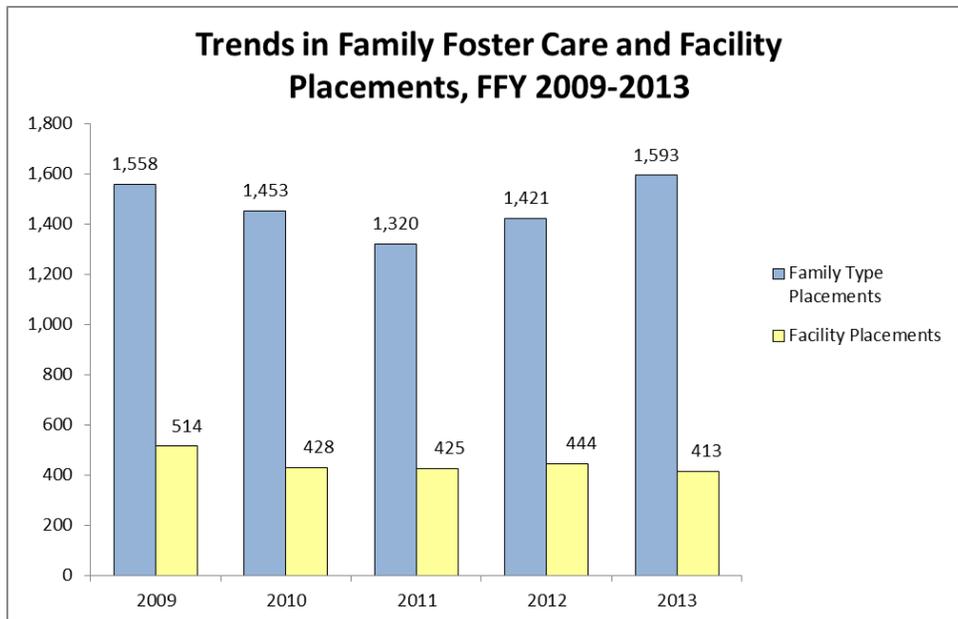
Children & Family Services Division, North Dakota Department of Human Services
 600 E. Boulevard Avenue, Dept. 325, Bismarck, ND 58505-0250
 Phone: (701) 328-2316

Children in Foster Care by Placement Type, FFY 2009-2013

Placement Type	2009	2010	2011	2012	2013	% Change 2009 to 2013
Pre-Adoptive Home	244	212	166	158	126	-48.4%
Relative Placement	309	204	187	223	276	-10.7%
Family Foster Care	691	735	721	764	890	28.8%
Trial Home Visit	314	302	246	276	301	-4.1%
Group Home	58	36	41	36	41	-29.3%
Facility	456	392	384	408	372	-18.4%
Missing Data	34	31	17	13	13	-61.8%
Total in Foster Care During FFY	2,106	1,912	1,762	1,878	2,019	-4.1%
Discharged: On 18th birthday	76	51	35	40	47	-38.2%
Discharged: Older than 18	62	51	10	5	8	-87.1%
**Remaining in Care: 18 or older	31	37	27	34	38	22.6%

AFCARS FFY 2009-2013

**In Foster Care as of last day of FFY



AFCARS FFY 2009-2013

Foster Care:

- On the last day of the FFY (September 30, 2013), 1,297 children remained in foster care (includes tribal IV-E cases, DOCR-Division of Juvenile Services youth placed in foster care and pre-adoptive placements).
 - 29.6% (n=384) of these children were Native American.
 - 62.9% (n=816) of these children had a permanency goal of reunification.
 - The average age of these children was 9.2 years old. Age was calculated on the last day of the FFY.
- In October 2013, 57 foster youth were in out-of state placements (Residential Child Care Facilities-RCCF and Psychiatric Residential Treatment Facilities-PRTF). This was an increase in the number of youth in out-of-state placements since October 2012 (n=43).
- In September 2013, there were 540 licensed family foster homes and 314 licensed therapeutic family foster homes.

Child Abuse and Neglect (FFY 2013):

- 11,442 reports of suspected child abuse and neglect were received in 2013. Of these reports, 7,970 were in the jurisdiction of Child Protection Services (CPS) and met the criteria for a CPS assessment. These reports were assigned to 6,218 assessments. Multiple reports for the same case are included in a single CPS assessment.
- During the assessment process, some assessments are terminated because of new information related to the case or a change in jurisdiction.
 - During FFY 2013, a total of 3,779 full assessments were completed.
 - Full assessments decreased 3.0% from 2009 (n=3,895) to 2013 (n=3,779).
 - During FFY 2013, there were a total of 2,165 Assessments Terminated in Progress.
 - Assessments Terminated in Progress increased 51.1% from 2009 (n=1,433) to 2011 (n=2,165).
- A decision of “Services Required” was made in 22.4% (n=846) of the 3,779 full assessments. These 846 assessments represent 1,517 children who were victims of child abuse and neglect and 1,041 caregivers who were the subjects of these assessments.

Adoptions (FFY 2013):

- There were 106 finalized public agency adoptions in 2013.
- 97.2% (n=103) of these were special needs (SN) adoptions (i.e., children who meet certain criteria related to greater challenges in securing adoptive families and therefore contributing to a lengthier stay in foster care).
 - Children are assigned a primary special need, but may meet multiple SN criteria also.
 - The primary basis for these SN adoptions were: 36.9% (n=38) had a diagnosed medical condition or mental, physical, or emotional disability, 34.0% (n=35) were at high risk for a physical, emotional or mental disability, 24.3% (n=25) were members of sibling group placed together, 2.9% (n=3) was a member of a minority race, and 1.9% (n=2) were 7 years or older.
 - 35.9% (n=37) of adopted children with special needs were Native American.
 - 79.6% (n=82) of the special needs adoptions involved family foster parents.

Permanency Outcomes (Point-in-Time data):

- 58 approved subsidized guardianships were in place in October 2013.
- On September 30, 2013, there were 150 children in the custody of the Department of Human Services with mother and father parental rights terminated.

Chafee Foster Care Independence Program (October 1, 2012 – September 30, 2013):

- In 2013, 399 youth participants were served in the Chafee Foster Care Independence Program.
 - 58.1% (n=232) of participants were current foster care youth.
 - 137 of 232 were Priority 1 youth (Likely to Age Out of Foster Care at age 18 or Greater)
 - 95 of 232 were Priority 2 youth (Not Likely to Age Out of Foster Care at age 18 or Greater)
 - 41.9% (n=167) of participants were Foster Care Alumni, youth who had exited or aged out of foster care.

38 Education and Training Vouchers were given to 19 participants to financially assist in furthering their education. These awards are reported based on the academic school year; fall, spring, and summer semesters.

✚ Adoption Services

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

2014 UPDATE: In FFY 2014, the CFS Division projects spending 20% of the Title IV-B, Subpart 2 funds for Adoption Promotion and Support.

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

2014 UPDATE: Catholic Charities ND, in collaboration and under a Memorandum of Understanding with PATH ND, continues to provide adoption services to children in foster care and the families who adopt them throughout the state. During the period of July 1, 2013 through May 31, 2014, the AASK program placed 94 children in adoptive placements and finalized 83 adoptions. Of these final adoptions, 47 met timeliness criteria in that the adoption was finalized within 12 months of the termination of parental rights and 7 met the degree of difficulty criteria in that the children required additional recruitment efforts.

- Inter-Country Adoptions: Children adopted from other countries qualify for adoption and post adoption services, as would any child who is a resident of the state. Adoption specialists provide information and referral services to families who inquire or present with a need. Family Preservation services are available to families who are at risk for out of home placement and can be accessed through the local county child welfare agency. Pursuant to PA 01-01, it is unlikely that foreign-born adopted children would qualify for adoption assistance, other than reimbursement of nonrecurring expenses for those few children who may be designated as special needs and whose parent applies for such reimbursement prior to finalization of the adoption.

2014 UPDATE: No children met the reporting criteria for this section as there are no internationally adopted children in foster care whose adoptive parents' rights have been terminated or who came into care due to a disrupted adoptive placement (prior to finalization).

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

2014 UPDATE: The state has received \$103,683 for the FFY 2013 Adoption Incentive Award Program Year (from Adoption Incentives Earning History by State, updated September 2013). Adoption incentive funds received by the state are currently being directed at a special focus of the AASK program in meeting a backlog of adoption assessment requests in the West Central region of the state. Because the future receipt of these funds is uncertain, it is difficult to build programs funded by the resource. Hence the funds are used for discrete projects.

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

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

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

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

2014 UPDATE: All North Dakota tribes are allowed and have continued to request adoption services be provided for those children in the custody of the Tribe who have a plan for adoption, by request to and approval of the Administrator of Adoption Services. Upon approval, AASK will assess the adoptive family, make

appropriate referrals for adoption subsidy and provide other adoption services, including child specific recruitment if requested by the Tribe. In SFY 2013, AASK placed nine children for adoption who were in Tribal custody, including one from Spirit Lake, seven from Turtle Mountain and one from the MHA Nation. Seven children in Tribal custody had their adoptions finalized through the efforts of the AASK program including one from the MHA Nation and six from Turtle Mountain.

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

2014 UPDATE: Efforts of the past year have focused on re-writing the extraction logic for the AFCARS Report. As of the writing of this report, the foster care elements are in the testing phase. The adoption elements have been reviewed and code is being written and tested for this portion of the AFCARS report. Upon completion of this phase, system enhancements which were identified during the re-write process will be completed. North Dakota has coordinated these efforts with the Children’s Bureau.

D. CHILD AND FAMILY SERVICES CONTINUUM

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

- ✚ **TANF Kinship Care Program**

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

2014 UPDATE: An average of 35 families with 55 children received Kinship Care services in SFY 2014. This program has made it possible for families to receive TANF Kinship Care supportive services, as well as a TANF benefit, while relative children are in foster care. The program will continue to be available to all children in the care, custody and control of County Social Services, the Division of Juvenile Services, or the DHS Executive Office.

- ✚ **Refugee Services**

The Department of Human Services, and specifically the CFS Division, is the agency designated by the Governor to administer Unaccompanied Refugee Minor and Refugee Medical Assistance programs for refugees arriving in the United States and into North Dakota. Under a Memorandum of Understanding between the North Dakota Department of Human Services (ND DHS) and Lutheran Social Services of ND (LSS/ND), LSS/ND will administer Refugee Cash Assistance through a Wilson/Fish Alternative Project. In addition, LSS/ND will be the grantee for other Office of Refugee Resettlement (ORR), Administration for Children

and Families, US Department of Health and Human Services federal funding. Federal dollars are available to meet the needs of newly arriving refugee families and Unaccompanied Refugee Minor Youth. Primary resettlement sites are in Cass County (Fargo and West Fargo), Grand Forks County (city of Grand Forks), and Burleigh County (Bismarck), North Dakota.

2014 UPDATE: ND DHS continues to administer and report on the Unaccompanied Refugee Minor (URM) Program and Refugee Medical Assistance (RMA) programming. The Office of Refugee Resettlement (ORR) funded programs for Wilson/Fish, Social Services, Preventive Health, and Refugee School Impact Grants all continue to be administered and reported on by LSS/ND.

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

- Refugee population: The number of new arrivals to North Dakota has ranged from 354 to 555 over the last five years (FFY 09 through FFY 2013). During that 5 year range, the low of 354 arrivals took place in FFY 2011 and the high of 555 arrivals occurred in FFY 2012.

2014 UPDATE: Newly arriving refugee numbers decreased from a 5 year high of 555 individuals in FFY 2012 to 449 individuals in FFY 2013. These arrivals were placed primarily in Fargo/West Fargo, with lesser numbers being placed in Grand Forks and Bismarck. Arrivals for FFY 2014 are higher than anticipated with the projected arrivals # having been met by the end of May 2014. The numbers of cases who have family ties to refugees already settled in the state are significant. In addition, the number of individuals migrating to ND from other states continues to grow. Individuals and families have expressed that they have learned from family, friends, and media of the possibilities for employment in ND since the state has the lowest unemployment rate in the nation. LSS/ND continues to contract for direct services with local providers utilizing federal funds made available through grant proposals to the ORR for this population. Services are provided in a culturally appropriate manner and utilizing multilingual staff whenever possible.

- The State Refugee Coordinator continues to be employed by LSS/ND to oversee and assist in the coordination of efforts for the refugee population in North Dakota.

2014 UPDATE: ND DHS' and LSS/ND's contract allowed LSS/ND to initiate the hiring of a State Refugee Health Coordinator which is in process and will be completed by the end of the FFY. This position will be responsible for the overall coordination and reporting of health services available to refugees and new arrivals. Although the initiation of this position has been approved by both ND DHS and the Director of ORR, the implementation has been delayed due to the uncertainty of ORR's ability to fund this approved need.

- Upon arrival to North Dakota, Unaccompanied Refugee Minor (URM) children continued to be placed into licensed foster care homes and were provided services through the resettlement agency. When appropriate, the resettlement agency applied for guardianship of these children and youth. The Department of Human Services continues to apply state

standards and licensing processes for URM foster home licensure as per North Dakota Administrative Code 75-03-36. LSS-ND has accepted referral of its first youth who is a victim of human trafficking and is also considering placement of Unaccompanied Alien Children who are approved for services by ORR under the URM program.

- Collaboration efforts continued to be a major function of the State Refugee Coordinator, joining together with state and local groups. Efforts included collaboration with local providers, volunteers, mentors, and local organizations in the joint activity to facilitate the rapid self-sufficiency and integration of newly arriving refugees into North Dakota as residents and integral members of their new communities.
- A collaborative effort between LSS/ND and ND DHS produced North Dakota's 2013 Refugee Services State Plan. This plan was reviewed and accepted/approved by the ORR.
- LSS/ND had its Licensed Child Placing Agency (LCPA) status reviewed and renewed by ND DHS in May of 2014 as required by NDAC 75-03-36-Licensing of Child-Placing Agencies. This is required by ND DHS in order for LSS/ND to continue to administer the Unaccompanied Refugee Minor (URM) foster care program.

Early Childhood Services

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

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

2014 UPDATE: The CFS Division, in partnership with Child Care Aware of ND (formerly known as CCR&R), has launched Bright & Early ND. Bright & Early is the state system of early childhood services quality. The system combines quality ratings, financial incentives, and coaching for providers to build the capacity of quality early childhood environments for children. Bright & Early is currently available in four counties, and will expand throughout the state by July of 2015. The CFS Division continues to partner with the Department of Public Instruction and the Early Childhood Education Council to continue early childhood data and assessment work.

✚ Head Start – State Collaboration Office (HSSCO)

The purpose of the Head Start – State Collaboration Office grant is to facilitate collaboration among Head Start and Early Head Start agencies and entities that carry out activities designed to benefit low-income children from birth to school entry and their families. The specific responsibilities of the Head Start –State Collaboration Office are detailed in Section 642B (a) (1) of the Head Start Act. Over the last sixteen years, the overall goals of the Head Start – State Collaboration Office have been:

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

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

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

E. COLLABORATION

The CFS Division coordinates and collaborates with a number of public and private providers in carrying out the continuum of Child Welfare Services. Coordination and collaboration occurs in a variety of capacities, from day-to-day conversations, planned meetings on a regular basis, etc. For example, as we developed the Program Improvement Plan, we invited numerous public/private partners to the table. These partners included: Regional Human Service Centers, private/non-profit agencies, county social service agencies, tribal child welfare agencies, Division of Juvenile Services, State legislators, ND court representatives, Department of Public Instruction. The collaborations listed below illustrate the importance of the public/private partnerships in North Dakota. We continue to find ways to collaborate with our state and federal partners and this list continues to grow as new relationships are developed. These partnerships include but are not limited to:

- ✚ Catholic Charities and PATH of North Dakota for special needs adoption services (collaboration takes place through monthly meetings, staff review, placement proposals, review of contract work, etc.).
- ✚ Family foster homes, therapeutic family foster homes (PATH), group homes, residential child care facilities and psychiatric residential treatment facilities for the provision of foster care (collaboration occurs through CFSR inclusion, federal audits – IV-E and IV-B, licensure review and oversight by ND DHS, coalition attendance by all, ongoing dialogue with all, policy issuances from department).
- ✚ PATH North Dakota, Inc. also provides in-home family support, respite, reunification services, assessment homes, and adoption services collaboratively with Catholic Charities ND (collaboration occurs through CFSR inclusion, ongoing meetings for discussion of issues, licensure through ND DHS, case reviews for licensure and audits, policy issuances from the department).
- ✚ The Village Family Service Center for intensive in-home family services, Family Team Decision Making services, and Family Group Decision-Making services (collaboration occurs through a contract for provision of services along with regular contact by phone and supervisory meetings every other month).
- ✚ The University of North Dakota for training of foster and adoptive parents, child welfare case managers and system partners.
- ✚ Youthworks for shelter care has been developed and is utilized by the Bismarck/Mandan community as needed.

2014 UPDATE: North Dakota has varying levels of shelter care options. A non-profit agency, Youthworks, offers shelter care services in the Fargo and Bismarck communities and surrounding areas. Two Residential Child Care Facilities (North Central ND in Minot, and Western ND in Sentinel Butte) offer shelter care services as part of their licensed program. The facilities reserve two beds within the facility structure for short term shelter care. In addition, each region continues to recruit family foster homes willing to provide shelter care to foster youth. Many of the homes receive

a monthly fiscal retainer to reserve a bed for shelter care purposes. These resources have been helpful to custodians as an immediate emergency placement option. How to gain additional shelter care opportunities continues to be explored in North Dakota.

✚ PATH for Independent Living Services.

2014 UPDATE: ND CFCIP programming 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 ND Chafee IL Administrator participated on the state Transition to Independence Advisory Council, the state Transition Community of Practice Coalition assisted in planning the annual Youth Leadership Conference facilitated by the ND Federations of Families Children's Mental Health nonprofit agency. In addition, the state Chafee IL Administrator collaborated with state agencies, local authorities and providers, the UND Children & Family Services Training Center, Division of Juvenile Services, County Social Services, and Tribes to educate on the CFCIP programming and create dialogue about referrals and needed service for young people in and out of the system.

As part of collaboration at the regional level; PATH ND continued to provide quality services to eligible CFCIP youth ages 14 to 21 and eligible ETV youth until age 23. Chafee IL Coordinators communicated regularly with County Social Services, Division of Juvenile Services and Tribal case managers to partner to provide needed services to youth. Chafee IL Coordinators participated in community coalitions, the Transition to Independence subcommittees as well as ongoing contact with Residential Child Care Facilities statewide to best meet the needs of eligible youth in North Dakota.

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

✚ Prevent Child Abuse North Dakota for coordination and implementation of child abuse and neglect prevention activities (collaboration takes place through a contract to provide child abuse and neglect prevention activities, including Child Abuse Prevention Month activities each April, along with regular meetings of the Alliance for Children's Justice Task Force and Steering Committee, and regular contact by phone, e-mail and face-to-face meetings).

2014 UPDATE: PCAND continues to provide statewide prevention services that include:

- **Coordination of Authentic Voices, a group of abuse survivors and advocates that speak publically and write for publication, telling their story of survival and advocating on behalf of children**
- **Period of purple crying training and materials to birthing hospitals across the state**
- **Child Abuse Prevention Month activities, statewide**
- **Nurturing Healthy Sexual Development training to Head Start agencies and other community partner agencies in order to help adults better understand the sexual development of children**

- **Community Prevention Resource Team, which focuses on community education, awareness and child abuse prevention strategies in a region heavily impacted by oil development**
- **Training for clergy on prevention and reporting of child abuse and neglect**

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Grant project is currently providing Healthy Families America (HFA) services in cooperation with Turtle Mountain Band of Chippewa in Rolette County. LSS is providing independent HFA services in Ramsey County. Spirit Lake Tribe will commence Parents As Teachers services in Benson County in late June. Statewide systems development efforts are underway to map HV service arrays and capitalize on Medicaid reimbursement structures to enhance sustainability for all HV programs.

- ✚ **Parent and Family Resource Centers for parenting education and parent mutual self-help groups for child abuse and neglect prevention (collaboration takes place through a contract with North Dakota State University Extension Service, regular meetings of the Parent Education Network and annual CBCAP grantees meeting, as well as through informal contacts with the Network Coordinator).**
- ✚ **Child Advocacy Centers (CACs) to assist in the assessments of child physical and sexual abuse. The Centers are located in three communities in North Dakota (soon to be four communities). The CAC Directors are member of the Children Justice Alliance and meet with this multi-disciplinary team quarterly.**

2014 UPDATE: The 2013 legislatively appropriated state funding has been directed to the support of the three Children’s Advocacy Centers in the state, as well as for support of a State Chapter of North Dakota Children’s Advocacy Centers. The additional funding supports expanded service hours and enhanced service availability in more rural areas of the state.

- ✚ **State Treatment Collaborative for Traumatized Youth (TCTY) Project that includes physical participation for the education and support of parents/foster parents who care for traumatized children.**

2014 UPDATE: The Mental Health and Substance Abuse Division of the Department received a System of Care Expansion Grant in July 2013. The focus of the grant is to develop and implement a statewide, cross-systems trauma informed system of care. The department is working closely with the regional human service centers, county child welfare agencies, tribal child welfare agencies, residential child care and psychiatric residential treatment facilities, and the juvenile justice systems to provide training and related technical assistance. Training on trauma informed care specific to child welfare has been incorporated into the child welfare certification process at the UND Child Welfare Training Center. The training and ongoing consultation with the facilities will focus around quality improvements in care provided to children and adolescents in care with an emphasis on sustaining long-term outcomes post placement. A screening process will be chosen and implemented as well. Data collection and reporting will be completed by all agencies participating in the change

process. A team of representatives from all involved systems will provide input into the development and implementation of the components of the system change.

In addition to the above, the department continues its collaboration with the clinical staff at the regional human service centers and private providers in the Trauma Collaborative for Traumatized Youth (TCTY) Initiative. Additional clinicians across the state have been trained since the last report. Data collection continues to be a critical aspect of this collaborative work.

- ✚ Native American Training Institute (NATI) for training of child welfare case managers.
- ✚ North Dakota State University (NDSU) Extension offices throughout the state for parent resource centers and parenting classes.
- ✚ Collaboration Workgroup – a group whose mission is to increase collaboration at the local level among the Child Support Enforcement, TANF, Medical Services, Children and Family Services, and Job Service programs in order to improve services to individuals served by those programs, and to increase performance within the state (monthly meetings of administrators, seminars are offered to the field as well as annual reviews/reports on progress towards identified Action Plans).
- ✚ North Dakota Children’s Social Emotional Development Alliance (NDSEDA) - collaborative effort with system partners to promote awareness and understanding of health social and emotional well-being of individuals birth to 21 and their families (meet quarterly to make progress towards achieving priorities outlined on Strategic Plan).
- ✚ The CFS Division collaborates with the North Dakota Foster Adopt Parent Association on foster and adopt parent issues including programming and training. The CFS Director sits as a board member of the association, representing the state child welfare agency.
- ✚ The CFS Division has an established MOU with Lutheran Social Services-ND for administration of most refugee services in North Dakota.

2014 UPDATE: NDDHS provided financial support to help offset costs for the “2014 Building Bridges Conference” in April. This annual conference brings awareness to issues surrounding refugee arrivals. This year’s conference was attended by approximately 300 professionals and stakeholders.

- ✚ A Constituent Stakeholder group is on the roster of the full CFSR review process. This gives our constituents a specific time and place to appear to deliver comments regarding the child welfare services provided in the region.

2014 UPDATE: Constituent stakeholder meetings were held in Williston and Jamestown during the 2013-2014 CFSRs this past year.

- ✚ The CFS Division engaged with Casey Family Programs in a formal contract to accept dollars and technical assistance to address identified needs in the child welfare system in North Dakota. Specifically, the engagement will focus on building data-driven decision-making

capacity, developing Family Team Decision-making data capacity, establishing Permanency Roundtables and analysis of county caseload and workload issues. The identified issues were cross-walked with the PIP and 2010-2014 ND Child and Family Services Plan goals so that we are aligned in regard to the child welfare practice model and vision for child welfare services and improvements in the coming years.

2014 UPDATE: The CFS Division continues to contract with Casey Family Services for funding and technical assistance to address identified needs with the child welfare system. The 2014 work is to include:

- FTDM pilots have been operational in three counties for the past year; two have been operational for four years. Casey funding will be used to contract for the design, implementation and analysis of FTDM outcomes from all sites. FTDM outcome data will be used to evaluate the ND projects effectiveness regarding foster care diversion, shorter foster care stays and family engagement.
- The work on the Crossover Youth project in Burleigh/Morton counties continues. A plan for staff training and utilization of Permanency Roundtables is in place. Local social service staff and juvenile court staff are the participants. The number of youth adjudicated unruly/delinquent under the custody of Burleigh County continues to be the highest in the state. Because older youth are typically placed in a group facility, the congregate care rate for this county is also higher than in other areas of the state and higher than the national average. The PRT is a strategy to identify reasons for the high congregate care numbers coming out of Burleigh County and strategies for keeping youth in the community.
- Casey funding was used to send the division's Infrastructure Administrator to the Advanced Child Welfare Analytics course offered through Chapin Hall. This week long course focused on techniques for organizing, processing, summarizing, and presenting complex child welfare information.

 **Additional Collaborations:**

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

2014 UPDATE: The Children and Family Services conference was held in July 2013. This conference is designed to address training needs related to assuring safety, permanence and well-being for children and families. This conference is rotated

with the North Dakota Children's Justice Symposium. The 2013 conference attracted 253 people.

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

2014 UPDATE: These meetings continue on a quarterly basis. The agenda provides opportunities to address policy and practice related topics. The CFS Committee is co-chaired by the Cass County Social Services Director and the CFS Director.

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

2014 UPDATE: The county supervisor meetings continue to be held quarterly with agenda opportunities to address practice issues and other identified issues that need discussion and resolution. County supervisor continue to set aside time at each meeting to convene learning circles. Topics have included: engaging absent parents; dealing with performance issues as a supervisor; using data for decision, etc. CFS Division staff attend the county supervisor meetings upon request to discuss policy and practice related issues.

- Court System: The CFS Division staff will continue to work closely with the Court Improvement Project (the Director of the Division has a seat on the Court Improvement Committee) through the Supreme Court to improve communication with Judges, Court Administrators, State's Attorneys, Juvenile Court staff and tribal staff and to address systemic issues across the various systems. As indicated in many of the CFSR stakeholder meetings in the regional CFSR reviews, foster parents and social workers in some regions are concerned about the delay in the legal process or defects in the legal process for children who are in the custody of the County and or Department.

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

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

2014 UPDATE: The CFS Director continues to serve as an active member of the Court Improvement Committee and as a member of the Training and ICWA Subcommittees. The Child Welfare Infrastructure Administrator serves on the Data Analysis Subcommittee.

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

2014 UPDATE: The CFS Division remained active participants with the Court Improvement Committee during the past year. Regular updates regarding the CFSR and the ND PIP were provided at meetings. The CFS Division supported the efforts of a multi-disciplinary group in the Grand Forks community identified to conduct a pilot project to reduce the court time for termination of parental rights cases. A report of this effort's findings was shared with the Court Improvement Committee and other statewide partners in July 2013.

We continue to collaborate with the Assistant State Court Administrator on CFSR issues. We experienced a vacancy in this position in the past year. The new Administrator began in February 2014. The Administrator, or their designee, participated as a member of the CFSR team on Full CFSR Reviews (attendance is only needed for full reviews). This partnership has been a valuable asset in working with local court officials to address issues that come forward in the stakeholder meetings following the full reviews.

F. PROGRAM SUPPORT

+ INFORMATION ON CHILD WELFARE WORKFORCE:

▫ Recruitment

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

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

▫ Orientation/Training

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

▫ Demographics

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

- Level of Education
 - Bachelor of Social Work (BSW)
 - Title IV-E supported BSW
 - Master of Social Work (MSW)
 - Title IV-E supported MSW
 - Other degree

- Because North Dakota's child welfare system is state supervised and county administered, data for the following is not kept at the department:
 - Years of child welfare experience or other related experience
 - Race/ethnicity
 - Caseloads
 - Staff turnover and vacancies to include, retirements, dismissals, lateral/promotional moves, and voluntary resignations
 - Supervisor-to-worker ratios

- Salary

- Most counties in North Dakota choose to use the state's salary range structure. Salary ranges vary based upon the social worker's level of education and experience.
- Position types
 - Administrative assistant
 - Direct service (social workers, parent aides)
 - County supervisor
 - County director
- Ongoing Training

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

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

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

2014 UPDATE: Please see [ATTACHMENT A](#) for the SFY 2015 CFSTC Training Plan.

Child Welfare Certification Training

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

2014 UPDATE: Child Welfare Certification Training was provided to 59 social workers in SFY 2014. Distribution of trainees: 43 county social workers, 1 supervisor, 11 Professional Association of Treatment Homes (PATH), 4 Adults Adopting Special Kids (AASK), 3 Tribal, 2 Human Service Center, and 1 student.

One of the primary additions in 2014 was the integration Trauma Informed Practice into the curriculum. An additional day of training was added, as well as, re-writing part of the curriculum to reflect trauma informed thinking into practice. Additionally, a module on the "Role of Juvenile Court" was added to strengthen the link between juvenile court and child welfare practice. The Training Center is also revising the current Wraparound Curriculum in response to feedback.

CFS Training Center Special Projects

2014 UPDATE: For SFY 2012, the Children and Family Services Training Center (CFSTC) facilitated several special training projects that included:

- **Children’s Justice Symposium:** The North Dakota Children’s Justice Symposium is scheduled to be held in July 2014. Over 400 participants from the child welfare system are expected to attend. This multi-disciplinary conference is co-sponsored by the North Dakota Supreme Court.
- **Children and Family Services Conference:** The Children and Family Services Conference is scheduled for July 22-25, 2013.
- **Parent Aide Training** is delivered to newly hired parent aides who assist in providing direct services to families where child abuse and neglect has been identified. In SFY 2014, a weeklong training was held where participants from the counties and tribal social services participated. 12 parent aides were trained.

Wraparound Certification Training

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

2014 UPDATE: 84 participants completed Wraparound Certification Training this year. Distribution of trainees: 48 county social services, 6 Partnerships/Human Service Center Staff (children’s mental health care coordinators), 19 Professional Association of Treatment Homes (PATH), 4 Adults Adopting Special Kids AASK, 0 Village, 0 Lutheran Social Services, 4 DJS , and 3 Tribal. Three of these participants were supervisors.

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

2014 UPDATE: During SFY 2014, Wraparound Recertification trainings were offered at the following statewide conferences: North Dakota Family Based Services Association Conference, Children & Family Services Conference, and Indian Child Welfare & Wellness Conference. These conferences are primarily family-based and offer sessions pertinent to skill advancement in the practice of Wraparound case management as well as other child welfare, mental health, and juvenile justice issues. Other seminars were approved by the CFS Division if they met the requirements of recertification. During SFY 2014 approximately 259 public and private practitioners were recertified.

PRIDE Training

The CFSTC provides and coordinates PRIDE Training. Foster PRIDE/Adopt PRIDE is a program for the pre-service training, assessment and selection of prospective foster parents

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

2014 UPDATE: As of this writing there are approximately 100 "active" trainers in the state. The CFSTC has maintained a total of the number of individuals (not the number of licensed families) who attended PRIDE pre-service training. These would include both foster and adoptive parents. During SFY 2013, 572 new foster/adoptive parents attended this training. This was a record number of foster/adoptive parents trained in one year.

- **PRIDE Train-the-Trainer:** Ten additional people were trained as trainers during the fiscal year. One of the new trainers was a foster and/or adoptive parent, nine were social workers including, one supervisor.
- **PRIDE Model – Conducting a Mutual Family Assessment:** Offered one session and 14 case managers, licensing workers or adoption workers were trained (one supervisor was trained, 4 PATH social workers, 4 Tribal Social Services, 6 county social workers, 1 AASK).

PATH Training

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

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

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

2014 UPDATE: During SFY 2014, 100 participants attended this training.

- Treatment Foster Care Training: PATH foster parents are required to complete the Treatment Foster Care Training within the first 18 months of licensure. This training consists

of seventeen (18 hours of training on specific topic areas designed to address the special needs of children in treatment foster care. Areas covered during this training include but are not limited to:

- Family engagement
- Cultural diversity
- Fostering Traumatized Youth and Children

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

2014 UPDATE: During SFY 2014, 73 participants attended. PATH foster parents were also required to complete the PRIDE training with the first six months of licensure.

▫ **Additional Foster Parent Training:**

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

2014 UPDATE: During the period 04/01/13-03/31/14, 24 different training opportunities were held across the state with 429 foster parents attending.

▫ **ND Foster Parent Conference: The 2013 North Dakota Foster and Adoptive Parent Conference was held in Bismarck in October 2013. 263 people participated in the event.**

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

2014 UPDATE: This training was completed in a number of ways:

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

- PATH foster parents are required to have 30 hours of annual training.

2014 UPDATE: This training was completed in a number of ways:

- **Opportunities coordinated and arranged through the CFS Training Center or by qualifying events in the community. The social services agency determined, for**

the most part, if the training was appropriate to meet the requirements. If there were questions about the appropriateness of training, the agency consulted with the CFSTC.

- Foster parents could also receive 6 hours of annual training through independent study (books, videos, etc.). Any independent study had to be approved by the licensing agency and a report had to be submitted to the licensing agency and the CFSTC.
- On-line training was considered independent study. A certificate of completion was submitted in lieu of a written report. On-line training opportunities are becoming an increasingly popular option for foster families completing their training requirements.

In SFY 2014, the CFSTC assisted county social service agencies and PATH in accessing other training opportunities by providing reimbursement for costs related to attending training including registration fees, lodging, meals, mileage, and child care expenses.

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

2014 UPDATE: Supervisor training was provided to county child welfare supervisors during their regularly scheduled quarterly meetings. This year the training focused on ‘Managing Effectively in Organizations.’ The Training Center utilized Marsha Salus as Training Consultant. Advanced Training on Secondary Trauma was also offered in two locations for supervisors (Minot and Grand Forks). 30 supervisors took advantage of this training.

The Secondary Trauma Education, Prevention and Support Project has continued in SFY 2014. The Cost of Caring: The Impact of Secondary Trauma has been delivered to approximately 250 persons in the past year (as part of Child Welfare Certification, the Children and Family Services Conference, and community workshops). Additionally, 25 Trauma and Stress Reduction classes have been delivered to a number of counties and have focused on a variety of topics (i.e. grief and loss, second guessing and rumination, team building and resiliency). These have been delivered through interactive video, live internet streaming and classroom settings. Other workshops have been delivered as part of the Children and Family Services Conference reaching nearly 100 participants.

G. CONSULTATION AND COORDINATION WITH TRIBES

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

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

2014 UPDATE: CFS assessed the ability to draw down the federal *Tribal* IV-E FMAP reimbursement rate. The system enhancements necessary to effect this change could

not be realized. CFS remains committed to explore all possibilities of implementing the needed changes and will continue to pursue the ability to implement the Tribal FMAP to tribal IV-E foster care maintenance claims.

CFS conducted a Title IV-E casework and eligibility file review in Spirit Lake Tribal Social Services in May of 2014 as an ongoing review of compliance with the state/tribal IV-E agreement. The review showed continued compliance within the tribal IV-E cases and also identified areas that needed continued improvement. A report of findings was issued and suggestions were made for on-going improvements. A follow-up review will take place in September 2014 to continue this process of establishing compliance/best practices.

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

2014 UPDATE: NATI has contracted with Don Schmid to provide IV-E eligibility training for all tribes. The emphasis of this training will be eligibility determination and filing administrative claims. The IV-E claims consultations are being provided by NATI staff and the CFS Director. Efforts (by CFS and NATI) have been made to assure tribes have the knowledge and resources to draw on IV-E administrative dollars and do so consistently.

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

2014 UPDATE: The Department of Human Services – CFS Division continued to provide fiscal support for the annual ICWA conference. The 2014 ICWA Conference was very successful. The 2014 conference registered the highest number of participants since the conference began. The CFS Director and the North Dakota Indian Affairs Commissioner provided a joint session on the status of child welfare in North Dakota. The STEPS (State and Tribes Enhancing Partnership Strategies) committee, formerly known as SSNAP, held a meeting during the conference focusing on collaboration efforts between state and tribes, tribal work being done by Casey Family Services and federal updates. The Court Improvement Project's ICWA committee also had a meeting during the conference to hear a report from the University of North Dakota researchers who are conducting a state-wide ICWA compliance study.

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

2014 UPDATE: All Tribes are allowed to request adoption services be provided for those children in the custody of the Tribes who have a plan for adoption, by request to and approval of the Administrator of Adoption Services. AASK will then provide

adoption assessment, referral for adoption subsidy, and other adoption services as requested by the Tribe.

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

2014 UPDATE: CFS Division entered into another two year contract with the UND- Department of Social Work to provide IV-E stipends for students who are interested in working with children and families. This stipend requires that participants attend the Child Welfare Certification training and work to “pay back” stipend dollars by working in rural or urban child welfare positions in North Dakota. In 2014, seven students continue to receive stipends through this contract. Expanding the IV-E Stipend program to the Sitting Bull College on the Standing Rock Reservation is under consideration for the 2015 – 17 biennium CFS budget. The stipends would be for social work students attending Sitting Bull College who are interested in working with children and families.

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

2014 UPDATE: The contract between Department of Human Services and NATI continued. Under this contract, NATI provided cultural competency services including foster parent training, a cultural resource service directory for the NATI website, and posted cultural resources guides for all the tribes (<http://nativeinstitute.org>) NATI also provided three regional sessions on cultural awareness to child welfare workers and foster parents. NATI also provides support and organizational planning for the quarterly STEPS (State and Tribes Enhancing Partnership Strategies) meeting. STEPS meeting participants include tribal social service directors, CFS director and staff, staff representing Indian counties and NATI staff. In this past year, meeting locations alternated between tribal communities and Bismarck. Meeting agendas included information and data sharing on casework visits, service array planning, workforce development strategies and IV-E eligibility determination and administrative claim process.

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

2014 UPDATE: ICWA compliance was reviewed, in every randomly drawn CFSR case where ICWA applied, during the eight regional CFSR reviews around the state. The CFS Division completes a CFSR case review of one tribal IV-E eligible child welfare case in each of the four tribes annually. Following the CFSR, each tribal social service agency receives a copy of the review instrument and is provided instruction on writing an Agency Practice Improvement Plan, with support from the Regional Supervisors and CFSR Manager.

In the past year, tribal child welfare representatives were invited, but were not available, to assist with the regional CFSR reviews. The size and demands of their caseloads continue to impact their ability to participate in this activity.

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

2014 UPDATE: All four tribes had Family Preservation contracts in place (state general fund dollars) and actively used the dollars for Parent Aide activities and other activities to prevent placement of children in foster care and preserving family connections.

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

2014 UPDATE: The CFS Division will provide electronic copies and links to the Final 2010-2014 APSR to the tribal child welfare directors when we have a finalized submission. The 2015-2019 CFSP and any outstanding questions will be reviewed and discussed at the fall STEPS meeting (September 2014) with the four tribal child welfare directors and NATI staff.

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

2014 UPDATE: The ND Chafee IL Administrator continued work 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. In addition, the Chafee IL Administrator and Chafee IL Coordinators email program and contact information to the Tribal Directors as needed to ensure adequate referral opportunities are available.

H. HEALTH CARE SERVICES

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

ND CFS DIVISION – HEALTH CARE SERVICES PLAN FFYs 2010-2014		
STRATEGIES	ACTION STEPS	2014 UPDATES
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. <i>Action step is ongoing.</i>
	b. The CFS Division staff will review/update the policy concerning Health Tracks Screenings for foster children.	b. Policy is in place through the CFS Division that sufficiently addresses the provision of screenings for all children placed in care. Similar policies are in place through the Mental Health and Substance Abuse Division and Medical Services Division. <i>Action step completed in 2012.</i>
	c. The CFS Division staff will consult with the Head Start Collaboration Administrator regarding dental care for foster children.	c. The North Dakota Oral Health Strategic Plan and updates continue to be accessible at http://www.ndhealth.gov/oralhealth . The continued efforts of the Ronald McDonald Care Mobile (RMCM) assist in reducing the gap between needs and services for North Dakota children. The most recent Service Delivery Summary indicates that the Care Mobile visited 43 sites, 880 children, with a total value of treatment provided estimated at \$470,148 from January to December of 2013. Approximately 71% of those children were uninsured, with 25% utilizing Medicaid and 4% having private insurance. This is consistent with the last year's statistics. 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 Health North Dakota committee, the HSSCO Administrator partners with health partners to maintain communication across state and private agencies regarding initiatives affecting children and families in North Dakota.
	d. The CFS Division Director will invite a representative from ND Medicaid to assist with the Health Tracks Screenings plan.	d. A representative from ND Medicaid worked closely with CFS Division staff and the Children's Mental Health administrator to develop a plan to ensure physical, dental and mental health assessments are routinely completed during Health Tracks Screenings. <i>Action step was completed in 2011.</i>
	e. CFS Division staff will develop a plan for health needs identification, monitoring and treatment through the Health Tracks Screenings.	e. NDSEDA, in partnership with ND Medicaid, provided training to all state Health Tracks Screeners in fall 2010. Training on specific evidence-based assessment instruments was provided as well as needs identification and treatment referral. The training was videotaped for future use. <i>Action step was completed in 2011.</i>
	f. The CFS Division staff, in collaboration with the Children's Mental Health Administrator, will gather information concerning any pilot projects occurring in North Dakota or neighboring states that are aimed at addressing mental health screenings for foster children.	f. Through the work of the ND Social Emotional Development Alliance, this was addressed in "e." See above for comments. <i>Action step was completed in 2011.</i>
2. Determine how medical information will be updated and appropriately shared.	a. The CFS Division Director will invite a representative from ND Medicaid to assist with the development of the Health Care Services Plan.	a. The FRAME system has streamlined the sharing of medical information across systems. With the development of a workgroup to address psychotropic medication monitoring for the foster care population, ND Medicaid continues at the table to assist with the Health Care Services Plan.

	<p>b. The CFS Division staff will collaborate with health professionals regarding a Medical Passport Program designed to track foster children's medical care while they are in foster placement.</p>	<p>b. It has been determined that the "Health Exchange" provision of the Affordable Care Act will help NDDHS to accomplish this goal. Due to the delay in rolling out the "Health Exchange" provision of the Affordable Care Act, this action step is still in process.</p>
	<p>a. FRAME, as an electronic record, will maintain current medical information on all foster children. Physicians/psychiatrists will be included as team members so that they receive the plan of care updates.</p>	<p>c. Partnerships (children's mental health) and child welfare workers use FRAME as their management information system to include documentation of all youth medical information. The workers extend invitations to physicians and/or psychiatrists to attend team meetings. The workers ensure the medical personnel have updated care plans to include medical and emotional/behavioral health goals. <i>Action step was completed in 2011.</i></p>
<p>c. Develop a plan to ensure the continuity of health care services which may include establishing a medical home for every child in care.</p>	<p>a. Case workers will utilize both the Health Tracks Screenings and the Child & Family Team Meetings as a means to review the continuity of health care services.</p>	<p>a. Caseworkers are utilizing Health Tracks Screenings and Child & Family Team Meetings as a means to ensure continuity of health care services. The FRAME system is used to document these efforts. <i>Action step is ongoing.</i></p>
<p>d. Oversee prescription medications for all foster care children.</p>	<p>a. Case workers will review current prescription medications at the Child & Family Team Meetings.</p>	<p>a. Partnerships (children's mental health) and child welfare workers use FRAME as their management information system for documentation of prescription medications for all youth involved in the program, so it can be assessed ongoing at the Child & 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. <i>Action step was completed in 2012.</i></p>
	<p>b. Medication updates will be documented in the FRAME system.</p>	<p>b. Partnerships (children's mental health) and child welfare workers use FRAME as their management information system for documentation of medication updates on all youth involved in the program. <i>Action step was completed in 2011.</i></p>
	<p>c. Physicians/psychiatrists will be included as team members and provided with care plans and updates to the care plan.</p>	<p>c. Partnerships (children's mental health) and child welfare workers extend invitations to physicians and/or psychiatrists to attend team meetings and provide them with care plans/updates to the care plan. <i>Action step is ongoing.</i></p>
<p>5. Actively consult with and involve physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children.</p>	<p>a. Case workers will report consultations with medical personnel at the Child & Family Team Meetings and will document updates in FRAME.</p>	<p>a. The Child and Family Team Meeting Outline has been disseminated to Regional Supervisors, County Supervisors, and workers to guide team meetings and ensure all areas are covered including the health and well-being of children. Partnerships (children's mental health) and child welfare workers provide updates on medical consultations at team meetings and the updates are documented in FRAME. <i>Action step was completed in 2011.</i></p>
	<p>b. The CFS Division staff members and the Children's Mental Health Administrator will participate on the Healthy North Dakota Early Childhood Alliance (HNDECA), a subgroup of the Governor's Healthy North Dakota Initiative.</p>	<p>b. The ND Head Start State Collaboration Director with CFS, through membership on the Healthy North Dakota Early Childhood Alliance, collaborates with health partners to maintain communication across state and private agencies regarding initiatives affecting children and families in North Dakota. The Children's Mental Health Administrator position is currently vacant. Prior to this opening, she continued to attend and participate in the HNDECA meetings held quarterly.</p>

	<p>c. The North Dakota Children’s Social Emotional Development Alliance (NDEDA), along with HNDECA, will develop a MOA/MOU with Medicaid to ensure providers will offer Health Tracks Screenings, to include mental health screenings, to all children in care.</p>	<p>c. ND Medicaid developed and disseminated policy requiring that all children who receive a Health Tracks Screening will have an evidenced-based mental health screening completed. Therefore, an MOU was not needed. <i>Action step was completed in 2011.</i></p>
<p>6. The state will monitor and treat emotional trauma associated with a child’s maltreatment and removal from the home</p>	<p>a. The ND Department of Human Services will continue to support the provision of the Treatment Collaborative for Traumatized Youth through the regional human service centers.</p>	<p>a. The Mental Health and Substance Abuse Division (DMHSA) received a System of Care Expansion Grant in July 2013. The focus of the grant is to develop and implement a statewide, cross-systems trauma informed system of care. The department is working closely with the regional human service centers, county child welfare agencies, tribal child welfare agencies, residential child care and psychiatric residential treatment facilities, and the juvenile justice systems to provide training and related technical assistance. Each regional human service center identified staff to champion the integration of training and planned environmental changes to the centers. These individuals were trained and are now participating in a monthly learning collaborative. Training on trauma informed care specific to child welfare has been incorporated into the child welfare certification process at the UND Child Welfare Training Center. The training and ongoing consultation with the facilities will focus around quality improvements in care provided to children and adolescents in care with an emphasis on sustaining long-term outcomes post placement. A screening process will be chosen and implemented as well. Data collection and reporting will be completed by all agencies participating in the change process. A team of representatives from all involved systems will provide input into the development and implementation of the components of the system change. In addition to the above, the department continues its collaboration with the clinical staff at the regional human service centers and private providers in the Trauma Collaborative for Traumatized Youth (TCTY) Initiative. Additional clinicians across the state have been trained since the last report. Data collection continues to be a critical aspect of this collaborative work.</p>
	<p>b. County social service agencies and DJS agencies will continue to refer children and youth as appropriate to the TF-CBT(Trauma Focused Cognitive Behavior Therapy) and SPARCS groups at the regional human service centers</p>	<p>d. The CFS Division and DMHSA continue to monitor the regional human service center data on referrals to TCTY and SPARCS.</p>
	<p>c. The ND Department of Human Services – CFS Division will explore options to provide necessary trauma informed care training to county social service agencies, DJS agencies, and contracted service providers.</p>	<p>b. See update provided in 6a.</p>
	<p>d. PATH (therapeutic foster care) staff and foster parents have received the Trauma Training through TCTY so they can address trauma issues with the children and youth they serve.</p>	<p>c. PATH will ensure ongoing trauma training for new staff and foster parents joining their agency.</p>
<p>7. Psychotropic medications for children in the foster care system will be</p>	<p>a. A workgroup with representation from CFS Division, Medical Services Division (MS), and Children’s Mental Health Division (CMHSA/DMHSA) will</p>	<p>a. To strengthen the collaboration for and review of the Health Care Services Plan, the Psychotropic Drug Committee merged with the Systems of Care Trauma grant work group to form a Health Care Oversight</p>

monitored, protocols will be written, and a state plan will be developed and disseminated.	be convened.	Committee. Both groups have similar missions and members. Their responsibilities include: reviewing policies and protocols, advising and directing CFS and MHSA on psychotropic drug use among ND foster youth; reviewing the Health Care Services Plan; and providing direction and support for the Systems of Care trauma-informed grant roll out.
	b. Data will be gathered and analyzed.	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. This year's data draw expanded the number of categories of psychotropic drugs that were being provided to foster care youth. This allowed a broader range of medications to be compared between foster youth and the general population of youth. Future data draws will be completed in the future to look at trends of medication usage.
	c. The ND Administrative Code surrounding the consent and usage of psychotropic medications in residential facilities (PRTFs and RCCFs) will be reviewed and revised as necessary.	c. The ND Administrative Code governing the licensure of RCCFs and PRTFs was revised to address the consent and usage of psychotropic medications.
	d. Protocols are written and disseminated to state and tribal child welfare providers.	d. 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. Information that is gathered and the protocols developed are important steps in identifying patterns through which overuse or misuse can be proactively addressed. This effort is ongoing.
	e. Training to the field will be provided.	e. Psychotropic drug use was a breakout session during the 2013 Child Welfare Symposium. The 2014 ICWA Conference had a general session on the use of psychotropic medication among youth in care. The UND Children and Family Training Center continues to include content on psychotropic drug use as part of the Child Welfare Certification training. Child welfare workers in ND have received trauma-informed care training which compliments psychotropic drug use training. The goal of integrating the Trauma 101 training into child welfare certification process has been accomplished and efforts will now focus on developing a web-based Trauma 101 training for DHS staff.

I. DISASTER PLAN

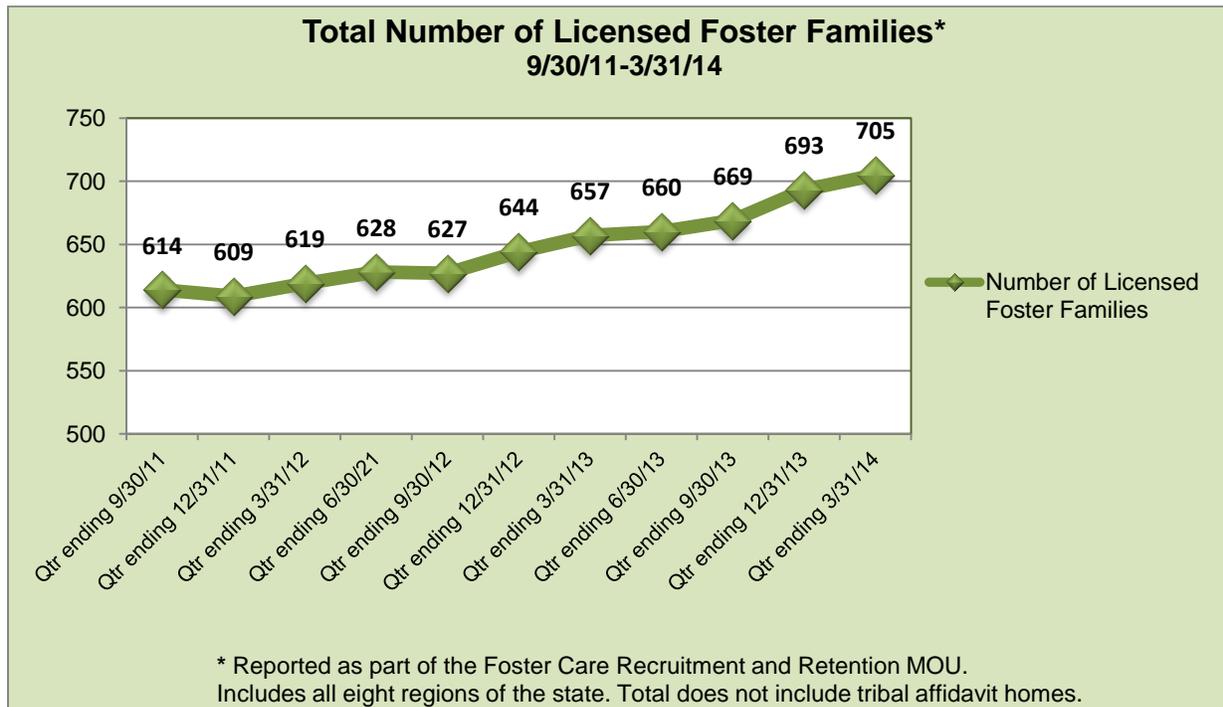
The North Dakota Disaster Plan for foster families, foster/adopt families and children under the custody of a North Dakota public agency was revised in March 2009. The Disaster Plan ensures the safety, permanency and well-being of North Dakota's foster youth.

2014 Update: The Disaster Plan continues meet the needs of the state, region and counties in identifying foster parent primary and secondary relocation plans in the event of a disaster or emergency. Significant changes to the plan were not necessary during the past year. Policy and procedures are clearly outlined in the Family Foster Care Licensing manual chapter, 622-05. The current Disaster Plan is attached to the 2015-2019 CFSP.

J. FOSTER AND ADOPTIVE PARENT RECRUITMENT 2014 UPDATE:

Foster and Adoptive Parents Recruitment and Retention Efforts:

Statistics as of 3/31/13 are noted on the following graph. These totals do not include tribal affidavit foster homes.



2014 UPDATE: The eight regional coalitions applied for and received funding for the 2013-15 biennium. The approved regional “Request for Funding” proposals identified both general and targeted recruitment activities to remain consistent with the Recruitment and Retention State Plan.

The UND Children & Family Services Training Center hired Lisa Piche as a part-time Foster/Adoptive Home Recruitment and Retention Specialist. This position will:

- Provide assistance and technical support 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.
- Coordinate an annual survey of all North Dakota foster parents. The information will be used to identify best practices and areas for growth. A summary will be distributed to Regional Coalitions, County social service and private agencies for the purpose of enhancing customer services to foster families.
- Serve as a "clearing house" for recruitment and retention resources in the state. We are truly our own best source of information! Coalitions will be able to contact Lisa with a question and she can link them to an agency or group who has already found a creative solution.
- Collaborate with a work group to develop new and innovative ways of meeting our increasing complex need for foster and adoptive families.

- Provide training to child welfare professionals at Child Welfare Certification Training as well as other scheduled training opportunities.

Lisa developed and distributed surveys to licensed family foster parents related to recruitment and retention. She also created the Recruitment & Retention newsletter which includes links to articles or tools from the NRCDR/Adopt US Kids to assist local coalitions in their recruitment and retention efforts. Additionally, Lisa spoke to foster parents at the North Dakota Foster and Adopt Conference about ideas or concerns they have about recruitment and retention issues. The UND Training Center has added a resource page to their website which is a valuable resource for local coalitions. (visit <http://und.edu/centers/children-and-family-services-training-center/ndfprecruitmentandretention.cfm> for details.)

Recruitment Survey:

A short survey was sent to all North Dakota licensed family foster care providers in November, 2013. Each respondent was given the opportunity to answer questions related to his/her experience with the recruitment process. By determining the length of wait to initiate the process, preferred method of contact and overall satisfaction with the recruitment process, we have gained a better understanding of key customer service issues. The goal was to identify best practices, determine areas for growth and seek new ideas to reach prospective foster parents. The survey was completed by 157 individual respondents. Respondents included individuals from all eight regions of North Dakota. The majority of the respondents:

1. Live in the largest region in ND (Region 5);
2. Have been licensed foster parents for 1-2 years;
3. Have fostered 1-5 children;
4. Major factor which promoted their decision to become foster parents was identified as “Just know there is a need for foster parents”;
5. Considered becoming licensed foster parents for 18 months prior to initiating contact information;
6. Contacted their local social service agency when they decided to move forward with foster care licensure; and
7. Were contacted by someone within a week of their inquiry about foster parenting.

The survey collected comments regarding:

1. What prevented you from inquiring sooner? and
2. What are your suggestions for recruiting new foster parents?

Survey results were sent to County Directors, PATH, and Regional Supervisors to share with their internal groups.

Retention Survey:

An 11 question survey was distributed to foster parents via Fostering Communications in January, 2014. Survey participants were asked to answer questions regarding their current experience as a foster parent in the state of North Dakota. Using a 5 point scale, they were asked to rate issues such as training, communication with a variety of

individuals within the licensing agency, teamwork and the overall experience of foster parenting. To support their rating, most questions included an opportunity to provide open-ended comments. The last question asked for any other information that they would like to share.

The intent of the survey was to determine what keeps foster parents doing what they do. Our goal is to use the data to establish trends in best practice and areas for growth in our service delivery system. A total of 131 individuals responded to the survey. The majority of respondents:

1. Live in Region V, which is the largest region in North Dakota. (36%)
2. Agreed with the ongoing training received to prepare them for foster parenting. (73%)
3. Classroom and online training was indicated as the most preferred method to receive training. (62%)
4. Agreed that ongoing communication with the licensing worker was adequate. (82%)
5. Agreed that ongoing communication with case workers was adequate. (69%)
6. Agreed that ongoing communication with others in the agency (i.e. supervisors, support staff) was adequate. (66%)
7. Agreed that they felt like an important part of a professional team. (67%)
8. Agreed that support services such as respite care, mentoring, and support groups are adequate. (53%)
9. Agreed that foster parenting was exactly what they expected. (54%)
10. Stated that they were satisfied with being a foster parent. (79%)

While the positive ratings were in the majority, many concerns were raised in this survey. Examples: lack of respite care services, educational opportunities, and the need for more frequent communication with agencies.

Survey results were sent to County Directors, PATH, and Regional Supervisors to share with their internal groups.

One Church – One Child Recruitment Initiative:

Dr. Melanie Sage, UND Social Work faculty member, was recently awarded a seed grant to support a pilot project utilizing the national “One Church, One Child” model in rural faith-based communities. The UND Training Center (UND-TC) and Children and Family Services are working in collaboration with Dr. Sage to pilot this 12 month project. The project will allow for targeted foster care recruitment outreach to church communities in Nelson and Pembina counties. These counties were chosen since they have the least amount of licensed foster homes in the northeast region of North Dakota. (Pembina county – 1 family foster home; Nelson county – 1 PATH foster home.)

A graduate research assistant (GRA) was hired to facilitate outreach and communication to churches in these counties. The GRA will work closely with the UND-TC Recruitment and Retention specialist to develop and provide accurate information. When families are recruited or want more information, the UND-TC Recruitment and Retention Specialist and/or county workers will be involved to move the family toward the next steps in family foster care licensing screening.

The goal is to conduct one on-site church outreach a month for 10 months. If the results are promising enough, an attempt may be made to procure external funding for project expansion in the future.

Recruitment & Retention Newsletter:

In February, 2014, the Children & Family Services Training Center published the first Recruitment and Retention newsletter. The newsletter was electronically sent to all county supervisors, county licensing workers, PATH supervisors, PATH licensing workers, tribal workers, regional supervisors, AASK supervisors and staff and is available on the UND-TC website at <http://und.edu/centers/children-and-family-services-training-center>.

Information included in the February newsletter included:

- Direct links to articles or tools from the NRCDR/Adopt USKids.
- Tips for customer service
- Talking to people about foster parenting
- Useful tools for foster parent recruiters
- Describing 'diligent recruitment'

The newsletter provides assistance to agencies that are responsible to recruit and retain foster families and will be published every other month.

Adoption Recruitment:

The AASK program cooperates with local recruitment and retention coalitions by serving as the adoption resource for the group in each region to address general and targeted recruitment of families. The AASK workers are also part of local PRIDE training teams which provide pre-service training to foster and adoption parents in their region.

The AASK Program completes a recruitment plan for each "waiting" child that has been referred for adoption services by public agency custodians. Child specific recruitment for "waiting" children may happen in a variety of ways. Biographies of waiting children are mailed monthly to families (both within and outside of the state) who have an approved adoption home study and are on the AASK program's waiting family list. Special staffing occurs monthly for waiting children. Biographies of these children are regularly published in a quarterly newsletter published by the AASK Program, which is disseminated to all adoptive and foster families within the state. Children who may be placed cross-jurisdictionally are also placed on the Adopt US Kids web site and/or the Adopt America Network.

Our state is also the recipient of a grant for a full time Wendy's Wonderful Kids recruiter, who currently is located in the eastern side of the state. WWK has indicated they have approved a second recruiter position for North Dakota that will be located in the western part of the state and will have a primary focus on child specific recruitment for Native American children.

Additionally, North Dakota has an active ND Heart Gallery which facilitates a web site and a photo gallery of waiting children that travels the state. There is an annual “gala” where new portraits are unveiled; however children can be added to the gallery throughout the year. Visit <http://www.ndheartgallery.org> for details.

K. MONTHLY CASEWORKER VISITS

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

2014 UPDATE: The monthly “Foster Care Case Load Visitation Report” is once again being produced and disseminated to the field through the FRAME/COGNOS system by the state office on at least a quarterly basis. Individual agencies have access to these reports within FRAME/COGNOS at any given time if they want to check the status of case worker visitations more frequently. There continues to be an ability to look at visitation statistics from an individual county/child specific level and not just from a state or regional level.

A “Foster Care Placement Report” continues to be available within the FRAME/COGNOS system. The ability to run this “real time” report, gives all users the ability to determine where all foster youth are placed at any given time and collaborate more easily to ensure that monthly visitation are taking place for youth in foster care placement. This applies to youth placed at any level of care, both in state and out of state.

✚ Outline for Achievement:

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

2014 UPDATE: Continued conversations and trainings have occurred with Regional Supervisors, county supervisors, county directors, tribes, and DJS surrounding the requirements and goals relating to monthly case worker visitation of all foster youth. These requirements and goals continue to be addressed in various conferences and within the Child Welfare Certification Program. Statistics surrounding case worker visitation continue to be disseminated at these meetings. Approved allowances for collaborative visitations and techniques to ensure visitation are also discussed. There has been continued reinforcement that the content of the monthly visitation must address the safety, well-being and permanence of the youth in care, and that the

content of these conversations must be documented in the FRAME system. The field has also been made aware that that standard of monthly visitation has increased to 95% for FFY 2014.

- By October 1, 2011, 90% of the children in foster care will be visited by the case workers on a monthly basis each and every full month they are in care, and the majority of those visits will occur in the residence of the child.

- In order to meet the 90% caseworker monthly visitation requirement, progressive goals have been established with increased compliance being divided evenly between FFYs 2009-2011. The goals are as follows: FFY 2009=39%, FFY 2010=65% and FFY 2011-90%. This goal was increased to 95% for FFY 2014.

2014 UPDATE: The goal for case worker visitation for FFY 2013 remained at 90% (i.e. the expectation was that 90% of youth in care would be seen each and every full month they were in care). As noted in the following chart as of April 30, 2014, 86% of youth in care were seen each and every full month that they were in care, with the majority of those visits (78%) occurring in the youth’s primary place of residence. North Dakota did submit data for the complete 2013 federal fiscal year by December 15, 2013 as required. The result of that report for the time frame of 10-1-12 through 9-30-13 showed that 93% of all youth in foster care were seen each and every full month they were in care, with 78% of those visits taking place in the youth’s primary residence. North Dakota will continue to strive to ensure that all caseworker visitations are accurately recorded.

REPORTING PERIOD 5/1/13- 4/30/14 TOTAL FOR ALL AGENCIES		
CASE COUNT	1,896	
MONTHS IN FOSTER CARE	14,317	
VISIT MONTHS	12,310	
IN HOME VISIT MONTHS	9,556	
VISIT MONTHS CASE COUNT	12,310/14,317	86%
VISITS IN HOME MONTHS	9,556/12,310	78%
LEGEND		
<ul style="list-style-type: none"> • CASE COUNT = total number of cases in care at least one full calendar month • MONTHS IN FOSTER CARE = number of full calendar months in care for cases included in the CASE COUNT • VISIT MONTHS = total number of months in which a visit occurred (subset of the MONTHS IN FOSTER CARE) <ul style="list-style-type: none"> • PERCENT = ratio of VISIT MONTHS CASE COUNT to the CASE COUNT • VISITS IN HOME MONTHS = total number of months in which an in-home visit occurred, out of the cases included in the VISIT MONTHS CASE COUNT <ul style="list-style-type: none"> • PERCENT = ratio of VISITS IN HOME MONTHS to the VISIT MONTHS 		

2014 UPDATE – MONTHLY CASE WORKER VISITATION FORMULA GRANTS:

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

Continued use of the formula grants for this type of equipment and training in the next reporting period is likely. It is felt that providing this equipment and training will help to recruit, more thoroughly train and prepare case workers. Hopefully this will lead to increased retention of well trained and effective case workers. Another use for formula grants being explored surrounds offsetting the costs for case worker visitation. It is felt that the actual case worker doing the monthly visitation, as opposed to a contracted worker doing the visitation, will be increased by helping offset the travel costs of the visit. It is felt that visitation by the actual assigned worker, who knows the case best, will improve the assessment of safety, well-being and progress toward establishing permanence.

L. QUALITY ASSURANCE SYSTEM

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

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

2014 UPDATE: Regional Supervisors have continued quality assurance case reviews during this reporting period and provide a report of the review results to the CPS Program Administrator.

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

2014 UPDATE: From April 2013-March 2014 the CFS Division reviewed 67 cases, with 25% being in the largest metropolitan area (Cass County). In six regions the Division

held “Case File Reviews” (i.e. case record review plus interviews with case managers/supervisors); and in the two remaining regions the Division held “Full Case Reviews” (i.e. case record review plus case manager interviews, client/family interviews, other service agency partner interviews, and eight Stakeholder meetings).

In each of the regional CFSR’s, the reviewers evaluated randomly drawn cases using the entire CFSR instrument (v. July 2008). Specific attention was directed to the ratings for items 4, 17, 18, 19, and 20 as these are the items being tracked per the results of the 2008 Federal CFSR. North Dakota reports outcomes quarterly to the Children’s Bureau. The “ND CFSR Annual Report” is not complete at the time of this writing. The regional CFSR schedule for April 2014-March 2015 is included as ATTACHMENT B.

- ✚ The new Program Improvement Plan themes are included as part of the 2010-2014 CFS Plan. The 4 themes distilled from the findings of the federal review are: 1) Building On the Wraparound Practice Model; 2) Safety Planning; 3) Caseworker Contact & Quality Services for Children & Their Families; and 4) Engaging Child Welfare Partners in System Change. The cross-cutting theme which is overarching for all four themes is the “Supervisor’s Role in Quality Services”. Planning for the PIP has been inclusive of CFS administrators, field staff, county workers, county directors, other child welfare partners, tribes, county commissioners, and state legislators.

2014 UPDATE: The PIP extension period ended June 30, 2013 by which time the all remaining PIP strategies were completed. The state continues to report quarterly progress on data outcomes through September 30, 2014.

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

2014 UPDATE: The use of FRAME to access information in case reviews continues to be an effective resource in the state’s QA process.

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

2014 UPDATE: As reported in the 2011 APSR, InfoLink did not become a viable software tool based on the issues encountered in the development of FRAME reports in the Cognos environment. The CFS Division and ITS Division explored options for alternative automated solutions, although none were able to be secured. The CFS

Division relies on the state's Data Profile and the department's data analyst for tracking trends in relation to the federal data measures.

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

M. MANAGEMENT INFORMATION SYSTEM

FRAME, a web-based application created to capture case management activities along with better data collection, was implemented in November 2009. The application has been set up to use drop down boxes in areas where we will be using the information for reports, data collection and possible longitudinal studies to better follow children through the child welfare system to see how their history affects their adulthood. We can capture data for the NCANDS and AFCARS reports out of FRAME allowing us to complete more elements of both reports and provide better data. The information from FRAME will be transferred to Cognos, which is the data warehouse for FRAME. From this application, North Dakota will be able to create reports in a variety of ways using the various fields from FRAME.

2014 UPDATE: FRAME continues as the state's management information system for Child Welfare and Children's Mental Health. The Comprehensive Child Welfare Information Program System (CCWIPS) operates within FRAME keeping the payments process, foster home licensing and adoption information. The CPS index registry is also integrated into the FRAME application. The CFS Management Team, Information Technology Services Division (ITS-DHS), Decision Support Services (DSS-DHS), and Information Technology Department (ITD) continue to meet regularly to discuss the statuses of various "fixes" and enhancements to the application.

N. CAPTA

2014 UPDATE: The Child Abuse Prevention and Treatment Act (CAPTA) report is submitted as a separate document.

O. LICENSING WAIVERS

The North Dakota Administrative Code (NDAC) 75-03-14 outlines family foster home licensing standards. This rule was updated effective 1-1-14, and included the proposed licensing waiver standards.

2014 UPDATE: The CCWIPS system-captures the number of relatives licensed whereby a waiver was granted (CCWIPS contains our provider licensing information).

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

FRAME (automated child welfare system) gathers information about foster youth who are placed in an unlicensed relative family foster home. A drop down box captures reasons why the relative is not licensed. The drop down box contains the following reasons:

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

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

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

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

The following numbers and percentages were taken on March 31, 2013 from FRAME. For the 287 children reported to be residing with relative providers:

- ✚ Number & percentage of children placed in licensed relative foster family homes:
 - 87 children (30.3%) were placed in licensed, relative foster family homes.
- ✚ Number & percentage placed in unlicensed relative foster family homes:
 - 200 children (69.7%) were placed in unlicensed relative foster family homes.
- ✚ Frequency of waivers:
 - During this reporting period 8 waivers of non-safety related licensing standards were requested.
- ✚ Types of non-safety licensing standards waived:
 - All 8 of the granted non-safety related waivers surrounded sleeping arrangement. This included having age and gender appropriate siblings sharing the same bed or bedroom, having an aunt give up her room to sleep in the living room so the foster nephew could have a room of his own, and having a foster grandchild sleep on a pull out sofa in the living room.

- ✚ Assessment of how these waivers have affected children, including their safety, permanency and well-being:
 - **Waiving non-safety related licensing standards has increased the number of licensed family foster care providers. Foster youth are able to remain with family members with whom they already have established connections.**
- ✚ Reasons why relative homes may not be licensed despite authority to waive non-safety standards:
 - **Families are apprehensive of the home study outcome.**
 - **Relatives do not need financial assistance.**
 - **Families are reluctant to begin the home study process due to the amount of time it takes to complete the foster care home study.**
 - **Families are unwilling to take time off work to complete the PRIDE training.**
 - **Families apply for TANF benefits or are supported through the Foster Care Kinship Care Program.**
 - **It is anticipated that the youth will only be in foster care for a short period of time.**
- ✚ Actions the state plans to take, or is considering, to increase the percentage of relative fosters family homes:;
 - **Licensing agencies are encouraged to provide additional information to families regarding foster home licensure, positively portraying the benefits to the family, as well as fully explaining the agency's ability to waive non-safety related standards. Conversations continue to take place with regional, county and tribal personnel about waivers of non-safety related standards.**
- ✚ Suggestions the State has for administrative actions to increase licensed relative care.
 - **Disseminated updated policy and NDAC 75-03-14. This further reinforced this option to the licensing agencies and further simplified the process for relatives to become licensed family foster homes.**

P. GRANT OPPORTUNITIES

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

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

2014 UPDATE: The Village Family Service Center continues to participate in the Family Connections Discretionary Grant program. They are in their third year of a Family Group/Team Decision Making program focused on the Native American children and their families served by the county social service system.

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

Q. CFCIP/ETV

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

General Overview

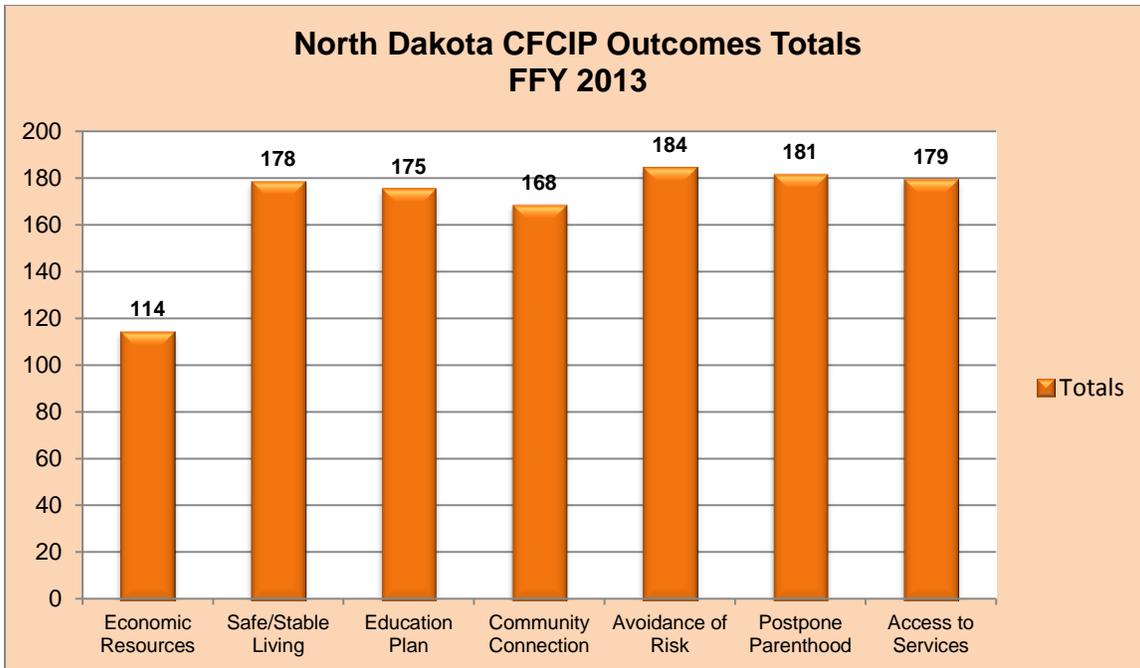
The North Dakota Department of Human Services, Child & Family Service Division administers the Chafee Foster Care Independence Program grant and supervises the Regional CFCIP and ETV Programs across the state.

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

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

2014 UPDATE: During FFY 2013, 194 ND Chafee Foster Care Independence Program state assessments were completed October 1, 2012 – September 30, 2013 with youth participant's ages 17 and greater.

CFCIP Assessment outcome results indicated that 59% (114) of youth felt they have sufficient economic resources available, 92% (178) felt they have a safe and stable place to live, 90% (175) have an achievable education plan in place, 87% (168) have permanent connection in the community, 95% (184) felt they have avoided illegal or high risk behaviors, 93% (181) have postponed parenthood, while 92% (179) felt they have the knowledge and skills to access physical and mental health services. North Dakota will continue to evaluate these outcomes and assist youth in building skills that will enable them to successfully transition to living independently. Outcome results may be viewed on the following graph.



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

The updated flow chart can be found in [ATTACHMENT C](#).

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

2014 UPDATE: PATH ND is the CFCIP statewide provider; the Chafee IL Coordinators are located in six of the eight regional PATH offices statewide. Chafee Independent Living Coordinators deliver service to eligible current foster care youth and Foster Care Alumni statewide. The CFCIP does not have a case load standard at this time; caseloads for the Chafee IL Coordinators range from 25 to 45 open youth at one time.

The current CFCIP Regional Offices are found in the chart on the next page.

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

PATH ND provides statewide programming. The agency follows federal and state CFCIP policy, participated in an annual Quality Assurance Review conducted by the state Chafee IL Administrator, and entered all relevant CFCIP data into FRAME (ND data management system). The FRAME data management system allowed ND to retrieve more realistic and comprehensive data ongoing. Below is data reflecting CFCIP participation in ND comparing annual timeframes. There was a drop of sixteen youth served from FFY 2012 to FFY 2013. This drop can be attributed to staff turnover in three regions causing a delay in getting referrals process and gaining necessary momentum to recruit and retain eligible youth for program services.

FFY Totals	CFCIP Youth	Current Foster Care Youth	Foster Care Alumni	Priority 1 Youth Served	Priority 2 Youth Served	Native Americans Served	Notes
5/1/13 to 4/30/14	430	252	178	312	118	99	Current data!
FFY 2013 Total	399	232	167	267	132	87	Updated Data to reflect the full FFY

 **Planned Activities to Design, Conduct and/or Strengthen the 7 Purpose Areas**

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

2014 UPDATE: Chafee IL Coordinators attended Child and Family Team Meetings and worked collaboratively to support youth in becoming self-sufficient young adults. 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 and many other private organizations who provide resources for young adults. The state office collaborated with partners regularly through presentations, trainings and ongoing email

communications to assist partnering agencies in understanding the program and eligibility.

Chafee IL Coordinators reported engaging in these activities to help youth transition to self-sufficiency:

- Assisted custodial case managers in completing the foster care youth discharge checklist.
- Assisted youth in developing an Independent Living plan.
- Provided ongoing education through individual, group, and scheduled monthly youth meetings:
 - Career Exploration, Job Training, Street Drug Awareness and Prevention, Physical and Mental Health Access, “Reach One Teach One” planned parenthood course, Safe Sex & Prevention programming, Rent 101, Banking, Higher Education Exploration, Individual Development Accounts (IDA) savings program, FAFSA preparation, Nutrition classes, Money Smart workshops, Tax preparation, substance abuse prevention, internet safety, etc.
- Trained family foster parents by helping to identify topics and “teachable moments” to engage youth while living in their home.
- Engaged with Residential Child Care Facilities and partnered to offer various services and invitation to attend monthly meetings for active Chafee IL youth residents.

FFY 2015 Plans: The new CFSP will include larger scale opportunities for Chafee IL to collaborate with partners to identify programming and training opportunities for youth. The NYTD data will be a foundation to decision making of topics needing more attention for transition aged youth. In addition, CFCIP will continue to distribute the CFCIP brochure to encourage program participation and promote the use of the ND Youth Website.

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

2014 UPDATE: 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.
- Reminded youth that if a two or four year school is not their preference one could choose to attend the Hair Academy or other vocational school as an educational option.
- Reviewed and updated the education and training IL goal quarterly.

Chafee IL Coordinators maintained contact and relationships with representatives of regional Work Investment Act (WIA) programs offered through North Dakota Job

Service and the TRIO program availability on college campuses. Chafee IL Coordinators continued to provide awareness of the ND Youth website <http://www.nd.gov/ndyouth/>, which offered direct access to youth interested in employment and education.

FFY 2015 Plans: Continue to offer direct access and assistance to youth interested in employment opportunities.

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

2014 UPDATE: 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.
- Maintained partnerships with local Job Corps, coordinated class schedules as needed with the public schools.
- 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 applying for the ETV.
- Assisted youth in completing their FAFSA (financial aid), paying for college application fees, and enrolling in TRIO; a college program that motivates and supports students from disadvantaged backgrounds to pursue a college degree.

The state Chafee IL Administrator and Chafee IL Coordinators:

- Expanded the ETV eligibility in ND. ND had a policy allowing youth to apply only if he/she met all federal eligibility and was in foster care for 12 months or more. The policy changed in October 2012 allowing youth to apply regardless of their length of time in foster care with preference given to those in care for 12 months or greater.
- Provided awareness about the Education and Training Voucher (ETV) Program to foster care youth and statewide professionals assisting foster youth three times per year before the deadline to apply expired.
- Continued to work with the CFS UND Training Center who provided information about the ETV Program and CFCIP services into the Child Welfare Certification Training.

FFY 2015 Plans: Continue to market to all professionals working with eligible foster care youth the application deadlines and requirements for the ETV.

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.

2014 UPDATE: 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.
- Identified and documented five individuals on the Discharge Checklist; a family member, friend, church member, professional mentors who is matched up by an agency, etc.
- Provided information and training on healthy relationships.
- Offered youth monthly meetings for peer support.
- Encouraged application to the ND Youth Leadership Board.

The ND Youth Leadership Board meetings provided a supportive environment for youth to share information as well as develop peer mentoring relationships.

FFY 2015 Plans: Continue to seek mentoring opportunities in communities for all CFCIP youth. Continue to provide supportive professional contact with youth through face-to-face, email, and texting when appropriate.

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.

2014 UPDATE: The CFCIP's primary focus is on foster youth age 16 and older identified as "likely to age out of care," as well as those who have aged out of care and become Foster Care Alumni. 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:

- The Renting 101 guide book
- 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 local meetings 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.

Affordable housing in North Dakota has become a challenge. The ND Oil Boom has led individuals and families to pay \$1000 to \$1300 monthly rent for a one bedroom or efficiency apartment; while a two or three bedroom apartment could cost \$1500 to \$2500 per month. Chafee IL Coordinators worked with local Housing Authorities to write Housing and Urban Development Family Unification Vouchers (FUP) grants. The FUP grants have been accepted and in use in Grand Forks, but are needed statewide. Another layer to this problem is if the Housing Vouchers are provided to an individual, there are a limited number of adequate housing units available for individuals and families to rent.

FFY 2015 Plans: Continue to be involved in statewide conversations regarding affordable housing specific to youth in transition. There is a great deal of momentum going forward for assistance during Legislative Session 2015.

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.

2014 Updates: The North Dakota Educational and Training Voucher (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. ND CFCIP expanded the ETV eligibility to encourage additional youth applicants allowing a youth to apply regardless of their length of time in foster care with preference given to those in care for 12 months or greater.

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.

FFY 2015 Plans: Continue to provide ongoing awareness of the ETV programming to eligible youth and partnering agencies. Continue to market eligibility and application deadlines for the ETV.

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

2014 UPDATE: CFCIP is designed to serve youth who are current or former foster youth. CFCIP remains available to the former foster youth in a kinship guardianship arrangement or who have been adopted on the same basis. 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 or is adopted from foster care.

FFY 2015 Plans: Increase connection with the ND AASK Adoption program as a regular and direct contact from the Chafee IL Administrator to ensure youth are provided assistance to and awareness of CFCIP benefits.

 General Reporting Requirements Related to the CFCIP Seven Purposes

- **2014 UPDATE on Coordinated Services:** ND Children and Family Services Division collaborated with PATH ND as the contracted provider to deliver CFCIP services statewide. ND DHS, PATH ND, Chafee IL Coordinators collaborate with public agencies (county, tribal, and DJS) and many private/nonprofit agencies including Job Service, Housing Authorities, Human Service Agencies, School Districts, Vocational Rehabilitation Services, Career Options, Community Action, and more. Partnering with various community organizations is the largest strength of the program. After community connections have been made, Chafee IL Coordinators teach youth how to navigate the many program systems effectively. This form of teaching “how to” rather than “doing it for” sends a consistent message and gets better results. Our ND CFCIP goal and mission is to ensure that youth involved in the foster care system receive services and support which will enable them to successfully transition to living independently. In addition, the Regional Human Service Centers across ND have the Transition to Independence (TIP) program specific to transitioned aged youth. This professional partnership continues to grow as TIP can serve young people until the age of 24; there is a natural progression and transition that occurs from CFCIP to TIP prior to turning age 21.
- **2014 UPDATE on Training:** CFCIP engages in quarterly meetings in Bismarck, ND for Chafee IL Coordinators and ND Youth Leadership Board members. Last year, CFCIP invited the IL Coordinator from the Unaccompanied Refugee Minor Program (URM) to join in the quarterly meetings. The URM IL Coordinator is funded separately, but does try to mirror the requirements of CFCIP foster care for the URM program youth. The URM IL program has found the quarterly meetings helpful in providing quality services to URM foster youth in ND. Each quarter, training topics are organized in conjunction with the Chafee IL Administrator and the CFS UND Training Center training representative. This last year quarterly training topics included: FosterClub awareness, Personality Testing, Community Action Programs, LGBTQ Training, CFCIP policy updates, etc.

This past year, specific training opportunities included:

- **Wrap Around Certification Training (Various dates) -** For any new CFCIP Chafee IL Coordinator in conjunction with child welfare workers statewide.
- **ND Indian Child Welfare Act Conference in Mandan ND (February 2013) –** one Chafee IL Coordinator attended to gain insight on cultural services and partnering efforts.
- **Youth Transition Conference in Bismarck (July 2013) –** The Chafee IL Administrator assisted in planning and working at the conference; four foster youth attended. The conference trained on leadership, self-advocacy, career exploration and team building.
- **Children’s Justice Symposium (July 2013) –** CFCIP staff attended the three day training on various topics related to drug abuse, child abuse and

- neglect, and trauma informed care.
 - **PATHWAYS National Conference in Baltimore, Maryland (August 2013) – ND CFCIP had one Chafee IL Coordinator attend. A number of independent living topics were presented.**
 - **Daniel Memorial National Conference in Orlando, FL (August 2013) – ND CFCIP had two Chafee IL Coordinators attend receiving a variety of independent living topic presentations during those three days.**
 - **Foster Parent Annual Training in Bismarck (October 2013) – ND CFCIP Chafee IL Coordinators and the State Chafee IL Administrator attended.**
 - **The CFS Training Center (ongoing) – was provided Child Welfare Certification training to social workers; one segment of this training is Chafee Independent Living and the importance of youth transitioning to independence.**
 - **PRIDE training (ongoing) – was offered to foster parents providing information about preparing youth for transition and how to build independent living skills while the youth is in the foster home or facility.**
 - **Youth Training (ongoing) – was offered locally for the youth on various topics related to independent living skill building.**
- **2014 UPDATE on Youth Involvement in State Agency Efforts:**
North Dakota continues to replicate the Federal CFSR Process as part of a Program Improvement Plan. Youth Stakeholder meetings were conducted during full CFSR Reviews in ND; two locations per year. Youth Stakeholder meetings were held in Williston and Jamestown. Youth participants had the opportunity to share with state staff their perspective of what has gone well in foster care and what areas could be improved.

The North Dakota Federation of Families Mental Health Transitions Conference requested Youth Leaders to help organize and run the two day summer conference; one CFCIP youth participated as a Conference Youth Leader.

The National Youth in Transition Database federal review occurred in North Dakota in July 2013. ND proudly invited the ND Youth Leadership Board and former NYTD youth participants to engage in the review process.

The 2013-2014 ND Youth Leadership Board began June 2013 with seven youth members; over time the Board comprised four very dedicated young people. The Board assisted youth in building leadership skills, engaging in mentoring roles, conference panels, local and state efforts to better the child welfare system by creating a ND Foster Youth Handbook and to further assist in the National Youth in Transitions Database federal effort. The ND Youth Leadership Board appointed three returning members and two new members to the Board effective June 1, 2014. In March 2014, Tesa Curtiss went to Washington, D.C. with staff from Children & Family Services to discuss the National Youth in Transition Database (NYTD) efforts in our state. Tesa was trained as a “federal reviewer” and will be going to another state this summer to review their NYTD process with a Federal Review Team. Most recently, Chris Rickabaugh went to Washington, D.C. as a ND youth representative to attend the Congressional Foster Youth Shadow Day. He was given the great opportunity to work

alongside Congressman Kevin Cramer on “the Hill”, go to the White House, and plan for/discuss national change regarding transitioned aged youth exiting foster care.

- **2014 UPDATE on Medical Assistance:** Medicaid Expansion continues to be advertised in ND. North Dakota established policy which will allow for the implementation of MA services delivery for eligible youth to age 26. Policy reads, “*North Dakota provides Medicaid benefits to individuals who were in foster care in North Dakota and on Medicaid in the month they turned 18. ND Medicaid coverage is available to eligible youth until the month the individual reaches the age of 26. Eligible youth must complete the application at the local county social service office. Note: Youth who aged out of foster care from another state will not be covered by ND Medicaid.*” In the last year, youth indicated that they do not understand the re-determination process, but have become more aware of the Medicaid age expansion. The Chafee IL Coordinators have continued to work to help youth understand the Medicaid process and provide information and assistance to access this program ongoing.
- **2014 UPDATE on Native American Youth:** North Dakota provided information to ensure Native American youth had fair and equitable access to all CFCIP services across the state. North Dakota partnered 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. Staff turnover within the Tribes have offered delays in referrals, however CFCIP has made an ongoing effort to provide updated contact information and referral procedures for CFCIP. Region III (Belcourt and Devils Lake) had the most involvement with Tribal Social Services and has done a nice job of merging and molding a successful partnership to offer services to all eligible youth.

Chafee IL Coordinators worked with Native American youth to ensure that enrollment in their designated Tribe was complete, and assisted youth to complete the Tribal Certificate with enrollment number applications, receive a tribal enrollment card and Certificate of Degree of Indian Blood (CDIB). Native American youth were also provided contact information for their Tribal office, local social service offices, as well as the Higher Education office of his/her Tribe. Chafee IL Coordinators have offered culturally sensitive Independent Living programming to all participants.

The Chafee IL Administrator continues to work with Chafee IL Coordinators to ensure that CFCIP and ETV benefits are made available to Native American youth (Title IV-E or 638 funded youth) on the same basis as non-native foster care youth in North Dakota.

- **2014 UPDATE on Trust Fund:** North Dakota does not have a trust fund nor are there plans to initiate a trust fund.
- **2014 UPDATE on National Youth in Transition Database (NYTD):** North Dakota continued to work diligently with NYTD efforts. In July 2013, a NYTD Federal Site Review Team arrived in North Dakota as part of the six state NYTD Review pilot process. ND embraced the opportunity to showcase our system, our process, our progress, and learn from our federal partners how to do better. The onsite visit indicated strength areas and challenges; unfortunately our data management system

offers challenges to data collection. The required data extraction fixes are being corrected at this time to ensure accurate data by the FFY 2015 report year. In March 2014, North Dakota was invited by federal partners to attend and Peer-to-Peer state meeting in Washing, D.C. with counterparts who also engaged in the NYTD onsite visits. North Dakota was asked to bring a youth member. Tesa Curtiss, a Foster Care Alumni and ND Youth Leadership Board member attended the meeting with three North Dakota staff. The opportunity was amazing for her and provided great networking for the state staff.

The NYTD served population statistics were collected by county social service foster care case managers, Division of Juveniles Service case managers, Chafee IL Coordinators, and Partnership Care Coordinators to gain the most insight about independent living services received by youth already established within our FRAME (data management) application. Served population data continues to show that the highest services provided to young people include academic support, needs assessments, and budget/financial management.

North Dakota had 87 NYTD survey youth make it into the follow-up population for age 19 surveys. Overall data is included in the graph below.

Age 19 (FFY 2013) NYTD Surveys	Totals	Female	Male	Homeless in past 2 yrs	Criminal Activity in past 2 yrs	Became a parent	On ND Medicaid	Employed FT or PT	Received Education	Enrolled in School
ELIGIBLE	87			-	-	-	-	-	-	
Declined	9	6	3	-	-	-	-	-	-	
Incapacitated	1	1	-	-	-	-	-	-	-	
Incarcerated	1	1	-	-	-	-	-	-	-	
Unable to Locate	21	10	11	-	-	-	-	-	-	
Surveyed	55	35	20	22	14	8	31	23	35	19
SURVEY %	63%			40%	25%	14%	56%	42%	64%	35%

From October 1, 2012 to September 30, 2013 there were 50 of the 87 youth surveyed. The overall participation was disappointing for North Dakota, however 5 more youth were located during the federal extension period allowing North Dakota to retrieve 55 of the 87 youth responses for the FFY 2013 follow-up population. Continued planning for increased participation in future years with future cohorts is underway with the ND Youth Leadership Board, CFCIP statewide provider, and custodians. In FFY 2013, each 19 year old received a \$20 gift card for their time when completing the NYTD Survey. The ND Chafee IL Administrator worked directly with case managers, Chafee IL Coordinators, Federal Parent Locator, previous foster families, and individuals listed on the future contact form filled out by NYTD survey participants at age 18. Tracking of young people has been a challenge, but the largest challenge for North Dakota continues to be when follow-up youth “decline” to participate.

North Dakota started collecting data for NYTD Cohort 2, age 17 baseline surveys October 1, 2013. There has been a great response from North Dakota young people. The process of informing youth of what the survey is and how outcomes data will be retrieved long term has assisted in making sure youth are vested in data outcomes, the NYTD process, and state communication until the age of 21.

Education and Training Voucher Program

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

Youth meeting the following criteria will be considered for an Education and Training Voucher Award.

1. Youth who “aged out of foster care”, were discharged on or after their 18th birthday, or continue in 18+ Continued Care past their 18th birthday, and who have not reached their 21st birthday at the time of application.
2. Youth who were adopted or entered kinship guardianship from foster care after age 16, but have not reached their 21st birthday.
3. Youth participating in the ETV Program on their 21st birthday can remain eligible until they turn age 23, as long as they are enrolled and making satisfactory progress toward completing their post-secondary education or training program.
4. Youth who are United States Citizens or qualified non-citizens.
5. Youth who are, or will be enrolled into a program at an accredited or pre-accredited college, university, technical or vocational school.
6. Youth who agree to be an active participant in the Chafee Independent Living Program while they are receiving ETV funding.
7. ETV award preference will be given to youth who were in foster care for twelve months or greater.

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

2014 UPDATE: Eligible North Dakota youth are educated on the ETV application process throughout the year. Youth are given one-on-one assistance in completing college applications, financial aid, and the ETV application. Chafee IL Coordinators spend a great deal of time reviewing with the youth their education plan and providing resources to assist young people in making the choice to pursue post-secondary education or training opportunities. ETV awards were declining, however this academic year North Dakota did see an increase in applications! The policy change has offered more flexibility and availability of funds to youth in foster care for seven or eight months (used to be minimum of 12 months in care) who are now applying for the ETV as long as they meet the eligibility qualifications. The academic school year follows the schedule of fall, spring, summer, however for years North Dakota has calculated ETV data by FFY (Oct-Sept). ETV awards were technically issued after the start of fall semester, so North Dakota reported annual data in the order of spring, summer, and fall

semesters to match the FFY timeframe. In an effort to be consistent with the national data and the requirements of the future CFSP, we have adjusted our calculations and tracking efforts.

Data Review	2007	2008	2009	2010	2011	2012	2013	2014
ETV's Awarded	37	55	54	58	59	51	35	50
Individuals Served	31	37	38	42	45	41	28	41
New Recipients	22	21	20	25	21	21	19	27

R. STATISTICAL AND SUPPORTING INFORMATION

 Timely Home Studies Reporting and Data

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

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

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

In late June 2009 the CFS Division Director, along with the ICPC Deputy Compact Administrators for foster care and adoption, and ITS business analysts met to assess the feasibility of adding an enhancement to FRAME regarding timely home studies reporting. This enhancement would enable ICPC staff to generate reports to Congress that are required by law. The IT unit will move forward and develop an interim access database to begin to gather the required data until the enhancement to FRAME can be completed. The goal is to have the enhancement completed by June 30, 2010.

2014 UPDATE: The Deputy Compact Administrators for foster care and adoption continued to use an interim Excel database to record and gather information for the past year. The Excel database was developed in 2009 as an interim way to gather data until such time as a requested enhancement could be made to FRAME. This

enhancement has not been completed therefor the on-going use of the Excel database will be used.

Juvenile Justice Transfers

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

2014 UPDATE: Following is the point in time DJS case count taken on June 1, 2014. Overall DJS cases are slightly lower from last year at which time they had a case count of 194 compared to 181 as of June 1, 2014. The case transfers across the state have also increased from a year ago, at which time the data showed 32 cases transferred from Social Services to DJS (16.5%) compared to 60 cases (33.2%) as of June 1, 2014.

DJS OFFICE	6/1/2014 CASE COUNT	# TRANSFERRED FROM SOCIAL SERVICES TO DJS	% TRANSFERRED FROM SOCIAL SERVICES TO DJS
Williston	15	10	66.7%
Minot	22	12	54.6%
Devils Lake	21	2	9.5%
Grand Forks	25	10	40%
Fargo	35	5	14.3%
Jamestown	12	5	41.7%
Bismarck	44	14	31.8%
Dickinson	7	2	28.6%
TOTAL	181	60	Average: 33.2%
West	88	38	43.2%
East	93	22	23.7%

S. ATTACHMENTS

- ATTACHMENT A:** UND CFSTC Training Plan
- ATTACHMENT B:** CFSR Review Schedule APR 2014 – MAR 2015
- ATTACHMENT C:** Comprehensive IL Program Flow Chart

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

July 1, 2014 - June 30, 2015

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

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

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

- A. The CFSTC Director will attend field staff meetings of the Children and Family Services (CFS) Division (otherwise referred to in the Work Plan as "Division").
- B. The CFSTC Director and staff will develop child welfare training connections with other child welfare related state training centers and National Resource Centers.
- C. CFSTC staff will be proactive in recommending to the Division methods, products and materials that will strengthen and improve the training of child welfare staff.
- D. The Division's approval of staff hired at CFSTC will be required. Division staff may take part in the interviews of prospective staff. For the position of the Director of the CFSTC, the Division shall participate in the interviews.
- E. The selection of any trainer to carry out foster care, child welfare certification training, Independent Living training, Wraparound Recertification or any other training under this work plan shall be a joint decision between the Division and CFSTC.
- F. CFSTC staff will record and retain records on child welfare social workers who participate in trainings facilitated or organized through the Training Center or Division.

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

I. CHILD WELFARE CERTIFICATION TRAINING (CWCT)

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

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

A. 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.

C. After each of the two full sessions, provide Division Director the names of social workers who did not complete the certification program due to attendance issues or incomplete assignments. An update of child welfare certification participants, those that have completed and those that are in the process of completing will be included in the quarterly report.

D. By January 15, 2015, compile the names of all staff that have completed the certification training with the name of the agency where the staff person was working at the time of the certification. Provide the list to the Division's Director.

E. Adjustments to the training will be made to maintain consistency with any policy adjustments. Adjustments will be documented in the CFSTC quarterly reports and meetings.

F. CFSTC will review the training curriculum of Child Welfare Certification with the CFS Staff by September 1, 2014 and implement changes by Fall 2015 session.

G. CFSTC will complete the integration of Trauma Informed Practice into the Child Welfare Certification Curriculum by January 1, 2015.

H. CFSTC will meet with CFS Staff to determine the most efficient way to deliver FRAME training to the field by February 1, 2015.

II. FOSTER/ADOPTIVE PARENT TRAINING

CFSTC will:

- A. Plan and provide the necessary budgetary support to include materials, trainers, mileage, childcare, food and lodging, and other anticipated costs for foster parent training.
- B. Evaluate the training delivery and the curriculum through trainee evaluations, ongoing staff meetings, and consultation with the Foster Care and Adoption Administrators.
- C. Conduct one PRIDE “Train the Trainer”, if needed, and participate in PRIDE curriculum training in selected sites as negotiated with Foster Care and Adoption Administrators.
- D. Based on requests from the field and in consultation with CFS, conduct a PRIDE Pre-Service Training session over the Interactive Video Network as requested by foster care licensing agencies and AASK.
- E. Provide various training supports to local foster parent training activities in selected sites as negotiated with Foster Care and Adoption Administrators. These activities include:
 - 1. Reimburse foster parents and social workers for attending the PRIDE sessions.
 - 2. Reimburse foster parents for up to twelve hours of annual training for travel, per diem, and childcare expenses.
 - 3. Provide technical assistance regarding training and resources to social workers conducting local foster/adopt parent training.
 - 4. Provide training upon request of regional supervisors, and foster care administrator, on specialized topics to foster parent groups (taking budget constraints into consideration). Build an evaluation component into these training events and submit a summary of the evaluation to the Foster Care Administrator.
 - 5. Seek advice from regional and county staff on foster parent training needs annually.

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

G. Serve on the PRIDE Advisory Committee. Work with PRIDE 2014 to implement changes in PRIDE curriculum.

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

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

J. Serve as a member of the Recruitment/Retention state task force.

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

III. FOSTERING COMMUNICATIONS NEWSLETTERS

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

A. Write, edits and produces Fostering Communications six times annually, and distributes the newsletter.

B. Review foster care and adoption literature and various publications for ideas and stories for development and/or reprinting in “Foster Communications”.

C. Provide newsletter draft copy for Foster Care Administrator or designee’s review and comment prior to publication.

E. CFSTC will distribute the newsletter electronically.

F. Explore the possibility of delivering an electronic newsletter geared toward social workers and case management issues related foster care and/or adoption.

IV. THERAPEUTIC FOSTER CARE

A. The Foster Care Administrator (or designee), the Director of CFSTC, and the Executive Director of North Dakota PATH (or designee), will meet to review the Therapeutic Foster Care training plan by January 1, 2015.

B. CFSTC will coordinate, deliver and evaluate the Treatment Foster Care training curriculum in partnership with PATH Therapeutic Foster Care providers. Four initial training sessions will be offered during the Work Plan year. The curriculum will be evaluated for the appropriateness of the content by January 1, 2015, with the PATH Education Committee.

C. CFSTC will implement any identified changes in the Treatment Foster Care curriculum by October 1, 2015.

D. Deliver five session of the Non-Violent Crisis Intervention Training to new ND PATH Therapeutic Foster Care foster parents.

F. Reimburse PATH therapeutic foster parents for training expenses as outlined in the CFSTC reimbursement guidelines.

G. Participate in the PATH Education Committee.

V. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM (CFCIP)

CFSTC will:

A. Attend CFCIP Quarterly Independent Living meetings and trainings as requested.

B. With the assistance of Division staff, provide education/training to custodians, foster parents, RTC and RCCF facility staff, etc. as needed.

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

VII. CHILD CARE LICENSOR TRAINING

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

VIII. RESOURCES LIBRARY

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

A. Maintain resources materials and library holdings to lend to human service personnel.

B. Review, evaluates, and recommends films, videos, and printed materials to the Division program administrators for additions to the resource material library. Any resources purchased with contract funds should first be reviewed with the Division Director.

C. Maintain online bibliography.

IX. WRAPAROUND CASE MANAGEMENT PRACTICE MODEL

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

- A. Facilitate logistics for one additional week of Wraparound Certification training, annually, if needed (based on registrations).
- B. Deliver one additional week of Wraparound Certification Training to child welfare staff and partners including DJS, Partnership and Intensive In-Home providers, as well as, any other contracted providers deemed appropriate by the state.

X. GENERAL TRAINING ACTIVITIES & SPECIAL PROJECTS

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

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

- A. Make payment for in-state and out-of-state travel, registration fees and per diem expenses for foster parents, county social workers, regional supervisors and Division staff upon approval of the Division Director.
- B. Serve as a member of the CPS Task Force, which meets at least quarterly during the contract period.
- C. Attend out-of-state and in-state training conferences as requested by the Division Director or Designee.
- D. Serve on other Task Forces and initiatives at the request of the Division Director or Designee.
- E. Serve as a member of the Alliance for Children's Justice.
- F. Participate in CFSR activities as requested by CFS Director, recognizing there will be negotiations regarding available staff time in order to participate.

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

I. Participate, with CFS program staff, in determining the criteria for Wraparound certification for CPS social workers who completed certification training prior to 2006. Facilitate the certification process for these social workers by assisting to identify those who will need to be certified, identifying potential resources for initial certification and providing technical assistance to complete the initial certification.

J. Facilitate the youth stakeholder meeting for the regional CFS Reviews throughout the work plan year.

K. CFSTC staff will participate when requested and when calls are scheduled, via conference phone, in the debriefing of the stakeholder comments.

L. Continuously update the CFSTC web site for training and resource information.

M. Conduct up to two PRIDE Mutual Family Assessment Training sessions during the work plan period, if needed. This training will include training on general licensing requirements.

P. Will work with CFS Division to develop and deliver training on foster parent recruitment and retention. Training will be delivered at the annual statewide Recruitment and Retention Coalition.

Q. Will explore options for pre-service and ongoing training for Kinship Care providers.

R. CFSTC will coordinate an annual training for supervisors, in consultation with CFS and as requested by the County Supervisors group.

S. Explore options for training new child welfare supervisors.

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

XI. OTHER TRAINING, TASKS, & PROJECTS

CFSTC will:

A. Notify the CFS Administrator of any request from regional, county, or private agency staff for training on North Dakota child welfare policy and procedures in order to make joint decision on response to request.

B. Schedule and conduct Initial Parent Aide training for new parents aides annually. This training will occur only if there are at least 6 or more individuals needing to receive the training.

C. Provide coordination for an annual CFS Conference or Children's Justice Symposium, along with CFS Division staff.

D. CFSTC staff will meet with the Native American Training Institute twice yearly to facilitate integration of training session/schedules, collaboration and coordination of training activities and resources and to explore opportunities for enhanced collaboration.

E. CFSTC will participate in the "training consortium" established by the ND Supreme Court to deliver multi-disciplinary child welfare training in the state.

F. CFSTC will coordinate, in partnership with the CPS Administrator, "advanced" training for interviewing in CPS cases.

G. Manage, with David Conrad, the Secondary Trauma training and support program for child welfare workers in North Dakota. The various training opportunities delivered during the year will be based on requests from the field and needs determined through feedback from the field. Training options will include but not be limited to: Secondary Traumatic Stress, Advanced Training for Supervisors, Trauma and Stress Reduction sessions.

H. The Training Center will employ a Foster/Adoptive home Recruitment and Retention specialist who will assist in the following responsibilities:

1. Training recruitment and retention specialists across North Dakota.
2. Assist in developing recruitment and retention materials.
3. Provide consultation to the regional recruitment and retention coalitions in North Dakota.
4. Participate in the State Recruitment and Retention Coalition and work with the CFS Division to develop agendas for the Coalition Meetings.
5. Assist in writing the state recruitment and retention plan.
6. Assist, as requested by CFS, in reviewing regional recruitment and retention plans.
7. Produce a regular newsletter designed to focus on foster parent recruitment and retention issues.

**North Dakota CFSR Schedule
April 2014-March 2015**

71 cases will be reviewed

April – June 2014 20 CASES

REVIEW TYPE	REGION	DATE	CASE DRAW PERIOD	PERIOD UNDER REVIEW	# OF CASES	PROGRAM ADMIN REP
Case File Review	Bismarck	May 13-15, 2014	5/1/13 - 2/28/14	5/1/13 - 5/13/14	7 + 1*	Julie
Case File Review	Devils Lake	Jun 17-19, 2014	6/1/13 - 3/31/14	6/1/13 - 6/17/14	6 + 2**	Marlys
Case File Review	Cass County	TBD	6/1/13 - 3/31/14	6/1/13 - 6/17/14	4	---

*Standing Rock Tribal Social Services case

**1 Turtle Mountain Tribal Social Services case & 1 Spirit Lake Tribal Social Services case

July – September 2014 16 CASES

REVIEW TYPE	REGION	DATE	CASE DRAW PERIOD	PERIOD UNDER REVIEW	# OF CASES	PROGRAM ADMIN REP
Case File Review	Grand Forks	Aug 5-7, 2014	8/1/13 - 5/31/14	8/1/13 - 8/5/14	6	Dean
Full Review	Fargo	Sep 16-18, 2014	9/1/13 - 6/30/14	9/1/13 - 9/16/14	6	Shari
Case File Review	Cass County	TBD	9/1/13 - 6/30/14	9/1/13 - 9/19/14	4	---

October – December 2014 18 CASES

REVIEW TYPE	REGION	DATE	CASE DRAW PERIOD	PERIOD UNDER REVIEW	# OF CASES	PROGRAM ADMIN REP
Full Review	Dickinson	Oct 14-16, 2014	10/1/13 - 7/31/14	10/1/13 - 10/14/14	6	Shari
Case File Review	Williston	Nov 18-20, 2014	11/1/13 - 8/31/14	11/1/13 - 11/18/14	7 + 1*	Leanne
Case File Review	Cass County	TBD	11/1/13 - 8/31/14	11/1/13 - 11/18/14	4	---

*Three Affiliated Tribal Social Services case

January – March 2015 17 CASES

REVIEW TYPE	REGION	DATE	CASE DRAW PERIOD	PERIOD UNDER REVIEW	# OF CASES	PROGRAM ADMIN REP
Case File Review	Minot	Jan 13-15, 2015	1/1/14 - 10/31/14	1/1/14 - 1/15/15	8	Leanne
Case File Review	Jamestown	Feb 10-12, 2015	2/1/14 - 11/30/14	2/1/14 - 2/10/15	6	Leanne
Case File Review	Cass County	TBD	2/1/14 - 11/30/14	2/1/14 - 2/10/15	3	---

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

North Dakota Chafee Foster Care Independence Program

