NORTH DAKOTA
CHILD & FAMILY SERVICES PLAN

2011 Annual Progress and Services Report
TITLE IV-B SUB PART I
TITLE IV-B SUB PART II
CAPTA
CHAFEE ILP

October 1, 2010 – September 30, 2011

Issued by:
JACK DALRYMPLE, GOVERNOR

Administered by:
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
Children & Family Services Division
Tara Muhlhauser, Division Director
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June 30, 2011

Marilyn Kennerson
Regional Administrator, ACF
Federal Office Building
1861 Stout Street, 9th Floor
Denver, CO 80294-3538

Dear Ms. Kennerson:

As the Executive Director of the North Dakota Department of Human Services, I am pleased to present to you the updates to the 2010-2014 Child and Family Services Plan and the Annual Progress and Services Report (APSR) for fiscal year 2011. The Child and Family Services Plan represents a consolidation of four state plans including Title IV-B Sub Part I, Title IV-B Sub Part II, the Child Abuse Prevention & Treatment Act, and the Chafee Foster Care Independence Act Program Plan.

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

North Dakota remains committed to providing quality services to achieve Safety, Permanency, and Well-Being for vulnerable children who enter the child welfare system.

Sincerely,

Carol K. Olson
Executive Director

Enclosures
I. BACKGROUND

A. INTRODUCTION


B. ADMINISTRATION OF THE PLAN

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

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

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

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

Target Populations
The target populations for the CFSP delivery system are identified as follows:
- Parents in need of parent education and family support;
- Children who are suspected of being abused or neglected and their families;
- Children who have been adjudicated to be deprived, delinquent, or unruly and who are in need of foster care and their families;
- Children from the foster care system who are free for adoption (or an adoption is planned) and their adoptive families;
- Adolescent and high risk unwed parents and their children;
- Children who are at risk of becoming any of the above populations;
- Children and their families in need of early childcare services;
- Unaccompanied minor refugee children and refugee families requiring case management; and
- 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.

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

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. 2011 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.

**2011 UPDATE:** We are nearing the end of our first year of the ND PIP. Updates  
on those Objectives due for report in 2011 have been provided in the following  
table.
<table>
<thead>
<tr>
<th>GOALS</th>
<th>OBJECTIVES</th>
<th>MEASURES OF PROGRESS (TASK)</th>
<th>TIMELINE (YEAR)</th>
<th>2011 UPDATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>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</td>
<td>A. Consistent policy is developed and implemented</td>
<td>A. Y 2</td>
<td>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, DJJ, 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.</td>
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<td></td>
<td>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.</td>
<td>B. Utilize TA from NRC on Organizational Improvement &amp; NRC on Action for Child Protection; core supervisory work group is formed; a work plan is developed and implemented</td>
<td>B. Y3</td>
<td>B. The CFS Division received TA from Sarah Webster with the NRCOI and with her support has convened the Core Supervisor 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.</td>
</tr>
<tr>
<td>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.</td>
<td>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)</td>
<td>A. Consistent policies developed and implemented; monthly reports are generated and disseminated; written guidance developed and disseminated</td>
<td>A. Y 2</td>
<td>A. CPS 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.</td>
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<td></td>
<td>B. Improve involvement of non-custodial / absent parent / significant other / parent figure across foster care and in-home programs</td>
<td>B. Formal policy issuance; checklist tool developed and disseminated; child welfare certification training strengthened and child welfare staff is trained</td>
<td>B. Y 3</td>
<td>B. The Child and Family Team Meeting Outline was completed by a subgroup of the Core Supervisor Group. The outline assists case managers in ensuring all areas are addressed for the child and family. The curriculum for child welfare certification is being updated but staff training has not been completed to date. An extension request was granted by the Children’s Bureau.</td>
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<td></td>
<td>C. Develop post-certification skill-based modules regarding family engagement</td>
<td>C. TA consultation from NRC for Permanency &amp; Family Connections and plan developed; training curricula developed and child welfare staff trained</td>
<td>C. Y 3</td>
<td>C. The TA was requested and approved. Both the NRC for Permanency &amp; Family Connections and the NRC for In-Home Services have participated in conference calls with the CFS Division. The work plan has not yet been developed. An extension request was granted by the Children’s Bureau.</td>
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<td></td>
<td>D. Support supervisors as change agents in the implementation of family engagement consistent with the Wraparound Practice Model</td>
<td>D. Utilize TA from NRC on Organizational Improvement; core supervisory work group is formed; a work plan is developed and implemented</td>
<td>D. Y 3</td>
<td>D. We have received TA from Sarah Webster with the NRCOI and with her support have convened the Core Supervisor Group and developed a work plan to address family engagement. The work plan has been submitted as part of our quarterly PIP reports. This task is completed.</td>
</tr>
<tr>
<td>III. Strengthen: a. Child permanency practice components (direct and supervisory) of</td>
<td>A. Statewide and regional recruitment and retention plans that are consistent with the Wraparound Practice Model, will reflect increased efforts to recruit homes that</td>
<td>A. TA consultation from NRC for the Recruitment &amp; Retention of Foster &amp; Adoptive Parents/Adopt US Kids; plan developed; funding announcement disseminated; training plan developed and</td>
<td>A. Y 3</td>
<td>A. The TA request was submitted and approved. The NRC for Recruitment and Retention of Foster and Adoptive Parents/Adopt Us Kids has been assigned to the state to assist with developing the recruitment and</td>
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<td>the Wraparound Practice model; and b. Intra-agency case practice to enhance permanency outcomes across the child welfare service delivery system.</td>
<td>are child specific and appropriate for sibling groups, older youth and Native Americans</td>
<td>training provided; and recruitment and retention plan implemented; TA from NRC on Organizational Improvement regarding measurement</td>
<td>retention plan. The CFS Division is on schedule to complete this task per the PIP timeframe.</td>
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<td>B.</td>
<td>Improve the quality and consistency of Child &amp; 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</td>
<td>B. Written guidance is provided; training plan developed and training provided; ongoing reports from Regional Supervisors regarding Child &amp; Family Team meetings</td>
<td>B.</td>
<td>B. A statewide video conference training was held with the Regional Supervisors. Written guidance was provided in the form of the Child and Family Team Outline. The outline was discussed in detail and its use by Regional Supervisors was mandatory as of 5/1/11. The detailed outline will ensure that key practice components are consistently addressed at each Child and Family Team Meeting. The Regional Supervisors will ensure the permanency goal is current and being appropriately worked by the team. They will also ensure the child and family are clear about the care plan goals and are provided opportunity to share agreement or disagreement with the plan. The CFS Director also met with county supervisors to discuss the roll-out of the Child and Family Team Meeting Outline.</td>
</tr>
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<td>C.</td>
<td>Support supervisors as implementation agents to increase the implementation and documentation of clear and timely permanency goals, consistent with the Wraparound Practice Model</td>
<td>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</td>
<td>C.</td>
<td>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 is completed.</td>
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### 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.

| A. | Develop strategies for encouraging opportunities for the child’s caregiver to have input into reviews or hearings with respect to the child | A. TA consultation from NRC on Legal & Judicial Issues, ABA, and NRC on Organizational Improvement; plan developed; report on collaboration with ND Supreme Court | A.  | A. The CFS Director has consulted with Jenn Renne from the ABA regarding this PIP strategy and they are currently negotiating the parameters of a potential TA plan. A draft plan and timeline is being reviewed by Jenn to accomplish the work. After her review the plan will be finalized and the work will move forward. This effort has been discussed at the TAT Network conference calls. The Children’s Bureau has approved an extension of this task. |
| B. | Achieve timely permanency for children and youth in foster care | B. Analysis and report on data: target site identified and improvement plan developed and implemented; evaluation report completed and disseminated; TPR protocol developed; Assistant Attorney General hired to do this specialized work | B.  | B. Task not completed at the time of this writing. The Children’s Bureau has approved an extension of this task. |

### V. Develop collaborative approaches, both formal and informal, to address service array issues

<p>| 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.  | A. Through the ND DHS contract with NATI, the assessment is nearing completion. The information will be posted at that time. The CFS director and NATI director co-facilitate quarterly meetings with tribal child welfare directors. |</p>
<table>
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<tr>
<th>VIII. Continuous Quality Improvement to ensure safety, permanency and well-being across all stages of the child welfare service delivery system</th>
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<tr>
<td>B. Annual review of CPS case files</td>
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<tr>
<th>VII. Strengthen relationships with tribal child welfare partners in the state to promote effective communication and enhance collaboration</th>
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<tr>
<td>A. Schedule quarterly meetings with tribal child welfare directors</td>
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<td>B. Invite tribal child welfare staff to trainings and policy/plan-building meetings</td>
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<td>C. Continue to explore collaboration opportunities with Tribal partners</td>
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<th>VI. Work together with partners in the field regarding caseload standards</th>
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<td>A. Meet with state partners to review current information related to caseload standards</td>
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<td>B. Determine a protocol for applying caseload standards in all CFS programs</td>
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<tr>
<th>V. Enhance the capacity of the system to provide individualized planning for children and families consistent with the Wraparound Practice Model</th>
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<td>D. Increase capacity to fully meet the needs of Priority 1 and 2 youth</td>
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<th>IV. Improve the quality of the provision of mental health services to meet children’s assessed needs</th>
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<td>B. Evidence-based mental health screenings will be part of Health Tracks Screenings for foster children - training on screening instruments provided</td>
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<tr>
<th>III. 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.</th>
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<tr>
<td>B. Y 2</td>
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<tr>
<th>II. Strengthen standards regarding the field with partners in Work together - being able to provide multidisciplinary teams, practice in the state (as a part of the Interim Health and Human Services Commission on collaborations that will continue to be invited in the future. This task is ongoing.</th>
</tr>
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<tr>
<td>C. Sarah Webster, NRCOI consultant, will provide this TA as part of the work completed with the Core Supervisory Group. The Children’s Bureau has granted an extension of this task.</td>
</tr>
<tr>
<td>C. Y 3</td>
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<thead>
<tr>
<th>I. Utilize TA support from NRC on Organizational Improvement to develop a peer mentoring model; peer mentoring model developed and rollout completed</th>
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<tr>
<td>C. Y 2</td>
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<thead>
<tr>
<th>A.1 In the past year a total of 67 case reviews were completed throughout the state, with 17 of these being completed in the largest metropolitan area (Cass County). Please see ATTACHMENT D for the ND CFSR Annual Report and the state’s PIP Year 2 CFSR plan.</th>
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<tr>
<td>A.1 Y 1</td>
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<tr>
<th>A.2 The CFS Division has met with Sarah Webster (NRCOI), Anne Comstock(NRCOI) and Glenda Lacey(ACF) to discuss how the Core Supervisory Group could be used to develop a Peer Review Process in the state. Task not completed at the time of this writing. The Children’s Bureau has granted an extension of this task.</th>
</tr>
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<tbody>
<tr>
<td>A.2 Y 2</td>
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| B. The Regional Supervisors have continued the quality assurance process by reviewing cases and |
X. In response to the Governor's Healthy North Dakota Initiative, the CFS Division and its partners will develop and implement a Health Care Services Plan to ensure Foster Care children receive screening, assessment and treatment as appropriate for their physical, dental, and mental health.

<p>| | | |</p>
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<tr>
<td></td>
<td>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 (NDSEDA)</td>
<td>A. Health Care Services Plan is implemented in the state</td>
</tr>
<tr>
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<td>B. The Treatment Collaborative for Traumatized Youth (TCTY) will be expanded in the state</td>
<td>C. TCTY is expanded</td>
</tr>
</tbody>
</table>

A. Refer to the Health Services Plan section of this report. Task not completed at the time of this writing.

B. From July 1, 2010 – June 30, 2011 the TCTY training was expanded to 14 Human Service Center Staff. All were trained in the evidence based treatment of Trauma Focused Cognitive Behavioral Therapy and Structured Psychotherapy for Adolescents Responding to Chronic Stress. In 2011 we will be adding the evidence based treatment method of Alternative for Families: A Cognitive – Based Therapy for Intensive In Home Therapists at the Human Service Centers. Task is ongoing in that expansion of the collaborative continues.

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.

**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.

**2011 UPDATE:** In FFY 2010, 1.4% of North Dakota children had another services required report within 6 months of the first report.

![Percent of ND Children with Repeat Maltreatment within 6 Months](chart)

<table>
<thead>
<tr>
<th>CY</th>
<th>FFY</th>
<th>GOAL</th>
<th>ACTUAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>2008</td>
<td>6.1%</td>
<td>9.2%</td>
</tr>
<tr>
<td>2003</td>
<td>2009</td>
<td>6.1%</td>
<td>10.4%</td>
</tr>
<tr>
<td>2004</td>
<td>2010</td>
<td>6.1%</td>
<td>4.0%</td>
</tr>
<tr>
<td>2005</td>
<td>2011</td>
<td>6.1%</td>
<td>5.3%</td>
</tr>
<tr>
<td>2006</td>
<td>2012</td>
<td>6.1%</td>
<td>2.0%</td>
</tr>
<tr>
<td>2007</td>
<td>2013</td>
<td>6.1%</td>
<td>1.8%</td>
</tr>
<tr>
<td>2008</td>
<td>2014</td>
<td>6.1%</td>
<td>3.1%</td>
</tr>
<tr>
<td>2009</td>
<td></td>
<td>6.1%</td>
<td>3.5%</td>
</tr>
<tr>
<td>2010</td>
<td></td>
<td>6.1%</td>
<td>1.4%</td>
</tr>
</tbody>
</table>
FEDERAL MEASURE: Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, 86.7% will have two or fewer placement settings.

2011 UPDATE: In FFY 2010, 82.9% of North Dakota children in foster care had two or fewer placement settings.

FEDERAL MEASURE: Of all children who enter foster care during the year, 8.6% or fewer of those children will re-enter foster care within 12 months of a prior foster care episode.

2011 UPDATE: In FFY 2010, 8.9% of North Dakota children re-entered foster care within 12 months of a prior foster care placement.

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

2011 UPDATE: In FFY 2010, 76.7% 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.

**2011 UPDATE:** In FFY 2010, 46.6% 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.

**2011 UPDATE:** The CFRP met quarterly to review the deaths of all minors occurring during the timeframe of this report. The Child Maltreatment Prevention Services Administrator facilitated these meetings in Bismarck. The Panel members are listed as part of the CAPTA Plan.

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

**2011 UPDATE:** The Child Fatality Review Panel has reassumed 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 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.

**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.

- **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.

- **Decision Making Process for Family Support Services**: In 2007, North Dakota consolidated the individual grants to local PRCs into one contract with the North Dakota State University Extension Service for Network coordination, training and technical assistance, and evaluation as well as salary and operating expenses for parent education/resource centers in seven of the state’s eight planning regions. Although this number is presently reduced to six regions, currently there are efforts underway to support local communities and restore the seventh PRC. In addition, we plan to provide funding to the remaining region so that all eight regions have a Parent Resource Center in the Network this biennium.
The contractual consolidation and support will be continued during SFY 2010. Additionally, in North Dakota’s most recent legislative session, the amount of state funding allocated to NDSU Extension Service for the support of PRCs was increased. Under the umbrella of the Family Life Education Program, this state funding has been “braided” with CBCAP dollars to provide greater stability and consistency for the Parent Education Network, enabling increased parent support and parent education services statewide. This enhanced collaboration with the North Dakota State University Extension Service is envisioned to enable more consistent programming, which meets criteria outlined for CBCAP Evidence-Based and Evidence-Informed Programs and Practices and CBCAP Annual Report Participant Numbers Guidelines. Additionally, strengthening the state-level collaboration will continue to provide access to training and technical assistance resources and bolster evaluation and data collection capacities of the local programs. This collaboration will also continue to facilitate broadening the Parent Education Network to include Resource Centers in the state that are not currently receiving funding under CBCAP, creating a greater and more consistent footprint of services across the state.

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

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

**2011 UPDATE: North Dakota continues to support Nurturing Parent Programs and a network of Parent Resource Centers through contractual agreements with North Dakota State University Extension Services. Services are provided in seven of the eight state human service planning regions and efforts continue to gather resources that will allow for formation of a Parent Resource Center in the remaining unserved region of the state.**

**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.
**2011 UPDATE:** The CFS Division expended 42% of IV-B, Subpart 2 funds for Family Preservation services and 25% for Time Limited Family Reunification 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.

  **2011 UPDATE:** Services were funded in 23 counties assisting over 49 families.

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

  **2011 UPDATE:** Respite Care services were funded in one northwestern county through a state Memorandum of Agreement and in the past year this service was provided to 3 families. Three regional Human Service Centers (HSCs) also provided Respite Care services during the year and 80 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.

  **2011 UPDATE:** Parent aide services were funded by state Memorandum’s of Agreement in 41 North Dakota counties. Parent aide services were provided to over 430 families this past year. Two regional Human Service Centers also provided Parent Aide services and they served 77 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.

**2011 UPDATE**: Approximately 323 families with 489 children received Intensive In-Home services through The Village Family Services in the past year. Of the 489 children served, reunification was the primary goal in 39 cases. County child protection/child welfare referred the majority (53%) of the cases. The Human Service Centers served an additional 127 families during SFY 2011. The families served through the regional HSCs do not receive Title IV-B funds for this service and therefore are not included in the data below.

Following is a graph showing the primary risk factors reported at the time of referral for The Village’s Intensive In-Home cases for SFY 2011. Please note that more than one risk factor can be selected by the referral source.

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent-child conflict/family discord</td>
<td>77%</td>
</tr>
<tr>
<td>Severe mental health issues</td>
<td>33%</td>
</tr>
<tr>
<td>Child abuse/neglect</td>
<td>23%</td>
</tr>
<tr>
<td>Rule violations/delinquency (youth)</td>
<td>18%</td>
</tr>
<tr>
<td>Prior placement of youth</td>
<td>18%</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>13%</td>
</tr>
<tr>
<td>Physical/developmental disability (child/adult)</td>
<td>5%</td>
</tr>
<tr>
<td>Joblessness/financial/housing</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
</tr>
<tr>
<td>Law violations (adult)</td>
<td>2%</td>
</tr>
</tbody>
</table>

- **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.

**2011 UPDATE**: In SFY 2010, The Village Family Services Center provided Family Group Decision Making services to a total of 99 families. Over 72% 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.
NEW: 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 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.

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.

2011 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 2011 they served 59 families with 130 children. Services were court ordered in nearly half of the referrals. Out of home placements were prevented in 57% of the families served.
Please refer to the following graph for the primary risk factors reported at the time of referral. Please note that more than one risk factor can be selected by the referral source.

<table>
<thead>
<tr>
<th>Three Affiliated Tribal Social Services</th>
<th>Primary Risk Factors at Referral - SFY 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child abuse/neglect</td>
<td>34%</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>33%</td>
</tr>
<tr>
<td>Law violations (adult)</td>
<td>33%</td>
</tr>
<tr>
<td>Parent-child conflict/family discord</td>
<td>10%</td>
</tr>
<tr>
<td>Joblessness/financial/housing</td>
<td>10%</td>
</tr>
<tr>
<td>Prior placement of youth</td>
<td>7%</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>7%</td>
</tr>
<tr>
<td>Rule violations/delinquency (youth)</td>
<td>7%</td>
</tr>
<tr>
<td>Physical/developmental disability (child/adult)</td>
<td>3%</td>
</tr>
</tbody>
</table>

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 2011 the agency provided Wraparound case management to 12 families with 28 children. Most of the referrals were received from within the agency. Placement was prevented in 80% of the cases. During SFY 2011 Turtle Mountain Tribal Social Services provided Parent Aide services to 31 families. Almost all the referrals were received from child protection services. Out of home placements were prevented in 80% 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.

<table>
<thead>
<tr>
<th>Turtle Mountain Band of Chippewa Tribal Social Services</th>
<th>Primary Risk Factors at Referral - SFY 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child abuse/neglect</td>
<td>43%</td>
</tr>
<tr>
<td>Substance abuse</td>
<td></td>
</tr>
<tr>
<td>Physical/developmental disability (child/adult)</td>
<td>30%</td>
</tr>
<tr>
<td>Parent-child conflict/family discord</td>
<td>10%</td>
</tr>
<tr>
<td>Rule violations/delinquency (youth)</td>
<td>8%</td>
</tr>
<tr>
<td>Severe mental health issues</td>
<td>5%</td>
</tr>
<tr>
<td>Joblessness/financial/housing</td>
<td>3%</td>
</tr>
</tbody>
</table>

Spirit Lake Tribal Social Services contracted with ND DHS to provide Parent Aide services to children and families residing on the Spirit Lake Reservation. Spirit Lake Tribal Social Services reported parent aide services were provided to 288 families during SFY 2011. Almost all referrals were received from child
protection services. Out of home placements were prevented in 83% of the cases.

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

Standimg Rock Tribal Social Services contracted with ND DHS to provide Parent Aide services. The service did not begin until March 2011 due to staff turnover as well as complications getting the necessary approvals from the tribe to post the positions and hire. Therefore, the data in this report is one quarter of the fiscal year. During that time, the agency served 45 families with 70 children. All referrals were received from child protection services. Out of home placements were prevented in 21% of the cases.

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

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.
2011 UPDATE: Safety/Permanency Funds were provided to approximately 875 families. This is a 27% increase in requests over SFY 2010. Safety/Permanency Funds were approved for the following reasons:

![Graph of Safety/Permanency Funds Outcomes SFY 2011]

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 2011 data indicates an increase in the use of the funding to support reunification and enhance family well-being as referenced in the graph below.

![Graph of Administrative Costs]

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.
2011 UPDATE: For FFY 2012, the CFS Division projects spending less than 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.

2011 UPDATE: The sixty-second legislative assembly of North Dakota passed SB 2192 to create and enact a section of NDCC 27-20 relating to the disposition of a child needing continued foster care services after the age of eighteen and under the age of twenty-one. This law relates to the jurisdiction, venue, contents of petition, summons, right to counsel, reasonable efforts to prevent removal or to unify, and limitations of time on orders of disposition for the noted population. The effective date of the legislation is January 1, 2012. This act will allow North Dakota to utilize Title IV-E funding to extend foster care services to the noted population as outlined in the Fostering Connection to Success and Increasing Adoptions Act of 2008 (PL 110-351).

- Child Welfare Data Snapshot: The trends in North Dakota foster care placements are shown on the “Child Welfare Data Snapshot.” This data is gathered annual by Decision Support Services in collaboration with the CFS Division.

UPDATE: The 2010 Child Welfare Data Snapshot is located on the following two pages.
### Child Welfare Data Snapshot

#### Children in Foster Care by Placement Type, FFY 2004-2010

<table>
<thead>
<tr>
<th>Placement Type</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>% Change 2004-2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Adoptive Home</td>
<td>207</td>
<td>228</td>
<td>252</td>
<td>260</td>
<td>289</td>
<td>244</td>
<td>212</td>
<td>+2.4%</td>
</tr>
<tr>
<td>Relative Placement</td>
<td>383</td>
<td>507</td>
<td>569</td>
<td>400</td>
<td>303</td>
<td>309</td>
<td>204</td>
<td>+32.1%*</td>
</tr>
<tr>
<td>Family Foster Care</td>
<td>912</td>
<td>896</td>
<td>762</td>
<td>718</td>
<td>689</td>
<td>691</td>
<td>735</td>
<td>-19.4%</td>
</tr>
<tr>
<td>Trial Home Visit</td>
<td>218</td>
<td>300</td>
<td>314</td>
<td>318</td>
<td>306</td>
<td>309</td>
<td>204</td>
<td>-70%</td>
</tr>
<tr>
<td>Group Home</td>
<td>120</td>
<td>96</td>
<td>95</td>
<td>85</td>
<td>72</td>
<td>58</td>
<td>36</td>
<td>-70%</td>
</tr>
<tr>
<td>Facility</td>
<td>555</td>
<td>552</td>
<td>510</td>
<td>440</td>
<td>453</td>
<td>456</td>
<td>392</td>
<td>-29.4%</td>
</tr>
<tr>
<td>Missing Data</td>
<td>28</td>
<td>35</td>
<td>21</td>
<td>31</td>
<td>28</td>
<td>34</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,205</strong></td>
<td><strong>2,314</strong></td>
<td><strong>2,209</strong></td>
<td><strong>2,152</strong></td>
<td><strong>2,134</strong></td>
<td><strong>2,106</strong></td>
<td><strong>1,912</strong></td>
<td><strong>-13.3%</strong></td>
</tr>
</tbody>
</table>

#### Discharged on 18th Birthday

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharged on 18th Birthday</td>
<td>49</td>
<td>38</td>
<td>45</td>
<td>58</td>
<td>54</td>
<td>76</td>
<td>51</td>
<td></td>
</tr>
<tr>
<td>Discharged Older than 18</td>
<td>63</td>
<td>77</td>
<td>51</td>
<td>55</td>
<td>61</td>
<td>62</td>
<td>51</td>
<td></td>
</tr>
<tr>
<td><strong>Remaining in Care (18 or Older)</strong></td>
<td>47</td>
<td>30</td>
<td>32</td>
<td>28</td>
<td>27</td>
<td>31</td>
<td>37</td>
<td></td>
</tr>
</tbody>
</table>

**AFCARS, FFY 2000-2009; AFCARS FFY 2010 updated on 1-20-2011.** *To calculate percent change for Relative Foster care required adding Trial Home Visit to Family Foster Care for 2010. **In Foster Care as of last day of FFY 2010.

#### Trends in Family Foster Care and Facility Placements, FFY 2004-2010

![Trends in Family Foster Care and Facility Placements, FFY 2004-2010](image)

On September 30, 2010 there were 1,149 children were in foster care (includes tribal IV-E cases, DOCR-Division of Juvenile Services youth placed in foster care and pre-adoptive placements. Native American children accounted for 27.3% (n=314) of this point-in-time foster care count. The average age of children on Sept 30, 2010 was 10.7 years old.

In October 2010, 25 foster youth were in out-of-state placements (Residential Child Care Facilities- RCCF and Psychiatric Residential Treatment Facilities-PRTF). There was no change in the number of youth in out-of-state placements since December 2009 (n=25).

In September 2010, there were 401 licensed family foster homes and 360 licensed therapeutic family foster homes.

9,540 reports of suspected child abuse and neglect were received in 2010. Of these reports, 6,680 were in the jurisdiction of CPS and met the criteria for CPS assessment. These reports were assigned to 5,752 assessments. In 2009, changes to the CPS data entry system allow multiple reports for the same case to be included in a single CPS assessment.

3,875 full assessments were completed. During the assessment process, some assessments are terminated because of new information related to the case or a change in jurisdiction.

To illustrate the trend in the number of full assessments, compared to 2000 when 4,145 full assessments were completed, a decrease of 6.5% was seen in 2010 (n=3,874).

A decision of “Services Required” was made in 584 (15.1%) of the 3,875 full assessments. These 584 assessments represent 1,134 children who were victims of child abuse and neglect and 761 caregivers who were the subjects of these assessments.

159 finalized agency adoptions (special needs, infant/regular, and international).

106 (66.7%) of the 159 finalized adoptions were special needs adoptions.

75 (70.8%) of the 106 special needs adoptions involved family foster parents.

8.5% (9) of adopted children with special needs were Native American.

56.6% (60) of adopted children with special needs were under the age of 7.

47 subsidized guardianships were in place (with 6 pending court orders) in October 2010.

As of September 30, 2010 there were 162 children with mother and father parental rights terminated that were in the custody of the Department of Human Services.

362 youth participants were served in the Chafee Foster Care Independence Program.

52% (n=188) of participants were current foster care youth.

48% (n=174) of participants were Foster Care Alumni, youth who had exited or aged out of foster care.

58 participants received an Education and Training Voucher to financially assist in furthering their education.
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.

2011 UPDATE: The 2011 legislative session resulted in a hold even budget for DHS. Therefore the funding for Adoption Promotion and Support services has not changed. In FFY 2012, the CFS Division projects spending just under 7% of the Title IV-B, Subpart 2 funds for Adoption Promotion and Support. North Dakota will spend less than 20% of the Title IV-B, subpart 2 funds because the state appropriation of $328,887 ($97,673 of which are general funds) for the 2011-2013 biennium funds a majority of these services.

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

2011 UPDATE: During the period of July 1, 2010 through May 31, 2011, the Adults Adopting Special Kids (AASK) program placed 106 North Dakota children in adoptive placement (and an additional 10 children were placed into North Dakota from other states) and finalized 116 adoptions. Of these final adoptions, 52 met timeliness criteria in that the adoption was finalized within 12 months of the termination of parental rights and 34 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.

2011 UPDATE: In the past year there were no children adopted internationally who entered foster care.

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

2011 UPDATE: No additional adoption incentive funds have been received since the update for last year. If the Division were to receive adoption incentive funds in the future, they would be used for time limited professional development for adoption workers, adoption support and preservation services for adoptive families and to supplement funding for the adoption service contracts.

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).

**2011 UPDATE:** The AASK program maintained a half time adoption worker in the PATH office at the Turtle Mountain Tribe to facilitate adoptions on that reservation through June 2011. This position has been eliminated due to budgetary constraints. The AASK program continues to provide adoption services for all tribes in North Dakota when requested by the tribe and approved by the administrator of adoption services. These services are then provided under the contract with the state and at no cost to the tribe.

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.

**2011 UPDATE:** An average of 23 families with 33 children received Kinship Care services in SFY 2011. 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. Expanding the service to Native American children living on the reservation and in the care, custody and control of the tribes has been discussed at length and the decision at this time is that the program will not be expanded to include this population. The program will continue to be available to all children in the care, custody and control of County Social Services, the Division of Juvenile Services, or the DHS Executive Office.

**Refugee Services**

The Department of Human Services, and specifically the CFS Division, is the agency designated by the Governor to administer services for refugees arriving in the United States and into North Dakota. Federal funding is available to meet the needs of newly arriving refugee families and Unaccompanied Refugee Minor Youth. Primary resettlement sites are in Cass County, Grand Forks County, and Burleigh County.
2011 UPDATE: During this reporting period, ND DHS has successfully transitioned the majority of refugee service programs to Lutheran Social Services of North Dakota (LSS/ND). ND DHS and LSS/ND developed, agreed upon and signed a Memorandum of Understanding which outlined the roles and responsibilities of both organizations. The Office of Refugee Resettlement (ORR) was a part of this process and has accepted the plan outlined in the MOU.

ND DHS has continued to administer 1) the Unaccompanied Refugee Minor (URM) Program, and 2) Refugee Medical Assistance (RMA). The Office of Refugee Resettlement (ORR) funded programs for Wilson/Fish, Social Services, Targeted Formula Assistance, Preventive Health, and Refugee School Impact Grant are all being administered by LSS/ND.

The collaboration between the ND DHS and LSS/ND has been ongoing for many years and continues to include service provision in many areas. Although ND DHS has lessened its role in the service provision for refugees, it is believed that the increased service provision through LSS/ND has continued without interruption and fits with that agency’s ongoing involvement in refugee resettlement activities. ND DHS looks forward to continuing open relationships with both LSS/ND and ORR.

- Refugee population: The number of new arrivals has been increasing annually but ranged from 182 individuals up to 470 individuals over the last 5 years.

2011 UPDATE: In FFY 2010, newly arriving refugee numbers rose slightly to 470 individuals, placed in Fargo/West Fargo, Grand Forks and Bismarck. It is anticipated that very similar numbers will be realized at the end of FFY 2011. ND DHS and LSS/ND also continued to contract for direct services with local providers utilizing federal funds made available through grant proposals to the ORR for this population. Services were provided in a culturally sensitive manner and utilizing multilingual staff whenever possible.

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

- As per the MOU signed between ND DHS and LSS/ND during the last reporting period, the State Coordinator for Refugee Services is employed by LSS/ND to oversee and assist in the coordination of efforts for the refugee population in North Dakota

- 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 continued to apply state standards and licensing processes for URM foster home licensure.
- Collaboration efforts continued to be a major function of the State Coordinator, joining together with state and local groups. Efforts included collaboration with local providers, volunteers, mentors, and local organizations in the joint activity to facilitate the rapid self-sufficiency and integration of newly arriving refugees into North Dakota as residents and integral members of their new communities.

- A collaborative effort between LSS/ND and ND DHS produced North Dakota’s 2011 Refugee Services State Plan. This plan was reviewed and accepted by the ORR in December of 2010.

- A full program monitoring review of refugee programming in North Dakota was completed in April 2011 by representatives of the ORR. Due to the transition of the administration of the majority of refugee services being transferred to LSS/ND as described above, this review took place at LS/ND in Fargo, ND. Representatives from ND DHS were present at this review. Programming surrounding Refugee Social services, Refugee Cash Assistance and all contracts for the provision of refugee services were reviewed. The official report of the review has not yet been received from ORR by LSS/ND, but the exit interview discussion indicated refugee programming continues to be provided in an acceptable fashion.

- LSS/ND had its Licensed Child Placing Agency (LCPA) status reviewed and renewed by ND DHS in May of 2011 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 consulting for child care providers on business practices, early childhood development, health and safety, emergency preparedness, and infant-toddler care-giving. The CCR&R work plan includes the responsibilities and deliverables (data and products) for each of their centers. The Network provides regular reports to the ECS Administrator based upon this detailed work plan.

**2011 UPDATE:** The CFS Division has completed the revision of the Administrative Rules for Early Childhood Services. The rules became effective January 1, 2011 and the CFS Division collaborated with CCR&R to develop online trainings for child care providers on the new rules.
Head Start – State Collaboration Project
- The Federal funds are intended to help the overall goals of the Head Start – State Collaboration Office. Over the last fifteen years, the Office of Head Start has identified priority areas for the Head Start – State Collaboration Projects to address in each five-year grant cycle. Although very few of these priorities have shifted in that time, the following is a current list:
  - Improve the availability and affordability of quality child care services
  - Increase opportunities for children with disabilities
  - Expand partnerships with education systems to enhance child development and professional development
  - Strengthen family literacy services
  - Promote access to timely health care services
  - Support access for children without homes
  - Collaborate with existing community services and activities
  - Encourage collaboration with welfare systems

- The Head Start – State Collaboration Office will continue to maintain and expand the interwoven support network throughout the state programs, which provide services to low-income children and their families. The Collaboration Office will continue to develop and enhance the private/public partnerships needed to extend service to young children and their families as additional private and public partnerships are identified, developed and strengthened.

- State Collaboration offices are charged with building collaborative relationships between Head Start and Early Head Start and State programs. The Head Start Collaboration Administrator will develop and conduct an assessment of the needs of Head Start and Early Head Start grantees in the State. The Administrator will also make the needs assessment available to the general public within the State. A five-year Strategic Plan will be developed based on the results of the needs assessment. The Administrator will produce an annual report/update of activities to the Office of Head Start on statewide progress.


- The Head Start Collaboration Administrator serves on the Governor’s established North Dakota Early Childhood Education Council representing and assisting the efforts of the Head Start and Early Head Start agencies to engage in effective early childhood systems that build policies, professional development and practices that support high quality programming for young children and their families.

E. COORDINATION & COLLABORATION

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

- Catholic Charities and PATH of North Dakota for special needs adoption services (collaboration takes place through monthly meetings, staff review, placement proposals, review of contract work, etc).

- Family foster homes, therapeutic family foster homes (PATH and North Homes), group homes, residential child care facilities and residential treatment centers for the provision of foster care (collaboration occurs through CFSR inclusion, federal audits – IV-E and IV-B, licensure review and oversight by ND DHS, coalition attendance by all, ongoing dialogue with all, policy issuances from department).

- PATH North Dakota, Inc. also provides in-home family support, respite, reunification services, assessment homes, and adoption services collaboratively with Catholic Charities ND (collaboration occurs through CFSR inclusion, ongoing meetings for discussion of issues, licensure through ND DHS, case reviews for licensure and audits, policy issuances from the department).

- The Village Family Service Center for intensive in-home family services and Family Group Decision-Making services (collaboration occurs through a contract for provision of services along with regular contact by phone and supervisory meetings every other month).

- The University of North Dakota for training of foster and adoptive parents, child welfare social workers and system partners.

- Youthworks for shelter care has been developed and is utilized by the Bismarck/Mandan community as needed. Another $200,000 was appropriated during the last ND legislative session to Youthworks for increased availability of shelter care.

- County Social Services and PATH for Independent Living Services.

  - **NEW:** An RFP has been developed with the intent of consolidating the provision of regional IL services under a single provider. It is anticipated that this RFP will go into effect FFY 2012.
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).

Parent and Family Resource Centers for parenting education and parent mutual self-help groups for child abuse and neglect prevention (collaboration takes place through a contract with North Dakota State University Extension Service, regular meetings of the Parent Education Network and annual CBCAP grantees meeting, as well as through informal contacts with the Network Coordinator).

Child Advocacy Centers (CACs) to assist in the assessments of child physical and sexual abuse. The Centers are located in three communities in North Dakota (soon to be four communities). The CAC Directors are member of the Children Justice Alliance and meet with this multi-disciplinary team quarterly.

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

Native American Training Institute (NATI) for training of child welfare case managers.

North Homes, Inc., a therapeutic foster care provider (collaboration through state licensure oversight and review, case reviews for licensure and audit, ongoing meetings for discussion of issues, coalition attendance together, policy issuances from the department).

North Dakota State University (NDSU) Extension offices throughout the state for parent resource centers and parenting classes.

Collaboration Workgroup – a group whose mission is to increase collaboration at the local level among the Child Support Enforcement, TANF, Medical Services, Children and Family Services, and Job Service programs in order to improve services to individuals served by those programs, and to increase performance within the state (monthly meetings of administrators, seminars are offered to the field as well as annual reviews/reports on progress towards identified Action Plans).

North Dakota Children’s Social Emotional Development Alliance (NDSEDA) - collaborative effort with system partners to promote awareness and understanding of health social and emotional well being of individuals birth to 21 and their families.
(meet quarterly to make progress towards achieving priorities outlined on Strategic Plan).

The CFS Division collaborates with the North Dakota Foster Adopt Parent Association on foster and adopt parent issues including programming and training. The CFS Director sits as a board member of the association, representing the state child welfare agency.

**NEW IN 2011:** The CFS Division entered into an MOU with Lutheran Social Services-ND for administration of most refugee services in North Dakota.

**NEW IN 2011:** Constituent Stakeholder group has been added to the roster of the full CFSR stakeholder group process. This gives our constituents a specific time and place to appear to deliver comments regarding the child welfare services provided in the region. Constituent stakeholder meetings were held as a part of the CFSR in both Dickinson and Fargo this past year.

**NEW IN 2011:** 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.

**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.

**2011 UPDATE:** The third biennial Children’s Justice Symposium will be held in the summer of 2012. Planning has not yet begun on this activity as CFS has been focusing on planning and implementation for the biennial Child and Family Services Conference in July 2011.

- **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.

2011 UPDATE: These meetings continue to be held quarterly with agenda opportunities to address practice issues and other identified issues that need discussion and resolution. CFS Committee is co-chaired by the Cass County Social Services Director and the CFS Director.

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.

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.

**2011 UPDATE:** The CFS Director continues to serve as an active member of the Court Improvement Committee and as a member of the Training 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.

**2011 UPDATE:** The CFS Division met with the ND Supreme Court data lead to discuss data issues across the two governmental entities and the possibility of data sharing and collaboration. The CFS Director has given a presentation on the CFSR and the ND PIP at two meetings during 2011 to inform members of the work of the PIP, including the items that directly impact the TPR work and the foster parent notification issue (court rule). In addition, the CFS Director appeared before the Court Improvement Committee to ask for committee support of the proposed legislation regarding the changes needed to establish court orders in support of 18+ year olds staying in foster care with IV-E dollars, as per Fostering Connections. The committee did give their support to the proposed legislation.

**F. PROGRAM SUPPORT**

During FFY 2010, the CFS Division used a portion of the caseworker visits funding to assist the Regional Supervisors in purchasing laptop computers. These computers provide them access to technology when out of the office at their regional meetings and during Child & Family Team meetings.

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. Please see **ATTACHMENT B** for the SFY 2011 CFSTC Proposed 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.

2011 UPDATE: Child Welfare Certification Training was provided to 39 social workers in SFY 2011. Distribution of trainees: 25 county social workers, 5 Professional Association of Treatment Homes (PATH), 4 Adults Adopting Special Kids (AASK), 4 Tribal, and 1 CFS Division. Four of the participants were supervisors.

CFS Training Center Special Projects

2011 UPDATE: For SFY 2011, the Children and Family Services Training Center (CFSTC) facilitated several special training projects that included:

- **PRIDE Model – Conducting a Mutual Family Assessment**: Offered one session and 8 case managers were trained (12.5% supervisors, 87.5% case workers).

- **Children’s Justice Symposium**: The North Dakota Children’s Justice Symposium, which is a collaborative effort between the ND Supreme Court and the CFS Division, hosted a multi-disciplinary conference in July 2010. Five hundred attendees from throughout the state were present. The CFS Division used a portion of the Title IV-E funds ($8,000) for stipends, given to nearly 130 child welfare staff from around the state.

- **Children and Family Services Conference**: The Children and Family Services Conference will be held July 2011.

- **Parent Aide Training**: A one-week training for new parent aides or parent aide supervisors in the state. Fifteen people were trained (13 parent aides, 1 supervisor, and 1 administrator).

- **PRIDE Train-the-Trainer**: Eight additional people were trained as trainers during the fiscal year. Five of the new trainers were foster and/or adoptive parents, two were social workers, and one was a supervisor.

- **ND Foster Parent Conference**: 260 participants attended in 2010 (72% foster parents, 6% supervisors, 16 % social workers, 6% other).

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.

2011 UPDATE: Forty participants completed Wraparound Certification Training this year. Distribution of trainees: 21 county social services, 11 Partnerships/Human Service Center Staff (children’s mental health care coordinators), 3 Professional Association of Treatment Homes (PATH), 3 Adults Adopting Special Kids (AASK), and 2 Tribal. Nine 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.

2011 UPDATE: During SFY 2011, Wraparound Recertification trainings were offered at the following statewide conferences: North Dakota Family Based Services Association (NDFBSA) Conference, Children & Family Services Conference, and the annual Indian Child Welfare Conference. These conferences are primarily family-based and offer sessions pertinent to skill advancement in the practice of Wraparound case management as well as other child welfare, mental health, and juvenile justice issues. Other seminars were approved by the CFS Division if they met the requirements of recertification. During SFY 2011 over 300 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 ream 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.

2011 UPDATE: As of this writing there are approximately 100 “active” trainers in the state. Eight additional people were trained as trainers during the fiscal year. Five of the new trainers were foster and/or adoptive parents. 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 2011, 359 new foster/adoptive parents attended this training.
PATH Training
The CFS Training Center provides training for PATH ND Inc. (Professional Association of Treatment Homes), which includes the following:

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

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

2011 UPDATE: During SFY 2011, 82 participants attended this training.

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

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

2011 UPDATE: During SFY 2011, 62 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.
2011 UPDATE: During the period 04/01/10-03/31/11, 23 different training opportunities were held across the state with 433 foster parents attending. These were in addition to the annual North Dakota Foster Parent Conference which attracted 260 participants.

- 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.

2011 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.

2011 UPDATE: In SFY 2011, the CFSTC was instrumental in getting the training needs of PATH foster parents met.

A survey was conducted with child welfare supervisors to address some of their needs.

2011 UPDATE: Supervisor training was held in January 2011 with a focus on managing and leading change. Thirty-one supervisors attended the training.

- Miscellaneous trainings are offered as requested by system partners.

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

2011 UPDATE: In SFY 2011, the CFSTC assisted county social service agencies and PATH in accessing other training opportunities by providing reimbursement for costs related to attending training including registration fees, lodging, meals, mileage, and child care expenses.
G. COORDINATION WITH TRIBES

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

- Funding of administrative IV-E dollars to the tribes:
  - Pay IV-E foster care and state match for the IV-E eligible children living on the reservations;
  - Contract to provide IV-E training dollars to the Native American Training Institute;

  **2011 UPDATE:** Court order (IV-E) training is held when requested, with a session held at the ICWA conference in 2011 and planned statewide training for 2012. The training includes discussion of early identification of ICWA application in cases and what that involves in terms of the required legal process.

  - 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;

  **2011 UPDATE:** The Department of Human Services – CFS Division continued to provide fiscal support for the annual ICWA conference (which included various sessions on “ICWA 101” (Judge Thorne) and ICWA compliance in general, typically with a panel presentation and discussion. The CFS Division also provided support for child welfare personnel from the field to attend the conference in the form of stipends to assist with travel and per diem costs.

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

  **2011 UPDATE:** Although this position has been eliminated due to budgetary constraints, all tribes were able to request adoption services be provided through the AASK program to children in the custody of the tribe, by request to and approval of the Administrator of Adoption Services.

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

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

  **2011 UPDATE:** NATI had a contract in place with the Department of Human Services – CFS Division for $150,000 for cultural competency services including foster parent training, development of a cultural resources service
directory to be placed on the NATI website, and development and web posting of cultural resource guides for all the tribes. In the same contract, NATI also produced a Tribal Directory (online resource) that lists the ICWA contact for each tribe in North Dakota. Another contract for the upcoming biennium will be established to continue and maintain these online resources for the field. Child Welfare Certification (for every new child welfare worker in the state) included a four hour section on the Indian Child Welfare Act led by an ICWA legal scholar/consultant, who is also a tribal member. This has been in place for a number of years. In addition to these activities, the CFS Division was actively involved in providing legal and case consultation and resources in ICWA cases to the field through the request of counties, court personnel and state’s attorneys, and private child welfare providers.

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

2011 UPDATE: ICWA compliance was reviewed in every randomly drawn CFSR case where ICWA applied during the eight regional CFSR reviews around the state. A tribal child welfare representative was not available to assist with the regional CFSR reviews during this reporting period.

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

2011 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 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.

2011 UPDATE: Strengthening State and Native American Partnerships (SSNAP) meetings continue to be held quarterly with tribal child welfare directors, staff and CFS director and staff (with NATI facilitating). In this past year several were held in tribal communities and several were held in Bismarck. In addition, two meetings were planned and held on adjacent days focusing on broader human service issues (child support, MA, Targeted Case Management, economic benefits) at the request of the ND DHS Executive Office and the Indian Affairs Commissioner. The CFS Division took an active role in
scheduling and attending these meetings to build broader partnerships with tribal government officials. Both meetings were held in Bismarck.

2011 UPDATE: The CFS Division will provide electronic copies and links to the 2011 APSR to the tribal child welfare directors when we have a finalized submission.

H. HEALTH CARE SERVICES PLAN

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

<table>
<thead>
<tr>
<th>STRATEGIES</th>
<th>ACTION STEPS</th>
<th>2011 UPDATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develop a schedule for initial and follow up health screenings that meet reasonable standards of medical practice.</td>
<td>a. North Dakota will continue to use the Health Tracks Screenings process within the first 30 days of foster care placement.</td>
<td>a. The practice of scheduling Health Tracks Screenings within the first 30 days of foster care placement continues.</td>
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<td></td>
<td>b. The CFS Division staff will review/update the policy concerning Health Tracks Screenings for foster children.</td>
<td>b. Policy is in place through other Divisions that sufficiently addresses the provision of mental health screenings for foster care children.</td>
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<td></td>
<td>c. The CFS Division staff will consult with the Head Start Collaboration Administrator regarding dental care for foster children.</td>
<td>c. The North Dakota Oral Health Coalition, the North Dakota Department of Health, and the Oral Health Director have an Oral Health Strategic Plan that can be accessed at <a href="http://www.ndhealth.gov/oralhealth/">http://www.ndhealth.gov/oralhealth/</a> The Oral Health Strategic Plan addresses partnerships and policies that improve oral health, ensuring reasonable and affordable access to oral health services for all North Dakotans.</td>
</tr>
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<td></td>
<td>d. The CFS Division Director will invite a representative from ND Medicaid to assist with the Health Tracks Screenings plan.</td>
<td>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.</td>
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<td>e. CFS Division staff will develop a plan for health needs identification, monitoring and treatment through the Health Tracks Screenings.</td>
<td>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.</td>
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<td>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.</td>
<td>f. Through the work of the ND Social Emotional Development Alliance, this was addressed in “e.” See above for comments.</td>
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### 2. Determine how medical information will be updated and appropriately shared.

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<tbody>
<tr>
<td>a.</td>
<td>The CFS Division Director will invite a representative from ND Medicaid to assist with the development of the Health Care Services Plan.</td>
</tr>
<tr>
<td>b.</td>
<td>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.</td>
</tr>
<tr>
<td>c.</td>
<td>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.</td>
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<tr>
<td>a. This work has begun through NDSEDA. The FRAME system has also streamlined the sharing of medication information across systems.</td>
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<tr>
<td>b.</td>
<td>Discussions for a Medical Passport Program have taken place, a possible pilot in the largest region of the state is being considered.</td>
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<tr>
<td>c.</td>
<td>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.</td>
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### 3. Develop a plan to ensure the continuity of health care services which may include establishing a medical home for every child in care.

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<tbody>
<tr>
<td>a.</td>
<td>Case workers will utilize both the Health Tracks Screenings and the Child &amp; Family Team Meetings as a means to review the continuity of health care services.</td>
</tr>
<tr>
<td>a. Caseworkers are utilizing Health Tracks Screenings and Child &amp; Family Team Meetings as a means to ensure continuity of health care services.</td>
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<tr>
<td>b.</td>
<td>Medication updates will be documented in the FRAME system.</td>
</tr>
<tr>
<td>b. 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.</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>Physicians/psychiatrists will be included as team members and provided with care plans and updates to the care plan.</td>
</tr>
<tr>
<td>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.</td>
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### 4. Oversee prescription medications for all foster care children.

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<tbody>
<tr>
<td>a.</td>
<td>Case workers will review current prescription medications at the Child &amp; Family Team Meetings.</td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Medication updates will be documented in the FRAME system.</td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>Physicians/psychiatrists will be included as team members and provided with care plans and updates to the care plan.</td>
</tr>
<tr>
<td>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.</td>
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### 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.

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<tbody>
<tr>
<td>a.</td>
<td>Case workers will report consultations with medical personnel at the Child &amp; Family Team Meetings and will document updates in FRAME.</td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>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.</td>
</tr>
<tr>
<td>b. The Children’s Mental Health Administrator continues to attend and participate in the HNDECA meetings held quarterly. She reports updates to CFS Division staff in a timely manner. This task is ongoing.</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>The North Dakota Children’s Social Emotional Development Alliance (NDSEDA), along with HNDECA, will develop a MOA/MOU with Medicaid to ensure providers will offer Health Tracks Screenings, to include mental health screenings, to all children in care.</td>
</tr>
<tr>
<td>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. This task is completed.</td>
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</tbody>
</table>
I. DISASTER PLAN

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

2011 UPDATE: There has been no change in North Dakota’s Disaster Plan for foster families, foster/adopt families and kinship care families. A programmatic change was made whereby the “Family Evacuation Disaster Plan”, SFN 445, is now part of the family foster care licensing material. Each family must complete the form during initial licensing or re-licensing. Copies of these forms continue to be submitted to the CFS Division for input into a shared database which can be accessed by any state employee, including regional supervisors of county social service boards.

Potential flooding in North Dakota is still a possibility. An “emergency” cell phone is designated to receiving incoming telephone calls from the CFS Division’s 800#. Currently, CFS staff are available for calls nights and weekends in the event that a foster, adoptive, or kinship care family must relocate due to flooding.

J. FOSTER AND ADOPTIVE PARENT RECRUITMENT

2011 UPDATE:

Foster and Adoptive Parents Recruitment and Retention Efforts: Statistics reported as of December 31, 2010 are noted on the following graph. These totals do not include tribal affidavit foster homes.

* Reported as part of the Foster Care Recruitment and Retention MOU. Includes all eight regions of the state.
**Mini-grants:** Each foster/adopt coalition was offered mini grant opportunities in November, 2010. The grants applied to the following specific areas of recruitment:

1. Recruit families who are willing to foster, adopt, or both, adolescents or older teens.
2. Recruit Native American foster families in order to meet the ICWA placement preferences for Native American children in foster care.
3. Recruit families who are willing to foster, or adopt, or both, children with emotional, behavioral, or physical challenges.
4. Recruit families who are willing to foster, or adopt, or both, sibling groups.

Funding was available for each proposal in an amount not to exceed $1,000 per area (total possible - $3,000 per coalition). Four of the eight regions in North Dakota applied for the mini grants and were approved for an additional $3,000.

**Trauma-based Training:** A pilot project was funded in Cass County which provided trauma-based training to PATH and county foster parents. The curriculum used in this training was designed to teach foster parents basic knowledge, skills, and values about caring for children and teens who are in foster care and who have experienced traumatic stress. It also teaches how to use this knowledge to support children’s safety, permanency, and well-being. Twenty-two foster parents attended the training.

A questionnaire regarding knowledge and beliefs about childhood trauma and foster parenting was administered at the beginning of the first training session and at the end of the second training session. Additionally, parents that attended the training were sent an email and asked to complete the same questionnaire approximately 3-4 months after completing the training. Twelve of the 22 trainees completed the follow-up questionnaire. The feedback from foster parents was overwhelmingly positive. In fact, the majority of foster parents suggested that the trauma training be a mandatory training requirement. As a result, the Foster Parent Trauma Training Committee is pursuing a partnership with AASK to offer this training curriculum to adoptive parents. The committee would also like to initially expand the availability of this training to the southeast region of the state with the ultimate goal of creating statewide training opportunities for both foster and adopt parents.

**North Dakota Heart Gallery:** Professional photographers generously donated their time and talent to photograph foster children waiting for adoptive homes. Portraits are displayed at an annual gala and then exhibited throughout the year to potential adoptive families across the state. The CFS Division has approved $5,000 in funding to the North Dakota Heart Gallery. This funding will be used to purchase equipment needed to appropriately feature these children. Framed prints will also be given to the child as a gift in recognition of their participation.

**Ongoing Education:** Educational material was purchased for foster and adoptive parents. These resources will be distributed to families by AASK
(Adults Adopting Special Kids) to assist families in making a decision about their ability to be a permanent resource for a youth in foster care. Examples of the educational material purchased are:

1. “Foster-To-Adopt” parent handbooks
2. “Foster-To-Adopt” children’s book
3. “Transforming the Difficult Child” books
5. Tribe specific books to help develop a cultural understanding for foster/adoptive families of the Native American tribes in North Dakota.

**Task Force:** A Statewide Foster/Adopt Recruitment & Retention Task Force meeting was held in August 2010. Representatives were present from 5 out of the 8 regions, as well as individuals from Standing Rock Tribal Child Welfare, AASK and PATH. Presentations were made by all attendees outlining recruitment and retention activities as well as identifying strengths and challenges in each of their areas. Sharing ideas has proven to be beneficial for all participants.

**Technical Assistance:** The number of family foster homes in North Dakota remains stagnant. Increased funding provided to regional recruitment and retention coalitions throughout the years has failed to increase the number of families willing to foster and/or adopt children in the state foster care system. A request for technical assistance was submitted to the Training & Technical Assistance Coordination Center in May, 2011. The CFS Division has requested assistance in:

1. Developing a State Foster/Adopt Recruitment and Retention plan, and
2. Providing training to regional foster/adopt coalitions in the recruitment and retention of foster or adoptive homes.

Conference calls with are currently taking place regarding this request.

**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.

**2011 UPDATE:** The monthly “Foster Care Case Load Visitation Report” is produced and disseminated to the field through the FRAME system by the state office on a monthly basis. Individual agencies have access to these reports within FRAME at any given time if they want to check the status of case worker visitations more frequently.
Attempts are still being made to produce an “Out of Region Foster Care Placement Report.” It is anticipated that once this report is created and distributed, counties, DJS and tribes will be able to collaborate more easily to ensure that monthly visitation are taking place for youth in foster care placement.

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

2011 UPDATE: Continued conversations and trainings have occurred with Regional Supervisors, county supervisors, county directors, tribes and DJS surrounding the requirements and goals relating to monthly case worker visitation of all foster youth. These requirements and goals have also been addressed in various conferences and within the Child Welfare Certification Program. The content of the monthly visitation must address the safety, well being and permanence of the youth in care.

- 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%.

2011 UPDATE: The goal for case worker visitation for FFY 2010 was set at 65% (i.e. the expectation was that 65% of youth in care would be seen each and every full month they were in care). As noted in the following chart as of September 30, 2010, 68.4% of youth in care were seen each and every full month that they were in care, with the majority of those visits (78.7%) occurring in the youth’s primary place of residence. North Dakota did submit data for the complete 2010 fiscal year by December 15, 2010 as required. North Dakota was able to meet the goal for FFY 2010. North Dakota will continue to ensure that all caseworker visitations are accurately recorded.
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.
2011 UPDATE: Regional Supervisors have continued quality assurance case reviews have during this reporting period and provide a report of the review results to the CPS Program Administrator.

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

2011 UPDATE: From April 2010-March 2011 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, 10, 17, 18, 19, and 20 as these are the items being tracked per the results of the 2008 Federal CFSR. This first year of reviews will provide North Dakota with a baseline for data measurement for the PIP. Please see ATTACHMENT D for the “ND CFSR Annual Report” and the regional CFSR schedule for April 2011-March 2012.

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.

2011 UPDATE: The ND PIP was approved in June 2010 and the state is nearing completion of the first year. The CFS Division is on target to complete the action steps and benchmarks outlined in the PIP by June 30, 2012.

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.

2011 UPDATE: At the time of this writing ten regional CFSR’s have been completed and the use of FRAME to access the information in case reviews
has increased steadily throughout the year. FRAME has proven to be an effective tool 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.

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

QA case reviews and specially requested case staffing are available at the request of county agencies or personnel, parents/relatives, county administrators, or Regional Supervisors. The content and/or process of these staffing or reviews are usually case-specific and often negotiated between the parties involved. At times, other stakeholders or partners may be brought into the process to participate in the review or staffing.

Finally, because Regional Supervisors participate in/facilitate the Child and Family Team meetings, they serve in the capacity as an in-time QA reviewer when plans are built, and to address the needs of the child, parent and relative, foster/adopt parent in the team planning process.

M. MANAGEMENT INFORMATION SYSTEM

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

2011 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) meet bimonthly to discuss the statuses of various “fixes” and enhancements to the application.

N. CAPTA

2011 UPDATE: The Child Abuse Prevention and Treatment Act (CAPTA) report is no longer part of the CFSP submission, per the Program Instruction (ACYF-CB-PI-11-06). Therefore, the 2011 CAPTA report will be submitted as a separate document.

O. LICENSING WAIVERS

The North Dakota Administrative Code (NDAC) 75-03-14 outlines family foster home licensing standards. Currently, the administrative code does not contain a waiver provision. NDAC 75-03-14 must be revised to allow North Dakota to waive non-safety related licensed standards for relatives, as permitted in P.L. 110-351. It was not permissible to introduce administrative code rule changes during the legislative session which ended in mid-April, 2009. However, the department will invoke the state’s emergency rule making authority in order to expedite this change to NDAC 75-03-14.

We are in the process of drafting language that will allow certain non-safety related licensing standards to be waived for relative foster family homes. Once NDAC 75-03-14 is revised, policy will be issued to provide guidance to local licensing agencies. Regional Supervisors of County Social Service Boards will have decision-making authority for all requested waivers and will provide the oversight for each waiver that is granted.

By December 15, 2009, North Dakota will report on the following:

- Number & percentage of children placed in licensed relative foster family homes;
- Number & percentage placed in unlicensed relative foster family homes;
- Frequency of waivers;
- Types of non-safety licensing standards waived;
- Assessment of how these waivers have affected children, including their safety, permanency and well-being;
- Reasons why relative homes may not be licensed despite authority to waive non-safety standards;
- Actions the state plans to take, or is considering, to increase the percentage of relative fosters family homes;
- Suggestions the State has for administrative actions to increase licensed relative care.

2011 UPDATE: The following numbers and percentages were taken on March 31, 2011 from the AFCARS 2011A Report:
Number and percentage of children placed in licensed relative foster family homes was 12, or 1%.

Number and percentage placed in unlicensed relative foster family homes was 102, or 9%.

One waiver was granted during this reporting period.

Types of non-safety licensing standards waived:
- One individual had a DUI offense on his criminal background check which requires a period of time before being considered sufficiently rehabilitated. The five year period would have been reached in two months.

Assessment of how these waivers have affected children, including their safety, permanency and well-being:
- Waiving non-safety related licensing standards will increase the number of licensed family foster care providers. Foster youth will be able to remain with family members.

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.

Actions the state plans to take, or is considering, to increase the percentage of relative foster 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.

Suggestions the State has for administrative actions to increase licensed relative care:
- Continue to update policy and administrative rule to simplify the process for relatives to become licensed family foster homes.

Revising NDAC 75-03-14 was not possible due to the fact that North Dakota’s legislative session was held in 2010-11. This does continue to be a priority for the foster care unit. Also, the enhancements to FRAME have not been completed due to the large number of FRAME enhancement work orders that ITD continues to work through.
P. GRANT OPPORTUNITIES

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

In responding to the federal RFP, we hope to enhance the FGDM program in three pilot sites (Cass, Ramsey, and Burleigh counties). We hope to present the model called Family Team Decision Making 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.

2011 UPDATE: 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.

**2011 UPDATE:** In January 2011, the CFS Division created a ND Chafee Assessment to provide detailed feedback to Chafee IL Coordinators in assisting youth participants in the development of their individualized independent living plans. There were 85 youth ages 17 ½ - 21 assessed from January to April 2011. Outcome results are on the following graph.

![ND Chafee Assessment - 7 Outcomes](image)

Outcome results indicate that 66% of youth felt they have sufficient economic resources available, 84% felt they have a safe and stable place to live, 88% have an achievable education plan in place, 86% have permanent connection in the community, 95% felt they have avoided illegal or high risk behaviors, 94% have postponed parenthood, while 93% felt they have the knowledge and skills to access physical and mental health services. This is the first time North Dakota has evaluated these outcomes in such detail. Overall we are impressed and will work with youth to further provide access and knowledge in the above areas.

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

**2011 UPDATE:** The updated flow chart can be found in ATTACHMENT E.

North Dakota continued serving youth across the state ensuring that all political subdivisions in the eight regions and 53 counties were served by the CFCIP, including tribal youth and youth in custody of the Division of Juvenile Services. In North Dakota, all youth who are at least 14 years of age, are not yet 21 years of age, and who are or were in foster care after the age of 14 are eligible for components of CFCIP. In addition, all youth in foster care, age 16 and older, are required to have their independent living needs assessed.
**2011 UPDATE:** In January 2011, the North Dakota Foster Care Independent Living policy was updated ([http://www.state.nd.us/robo/projects/62410/62410.htm](http://www.state.nd.us/robo/projects/62410/62410.htm)). The policy manual changes include updates related to the National Youth in Transition Database and Fostering Connections requirements, as well as the transformation of the title for youth participants who have been discharged from foster care from the title of “After Care” to “Foster Care Alumni.”

Currently, CFCIP is provided to foster care youth statewide by seven County Social Service Boards and one private agency (PATH ND). Each region employs Chafee Independent Living Coordinators who are responsible for the implementation of CFCIP services in their assigned region. In April 2011 the ND DHS announced that CFCIP would be reorganizing statewide. A Request for Proposal (RFP) will seek one entity to implement and operate the Chafee Foster Care Independence Program (CFCIP) statewide beginning October 1, 2011 (FFY 2012). The goal behind this restructuring is to leverage resources across the state and work with one financial structure rather than eight. The consistency in use of funding as well as service delivery will benefit the youth participants.

The current CFCIP Regional Offices are as follows:

<table>
<thead>
<tr>
<th>REGION</th>
<th>LOCATION OF IL COORDINATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>I NORTHWEST</td>
<td>Williams County Social Services</td>
</tr>
<tr>
<td>II NORTH CENTRAL</td>
<td>Ward County Social Services</td>
</tr>
<tr>
<td>III LAKE REGION – Devils Lake</td>
<td>Belcourt PATH Office (Turtle Mt Reservation)</td>
</tr>
<tr>
<td>IV NORTHEAST</td>
<td>Grand Forks County Social Services</td>
</tr>
<tr>
<td>V SOUTHEAST</td>
<td>Sargent County (Office at PATH – Fargo)</td>
</tr>
<tr>
<td>VI SOUTH CENTRAL</td>
<td>Stutsman County Social Services</td>
</tr>
<tr>
<td>VII WEST CENTRAL</td>
<td>Sioux County Social Services (Office in Bismarck)</td>
</tr>
<tr>
<td>VIII BADLANDS</td>
<td>Stark County Social Services</td>
</tr>
</tbody>
</table>

**2011 UPDATE:** A Memorandum of Agreement (MOA) was signed by seven county partners and a contract signed with one private provider agreeing to implement CFCIP statewide from October 1, 2010 to September 30, 2011 (FFY 2011). Agency partners manage local programming, follow federal and state CFCIP policy, and complete an annual Quality Assurance Review conducted by the state Chafee Independent Living Administrator.

In the past, CFCIP did not have a data management system to accurately capture the number of youth served, age, race, etc. All data was tallied by hand with eight different regional interpretations. In November 2010, Children and Family Services worked with the FRAME application to create space to include CFCIP data entry. This allowed for more realistic numbers with less duplication. Duplication errors:
- Regions working to transfer a case would both report on this one youth.
- If a youth entered CFCIP, closed their case, then re-opened, Chafee IL Coordinators were double counting that youth.
Interpretation of After Care Youth (now referred to as Foster Care Alumni) versus Current Foster Care Youth was not consistent.

Necessary staff training was provided to get CFCIP numbers to a more consistent and accurate level for reporting. Below is data reflecting CFCIP participation in North Dakota during FFY 2011.

<table>
<thead>
<tr>
<th>FFY 2011</th>
<th>Youth in CFCIP</th>
<th>Youth Under 18 Years Old Served</th>
<th>Priority 1 Youth Served</th>
<th>Priority 2 Youth Served</th>
<th>Native Americans Served</th>
<th>ETVs Issued</th>
</tr>
</thead>
<tbody>
<tr>
<td>ND Total:</td>
<td>337</td>
<td>113</td>
<td>276</td>
<td>61</td>
<td>75</td>
<td>59</td>
</tr>
</tbody>
</table>

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

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

**2011 UPDATE:** Chafee IL Coordinators attended Child and Family Team Meetings (CFTMs) and worked collaboratively to support the youth in becoming self-sufficient young adults. Chafee IL Coordinators worked closely with community partners and made referrals to needed services. Community partners include: Job Service, Job Corps, Adult Learning Centers, Housing Authorities, Community Action, Vocational Rehabilitation Services, Salvation Army, Youthworks and many other private organizations who provide resources for young adults.

Chafee IL Coordinators hosted monthly meetings (Youth Leadership Advisory Council) that encouraged group socializing, hands-on food preparation, as well as educational opportunities such as how to obtain a GED, career exploration, vocational training, job placement and retention, daily living skills, budgeting and financial management skills, substance abuse prevention and preventive health activities. All topic areas increased youth knowledge of self-sufficiency and were relevant to the seven purpose areas.

Chafee IL Coordinators were creative in educating youth. One region collaborated with the YMCA to offer free admission for all CFCIP youth participants as a means to work out and de-stress while enhancing their overall well-being.

**FFY 2012 Plans:** To provide education statewide of the new CFCIP provider and contacts for referral, to educate CFCIP referral sources on Priority 1 vs. Priority 2 youth, to schedule additional daily living trainings specific to individual youth needs, and continue awareness of the ND Youth website. To view the website, please visit [http://www.nd.gov/ndyouth](http://www.nd.gov/ndyouth).
2011 UPDATE: Chafee IL Coordinators offered one-on-one assistance to youth who chose to complete their high school diploma and/or GED, attend post-secondary education, or begin employment. Chafee IL Coordinators assisted youth in preparing for the ACT/SAT exams, submitting college applications, completing their FAFSA, and in applying for ETV funding.

Chafee IL Coordinators assisted youth in gathering information necessary for gaining employment (i.e. Social Security cards, birth certificates and driver’s licenses). Youth are provided access to “50 Best Career” booklets, job fairs, Job Corps, Hair Academy, and college tours. Chafee IL Coordinators maintained contact and relationships with representatives of regional Work Investment Act (WIA) programs. The pilot FOSTER subsidized employment program for youth in foster care age 16 and older provided through TANF and the American Recovery/Reinvestment Act accepted referrals beginning September 8, 2009 providing funds for appropriate work attire, transportation, training, as well as youth earned income. Unfortunately, FOSTER was no longer funded and the program ended September 30, 2010.

FFY 2012 Plans: Continued awareness of the ND Youth website to offer more direct access to youth interested in employment and education. Provide opportunities for resume building, mock interviews, seasonal employment, and nontraditional post secondary education options.

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

2011 UPDATE: The Chafee IL Coordinators assisted youth in preparing for post-secondary education and training through efforts to ensure that information is shared and requirements for enrollment are completed. In addition, they assisted youth in developing their IL educational plan. Each plan included:
- Communication with secondary educational counselors and support persons;
- Plan for successful completion of secondary education/training;
- Plan for completion of required applications, tests, and financial aid forms;
- Plan for providing support during post-secondary educational attendance including, but not limited to, housing, child care and tutoring.

Chafee IL Coordinators assisted youth in completing their FAFSA (financial aid), paying ACT/SAT college application fees, and enrollment in TRIO, federally-funded college programs that motivate and support students from disadvantaged backgrounds in their pursuit of a college degree. TRIO programs provided academic tutoring, personal counseling, mentoring,
financial guidance, and other supports necessary for educational access and retention.

The state Chafee IL Administrator and Chafee IL Coordinators provided awareness about the Education and Training Voucher (ETV) Program to foster care youth and statewide professionals assisting foster youth. The CFS Training Center integrated information about the ETV Program into the Child Welfare Certification Training, which provided direct care staff additional access to the referral source for applicable youth.

**FFY 2012 Plans:** Chafee IL Coordinators will maintain partnerships with local Job Corps sites, will assist eligible youth in completing the ETV application, will coordinate efforts with the public schools, and will help youth search for scholarships as well as increase knowledge of TRIO programming statewide. In addition, a stronger partnership with College Goal Sunday and the ND College Access Network will be sought to provide youth opportunities and awareness about post-secondary education options.

**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.

**2011 UPDATE:** Chafee IL Coordinators, case managers, foster parents, treatment staff, and other team members provided individualized support to youth to assist in the transition to self-sufficiency and independent living. A discharge planning checklist was provided to custodians to aid in their efforts for older youth.

ND Youth Leadership Board meetings invited youth presently in care as well as Foster Care Alumni to meet and discuss youth issues across the state of North Dakota. The board provided a supportive environment for youth to share information as well as develop peer mentoring relationships. One region was creative and recruited professionals who were willing to act as mentors and support for youth, providing hands on professional experience as well as an adult mentoring relationship. In addition, CFCIP collaborated with local mentoring programs including Amachi, Mentors and Friends, and Best Friends Mentoring.

The Youth Leadership Advisory Councils (regional) supported the ND Youth Leadership Board (state) at quarterly meetings in Bismarck. Chafee IL Coordinators collaborated with youth and worked together to complete a Roundtable discussion in April 2011. President Obama challenged young people to have at least 100 Roundtables nationwide. North Dakota participated in this effort and collaboratively brainstormed and identified areas of need for foster care youth both statewide and nationwide.

**FFY 2012 Plans:** Chafee IL Coordinators will work to increase mentoring opportunities in communities while providing supportive contact with youth.
Some utilize Facebook, My Space, texting, and email 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.

**2011 UPDATE:** The CFCIP’s primary focus is on foster youth age 16 or older identified as “likely to age out of care,” as well as those who have aged out of care. Due to priority, the Chafee IL Coordinators offered more in-depth assistance to the neediest youth. Before youth age out of care, the Chafee IL Coordinator provides them with information that emphasizes where to continue to get emotional, financial, vocational and educational support. Youth were provided with the Renting 101 guide book and coaching about good communication skills and phone etiquette when working with professionals. Youth were also provided access to CFCIP flexible funds, community resources, mentoring and ETV programming. Monthly meetings allowed for education and training opportunities for youth to gain additional resources for self sufficiency. In addition, there have been times when youth were provided with household items to assist them in setting up their own living environment.

The ND Youth website (http://www.nd.gov/ndyouth) has been fully operational since August 2010. The ND Youth Leadership Board, Chafee IL Coordinators and state Chafee IL Administrator collaborated to develop and implement the website content with a grant from Annie E. Casey Foundation. The ND Youth website offers access to pertinent information and resources for transitioning youth in every region of North Dakota.

**FFY 2012 Plans:** Continue to update website content to better serve area youth, continue providing assessments to identify areas of need for youth participants, and continue resource development in relation to our seven CFCIP North Dakota Outcomes.

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

**2011 UPDATE:** The North Dakota Educational and Training Voucher (ETV) Program provided post secondary educational financial assistance to help eligible youth make the transition to self-sufficiency and receive the education, training and services necessary to obtain employment.

Chafee IL Coordinators assisted youth in completing necessary ETV paperwork and the application. There were 59 ETV vouchers distributed, 21 of those provided to new recipient youth.
The Chafee IL Administrator provided awareness of the ETV to youth and various partners. The Chafee IL Administrator supervised the ETV Program and determined eligibility for ETV awards. Each youth awarded an ETV was issued a letter and the ETV check was sent to their educational institution for the identified semester needs.

**FFY 2012 Plans:** Increase awareness of the ETV programming to eligible youth, partnering agencies, and eligible Unaccompanied Refugee Minors. Partner with College Goal Sunday and the ND College Access Network to provide youth opportunities and awareness about post-secondary education options.

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

**2011 UPDATE:** CFCIP is designed to serve youth who are in foster care or who have been in foster care. CFCIP remains available to the former foster youth in a kinship guardianship arrangement on the same basis. The Department of Human Services Children and Family Services Division collaborated with the state, county, regional, and referring partners including private entities to offer Chafee and ETV programming to youth who have been adopted or were in kinship guardianship care. The Chafee IL Administrator attended the Foster Care Adoption Task Force to collaboratively address youth-related issues including kinship guardianship, adoption, ETV, and CFCIP goals. The CFS Adoption Manager corresponded with adoption workers on a regular basis and forwarded CFCIP and ETV information to adoption workers for dissemination as appropriate.

**FFY 2012 Plans:** Continued assistance to and awareness of CFCIP benefits to youth adopted or who enter kinship guardianship care.

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**General Reporting Requirements Related to the CFCIP Seven Purposes**

- **2011 UPDATE on Coordinated Services:** The CFS Division and Chafee IL Coordinators collaborated with many private/nonprofit agencies including Job Service, Housing Authorities, Human Service Agencies, School Districts, Career Options, and Tribal Entities. Partnering with various community organizations is the largest strength of the program, then teaching youth how to navigate the many program systems effectively. The statewide regional Human Service Centers developed Transition to Independence (TIP) programming for transitioned aged youth and this partnership will continue to grow as they become more established. Transitional Living programming statewide continues to be a focus as the lack of affordable/supportive housing continues to be a huge need in our state.

- **2011 UPDATE on Training:** Quarterly Chafee Independent Living meetings are held for Chafee IL Coordinators and ND Youth Leadership Board members. Training and program updates are provided on a regular basis as well as general sharing of information. The Chafee IL Administrator facilitates
these meetings in order to give and receive updates on CFCIP from each region and to discuss program revisions and concerns. Specific training topics are addressed during quarterly meetings as well (mental health, vocational rehabilitation, agency programming, volunteering, etc.) Additional training is done locally for the youth on various topics related to independent living skills.

The CFS Training Center provided training to Chafee IL Coordinators, foster parents, and social workers on the importance of youth transitioning to independence. Information concerning preparation of youth for transitions and independent living was provided to new foster parents and facilities serving youth.

The Chafee IL Administrator facilitated the Residential Child Care Facility (RCCF) and the Licensed Child Placing Agency (LCPA) Licensure Reviews and provided annual licensing training to the review team as needed. Independent living at RCCFs was an ongoing topic when licensing was conducted, to ensure that daily living skills were being taught and exercised in residential living environments.

- **2011 UPDATE on Youth Involvement in State Agency Efforts:** North Dakota continues to replicate the Federal CFSR Process as part of a Program Improvement Plan. As CFS Division conducted reviews in each of the eight regions of our state, the Youth Stakeholder Meetings continued to be a part of this ongoing process in the full review sites.

  Youth were involved in the development of the ND Youth website researching regional independent living and transitioning resources.

  A North Dakota Youth Leadership Board member, Nate Gawlik, twenty-one year old Foster Care Alumni was named a 2011 Foster Club Young Leader. Only 100 youth were selected nationwide. Youth were chosen based on leadership and service, goals, and accomplishments. As a 2011 Foster Club Young Leader, Nate will receive a certificate of achievement, recognition on the Foster Club website, possible leadership opportunities, media/press coverage, and a great resume highlight. Outstanding Young Leaders may be contacted about attending events throughout the country, or the possibility to meet their Congressmen or other legislative officials in Washington, D.C. The announcement can be found at: [http://states.fosterclub.com/northdakota/young-leaders/congratulations-nathan-gawlik](http://states.fosterclub.com/northdakota/young-leaders/congratulations-nathan-gawlik)

- **2011 UPDATE on Medical Assistance:** It has been determined that a low number of former foster youth are accessing Medicaid, even when they are eligible for the program. Youth have indicated, through surveys and open discussions that they do not understand the re-determination process, which can complicate their ability to reapply for Medical Assistance once they age out of foster care. State IL Administrator and Regional IL Coordinators have continued to make an effort to help youth understand the Medicaid
redetermination process, by collaborating with professionals who work with these youth to provide more information and assistance to access this program.

- **2011 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 had CFCIP programs operating via a Memorandum of Agreement (MOA) with Sioux County Social Services (Region VII) affiliated with Standing Rock Sioux Tribe and PATH (Region III) affiliated Turtle Mountain Band of Chippewa. Chafee IL Coordinators collaborated with Tribal Reservations to ensure access to youth for CFCIP and ETV opportunities.

Chafee IL Coordinators regularly accepted referrals from Standing Rock Tribal Social Services, Spirit Lake, Fort Totten, Turtle Mountain and Three Affiliated Tribes. Chafee IL Coordinators assisted county case managers in completing a discharge checklist. This checklist was used to assist youth aging out of care retrieve the necessary education and resources prior to their discharge. Native American youth received assistance with enrollment in their designated tribe, application for a Tribal Certificate with enrollment number, a tribal enrollment card, and a Certificate of Degree of Indian Blood (CDIB). Native American youth were also provided contact information for their tribal office and the Higher Education office of his/her tribe.

Chafee IL Coordinators continued to consult tribal members and Tribal Social Services as well as research culturally related information to ensure competence in working with and meeting the cultural needs of tribal youth. In turn, Chafee IL Coordinators offered culturally sensitive Independent Living programming to CFCIP participants. Youth enrolled in CFCIP were encouraged to discuss their culture and activities viewed applicable to the local CFCIP. This encouraged cultural diversity to other youth in the monthly meetings.

The state Chafee IL Administrator works with Chafee IL Coordinators to ensure that CFCIP benefits and services are made available to Native American youth on the same basis as others. CFCIP and ETV eligibility criteria continue to apply to Native American youth on the same basis as non-native foster care youth.

- **2011 UPDATE on Native American Youth:** North Dakota has provided information to ensure Native American youth have fair and equitable access to all CFCIP services across the state. Native American tribal youth from each of the four Tribal Reservations have been encouraged to participate in CFCIP. North Dakota has CFCIP programs operating via a Memorandum of Understanding (MOU) with Sioux County Social Services (Region VII) affiliated with Standing Rock Sioux Tribe and PATH (Region III) affiliated Turtle Mountain Band of Chippewa. There are 546 youth participating in
CFCIP and 146 are of Native American decent (27%). Regional IL Coordinators will continue to collaborate with the reservations/tribal affiliates.

North Dakota Regional IL Coordinators have attended various cultural events including pow-wows and Community Forums/Healing Ceremonies to work on the reconciliation in Indian Child Welfare. Regional IL Coordinators will continue to consult tribal members and Tribal Social Services as well as research culturally related information to ensure competence in working with and meeting the cultural needs of tribal youth. In turn, IL Coordinators offered culturally sensitive Independent Living programming to each Native American tribal youth referred to the CFCIP. Youth enrolled in CFCIP are encouraged to discuss their cultural and which activities they view applicable to the local CFCIP, this also encourages cultural diversity to other youth in the monthly meetings.

The State IL Administrator works with the Regional IL Coordinators to ensure that CFCIP benefits and services are made available to Native American youth on the same basis as others. The same CFCIP and ETV eligibility criteria continue to apply to Native American youth in foster care.

- **2011 UPDATE on Trust Fund:** North Dakota does not have a trust fund nor do they have plans to initiate a trust fund at this time.

- **2011 UPDATE on National Youth in Transition Database (NYTD):** North Dakota implemented NYTD requirements statewide on October 1, 2010 capturing data relevant to the served and baseline populations. A NYTD work group was developed with representative professionals from ND DHS including Information & Technology, Decision Support Services, Children and Family Services, and Fiscal. The NYTD work group quickly developed a plan to make necessary adjustments to the ND FRAME application allowing NYTD data entry. A policy issuance was sent to direct care professionals, County Social Services directors and supervisors, Division of Juvenile Services case managers, Partnerships Care Coordinators and Chafee IL Coordinators.

  The served population statistics collected on any youth already established within our FRAME application who meet the criteria of age 14 to 23 receiving independent living services identified in the federal regulations. In the April 2011 report (first reporting period), North Dakota learned we needed to make adjustments to Education Element 18 to eliminate future financial sanctions. The NYTD work group is collaborating to most efficiently solve this error.

  The baseline population surveys were very successful in North Dakota. From October 1, 2010 to March 31, 2011 there were only two surveys that were not administered; one was tribal office case management noncompliance and the other was delay in survey return. In this case the youth exited care two days after turning age 17 and did not return the survey until day 60, missing the 45 day window. Overall, the county case managers administering the NYTD survey response rate has been extremely high. The state Chafee IL
Administrator works directly with case managers providing a survey packet, instructions, a $10 gift card for youth incentive, and reminder emails along the way.

The state Chafee IL Administrator oversees NYTD and will continue to work with the NYTD work group to identify an online survey option, outreach to age 19 youth, etc.

- **2011 UPDATE on New Certification for Chafee Foster Care Independence Program:** On October 1, 2010 North Dakota began educating youth about the importance of designating another individual to make health care treatment decisions on behalf of the adolescent if the adolescent becomes unable to participate in such decisions and the adolescent does not have, or does not want, a relative who would otherwise be authorized under state law to make such decisions. A policy issuance was developed and provided to county social service directors, supervisors, case managers, and Chafee IL Coordinators. The health care directive was added as a component under medical services on the discharge checklist and a brochure was created to offer insight on the topic to youth.

**Education and Training Voucher Program**

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

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

**2011 UPDATE:** North Dakota continues to see stability in ETV participation. A slight increase in ETV’s are awarded annually. CFCIP youth are educated on the process and given one-on-one assistance in completing the ETV, financial aid, and college applications. Chafee IL Coordinators spend a great deal of time reviewing with the youth their education plan and providing resources. The updated data includes ETVs awarded to unaccompanied refugee minors (URMs) per the table below.
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.

2011 UPDATE: There are currently no issues of concern regarding the issuance of the ETV vouchers as there are no state statutory and/or administrative barriers identified at this time.

### 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

<table>
<thead>
<tr>
<th>Data Review</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>ETV’s Awarded</td>
<td>37</td>
<td>55</td>
<td>54</td>
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<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*URM is Unaccompanied Refugee Minor*
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 Administrator 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.

**2011 UPDATE:** The CFS Division completed the process of building a more “user friendly” child welfare data system (FRAME). There is a continued commitment from the CFS Division, as well as our ITS business consultants, to add an enhancement to FRAME to obtain data specific to the Safe and Timely Interstate placement of Foster Children Act. Until this enhancement can be added, an interim excel database to gather required data was developed and is being used by the ICPC Deputy Compact Administrators for foster care and adoption.

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

**2011 UPDATE:** Following is a case count taken on June 1, 2011. DJS cases are down from June 1, 2010 at which time they had a case count of 237. The western regions (Williston, Minot, Bismarck and Dickinson) case transfers have remained stable whereas the case transfers in eastern regions (Devils Lake, Grand Forks, Fargo, and Jamestown) have shown a fairly significant reduction.

<table>
<thead>
<tr>
<th>DJS OFFICE</th>
<th>6/1/2011 CASE COUNT</th>
<th># TRANSFERRED FROM SOCIAL SERVICES TO DJS</th>
<th>% TRANSFERRED FROM SOCIAL SERVICES TO DJS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Williston</td>
<td>9</td>
<td>2</td>
<td>22%</td>
</tr>
<tr>
<td>Minot</td>
<td>30</td>
<td>10</td>
<td>33%</td>
</tr>
<tr>
<td>Devils Lake</td>
<td>24</td>
<td>5</td>
<td>20%</td>
</tr>
<tr>
<td>Grand Forks</td>
<td>34</td>
<td>3</td>
<td>8%</td>
</tr>
<tr>
<td>Fargo</td>
<td>28</td>
<td>2</td>
<td>7%</td>
</tr>
<tr>
<td>Jamestown</td>
<td>10</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Bismarck</td>
<td>51</td>
<td>9</td>
<td>17%</td>
</tr>
<tr>
<td>Dickinson</td>
<td>10</td>
<td>2</td>
<td>20%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>196</strong></td>
<td><strong>33</strong></td>
<td><strong>Average: 16%</strong></td>
</tr>
<tr>
<td>West</td>
<td>100</td>
<td>23</td>
<td>23%</td>
</tr>
<tr>
<td>East</td>
<td>96</td>
<td>10</td>
<td>9%</td>
</tr>
</tbody>
</table>
S. PAYMENT LIMITATIONS

2011 UPDATE: Please refer to the CFS-101 documents on pages 71-73. In reference to the CFS-101, Part III, the Administrative Costs were $68,048 (over 10% of the allotted amount) in FFY 2009 because North Dakota provided a state match (general fund dollars) in the amount of $190,452 for Family Preservation services.
## T. MAINTENANCE OF EFFORT

### BREAKDOWN OF PROGRAMS INCLUDED IN CHILDREN AND FAMILY SERVICES

**GRANT CATEGORIES FOR 1991-1993 BIENNIAL AND 2009-2011 BIENNIAL**

<table>
<thead>
<tr>
<th>Cost Center</th>
<th>Program</th>
<th>91-93 Budget</th>
<th>State/Local</th>
<th>Federal</th>
</tr>
</thead>
<tbody>
<tr>
<td>4135</td>
<td>Independent Living Program</td>
<td>1,120,000</td>
<td>70,000</td>
<td>1,050,000</td>
</tr>
<tr>
<td>4151</td>
<td>Unaccompanied Refugee Minor Program</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4262</td>
<td>SED Out-Of-Home Care</td>
<td>683,440</td>
<td>310,860</td>
<td>372,580</td>
</tr>
<tr>
<td>4263</td>
<td>Foster Care - IV-E</td>
<td>20,031,915</td>
<td>7,896,070</td>
<td>12,135,845</td>
</tr>
<tr>
<td>4265</td>
<td>Foster Care - Regular</td>
<td>30,014,410</td>
<td>9,150,015</td>
<td>20,864,395</td>
</tr>
<tr>
<td>4266</td>
<td>Foster Care - Services</td>
<td>3,866,340</td>
<td>1,380,266</td>
<td>2,486,114</td>
</tr>
<tr>
<td>4270</td>
<td>Foster Care - Specialized Family</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4270</td>
<td>Guardianship</td>
<td>611,520</td>
<td>152,880</td>
<td>458,640</td>
</tr>
<tr>
<td>4272</td>
<td>Foster Care - Therapeutic</td>
<td>6,985,204</td>
<td>2,472,800</td>
<td>4,512,404</td>
</tr>
<tr>
<td>4273</td>
<td>Foster Care - Shelter Care Services</td>
<td>75,115</td>
<td>75,115</td>
<td>0</td>
</tr>
</tbody>
</table>

**Total Out-Of-Home Care Grants**

| 63,387,944 | 21,507,966 | 41,879,978 |

### ADOPTION SERVICES GRANTS

<table>
<thead>
<tr>
<th>Cost Center</th>
<th>Program</th>
<th>91-93 Budget</th>
<th>State/Local</th>
<th>Federal</th>
</tr>
</thead>
<tbody>
<tr>
<td>4119</td>
<td>Special Needs Adoption</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4268</td>
<td>Subsidized Adoption - FM</td>
<td>9,788,093</td>
<td>3,524,419</td>
<td>6,263,674</td>
</tr>
<tr>
<td>4269</td>
<td>Subsidized Adoption - Regular</td>
<td>4,105,982</td>
<td>4,105,982</td>
<td>0</td>
</tr>
</tbody>
</table>

**Total Adoption Services Grants**

| 13,894,075 | 7,630,401 | 6,263,674 |

### FAMILY SUPPORT SERVICES GRANTS

<table>
<thead>
<tr>
<th>Cost Center</th>
<th>Program</th>
<th>91-93 Budget</th>
<th>State/Local</th>
<th>Federal</th>
</tr>
</thead>
<tbody>
<tr>
<td>4117</td>
<td>Adoption &amp; Unwed Parents - Admin.</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4126</td>
<td>Bush Foundation</td>
<td>1,170,016</td>
<td>1,170,016</td>
<td>0</td>
</tr>
<tr>
<td>4134</td>
<td>Family Focused Services</td>
<td>2,475,838</td>
<td>153,288</td>
<td>2,322,550</td>
</tr>
<tr>
<td>4139</td>
<td>State CSCC</td>
<td>1,200,000</td>
<td>0</td>
<td>1,200,000</td>
</tr>
<tr>
<td>4143</td>
<td>Juvenile Services - Case Management</td>
<td>375,000</td>
<td>0</td>
<td>375,000</td>
</tr>
<tr>
<td>4144</td>
<td>Tribal Permanency Planning</td>
<td>300,000</td>
<td>0</td>
<td>300,000</td>
</tr>
<tr>
<td>4124</td>
<td>Tribal Child Care</td>
<td>122,500</td>
<td>41,100</td>
<td>81,400</td>
</tr>
<tr>
<td>4149</td>
<td>Quality Improvement</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4150</td>
<td>Crossroads Program</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4153</td>
<td>Refugee Assistance - Social Services</td>
<td>4,300,717</td>
<td>0</td>
<td>4,300,717</td>
</tr>
<tr>
<td>4249</td>
<td>Early Childhood</td>
<td>671,712</td>
<td>41,712</td>
<td>630,000</td>
</tr>
<tr>
<td>4250</td>
<td>Early Childhood Resource &amp; Referral</td>
<td>1,700,000</td>
<td>0</td>
<td>1,700,000</td>
</tr>
<tr>
<td>4251</td>
<td>Outpatient Counseling</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4254</td>
<td>County Reimb. - Child Abuse Standards</td>
<td>4,513,433</td>
<td>232,683</td>
<td>4,280,750</td>
</tr>
<tr>
<td>4255</td>
<td>County Reimb. - Prime Time Day Care</td>
<td>117,100</td>
<td>19,907</td>
<td>97,193</td>
</tr>
<tr>
<td>4256</td>
<td>County Reimb. - Parent Aide</td>
<td>1,518,704</td>
<td>94,029</td>
<td>1,424,675</td>
</tr>
<tr>
<td>4257</td>
<td>Wraparound Targeted Case Management</td>
<td>2,482,596</td>
<td>821,322</td>
<td>1,661,274</td>
</tr>
<tr>
<td>4258</td>
<td>Day Treatment – DHS/DJS/DPI</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4260</td>
<td>Respite Care</td>
<td>12,000</td>
<td>0</td>
<td>12,000</td>
</tr>
<tr>
<td>4267</td>
<td>Foster Care - Training</td>
<td>2,443,888</td>
<td>1,488,586</td>
<td>955,302</td>
</tr>
<tr>
<td>4271</td>
<td>Foster Care - Intensive In-Home Services</td>
<td>35,995</td>
<td>9,632</td>
<td>26,363</td>
</tr>
<tr>
<td>4277</td>
<td>Foster Care - Intensive In-Home Services (Medicaid)</td>
<td>906,100</td>
<td>323,750</td>
<td>582,350</td>
</tr>
<tr>
<td>4274</td>
<td>Foster Care Recruitment</td>
<td>286,250</td>
<td>162,500</td>
<td>123,750</td>
</tr>
</tbody>
</table>

**Total Family Support Services Grants**

| 24,631,849 | 4,558,519 | 20,073,330 |

### GRAND TOTAL – GRANTS

<table>
<thead>
<tr>
<th>101,913,868</th>
<th>33,696,886</th>
<th>68,216,982</th>
</tr>
</thead>
</table>

| 26,824,129 | 16,283,988 | 10,540,141 |
U. **ANNUAL BUDGET REQUEST**

Please refer to pages 71-73 for the following documents:

- CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP and ETV
- CFS-101, Part II: Annual Estimated Expenditure Summary of Child and Family Services
- CFS-101, Part III: Annual Expenditures for Title IV-B, Subpart 1 & 2, CFCIP and ETV for FFY 2009
CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV

Fiscal Year 2012, October 1, 2011 through September 30, 2012

<table>
<thead>
<tr>
<th>1. State or Indian Tribal Organization (ITO): North Dakota</th>
<th>2. EIN: 45-0309764</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Address: ND Department of Human Services</td>
<td>4. Submission:</td>
</tr>
<tr>
<td>600 E. Boulevard Avenue, Dept. 325</td>
<td>[ X ] New</td>
</tr>
<tr>
<td>Bismarck, ND 58505-0250</td>
<td>[ ] Revision</td>
</tr>
<tr>
<td>5. Total estimated Title IV-B Subpart 1, Child Welfare Services (CWS) Funds</td>
<td>$513,380</td>
</tr>
<tr>
<td>a) Total administration (not to exceed 10% of Title IV-B Subpart 1 estimated allotment)</td>
<td>$51,338</td>
</tr>
<tr>
<td>6. Total estimated Title IV-B Subpart 2, Provides Safe and Stable Families (PSSF) Funds. This amount should equal the sum of lines a - f.</td>
<td></td>
</tr>
<tr>
<td>a) Total Family Preservation Services</td>
<td>$517,715</td>
</tr>
<tr>
<td>b) Total Family Support Services</td>
<td>$212,263</td>
</tr>
<tr>
<td>c) Total Time-Limited Family Reunification Services</td>
<td>$113,897</td>
</tr>
<tr>
<td>d) Total Adoption Promotion and Support Services</td>
<td>$129,429</td>
</tr>
<tr>
<td>e) Total for Other Service Related Activities (e.g. planning)</td>
<td>$36,240</td>
</tr>
<tr>
<td>f) Total administration (FOR STATES ONLY: not to exceed 10% of Title IV-B Subpart 2 estimated allotment)</td>
<td>$25,886</td>
</tr>
<tr>
<td>7. Total estimated Monthly Caseworker Visit (MCV) Funds (FOR STATES ONLY)</td>
<td>$30,743</td>
</tr>
<tr>
<td>a) Total administration (FOR STATES ONLY: not to exceed 10% of estimated MCV allotment)</td>
<td></td>
</tr>
<tr>
<td>8. Re-allotment of Title IV-B subparts 1 &amp; 2 funds for States and Indian Tribal Organizations:</td>
<td></td>
</tr>
<tr>
<td>a) Indicate the amount of the State's/tribe's allotment that will not be required to carry out the following programs: CWS $</td>
<td></td>
</tr>
<tr>
<td>PSSF $</td>
<td></td>
</tr>
<tr>
<td>and/or MCV (States only) $</td>
<td></td>
</tr>
<tr>
<td>b) If additional funds become available to States and ITOs, specify the amount of additional funds: CWS $</td>
<td></td>
</tr>
<tr>
<td>PSSF $</td>
<td></td>
</tr>
<tr>
<td>and/or MCV (States only) $</td>
<td></td>
</tr>
<tr>
<td>9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required): Estimated Amount plus additional allocation, as available. (FOR STATES ONLY)</td>
<td>$95,076</td>
</tr>
<tr>
<td>10. Estimated Chafee Foster Care Independence Program (CFCIP) funds</td>
<td>$500,000</td>
</tr>
<tr>
<td>a) Indicate the amount of State's or Tribe's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)</td>
<td></td>
</tr>
<tr>
<td>11. Estimated Education and Training Voucher (ETV) funds</td>
<td>$128,764</td>
</tr>
<tr>
<td>12. Re-allotment of CFCIP and ETV Program Funds:</td>
<td></td>
</tr>
<tr>
<td>a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out CFCIP Program</td>
<td>$</td>
</tr>
<tr>
<td>b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out ETV Program</td>
<td>$</td>
</tr>
<tr>
<td>c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for CFCIP Program</td>
<td>$</td>
</tr>
<tr>
<td>d) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for ETV Program</td>
<td>$</td>
</tr>
<tr>
<td>13. Certification by State Agency and/or Indian Tribal Organization.</td>
<td></td>
</tr>
<tr>
<td>The State agency or Indian Tribe submits the above estimates and request for funds under Title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau, for the Fiscal Year ending September 30, 2012.</td>
<td></td>
</tr>
</tbody>
</table>

Signature and Title of State/Tribal Agency Official

Name: [Signature]

Signature and Title of Central Office Official

Name: [Signature]
# CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services

**State or Indian Tribal Organization (ITO) North Dakota**

For FY October 1, 2011 to September 30, 2012

<table>
<thead>
<tr>
<th>SERVICES/ACTIVITIES</th>
<th>TITLE IV-B</th>
<th>(c) CAPTA*</th>
<th>(d) CFCIP</th>
<th>(f) ETW</th>
<th>(g) TITLE IV-E</th>
<th>(h) STATE, LOCAL, &amp; DONATED FUNDS</th>
<th>(i) NUMBER TO BE SERVED</th>
<th>(j) POPULATION TO BE SERVED</th>
<th>(k) GEOG. AREA TO BE SERVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.) PREVENTION &amp; SUPPORT SERVICES (FAMILY SUPPORT)</td>
<td>245,825</td>
<td>113,897</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>99,543</td>
<td>123,624</td>
<td>1,396</td>
</tr>
<tr>
<td>2.) PROTECTIVE SERVICES</td>
<td></td>
<td></td>
<td>87,076</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3,833</td>
<td>9,987</td>
</tr>
<tr>
<td>3.) CRISIS INTERVENTION (FAMILY PRESERVATION)</td>
<td>82,583</td>
<td>212,263</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>157,059</td>
<td>4,073</td>
<td>CRISIS RISK OF FC</td>
</tr>
<tr>
<td>4.) TIME-LIMITED FAMILY REUNIFICATION SERVICES</td>
<td>129,432</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.) ADOPTION PROMOTION AND SUPPORT SERVICES</td>
<td>36,240</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10,354</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.) FOR OTHER SERVICE RELATED ACTIVITIES (e.g. planning)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.) FOSTER CARE MAINTENANCE:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) FOSTER FAMILY &amp; RELATIVE FOSTER CARE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) GROUPTNIST CARE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.) ADOPTION SUBSIDY PMTS.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.) GUARDIANSHIP ASSIST. PMTS.</td>
<td>133,634</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>41,919</td>
<td>48</td>
<td>All Eligible Children</td>
</tr>
<tr>
<td>10.) INDEPENDENT LIVING SERVICES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.) EDUCATION AND TRAINING VOUCHERS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.) ADMINISTRATIVE COSTS</td>
<td>51,338</td>
<td>12,685</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5,596,455</td>
<td>5,625,424</td>
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</tr>
<tr>
<td>13.) STAFF &amp; EXTERNAL PARTNERS TRAINING</td>
<td>13,201</td>
<td>8,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>120,192</td>
<td>44,464</td>
<td></td>
</tr>
<tr>
<td>14.) FOSTER PARENT RECRUITMENT &amp; TRAINING</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.) ADOPTIVE PARENT RECRUITMENT &amp; TRAINING</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.) CASEWORKER RETENTION, RECRUITMENT &amp; TRAINING</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.) TOTAL</td>
<td>513,380</td>
<td>517,715</td>
<td>95,076</td>
<td>500,000</td>
<td>128,764</td>
<td>16,494,508</td>
<td>22,935,991</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* States Only, Indian Tribes are not required to include information on these programs
### CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence (CFCIP) and Education And Training Voucher (ETV) Fiscal Year 2009: October 1, 2008 through September 30, 2009

<table>
<thead>
<tr>
<th>Description of Funds</th>
<th>Estimated Expenditures</th>
<th>Actual Expenditures</th>
<th>Number served</th>
<th>Population served</th>
<th>Geographic area served</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5. Total title IV-B, subpart 1 funds</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Total Administrative Costs (not to exceed 10% of title IV-B, subpart 1 total allotment)</td>
<td>558,156</td>
<td>569,506</td>
<td>1,684</td>
<td>Crisis Risk of FC</td>
<td>STATEWIDE/RESERVATION</td>
</tr>
<tr>
<td><strong>6. Total title IV-B, subpart 2 funds (This amount should equal the sum of lines a - f)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Family Preservation Services</td>
<td>541,018</td>
<td>516,912</td>
<td>1,530</td>
<td>Crisis Risk of FC</td>
<td>STATEWIDE/RESERVATION</td>
</tr>
<tr>
<td>b) Family Support Services</td>
<td>173,126</td>
<td>215,183</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Time-Limited Family Reunification Services</td>
<td>113,614</td>
<td>113,085</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Adoption Promotion and Support Services</td>
<td>167,716</td>
<td>129,565</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Other Service Related Activities (e.g. planning)</td>
<td>70,332</td>
<td>31,002</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Administrative Costs (FOR STATES: not to exceed 10% of total title IV-B, subpart 2 allotment after October 1, 2007)</td>
<td>$</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7. Total Monthly Caseworker Visit Funds (STATE ONLY)</strong></td>
<td>15,347</td>
<td>15,347</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Administrative Costs (not to exceed 10% of MCV allotment)</td>
<td>16,230</td>
<td>28,077</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8. Total Chafee Foster Care Independence Program (CFCIP) funds</strong></td>
<td>500,000</td>
<td>500,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)</td>
<td>$</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>9. Total Education and Training Voucher (ETV) funds</strong></td>
<td>116,379</td>
<td>113,861</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Certification by State Agency or Indian Tribal Organization (ITO). The State agency or ITO agrees that expenditures were made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children’s Bureau.

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**Signature and Title of State/Tribal Agency Official**

[Handwritten signature]

**Date**

6/28/11

**Signature and Title of Central Office Official**

[Handwritten signature]

**Date**

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North Dakota APSR 2011
V. ASSURANCES

The Child Abuse and Neglect Prevention and Treatment State Plan Assurances have been signed by the Governor of North Dakota and a copy has been included on the following pages.
Child Abuse Prevention and Treatment Act (CAPTA), as amended by P.L. 111-310
Grant to States For Child Abuse Or Neglect Prevention And Treatment Programs

State Plan Assurances

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

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

1. coordination with the State plan under part B of title IV of the Social Security Act, to the maximum extent practicable (section 106(b)(2)(A) of CAPTA;
2. provisions or procedures for an individual to report known and suspected instances of child abuse and neglect, including a State law for mandatory reporting by individuals required to report such instances (section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (CAPTA), as amended);
3. policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born with and identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition in such infants (section 106(b)(2)(B)(ii) of CAPTA);
4. the development of a plan of safe care for the infant born and identified as being affected by illegal substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder (section 106(b)(2)(B)(iii) of CAPTA);
5. procedures for the immediate screening, risk and safety assessment, and prompt investigation of such reports (section 106(b)(2)(B)(iv) of CAPTA);
6. triage procedures, including the use of differential response, for the appropriate referral of a child not at risk of imminent harm to a community organization or voluntary preventive service (section 106(b)(2)(B)(v) of CAPTA);
7. procedures for immediate steps to be taken to ensure and protect the safety of a victim of child abuse or neglect and of any other child under the same care who may also be in danger of child abuse or neglect and ensuring their placement in a safe environment (section 106(b)(2)(B)(vi) of CAPTA);
8. provisions for immunity from prosecution under State and local laws and regulations for individuals making good faith reports of suspected or known instances of child abuse or neglect (section 106(b)(2)(B)(vii) of CAPTA);
9. methods to preserve the confidentiality of all records in order to protect the rights of the child and of the child's parents or guardians, including requirements ensuring that reports and records made and maintained pursuant to the purposes of CAPTA shall only be made available to--

Language added or changed by the CAPTA reauthorization is highlighted in bold to assist States in identifying new requirements.
Attachment D

a. individuals who are the subject of the report;
b. Federal, State, or local government entities, or any agent of such entities, as described in number 10 below;
c. child abuse citizen review panels;
d. child fatality review panels;
e. a grand jury or court, upon a finding that information in the record is necessary for the determination of an issue before the court or grand jury; and
f. other entities or classes of individuals statutorily authorized by the State to receive such information pursuant to a legitimate State purpose (section 106(b)(2)(B)(viii) of CAPTA);

10. provisions to require a State to disclose confidential information to any Federal, State, or local government entity, or any agent of such entity, that has a need for such information in order to carry out its responsibility under law to protect children from child abuse and neglect (section 106(b)(2)(B)(ix) of CAPTA);

11. provisions which allow for public disclosure of the findings or information about the case of child abuse or neglect which has resulted in a child fatality or near fatality (section 106(b)(2)(B)(x) of CAPTA);

12. the cooperation of State law enforcement officials, court of competent jurisdiction, and appropriate State agencies providing human services in the investigation, assessment, prosecution, and treatment of child abuse and neglect (section 106(b)(2)(B)(xi) of CAPTA);

13. provisions requiring, and procedures in place that facilitate the prompt expungement of any records that are accessible to the general public or are used for purposes of employment or other background checks in cases determined to be unsubstantiated or false, except that nothing in this section shall prevent State child protective services agencies from keeping information on unsubstantiated reports in their casework files to assist in future risk and safety assessment (section 106(b)(2)(B)(xii) of CAPTA);

14. provisions and procedures requiring that in every case involving a victim of child abuse or neglect which results in a judicial proceeding, a guardian ad litem, who has received training appropriate to the role, including training in early childhood, child, and adolescent development, and who may be an attorney or a court appointed special advocate who has received training appropriate to that role (or both), shall be appointed to represent the child in such proceedings-
   a. to obtain firsthand, a clear understanding of the situation and needs of the child; and
   b. to make recommendations to the court concerning the best interests of the child (section 106(b)(2)(B)(xiii) of CAPTA);

15. the establishment of citizen review panels in accordance with subsection 106(c) (section 106(b)(2)(B)(xiv) of CAPTA);

16. provisions, procedures, and mechanisms -
   a. for the expedited termination of parental rights in the case of any infant determined to be abandoned under State law; and
   b. by which individuals who disagree with an official finding of child abuse or neglect can appeal such finding (section 106(b)(2)(B)(xv) of CAPTA);

Language added or changed by the CAPTA reauthorization is highlighted in bold to assist States in identifying new requirements.
17. provisions, procedures, and mechanisms that assure that the State does not require reunification of a surviving child with a parent who has been found by a court of competent jurisdiction—
   a. to have committed a murder (which would have been an offense under section 1111(a) of title 18, United States Code, if the offense had occurred in the special maritime or territorial jurisdiction of the United States) of another child of such parent;
   b. to have committed voluntary manslaughter (which would have been an offense under section 112(a) of title 18, United States Code, if the offense had occurred in the special maritime or territorial jurisdiction of the United States) of another child of such parent;
   c. to have aided or abetted, attempted, conspired, or solicited to commit such murder or voluntary manslaughter;
   d. to have committed a felony assault that results in the serious bodily injury to the surviving child or another child of such parent;
   e. to have committed sexual abuse against the surviving child or another child of such parent; or
   f. to be required to register with a sex offender registry under section 113(a) of the Adam Walsh Child Protection and Safety Act of 2006 (42 U.S.C. 16913(a)) (section 106(b)(2)(B)(xvi) of CAPTA);

18. provisions that assure that, upon the implementation by the State of the provisions, procedures, and mechanisms under number 17 above, conviction of any one of the felonies listed in number 17 above constitute grounds under State law for the termination of parental rights of the convicted parent as to the surviving children (section 106(b)(2)(B)(xvii) of CAPTA);

19. provisions and procedures to require that a representative of the child protective services agency shall, at the initial time of contact with the individual subject to a child abuse or neglect investigation, advise the individual of the complaints or allegations made against the individual, in a manner that is consistent with laws protecting the rights of the reporter (section 106(b)(2)(B)(xviii) of CAPTA);

20. provisions addressing the training of representatives of the child protective services system regarding the legal duties of the representatives, which may consist of various methods of informing such representatives of such duties, in order to protect the legal rights and safety of children and families from the initial time of contact during investigation through treatment (section 106(b)(2)(B)(xix) of CAPTA);

21. provisions and procedures for improving the training, retention and supervision of caseworkers (section 106(b)(2)(B)(xx) of CAPTA);

22. provisions and procedures for referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.) (section 106(b)(2)(B)(xxi) of CAPTA);

23. provisions and procedures for requiring criminal background checks that meet the requirements of section 471(a)(20) of the Social Security Act (42 U.S.C. 671(a)(20)) for prospective foster and adoptive parents and other adult relatives.

Language added or changed by the CAPTA reauthorization is highlighted in bold to assist States in identifying new requirements.
and non-relatives residing in the household (section 106(b)(2)(B)(xxii) of CAPTA);

24. provisions for systems of technology that support the State child protective service system described in section 106(a) of CAPTA and track reports of child abuse and neglect from intake through final disposition (section 106(b)(2)(B)(xxiii) of CAPTA); and

25. procedures for responding to the reporting of medical neglect (including instances of withholding of medically indicated treatment from infants with disabilities who have life-threatening conditions), procedures or programs, or both (within the State child protective services system), to provide for--
   a. coordination and consultation with individuals designated by and within appropriate health care facilities;
   b. prompt notification by individuals designated by and within appropriate health-care facilities of cases of suspected medical neglect (including instances of withholding of medically indicated treatment from infants with disabilities who have life-threatening conditions); and
   c. authority, under State law, for the State child protective services system to pursue any legal remedies, including the authority to initiate legal proceedings in a court of competent jurisdiction, as may be necessary to prevent the withholding of medically indicated treatment from infants with disabilities who have life-threatening conditions (section 106(b)(2)(C) of CAPTA).

I further give assurance that:

26. the programs or projects relating to child abuse and neglect carried out under part B of title IV of the Social Security Act comply with the requirements in 106(b)(1) of CAPTA (section 106(b)(2)(E) of CAPTA);

27. the programs and training conducted address the unique needs of unaccompanied homeless youth, including access to enrollment and support services and that such youth are eligible for under parts B and E of title IV of the Social Security Act (42 U.S.C. 621 et seq., 670 et seq.) and meet the requirements of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11301 et seq.) (section 106(b)(2)(F) of CAPTA);

28. the State, in developing the State plan, has collaborated with community-based prevention agencies and with families affected by child abuse or neglect (section 106(b)(2)(G) of CAPTA); and

Language added or changed by the CAPTA reauthorization is highlighted in bold to assist States in identifying new requirements.
29. there is authority under State law to permit the child protective services system of the State to pursue any legal remedies, including the authority to initiate legal proceedings in a court of competent jurisdiction, to provide medical care or treatment for a child when such care or treatment is necessary to prevent or remedy serious harm to the child, or to prevent the withholding of medically indicated treatments from infants with disabilities who have life-threatening conditions (section 113 of CAPTA).

Signature of Governor:

Jack Dalrymple

Date: July 11, 2011

Reviewed by: 

(CB Regional Child Welfare Program Manager)

Dated: 

Language added or changed by the CAPTA reauthorization is highlighted in bold to assist States in identifying new requirements.
W. ATTACHMENTS

ATTACHMENT A: CFS Division Organizational Chart (p. 81)

ATTACHMENT B: UND CFSTC Training Plan (pp. 82-88)

ATTACHMENT C: Disaster Plan (pp. 89-97)

ATTACHMENT D: ND CFSR Summary Report and 2011-2012 Schedule (p. 98-112)

ATTACHMENT E: Comprehensive IL Program Flow Chart (p. 113)
THE DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES TRAINING CENTER
WORK PLAN

July 1, 2011 – June 30, 2012

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). The lodging
costs, meal costs and all training costs will be included. The only cost PATH, AASK or counties will be asked to provide is travel to the training site. Reimbursing for any costs to others will be done only with approval from Division Designee. CFSTC will:

A. Send a prospective attendees list to the CFS Director prior to confirmation of acceptance to the training.

B. Evaluate the training and the curriculum through trainee evaluations, ongoing staff meetings, and consultation with Division program administrators. Provide a summary of the evaluations to the Division within 45 days after the final unit of each session. Debrief about the Training Session with the Division Designee upon completion of the evaluation summary.

C. After each of the two full sessions, provide Division Designee 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, 2012, 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 Designee.

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

F. Review CWCT by September 1, 2011, as it related to child development and child vulnerability. Consult and collaborate with CFS program staff regarding recommended curriculum changes related to the review and incorporate any curriculum changes into the CWCT by January 31, 2012.

G. Adapt CWCT to provide consistency with changes in policy and response to the PIP.

H. Continue to modify CWCT with emphasis on the involvement of all family members including absent and noncustodial parents throughout the CWCT curriculum.

I. Continue to make adjustments in the FRAME training in consultation with Division staff to maintain consistency in practice.

II. FOSTER/ADOPTIVE PARENT TRAINING

CFSTC will:

A. Plan and provide the necessary budgetary support to include materials, trainers, mileage, childcare, food and lodging, and other anticipated costs for foster parent training.

B. Evaluate the training delivery and the curriculum through trainee evaluations, ongoing staff meetings, and consultation with the Foster Care and Adoption Administrators.

C. Conduct one PRIDE “Train the Trainer”, if needed, and participate in PRIDE curriculum training in selected sites as negotiated with Foster Care and Adoption Administrators.
D. Based on requests from the field and in consultation with CFS, conduct a PRIDE Pre-Service Training session over the Interactive Video Network as requested by foster care licensing agencies and AASK.

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

1. Reimburse foster parents and social workers for attending the PRIDE sessions.

2. Reimburse foster parents for up to twelve hours of annual training for travel, per diem, and childcare expenses.

3. Provide technical assistance regarding training and resources to social workers conducting local foster/adopt parent training.

4. Provide training upon request of regional supervisors, and foster care administrator, on specialized topics to foster parent groups (taking budget constraints into consideration). Build an evaluation component into these training events and submit a summary of the evaluation to the Foster Care Administrator.

5. Seek advice from regional and county staff on foster parent training needs annually.

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

G. Serve on the PRIDE National Advisory Committee.

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

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

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

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

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

III. FOSTERING COMMUNICATIONS NEWSLETTERS

CFSTC will write and publish a foster care/adoption newsletter three times during the contract period. The newsletter will be distributed to foster care providers including foster and adoption family homes, residential facilities, public and private human service agencies, county social service offices and regional foster care supervisors in the state.
A. Write, edit and produce Fostering Communications in September, 2011, and January and May, 2012, and distribute the newsletter.

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

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

D. CFSTC will build a list of electronic addresses for foster and adopt parents in the state to facilitate electronic distribution of the Fostering Communications newsletter by May 1, 2012.

E. CFSTC will move to electronic distribution of this newsletter by June 30, 2012.

IV. THERAPEUTIC FOSTER CARE

A. The Foster Care Administrator (or designee), the Director of CFSTC, and the Executive Director of North Dakota PATH (or designee), will meet to review the Therapeutic Foster Care training delivery process and activities by January 1, 2012. CFSTC will meet with North Homes as requested to review training requirements.

B. CFSTC will coordinate, deliver and evaluate the Treatment Foster Care training curriculum in partnership with PATH Therapeutic Foster Care providers. Four initial training sessions will be offered during the Work Plan year. The curriculum will be evaluated for the appropriateness of the content by January 1, 2012, with the PATH Education Committee.

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

D. Develop regional foster parent training plans with input from the ND PATH regional directors, foster parents and social workers, the executive director of ND PATH or executive director’s designee, and the executive director or designee for North Homes utilizing the foster parent training assessments by May 1, 2012. This effort will be in cooperation with the county social service agencies.

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

F. 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 staff and Independent Living Administrator will meet and review the role of CFSTC regarding training and development opportunities by January 1, 2012.

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. Designate “Property of Children and Family Services Division” on those items purchased by Division and placed in the Training Center or purchased with funds from contracts with Division. During this work plan period, the library holdings will be reviewed and decisions made by CFSTC Director on destruction of out-dated materials.

C. Review, evaluate, and recommend films, videos, and printed materials to the Division program administrators for additions to the resource material library. Any resources purchased with contract funds should first be reviewed with Division Designee.

D. 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. Facilitate a curriculum review process with the CFSR manager and provide a report and update by December 31, 2011. Curriculum changes will be made to promote the Wraparound Practice Model and maintain consistency with the new Wraparound Policy manual.

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 Designee.

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.

The following training events will be completed by CFSTC during the Work Plan period:

G. Work with Division on the completion of an on-line orientation module for new child welfare workers by December 30, 2011.

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

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

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

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

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

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

N. Analyze the use of the Adoption Competency Curriculum for AASK workers in conjunction with AASK Director and the State Adoption Administrator to determine the areas of duplication between the curriculum and CWCT. CFSTC will provide recommendations for future training structure and deliver by June 30, 2012.
O. Participate in core supervisory workgroup with a goal of developing an overall supervisory training strategy, including identification of peer mentoring model. This is ongoing throughout the work plan year.

P. With the assistance of technical assistance begin developing training modules on engaging families of special populations (i.e. substance abuse, non-custodial family members). This is an ongoing task throughout the work plan year, and CFSTC will work with CFS in partnership on these activities.

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

R. Assist in adapting the Family Assessment instrument (SSRA) for use with partner agencies (Partnerships, DJS, Intensive In-Home, AASK) and deliver Family Assessment Instrument training four times in four different areas of the state, as requested by the CFS Director. This will be completed during the work plan year.

S. Collaborating with the provider of resource center technical assistance, begin developing training on recruitment/retention of foster and adoptive parents for special populations (older youth, sibling groups, and Native American children). This is an ongoing task throughout the work plan year. CFSTC will work with CFS in partnership on these activities in conjunction with the timelines in the state PIP (Program Improvement Plan)

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, 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.
Background

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

Emergency Preparedness

The North Dakota Plan will include meeting the following criteria:

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

Types of Disasters

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

Disaster Preparedness Guideline

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

Identification and Location

Children and Family Services (CFS) has established a system for gathering and providing information on foster families and foster/adopt families. Effective January 2, 2009, all foster parents and foster/adopt parents must outline evacuation plans that consider primary and secondary planning. At the time of licensing and relicensing, applicants will disclose their disaster/evacuation plan which is made part of the ‘licensing file’. A copy of the plan is then forwarded to CFS where the information is input into the “Q” drive at the North Dakota State Capitol. The “Q” drive is allows access to any State employee, which includes the regional human service centers. Any individual who has access to the “Q” drive can:
1. Edit information in the database to ensure accuracy and up-to-date information; and
2. Run a query to the database which will readily sort families by
   a. County
   b. City
   c. Name

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

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

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

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

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

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

Example:

If the city of Grand Forks, ND (and/or surrounding areas) were to succumb to a flood, the documentation and location of foster families can be accessed by any other regional office, or by the State Office. Information is available as to the foster parent’s primary and secondary evacuation plan, including emergency contact information.
Foster or foster/adopt youth placed in the region can be tracked through CCWIPS. A report can be generated through this system which will outline the placement resource for all children within this county and/or region.

Communication:

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

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

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

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

2. The Department of Health will be preparing and sending out press releases regarding the disaster. There is a website available to provide emergency information to foster care providers.

3. Child Protection Services will continue to deliver services through the local agency, with backup support from other North Dakota regions or counties. The established crisis on-call process will remain in place, under the direction of the State Child Protection Administrator.
Training

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

Records Preservation

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

State Office Function

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

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

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

Disaster Follow-Up

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

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

Addenda

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

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

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

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

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

Thank you again. We couldn't do this without you.
FAMILY EVACUATION DISASTER PLAN

Foster/Adopt Family Name: ______________________________________________________

Address:_____________________________________________________________________

Phone #:___________________ Cell #:_______________  Email _______________________

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

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

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

________________________________________________________________________

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

________________________________________________________________________

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

________________________________________________________________________

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

________________________________________________________________________

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

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

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

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

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

Signature: ________________________________

Print Name: ________________________________

11/2007
NORTH DAKOTA

FOSTER CARE/ADOPT

CALL IN

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

__________,

or, the

ND DEPARTMENT OF HUMAN SERVICES

1-800-245-3736

CHILDREN AND FAMILY SERVICES

701-328-3541

dhscfs@nd.gov
Introduction

The 2010-2011 Child & Family Service Reviews (CFSRs) were held in each of the eight regions and in Cass County from April 2010 through March 2011 using the Federal CFSR Instrument (July 2008 version). The cases were drawn randomly by Decision Support Services to include both rural and urban counties. The cases reviewed comprised approximately 60% foster care cases (one DJS case per region) and approximately 40% in-home cases for a total of 67 cases. North Dakota was required to review at least 65 cases statewide with 25% being from the county with the largest metropolitan area. To satisfy this requirement, 17 case reviews were completed at Cass County on a quarterly basis over the past year.

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

For each case, the review teams rated all twenty-three items and all seven outcomes for the period under review (a one-year time frame). The Division directed specific attention to the ratings for items 4, 10, 17, 18, 19, and 20. These are items addressed in the state’s Program Improvement Plan (PIP) and are being tracked by the Children’s Bureau. This first round of reviews will determine our baseline measurement for the PIP. In the second year of case reviews, we will be required to show a measure of improvement as determined by the Children’s Bureau.

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

<table>
<thead>
<tr>
<th>QUARTER</th>
<th>REGION</th>
<th>DATE</th>
<th>REVIEW TYPE</th>
<th>NUMBER OF CASES</th>
</tr>
</thead>
</table>
| QUARTER 1  
April-June, 2010 | West Central – VII  | May 11-13, 2010 | Case Review | 7 |
|         | Lake Region – III | June 8-10, 2010 | Case Review | 5 |
|         | Cass County | Varied         | Case Review | 4 |
| QUARTER 2  
July-Sept, 2010 | Northeast – IV | Aug 10-12, 2010 | Case Review | 5 |
|         | Southeast – V | Sept 28-30, 2010 | Full Review | 8 |
|         | Cass County | Varied         | Case Review | 3 |
| QUARTER 3  
|         | Northwest – I | Nov 2-4, 2010 | Case Review | 5 |
|         | Cass County | Varied         | Case Review | 5 |
| QUARTER 4  
|         | South Central – VI | Feb 22-24, 2011 | Case Review | 6 |
|         | Cass County | Varied         | Case Review | 3 |
| TOTAL | | | | 67 |

A “case review” means:
1) the complete case was reviewed for the time frame designated as the period under review; and
2) the case manager of each case was interviewed by the assigned review team.
A “full review” means:

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

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

What follows is a summary of the statewide CFSRs. Please refer to the Case Rating Summary attached to this report for an overview of the findings on the 67 cases reviewed. Reference to the Case Rating Summary will be made throughout this report.

Safety Outcome 1
Items 1-2

Safety Outcome 1: “Children are, first and foremost, protected from abuse and neglect” was applicable in 34 cases. It was rated Substantially Achieved in 28 cases, Partially Achieved in 5 cases, and Not Achieved in 1 case.

Item 1, “Timeliness of initiating investigations of reports of child maltreatment,” determines whether responses to all accepted child maltreatment reports received during the period under review are initiated, and face-to-face contact with the child made, within the time frames established in policy. Item 1 was applicable in 33 cases. It was rated as a Strength in 29 cases and as an Area Needing Improvement (ANI) in 4 cases. The cases were rated ANI because face-to-face contact with the children did not occur according to the state’s time frames and requirements for a report of that priority. Additionally, in one of these cases the case assignment and assessment did not begin according to the state’s time frames and requirements in policy. Please note that in the great majority of cases reviewed, state policy time frames were followed and the work was well-documented.

Item 2, “Repeat maltreatment,” determines if any child in the family experiences repeat maltreatment within a six-month period. Item 2 was applicable in 18 cases. It was rated as a Strength in 16 cases and as an ANI in 2 cases. The two cases were rated ANI because within six months of a substantiated maltreatment report the child experienced repeat maltreatment of the same or similar circumstances. Overall, casework practice specific to this item was strong.
Safety Outcome 2
Items 3-4

**Safety Outcome 2:** “Children are safely maintained in their homes whenever possible and appropriate” was rated Substantially Achieved in 63 cases, Partially Achieved in 3 cases and Not Achieved in 1 case.

**Item 3,** “Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care,” determines whether, during the period under review, the agency made concerted efforts to provide services to the family to prevent children’s entry into foster care or re-entry after a reunification. Item 3 was applicable in 42 cases and all were rated as a Strength. This area of casework practice is a notable strength of child welfare practice in North Dakota.

**Item 4,** “Risk assessment and safety management,” determines whether, during the period under review, the agency made concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care. Item 4 was applicable in all cases. It was rated as a Strength in 63 cases and an ANI in 4 cases. The four cases were rated ANI because there was a lack of documentation in the case record to indicate that initial and ongoing safety or risk assessments were completed on the children. Please note that in the majority of cases reviewed, the agency made concerted efforts to assess and address risk and safety concerns. This particular item is being tracked by our federal partners based on findings in the 2008 federal CFSR. A baseline measurement and consequent improvement measure will be determined based upon our first year’s findings.

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Permanency Outcome 1
Items 5-10

**Permanency Outcome 1:** “Children have permanency and stability in their living situations” is only applicable to foster care cases. It was rated Substantially Achieved in 35 cases and Partially Achieved in 3 cases.

**Item 5,** “Foster care re-entries,” assesses whether children who entered foster care during the period under review have re-entered within 12 months of a prior foster care episode. Item 5 was applicable in 20 foster care cases and all were rated as a Strength. This area of casework practice is a notable strength of the child welfare system in North Dakota.

**Item 6,** “Stability of foster care placement,” determines if the child in foster care is in a stable placement at the time of the onsite review and that any changes in placement occurring during the period under review are in the best interest of the child and consistent with achieving the child’s permanency goal(s). Item 6 was applicable in all 38 foster care cases. It was rated as a Strength in 37 cases and rated as an ANI in one case. The case was rated ANI because the agency had a plan to move the child to another foster home. Per the CFSR Instrument instructions, this constitutes a rating of ANI. Overall, casework specific to this item was very strong.
Item 7, “Permanency goal for child,” determines whether appropriate permanency goals are established for the child in a timely manner. Item 7 was applicable in all 38 foster care cases. It was rated as a Strength in 36 foster care cases and as an ANI in two cases. The cases were rated ANI because:

- in one case, the permanency goal was not established within the time frames outlined in state policy; and
- in the other case, the child had been in foster care for 15 out of the last 22 months yet there was no documentation that a Termination of Parental Rights (TPR) was initiated nor was there documentation of compelling reasons why a TPR was not initiated.

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

Item 8, “Reunification, guardianship, or permanent reunification with relatives,” determines whether concerted efforts are made during the period under review to achieve reunification, guardianship, or permanent placement with relatives in a timely manner. Item 8 was applicable in 27 foster care cases. It was rated as a Strength in 26 cases and as an ANI in one case. The case was rated ANI due to lack of documentation concerning active efforts to locate relatives as placement options or exploration of other options for long-term placement for the child. Overall, casework practice specific to this item was very strong.

Item 9, “Adoption,” determines whether, during the period under review, concerted efforts are made to achieve a finalized adoption in a timely manner. Item 9 was applicable in 7 foster care cases. It was rated as a Strength in 6 cases and as an ANI in one case. The case was rated ANI because the goal of adoption had been established for the child, but there was no documentation that a referral to AASK had been initiated or completed.

Overall, casework practice specific to this item was strong.

Item 10, “Other planned permanent living arrangement,” determines whether, during the period under review, the agency makes concerted efforts to ensure the child is adequately prepared to make the transition from foster care to independent living; or that the child remaining in foster care is in a “permanent” living situation with a foster parent or relative caregiver until reaching the age of majority; or that the child is in a long-term care facility and will remain there until transition to an adult care facility. Item 10 was applicable in 14 foster care cases and all were rated as a Strength. This particular item is being tracked by our federal partners based on findings in the 2008 federal CFSR. A baseline measurement and consequent improvement measure will be determined based upon our first year’s findings.

Permanency Outcome 2
Items 11-16

Permanency Outcome 2: “The continuity of family relationships and connections is preserved for children” is only applicable to foster care cases. It was rated Substantially Achieved in 33 cases and Partially Achieved in 5 cases.

Item 11, “Proximity of foster care placement,” determines whether, during the period under review, concerted efforts are made to ensure that the child’s foster care placement is close
enough to the parent(s) to facilitate face-to-face contact between the child and the parent(s). Item 11 was applicable in 32 foster care cases and all were rated as a Strength. This area of casework practice is a notable strength of the child welfare system in North Dakota.

**Item 12**, “Placement with siblings,” determines if, during the period under review, concerted efforts are made to ensure that siblings in foster care are placed together unless a separation is necessary to meet the needs of one of the siblings. Item 12 was applicable in 8 foster care cases and all were rated as a Strength. This area of casework practice is a notable strength of the child welfare system in North Dakota.

**Item 13**, “Visiting with parents and siblings in foster care,” determines if, during the period under review, concerted efforts are made to ensure that visitation between a child in foster care and his or her mother, father, and siblings is of sufficient frequency and quality to promote continuity in the child’s relationship with these close family members. Item 13 was applicable in 34 foster care cases. It was rated as a Strength in 28 cases and as an ANI in 6 cases. The cases were rated ANI for the following reasons:

- No documentation in case record regarding quality of visits between the parent and child.
- Child was placed out of state and no documentation to indicate that concerted efforts were made to ensure the child had face-to-face visits with the parent.
- No documentation in case record that the case manager coordinated or arranged face-to-face visits with either parent.
- No documentation in case record to indicate that the case manager had any contact with the father to facilitate the continuity of family relationships and connections for the child.
- No documentation in case record to indicate that the child had any contact, including face-to-face visits, with siblings.
- No documentation in case record of concerted efforts to ensure the child had monthly and quality face-to-face visits with the parent or siblings.

Please note that in the majority of foster care cases reviewed the agency made concerted efforts to support visits between the child and his or her close family members, and ensured those efforts were documented in the case record.

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

**Item 15**, “Relative placement,” determines whether, during the period under review, concerted efforts are made to place the child with relatives when appropriate. Item 15 was applicable in 23 foster care cases. It was rated as a Strength in 15 cases and as an ANI in 8 cases. The cases were rated ANI because there was no documentation of concerted efforts to locate or contact maternal and paternal relatives as possible placement options for the child.
Item 16, “Relationship of child in care with parents,” determines whether, during the period under review, concerted efforts are made to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregiver(s) from whom the child is removed through activities other than just arranging for visitation. Item 16 was applicable in 34 foster care cases. It was rated as a Strength in 29 cases and as an ANI in 5 cases. The cases were rated ANI for the following reasons:

- No documentation in case record of concerted efforts to promote and support the child’s relationship with the father (3 cases).
- No documentation in case record of concerted efforts to support the child’s relationship with either parent.
- No documentation in case record of concerted efforts to support the parent-child relationship through participation in activities or appointments.

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

Well-Being Outcome 1

Well-Being Outcome 1: “Families have enhanced capacity to provide for their children’s needs” was rated Substantially Achieved in 41 cases, Partially Achieved in 22 cases and Not Achieved in 4 cases.

Item 17, “Needs and services of child, parents and foster parents,” determines whether, during the period under review, the agency makes concerted efforts to assess the needs of children, parents, and foster parents to identify the services necessary to achieve case goals and adequately addresses the issues relevant to the agency’s involvement with the family, and provides the appropriate services. Item 17 was applicable in all cases. It was rated as a Strength in 46 cases and as an ANI in 21 cases. A majority of the cases were rated ANI because there was no formal or informal comprehensive assessment conducted of the noncustodial parent’s needs, nor were services offered or provided to the noncustodial parent. Additionally, in some of the cases rated ANI there was no formal or informal comprehensive assessment of the custodial parents needs, nor were services were offered or provided to the custodial parent.

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

Item 17 is being tracked by our federal partners based on findings in the 2008 federal CFSR. A baseline measurement and consequent improvement measure will be determined based upon our first year’s findings.

Item 18, “Child and family involvement in case planning,” determines whether, during the period under review, concerted efforts are made to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis. Item 18
was applicable in all cases. It was rated as a Strength in 51 cases and as an ANI in 16 cases. The cases were rated ANI for the following reasons (please note there were cases in which more than one of the following was found):

- In four cases the child was not involved in case planning and there was no documentation as to the reasons why the child was not involved.
- In two cases the custodial parent was not involved in case planning.
- In twelve cases the noncustodial parents were not involved in case planning and there was no documentation as to the reasons why they were not involved.

Please note that in the majority of cases reviewed, the agency made concerted efforts to involve children and parents in case planning and ensured those efforts were documented in the case record. This item is being tracked by our federal partners based on findings in the 2008 federal CFSR. A baseline measurement and consequent improvement measure will be determined based upon our first year’s findings.

**Item 19, “Caseworker visits with the child,”** determines whether the frequency and quality of visits between caseworkers and the child(ren) in the case are sufficient to ensure the safety, permanency, and well-being of the child and promote achievement of case goals. Item 19 was applicable in all cases. It was rated as a Strength in 55 cases and as an ANI in 12 cases. In the cases rated ANI, the case manager did not have visits with the child with sufficient frequency and quality to ensure safety, permanency, and well-being and to promote achievement of the care plan goals according to case record documentation. Please note in the majority of cases reviewed, the caseworker visited the children with sufficient frequency and the visits were of good quality to support case plan goals. This item is being tracked by our federal partners based on findings in the 2008 federal CFSR. A baseline measurement and consequent improvement measure will be determined based upon our first year’s findings.

**Item 20, “Caseworker visits with the parent(s),”** determines whether, during the period under review, the frequency and quality of visits between caseworkers and the mothers and fathers of the children are sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals. Item 20 was applicable in 63 cases. It was rated as a Strength in 37 cases and as an ANI in 26 cases. In the cases rated ANI, the case manager did not have visits with the parent(s) with sufficient frequency and quality to ensure safety, permanency, and well-being of their child(ren) and to promote achievement of the care plan goals according to case record documentation. This item is being tracked by our federal partners based on findings in the 2008 federal CFSR. A baseline measurement and consequent improvement measure will be determined based upon our first year’s findings.

**Well-Being Outcome 2**

**Item 21**

**Well-Being Outcome 2:** “Children receive appropriate services to meet their educational needs” was applicable in 51 cases. It was rated Substantially Achieved in 47 cases and Not Achieved in 4 cases.
Item 21, “Educational needs of the child,” assesses whether, during the period under review, the agency makes concerted efforts to assess children's educational needs at the initial contact with the child (if the case was opened during the period under review) or on an ongoing basis (if the case was opened before the period under review), and whether the identified needs are appropriately addressed in case planning and case management activities. Item 21 was rated as a Strength in 47 cases and as an Area Needing Improvement in 4 cases. The cases were rated ANI because the agency did not make concerted efforts to assess and/or address the children’s educational needs initially or on an ongoing basis, according to case record documentation. Please note in the majority of applicable cases reviewed, the agency made concerted efforts to assess and address the children’s educational needs.

Well-Being Outcome 3
Items 22 & 23

Well-Being Outcome 3: “Children receive adequate services to meet their physical and mental health needs” was applicable in 62 cases. It was rated Substantially Achieved in 51 cases, Partially Achieved in 8 cases and Not Achieved in 3 cases.

Item 22, “Physical health of the child,” determines whether, during the period under review, the agency addresses the physical health needs of the child, including the dental health needs. Item 22 was applicable in 51 cases. It was rated as a Strength in 41 cases and as an ANI in 10 cases. The cases were rated ANI for the following reasons:

- In five cases, there was no documentation to indicate that assessments were completed for physical and dental health needs.
- In three cases, there was no documentation to indicate that the children’s dental health care needs were assessed or addressed.
- In one case, there was no documentation to indicate that the children received physical health assessments after known exposure to drugs and drug paraphernalia.
- In one case, the physical and dental health needs were assessed but there was no documentation the needs were addressed.

Item 23, “Mental/behavioral health of the child,” determines whether, during the period under review, the agency addresses the mental and behavioral health needs of the children. Item 23 was applicable in 58 cases. It was rated as a Strength in 55 cases and as an ANI in 3 cases. The cases were rated ANI for the following reasons:

- In one case, the children were assessed as having mental health needs but there was no documentation the needs were addressed.
- In one case, the child’s mental health needs were assessed and recommendations by a mental health professional were found in the case record, but the agency did not follow through with the recommendations.
- In one case, there was no documentation to indicate that an assessment of mental and behavioral health needs was completed.

Please note in the majority of applicable cases reviewed, the agency made concerted efforts to assess and address the children’s mental and behavioral health needs.
In each Regional CFSR Summary Report, the regions were provided with information concerning regional strengths and challenges, systemic strengths and challenges, and suggested practice improvements. Following is a summary of the themes that surfaced during this round of CFSRs.

**Statewide Themes – Case Practice Strengths**

- In most cases reviewed, the agency responded to reports of child maltreatment within the time frames established in state policy.
- Agencies made concerted efforts to provide services to prevent children’s entry into foster care (or re-entry after reunification), whenever safe and appropriate.
- Initial and ongoing assessments of safety/risk were strengths in most cases reviewed. This case practice strength is particularly notable in that it was rated as an ANI in the 2008 Federal CFSR. Therefore, it is an area where we’ve seen significant practice improvements statewide.
- In the 38 foster care cases reviewed, no children re-entered foster care within 12 months of a prior foster care episode.
- In all but one foster care case reviewed the children in foster care were in a stable placement and any placement changes made were due to the changing needs of the children and in the interest of achieving their permanency goals.
- In all but two foster care cases the children’s permanency goals were established in a timely manner.
- In all but one of the applicable foster care cases reviewed, concerted efforts were made to achieve reunification, guardianship, or permanent placement with relatives in a timely manner.
- All cases with a permanency goal of “other planned permanent living arrangement” were rated as strengths for Item 10. This is particularly significant because this was an item rated ANI in the 2008 Federal CFSR.
- In all applicable foster care cases, concerted efforts were made to ensure the children's foster care placement was close enough to parent(s) to facilitate face-to-face contact and efforts were well documented.
- In the majority of foster care cases reviewed; agencies made concerted efforts to ensure that children in foster care visited close family members with sufficient frequency and quality to promote continuity in their relationships and efforts were well documented.
- In the majority of foster care cases reviewed, agencies made concerted efforts to maintain the children’s important connections (i.e. neighborhoods, communities, extended families, schools, etc.) and efforts were well documented.
- In the majority of applicable foster care cases, agencies made concerted efforts to support positive relationships between the children in foster care and their parent(s) and efforts were well documented in the case record.
- Agencies consistently assessed the children’s needs and ensured services were provided to meet their needs.
- In all applicable cases, agencies consistently assessed and addressed the needs of foster parents.
- In the majority of cases reviewed, agencies made concerted efforts to ensure the children (when developmentally appropriate) and their parents were involved in case planning and efforts were well documented.
In the majority of cases reviewed, caseworkers visited the children with sufficient frequency and quality to ensure their safety, permanency, and well-being.

In the majority of cases reviewed, the agency made concerted efforts to ensure the children’s educational needs were assessed and addressed in case planning.

In the majority of cases, children’s mental and behavioral health needs were assessed and addressed.

Child and family teams and care plans were individualized to meet the needs of the children and families.

Caseworkers and team members demonstrated creativity in addressing the needs through utilizing child and family strengths.

**Statewide Themes – Case Practice Challenges**

- Generally, when cases received ANI’s the reviewers could not find supportive documentation for the items being reviewed nor could the case managers interviewed provide information to demonstrate the casework aligned with these items was completed.
- Concerted efforts were not consistently made to ensure completion of relative searches of maternal and paternal relatives (not only for placement options but to ensure family connections for the child).
- Lack of documented concerted efforts to assess and address the needs non-custodial parents for both foster care and in-home (i.e. Wraparound case management cases).
- Lack of documented concerted efforts to address the identified needs of custodial parents to ensure the issues relevant to the agency’s involvement were adequately addressed.
- Lack of documented concerted efforts to ensure non-custodial parents were involved in case planning at whatever level was safe and appropriate for both foster care and in-home cases.
- In several cases reviewed there was a lack of documentation in the case record showing that the caseworker met with the child with sufficient frequency and quality to ensure safety, permanency and well-being and to support case plan goals.
- In almost half of the cases reviewed, parents were not visited with sufficient frequency and quality to ensure safety, permanency and well-being of the children and to promote achievement of the case plan goals. This included both custodial and non-custodial parents and was found in both foster care and in-home cases.
- In those cases where both physical and dental health of the children were identified needs in case planning, there were many cases where assessment of these needs and provision of services to meet these needs were either not completed or not documented in the case record.

**Statewide Themes – Systemic Strengths**

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

**Statewide Themes – Systemic Challenges**

• Most regions voiced the need for increased Family Preservation Services for children and families.

• Significant secondary impact from the energy industry in the western regions of the state. Specifically noted were housing shortages, high rental costs, and homelessness.

• A shortage of child care providers throughout the state.

• A shortage of mental health services – psychiatry, inpatient care and shelter beds were specifically noted in all regions. This included outreach services to rural communities such as chemical dependency treatment and counseling.

• Juvenile Court, as a separate branch of government, at times has a different view or approach to managing situations which complicated the team planning process.

**Statewide – Recommended Practice Improvements**

• Support and training to supervisors regarding best practice and current policy for caseworker visits (quantity and quality).

• Casework practice and documentation specific to family engagement:
  o Ongoing efforts to engage custodial and non-custodial parent(s) in the case planning process

• Casework practice and documentation specific to in-home cases:
  o Case manager visits (quantity and quality) with custodial and non-custodial parents and the children

• A clearly identified Supervisor for each caseworker with supervision occurring on a regular basis to support individualized case planning and provide continuity when staff changes occur.
## STATEWIDE CASE RATING SUMMARY (T = 67 CASES)

**Case Rating Summary**
Reviewers should check the nonshaded box for each performance item and outcome that corresponds to the rating assigned.

<table>
<thead>
<tr>
<th>Performance Item or Outcome</th>
<th>Item Ratings</th>
<th>Outcome Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strength</td>
<td>Area Needing Improvement</td>
</tr>
<tr>
<td>Item 1: Timeliness of initiating investigations of reports of child maltreatment</td>
<td>29</td>
<td>4</td>
</tr>
<tr>
<td>Item 2: Repeat maltreatment</td>
<td>16</td>
<td>2</td>
</tr>
<tr>
<td>Outcome S1: Children are, first and foremost, protected from abuse and neglect</td>
<td>28</td>
<td>5</td>
</tr>
<tr>
<td>Item 3: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care</td>
<td>42</td>
<td>0</td>
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<tr>
<td>Item 4: Risk assessment and safety management</td>
<td>63</td>
<td>4</td>
</tr>
<tr>
<td>Outcome S2: Children are safely maintained in their homes whenever possible and appropriate</td>
<td>63</td>
<td>3</td>
</tr>
<tr>
<td>Item 5: Foster care re-entries</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td>Item 6: Stability of foster care placement</td>
<td>37</td>
<td>1</td>
</tr>
<tr>
<td>Item 7: Permanency goal for child</td>
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<tr>
<td>Item 8: Reunification, guardianship, or permanent placement with relatives</td>
<td>26</td>
<td>1</td>
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<tr>
<td>Item 9: Adoption</td>
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<td>1</td>
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<tr>
<td>Item 10: Other planned permanent living arrangement</td>
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<tr>
<td>Outcome P1: Children have permanency and stability in their living situations.</td>
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<td>Item 11: Proximity of foster care placement</td>
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<tr>
<td>Item 12: Placement with siblings</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Item 13: Visiting with parents and siblings in foster care</td>
<td>28</td>
<td>6</td>
</tr>
<tr>
<td>Item 14: Preserving connections</td>
<td>34</td>
<td>4</td>
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<tr>
<td>Item 15: Relative placement</td>
<td>15</td>
<td>8</td>
</tr>
<tr>
<td>Item 16: Relationship of child in care with parents</td>
<td>29</td>
<td>5</td>
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<tr>
<td>Outcome P2: The continuity of family relationships and connections is preserved for children.</td>
<td>33</td>
<td>5</td>
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<tr>
<td>Item 17: Needs and services of child, parents, and foster parents</td>
<td>46</td>
<td>21</td>
</tr>
<tr>
<td>Item 18: Child and family involvement in case planning</td>
<td>51</td>
<td>16</td>
</tr>
<tr>
<td>Item 19: Caseworker visits with child</td>
<td>55</td>
<td>12</td>
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<tr>
<td>Item 20: Caseworker visits with parent(s)</td>
<td>37</td>
<td>26</td>
</tr>
<tr>
<td>Outcome WB1: Families have enhanced capacity to provide for their children’s needs</td>
<td>41</td>
<td>22</td>
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<tr>
<td>Item 21: Educational needs of the child</td>
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<tr>
<td>Outcome WB2: Children receive appropriate services to meet their educational needs</td>
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<td>Item 22: Physical health of the child</td>
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<td>10</td>
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<tr>
<td>Item 23: Mental/behavioral health of the child</td>
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<tr>
<td>Outcome WB3: Children receive adequate services to meet their physical and mental health needs</td>
<td>51</td>
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</tbody>
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**Regional Structure:**
North Dakota is divided into eight regions. The state regional offices are housed at each of the Human Service Centers located in the largest metropolitan areas of the state. The map below shows the regional boundaries, the eight metropolitan areas, and the counties lying within each region.
North Dakota APSR
2011

North Dakota CFSR Plan
PIP Year Two
April 2011-March 2012
71 cases will be reviewed

**QUARTER 5:** April – June 2011   **18 CASES**

<table>
<thead>
<tr>
<th>REVIEW TYPE</th>
<th>REGION</th>
<th>DATE</th>
<th>CASE DRAW PERIOD</th>
<th>PERIOD UNDER REVIEW</th>
<th># OF CASES</th>
<th>MGMT TEAM REP</th>
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<tbody>
<tr>
<td>Case File Review</td>
<td>Devils Lake</td>
<td>June 14-16, 2011</td>
<td>6/1/10-3/31/11</td>
<td>6/1/10-6/14/11</td>
<td>6</td>
<td>Marlys</td>
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<tr>
<td>Case File Review</td>
<td>Cass County</td>
<td>TBD</td>
<td>6/1/10-3/31/11</td>
<td>6/1/10-6/14/11</td>
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**QUARTER 6:** July – September 2011   **18 CASES**

<table>
<thead>
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<th>REVIEW TYPE</th>
<th>REGION</th>
<th>DATE</th>
<th>CASE DRAW PERIOD</th>
<th>PERIOD UNDER REVIEW</th>
<th># OF CASES</th>
<th>MGMT TEAM REP</th>
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</thead>
<tbody>
<tr>
<td>Full Review</td>
<td>Grand Forks</td>
<td>Aug 16-18, 2011</td>
<td>8/1/10-5/30/11</td>
<td>8/1/10-8/16/11</td>
<td>6</td>
<td>Tara</td>
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<tr>
<td>Case File Review</td>
<td>Fargo</td>
<td>Sept 20-22, 2011</td>
<td>9/1/10-6/30/11</td>
<td>9/1/10-9/20/11</td>
<td>8</td>
<td>Dean</td>
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<tr>
<td>Case File Review</td>
<td>Cass County</td>
<td>TBD</td>
<td>9/1/10-6/30/11</td>
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**QUARTER 7:** October – December 2011   **18 CASES**

<table>
<thead>
<tr>
<th>REVIEW TYPE</th>
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<tbody>
<tr>
<td>Case File Review</td>
<td>Dickinson</td>
<td>Oct 18-20, 2011</td>
<td>10/1/10-7/31/11</td>
<td>10/1/10-10/18/11</td>
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<td>Julie</td>
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<td>Case File Review</td>
<td>Cass County</td>
<td>TBD</td>
<td>11/1/10-8/31/11</td>
<td>11/1/10-11/15/11</td>
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**QUARTER 8:** January – March 2012   **17 CASES**

<table>
<thead>
<tr>
<th>REVIEW TYPE</th>
<th>REGION</th>
<th>DATE</th>
<th>CASE DRAW PERIOD</th>
<th>PERIOD UNDER REVIEW</th>
<th># OF CASES</th>
<th>MGMT TEAM REP</th>
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</thead>
<tbody>
<tr>
<td>Full Review</td>
<td>Minot</td>
<td>Jan 17-19, 2012</td>
<td>1/1/10-10/31/11</td>
<td>1/1/11-1/17/12</td>
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<td>Case File Review</td>
<td>Jamestown</td>
<td>Feb 21-23, 2012</td>
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<td>Dean</td>
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<tr>
<td>Case File Review</td>
<td>Cass County</td>
<td>TBD</td>
<td>2/1/11-11/30/11</td>
<td>2/1/11-2/21/12</td>
<td>3</td>
<td>---</td>
</tr>
</tbody>
</table>

**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

**Foster Care Youth not involved in the Chafee IL Program**

**Custodian's Responsibility**

- Age 14 & 15
  - Youth's needs are assessed and addressed through the Child and Family Team and established in the youth care plan.
  - Youth is in Residential Treatment or Residential Child Care Facility benefit from programs.
  - Foster parents assist youth with developing IL skills through daily living.
  - Youth are encouraged to enroll in a Life Skills class offered at school.
  - Other necessary resources are utilized based on needs.
  - Chafee IL Coordinators are available for consultation. Youth with significant IL needs and/or unique situations may be referred early.

**Current Foster Care Youth**

- Age 16
  - A determination is made that the youth is not likely to age out of foster care.
    - Youth is referred to the Regional Chafee IL Program. If a 14 or 15-year-old is in need, a referral may be accepted as a priority.
    - Assessments are completed.
    - IL Coordinator becomes a member of the Child and Family Team.
    - The youth, IL Coordinator, and Child and Family Team develop independent living goals. These can be part of the care plan or the Chafee IL Plan attached to the care plan.
    - IL Coordinator follows and supports the youth regardless of placement location.
    - If placements is across state, the case can be referred to another region.

- Age 17
  - A determination is made that the youth is likely to age out of foster care.
  - Custodian completes the independent living planning and incorporates plans into the established care plan document.

- Age 18
  - Youth is given the option of remaining in foster care if youth has not completed high school or will be attending college or vocational training.
  - Youth continues participation as a Current Foster Youth.
  - Child and Family Team continues work towards meeting outcomes.

**Foster Care Youth involved in the Regional Chafee Independent Living Program**

**Current Foster Care Youth**

- Age 16
  - A determination is made that the youth is likely to age out of foster care.
  - Youth is referred to the Regional Chafee IL Program. If a 14 or 15-year-old is in need, a referral may be accepted as a priority.
  - Assessments are completed.
  - IL Coordinator becomes a member of the Child and Family Team.
  - The youth, IL Coordinator, and Child and Family Team develop independent living goals. These can be part of the care plan or the Chafee IL Plan attached to the care plan.
  - IL Coordinator follows and supports the youth regardless of placement location.
  - If placements is across state, the case can be referred to another region.

- Age 17
  - A determination is made that the youth is likely to age out of foster care.
  - Custodian completes the independent living planning and incorporates plans into the established care plan document.

- Age 18
  - Youth is given the option of remaining in foster care if youth has not completed high school or will be attending college or vocational training.

**Foster Care Alumni**

- Age 18 to 21
  - Youth participating in the Education and Training Voucher Program on their 21st birthday can remain eligible until they turn 23, as long as they are enrolled and making satisfactory progress toward completing their educational program.
  - The Wraparound Process is encouraged even when the youth is discharged from foster care.
  - Youth who have aged out of care are generally eligible for Room and Board, General Flex Funds, as well as ETV Funding.
  - Various program elements are developed, implemented, and reviewed ongoing.

- Age 21 to 23
  - Youth eligible for ETV until age 25?
    - No
      - Chafee IL Program Case Closed
    - Yes
      - Continued participation until their 23rd birthday.
      - Chafee IL Program Case Closed