ANNUAL PROGRESS AND SERVICES REPORT
of the
FFY 2015 – 2019
ND CHILD AND FAMILY SERVICES PLAN

Administered by:
North Dakota Department of Human Services Children & Family Services Division
Shari Doe, Division Director

June 30, 2016
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June 23, 2016

Ms. Marilyn Kennerson, Regional Administrator  
ACF, Children’s Bureau, Region VIII  
999 18th Street  
South Terrace, Suite 499  
Denver, CO 80202

Dear Ms. Kennerson:

As the Executive Director of the North Dakota Department of Human Services, I am pleased to present to you the updates to the 2015-2019 Child and Family Services Plan and the Annual Progress and Services Report (APSR) for fiscal year 2017. 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.

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,

[Signature]
Maggie D. Anderson  
Executive Director

Enclosures
I. GENERAL

INFORMATION

Collaboration

The Children and Family Services Division (see Attachment A) of the North Dakota Department of Human Services has engaged statewide partners in substantial, ongoing and meaningful collaboration in the implementation of the 2015-2019 CFS. Ongoing service coordination has continued through this past year with all stakeholders as described on pages 101-105 and 111 of the 2015-2019 CFSP. Additional involvement of various partners specific to the accomplishment of the goals will be described in Section 3 of this report.

There was no formal additional collaboration as was done in the past. The new Continuous Quality Improvement Administrator, Kerri Klein, for the State of North Dakota began employment with the state in early spring 2016. In the past, this was typically the time of year that the formal collaboration with various stakeholders had occurred. However, in March of 2016 feedback was sought and received through a statewide assessment survey regarding the statewide performance. The feedback proved valuable to the completion of the 2017 APSR. You will see the results through the Assessment of Performance in this APSR.

In the work between the CFS CQI Administrator and Charlotte Gibbons, consultant from the Capacity Building Center, the plan for inclusion of partners, tribes, courts, and other stakeholders will be reviewed and updated if needed.

There is no change to the Vision statement, Mission statement, or Values and Principles:

Vision

Safe Children - Strong Families

Mission

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

Values & Principles

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

As of this revision the Assessment of Performance (Statewide Assessment) section of the APSR is final. Due to the time line of the North Dakota Round 3 Federal CFSR, the state was not able to obtain Stakeholder feedback on the completed Statewide Assessment prior to the required 2017 APSR initial submission due date. Stakeholder input on the final document was solicited from the Stakeholder group below from July 1, 2016 - July 12, 2016. The final ND Statewide Assessment was submitted to the Children’s Bureau on or before July 18, 2016.

STAKEHOLDER GROUP FOR ND STATEWIDE ASSESSMENT
The following individuals have provided data and other information included in this report and/or will review drafts and provide input into the item narratives.

CFS Administrators:
Marlys Baker, CPS Administrator
Kelsey Bless, Permanency Administrator
Shari Doe, Director
Becky Eberhardt, Early Childhood Services Administrator
Kris Higbee, Office Manager
Julie Hoffman, Adoption Administrator
Kerri Klein, CQI Administrator
Leanne Miller, CFSR State Lead Assistant
Tracy Miller, Family Preservation & Child Maltreatment Prevention Administrator
Dawn Pearson, Independent Living Administrator
Dean Sturm, Foster Care Administrator
Kyle Vorachek, ICPC Administrator
Diana Weber, Well-Being Administrator/CFSR State Lead

Regional Supervisors of State Agency:
Don Boehmer, South Central Human Service Center
Tonya Canerot, Badlands Human Service Center
Kirsten Hansen, Badlands Human Service Center
Jennifer Grabar, West Central Human Service Center
Linda Kadlec, Lake Region Human Service Center
Linda Jaeger, Southeast Human Service Center
Nicole Lang, North Central Human Service Center
Cyndi McIntee, North Central Human Service Center
Lisa Piche, Northeast Human Service Center
Allison Schmill, Lake Region Human Service Center
Karin Stave, West Central Human Service Center
Jackie Teskey, Northwest Human Service Center
Brenna Thompson, North Central Human Service Center

County Social Services:
Rhonda Block, Deputy Director – Burleigh County Social Services
Tami Chrest, Director – Burke/Renville County Social Services
Teya Dunwoody, Case Manager – Stutsman County Social Services
Naomi Ferguson, Case Manager – Nelson County Social Services
Susan Fetsch-Crockett, County Supervisor – Cavalier County Social Services
Mary Hermanson, Director – McHenry County Social Services
Kelly Jensen, Director – Bottineau County Social Services
Eileen Lindbo, CPS Worker – McHenry County Social Services
Christi Osborn, CPS Supervisor – Williams County Social Services
Sandy Peery, CPS Worker – McKenzie County Social Services
Pat Podoll, Family Services Division Manager – Cass County Social Services
Dennis Meier, Director – Morton County Social Services
Traci Van Beek, Foster Care Supervisor – Grand Forks County Social Services
Amanda Wallace, Case Manager – Burke/Renville County Social Services

Community-Based Agencies:
Sarah Bernstrom, Adoption Case Manager – Adults Adopting Special Kids (AASK)
Doreen Cerkowniak, Adoption Case Manager – AASK
Nancy Germain, Adoption Case Manager – AASK
Luke Klefstad, Division Director – The Village Family Services Center
Michelle Kommer, President – North Dakota Heart Gallery
Chris Martin, Director – AASK
Sonja McClean, Post Adoption Specialist – AASK/PATH, Inc.
Genelle Olson, Regional Director – PATH, Inc.

Parents, Foster Parents, Adoptive Parents, Children/Youth:
Keatha McLeod, Adoptive Parent
Chris Rickabaugh, Chafee Youth Board
Kayla Weston, Chafee Youth Board

Indian Tribes:
Sandra Bercier, Executive Director – Native American Training Institute
Ina Olson, Social Services Director – Turtle Mountain Band of Chippewa

Local Government:
Lois Reierson, Community Member – Williston, ND
Rita Weisz, Community Member – Hurdsfield, ND

Professional & Advocacy Organizations, Courts, Individual Practitioners, Academics/Training:
Heather Traynor, Research Analyst – ND Supreme Court, CIP
Pete Tunseth, Training Director – CFS Training Center at UND

Agencies Administering Federal & Federally-Assisted Programs:
Mark Schaefer, Head Start Collaboration Office Administrator

Statewide Survey
One strategy to accurately reflect the functioning of ND CFSR outcomes and systemic factors was the development of a statewide online survey, using Survey Monkey software. The questions were written with the 3rd Round Federal CFSR Stakeholder Guide as the primary reference. The survey was available to the public from March 11-31, 2016 and was distributed to over 5,000 people from the following stakeholder groups:

Group 1 Constituents
Youth 14+ in foster care
Foster care alumni/Chafee Independent Living
Mothers and fathers
Adoptive parents
Group 2 Caregivers
Foster and pre-adoptive parents
Legal guardians
Relative caregivers

Group 3 Child Welfare Workforce
Adults Adopting Special Kids (AASK)
CFS Central Office
County Social Services
Division of Juvenile Services
Regional Supervisors
Tribal Social Services

Group 4 Community Providers
Academicians at ND universities
Advocacy Organizations
  o Children's Advocacy Centers
  o Prevent Child Abuse ND
  o Domestic violence prevention and services
  o Parent advocate groups
CFS Training Center at the University of ND
Child Support
Community-based agencies
  o American Association of Pediatrics
  o Childcare providers
  o Head Start
  o Indian Health Services
  o Native American Training Institute
  o Residential Child Care Facilities
  o Psychiatric Residential Treatment Centers
Guardians ad litem
Private providers
  o Lutheran Social Services of ND
  o ND PATH, Inc. (therapeutic foster care homes)
  o The Village Family Services Center
  o Youthworks of ND (services to teens, parents, and young adults under 22 years of age)
State and local government agencies
  o City police departments
  o County sheriff departments
  o Eligibility workers
  o Emergency Assistance Program regional representatives
  o Indian Affairs Commission
  o ND Behavioral Health Division
  o ND Division of Medical Services
  o ND Division of Vocational Rehabilitation
  o ND Highway Patrol
  o Public Health Units
o Public and private school administrators, social workers, counselors, teachers
o Regional Human Service Centers
o State Legislators
Tribal leaders

**Group 5 Legal/Court**

- Court Improvement Project
- District judges
- Indigent defense attorneys
- Juvenile Court Officers
- Juvenile referees
- State’s Attorneys

Those without access to the internet submitted handwritten responses. A total of 891 people participated in the survey accounting for an approximately 18% response rate. See below for Stakeholder response frequency and percentages.

<table>
<thead>
<tr>
<th>Stakeholder Group</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Constituents</td>
<td>102</td>
<td>11.4</td>
<td>11.4</td>
<td>11.4</td>
</tr>
<tr>
<td>2 Caregivers</td>
<td>99</td>
<td>11.1</td>
<td>11.1</td>
<td>22.6</td>
</tr>
<tr>
<td>3 Child Welfare Workforce</td>
<td>209</td>
<td>23.5</td>
<td>23.5</td>
<td>46.0</td>
</tr>
<tr>
<td>4 Community</td>
<td>454</td>
<td>51.0</td>
<td>51.0</td>
<td>97.0</td>
</tr>
<tr>
<td>5 Legal/Court</td>
<td>27</td>
<td>3.0</td>
<td>3.0</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>891</strong></td>
<td><strong>100.0</strong></td>
<td><strong>100.0</strong></td>
<td></td>
</tr>
</tbody>
</table>

The surveys were completed anonymously and therefore names cannot be provided. The data from this survey will be used when assessing Child and Family Outcomes and the Systemic Factor items as noted throughout the Statewide Assessment document.

North Dakota is a state supervised, county administered child welfare system divided into eight regions with 53 counties (see regional map on the following page). North Dakota has four federally recognized tribes with Tribal Title IV-E agreements with the state. ND DHS has a Memorandum of Understanding with the Division of Juvenile Services (DJS) for Title IV-E foster care services. In-home case management services are part of the service array within the county social services agencies.
It is important to note that from 2010-2015 North Dakota experienced unprecedented population growth, an increase of over 12%, largely due to increased oil production in the Bakken Oil Formation in the western third of the state. While this area of the state was most dramatically impacted, all areas of the state reported population growth. The state has maintained a no-growth budget throughout this timeframe, up to and including the current biennium. Child protection reports and foster care cases have continued to rise. Additionally, infrastructure challenges contribute to barriers in delivering services to families in outlying areas. County agencies have experienced considerable workforce turnover and have had difficulty finding qualified applicants due to lack of housing and high costs of living. While the State has made efforts to address these challenges, they persist as of this writing.

CFS operates a quality assurance process that parallels the federal CFSR process. The same review instrument is used, and a similar process is conducted in the largest metropolitan area and in each of the eight regions in the state. From 2010-2015, case reviews were conducted on a random case sample of 344 cases, with 55% being foster care cases from the counties, Tribal social services, and DJS. The random case sample of 45% in-home services cases were all from the counties. The following case review data on the seven Child and Family Outcomes come from the cumulative report of these cases.
Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect

CFSR Item 1: Timeliness initiating investigations of reports of child maltreatment
“The percentage of investigations initiated within state policy timeframes will be 95% or more.”

North Dakota Regional CFSRs: 87.7% rated Strength
(Data source: 2010-2015 Regional CFSRs; percentage reflects both initiation and face-to-face contact with the child victim)
North Dakota FFY 2014: 88.2% (of 6,322 reports)
North Dakota FFY 2015: 86.4% (of 6,789 reports)
(Data source: FRAME; includes all CPS assessments regardless of the decision code)

CFSR Measure: Maltreatment recurrence
“Of all children who were victims of a substantiated maltreatment report during a 12-month period, the percentage who were victims of another substantiated maltreatment report within 12 months will be 9.0% or less.”
North Dakota FFY 2013: 6.8% (Risk-standardized performance)
North Dakota FFY 2014: (Workbook on State performance for CFSR 3 Revised May 2015. Most current data pending receipt of data profile)

CFSR Measure: Maltreatment in Out-of-Home Care
“Of all children in out-of-home care during a 12-month period, the victimization rate per 100,000 days of care will be 8.04 or less.”
North Dakota FFY 2013: 5.16 (Risk-standardized performance)
North Dakota FFY 2014: (Workbook on State performance for CFSR 3 Revised May 2015. Most current data pending receipt of data profile)

Overview of North Dakota CPS Policy & Law
It is important to explain the foundational North Dakota CPS program policy, administrative rule, and law when analyzing and interpreting the data results.

- In North Dakota the term used for ‘investigation’ is ‘assessment.’ Assessment is a comprehensive process, which combines an examination of safety influences and family functioning with fact-finding and information gathering. It is used to identify risks, consider needs, and explore concerns affecting child safety and maltreatment. Assessment includes information revealed through interviewing, as well as documentation collected from the family and other sources. Assessment helps determine the best possible response to each concern, including referral or screening, a preventive response, or family requests for assistance in addition to a protective intervention.

- NCANDS defines initiation solely as contact with the alleged victim. However, In North Dakota, there is law, rule, and policy that allow several other permissible options for initiation of an assessment. Initiation of an assessment can be done by 1) completing a check for records of past involvement; 2) contact with the alleged victim; 3) contact with the subject of a report; 4) contact with a collateral; or 5) contact with Law Enforcement.
• Initiation timeframes begin from the date/time the report was received by the agency. All nonemergency child abuse or neglect assessments must be initiated no later than seventy-two hours after receipt of a report by the assessing agency unless the department prescribes a different time in a particular case. In cases involving a serious threat or danger to the life or health of a child, the assessment and any appropriate protective measures must commence immediately upon receipt of a report by the assessing agency.

• “Face-to-face contact” is defined in state policy as making visual contact with the suspected victim(s) named in the Report of Suspected Child Abuse and Neglect. Face-to-face contact with the victim is governed in state policy and is based on a three-tiered category system. Category assignment is made in light of the concerns of the report, which are associated with varying levels of potential safety concerns or risk. The assigned category governs the timelines for face-to-face contact with the victim. Timeframes described as “within” a timeframe can include contacts prior to the report received date. A timeframe can include contacts before or after the report date/time in accordance with the state administrative rule. Categories and timelines are included below:

Category A
Category A includes fatalities, serious physical injury, sexual abuse, etc. For Category A cases a law enforcement agency must be contacted immediately (within 24 hours) to request assistance in the assessment process and, when necessary, to remove child(ren) in an emergency. All cases involving child deaths are considered Category A cases.

o The assessment must be initiated within 24 hours of the receipt of a report in a Category A case (initiated by a search of records for information relating to the report, contact with a subject of the report, or with a collateral contact). Law enforcement official will provide direction in regard to who is interviewed and when.

o Face-to-face contact with the suspected victim must be made within 24 hours (before or after the receipt of the report).

o A full forensic interview is not needed within this timeframe if it is not possible to secure this interview; however, face-to-face contact with the suspected victim is still required in this timeframe.

Category B
Category B includes minor injuries, prenatal exposure to alcohol abuse or controlled substances, drug exposed newborns, etc. For Category B cases, if there is a possibility of criminal charges arising out of the suspected child abuse or neglect, or if the Worker can get an indication from the report that the children are not safe and potential of removal appears evident, contact with law enforcement must be made.

o The assessment must be initiated within 24 hours of the receipt of a report in Category B cases (initiated by a search of records for information relating to the report, contact with a subject of the report, or with a collateral contact).
Face-to-face contact with the suspected victim(s) must be made within 3 calendar days (before or after the receipt of the report).

**Category C**

Category C cases include reports of inadequate shelter, clothing, education, psychological maltreatment, etc.

- In Category C cases, the Worker must initiate an assessment within 72 hours after the receipt of the report (*initiated by a search of records for information relating to the report, contact with a subject of the report, or with a collateral contact*).

- Face-to-face contact with the victim should occur as soon as possible but must be made within 14 calendar days (before or after the receipt of the report).

Because of the rural nature of North Dakota and challenges posed by limited staffing, large catchment areas and weather related travel hazards, face-to-face contacts with suspected victims can be made by certain professionals, in addition to CPS workers, who have access to a legal process to insure safety of the child if immediate action is necessary. Professionals who are allowed by policy to make face-to-face contact with suspected victims are limited to: Child welfare worker (other than CPS), law enforcement, medical personnel, Juvenile Court staff, or Military Family Advocacy staff. If the agency relies on the face-to-face contact(s) made by these professionals, this must be documented in the face-to-face contact section of the assessment in the state data system.

Under North Dakota law, all reports of suspected child abuse and neglect must be accepted as CPS Intakes. Reports are not “screened out”. Following intake of a report, each report is analyzed to determine whether the report fall within the parameters of state law. Reports may be administratively assessed or referred to appropriate jurisdictions, such as law enforcement. Initiation and face-to-face contact is not required for Administrative Assessments or Administrative Referrals. Administrative assessments and administrative referrals are not applicable for SO1; Item 1 because these reports do not fall within the parameters of the state’s child protection law. Nor are they reported to NCANDS. Reports that do fall within the parameters of state law and do not meet the definitions of “Administrative Assessment” or “Administrative Referral” are considered appropriate for a full assessment.

**ASSESSMENT OF SAFETY OUTCOME 1 STRENGTHS AND CONCERNS**

**Safety Outcome 1 Strengths:**

- Maltreatment recurrence in North Dakota is well below the national standard of 9.0%. In North Dakota the percentage is 6.8% (risk-standardized performance).

- Maltreatment in out-of-home care is also well below the national standard of 8.04 per 100,000 days of care. The rate of victimization in North Dakota is 5.16 (risk-standardized performance).

It is important to note that this data does not include children determined to be victims in North Dakota institutions because data regarding those incidents are not reported to
NCANDS. Data is not stored in the FRAME information system. During FFY 2015, 25 children/youth in foster care were determined to have been abused or neglected while residing in a North Dakota institution (data source: ND Institutional CPS State Team report). Due to data and resource limitations, the total number of foster youth placed in an institutional child care setting throughout the year is not currently available. However, the state considered AFCARS data for context. During FFY 2015, North Dakota’s AFCARS file indicates the number of children reported to have a last or current placement in settings subject to Institutional CPS (element 41, values 4 or 5) as of September 30, 2015 was 385. This results in 6.5% of the foster youth experiencing maltreatment in an institutional setting, when considering 25 youth experienced maltreatment as determined by the State Child Protection Team. Yet, the denominator is not inclusive of all children who were placed in a North Dakota institution subject to Institutional CPS and could include youth placed in an out of state group home or institutional setting, but not subject to ND Institutional CPS. Both of these factors are considerations of the numerator (25). CFS believes actual results would yield a denominator greater than 385, thus the overall percentage would be less than the 6.5% referenced above.

Safety Outcome 1 Concerns:

- Initiation timeframes data vary by county and by priority of the report. Per FFY 2015 statewide data on full assessments, Category A reports were initiated within timeframes for 90.1% of all full assessments. Forty-three of 53 counties (81%) met initiation timeframes. Category B reports were initiated within timeframes for 91.7% of all full assessments. Twenty-seven of 53 counties (51%) met initiation timeframes. Category C reports were initiated within timeframes in 84.9% of all full assessments. Seventeen of 53 counties (32%) met initiation timeframes.

- Face-to-face timeframes data also vary by county and by priority of the report. Per FFY 2015 statewide data on full assessments, Category A victims were seen face-to-face within timeframes in 71.4% of all full assessments. Thirty-eight of 53 counties (72%) met face-to-face timeframes. Category B victims were seen face-to-face within timeframes in 84.5% of all full assessments. Forty of 53 counties (75%) met face-to-face timeframes data on full assessments. Category C victims were seen face-to-face within timeframes in 87.3% of all full assessments. Thirty-five of 53 counties (66%) met face-to-face timeframes.

- When the above results were shared with county and regional staff, feedback was received that a primary reason face-to-face contact with the alleged victim was not occurring timely was due to the coordinated efforts with Law Enforcement, and the belief that CPS contacts might interfere with the criminal investigation. This became a practice and training point, providing opportunity for local agencies to coordinate with the Law Enforcement community.

- Of particular interest to CFS are data trends related to initiation and face-to-face timeframe percentages in the western third oil impact counties and regions of ND. These are the areas having experienced the greatest population influx, and are also areas in which we see the greatest challenges with meeting initiation timeframes.
Some potential reasons for this are described on page 12 of this document. For example, Region 1 (Northwest) consists of three counties with large, rural geographical areas (land area of these three counties combined is 10% larger than the entire state of Connecticut). The two most rural counties experienced marked challenges in initiating assessments when compared to many counties of similar population in other parts of the state. All three counties experienced challenges in meeting the face-to-face timeframes. During FFY 2015, these counties were still reeling from significant child population increases (44% since 2010). Also during this timeframe, these counties experienced significant workforce turnover and difficulty in both replacing and increasing the number of child welfare staff needed to meet workload demands.

"[We have a] staff shortage. Williams has been approved for 4 additional staff, but can't advertise for these because they have already advertised for vacancies they can't fill. McKenzie has been approved for 4 additional staff (same scenario as Williams County), Divide for 2 additional. We [even] offer housing. We can't do the work if we can't find people to do it."

~ Region 1 agency administrator, November 2013

- As reported with our most recent NCANDS commentary submission, North Dakota’s data for “Response Time with Respect to the Initial Investigation or Assessment” does not present a true picture of practice. Data mapping and calculating the response time, both in the agency file and in the child file, has proved to be quite challenging as there is a significant divergence from the state’s administrative rule and policies and the definitions required for NCANDS reporting. For example, face-to-face contacts with children are often denoted ‘worker/child’ or ‘worker/family’ in FRAME, which may or may not indicate contact with a victim. This is due to multiple programs using case activity codes, but does not allow specific NCANDS mapping for victim contacts.

Adding to the complexity is the fact that initial face-to-face contact with a victim can be conducted by specific professional partners as noted earlier. Given this policy, face-to-face contact by a partner may occur previous to the report received date/time. This happens in situations such as law enforcement being called to a home in the evening for a welfare check, determining that the children are not in immediate danger, so doesn’t remove, but does follow up with a written report the following day. Thus, face-to-face contact with the victim has occurred by someone with authority to protect the child, but occurs prior to the report date/time, by someone other than the child welfare worker. This becomes a data quality issue under the definitions in the Child File or Agency File.

State policy also specifies that the response time may vary by the category of the report. Response times may vary from 24 hours before or after a report for the most serious category to three days before or after a report designated moderate risk, to as much as 14 days before or after the report designated low risk. Given this possible variation, these timeframes also do not meet the NCANDS definitions.

- Since 2010, the number of reports of suspected child abuse and neglect reports received by North Dakota county social service agencies has steadily increased. Note
in the chart below that there has been a 44% increase over six years, and an 11% increase in the past year alone.

![Number of CA/N Reports Statewide FFY 2010-2015](image_url)

(Source: CFS Data Snapshot – Draft)

- Since 2010, the number of child abuse and neglect assessments completed by county social service agencies has also increased steadily, although at a slower rate. Note in the chart below that there has been a 34% increase over six years, and an 8% increase in the past year alone. The data includes full, complete assessments with decision codes “No Services Required” or ‘Services Required.”

![Number of CA/N Reports Meeting Criteria for CPS Assessment Statewide FFY 2010-2015](image_url)

(Source: CFS Data Snapshot – Draft)

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate

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

“The percentage of cases in which 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 will be 95% or more.”

North Dakota Regional CFSRs: 92%
(Data source: 2010-2015 Regional CFSRs; reflects review of the former Item 2)
CFSR Item 3: Risk and Safety Assessment and Management

“The percentage of cases in which 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 will be 95% or more.”

North Dakota Regional CFSRs: 83%
(Data source: 2010-2015 Regional CFSRs; reflects review of the former Item 4)

Note: the North Dakota Regional CFSR percentages above reflect documentation in the case record only, per instructions given to case reviewers. Information gained through interviews with key case participants were not considered in item ratings. Therefore, if applicable documentation wasn’t contained in either FRAME or the paper/electronic record, the item was rated Area Needing Improvement (ANI).

ASSESSMENT OF SAFETY OUTCOME 2 STRENGTHS AND CONCERNS

Safety Outcome 2 Strengths:

- Dedicated efforts have been made by child welfare agencies to provide front-end services to families to prevent entry/re-entry into foster care. This was noted in all regions during the 2010-2015 Regional CFSRs, both during individual case reviews and during regional Stakeholder meetings.

> "Workers here are very creative in meeting the needs of the kids, putting in extra time and using intensive skills.”
> ~ Region 1 case manager, November 2013

> "When a case is transferred to case management, ongoing assessments still continue; [the] Wraparound approach is used and safety is constantly assessed. These efforts support a reduction in maltreatment recurrence. Often times when a child is reunified back with family, custody orders are extended. That way, we can still be in there supporting the reunification, continuing [our] involvement.”
> ~ Region 5 case manager, September 2014

- Per the 2010-2015 Regional CFSRs and as outlined in the state’s 2015-2019 CFSP, initial assessments of risk and safety concerns of children is a documented strength in North Dakota. This reflects the concerted efforts made by the child protection workforce to complete thorough and accurate assessments of children and families, and responding to identified concerns appropriately.

Safety Outcome 2 Concerns:

- Per FFY 2015 AFCARS data, the rate of children placed in out-of-home care in North Dakota exceeds the national rate by 71%. The entry rate to out-of-home care per 1,000 children in North Dakota was 5.8 (national average is 3.4).
The number of North Dakota children in out-of-home care has been trending upward for several years. Since 2012, the number of children in out-of-home care has increased 16%. Below is the cumulative total of foster care cases by federal fiscal year.

FFY 2012  1,878 children  
FFY 2013  2,019 children  
FFY 2014  2,183 children  
(Data source: FRAME; cumulative total of county social services, Division of Juvenile Services, pre-adoptive placement, and tribal social services Title IV-E funding cases)

- The number of families receiving family preservation services declined by 31% from CY 2012 to CY 2014. In North Dakota, family preservation services include in-home case management services, parent aide services, intensive in-home family therapy services, Family Group Conferencing services, Prime Time child care services, Respite services, and Safety/Permanency funds.

  CY 2012  11,600 families  
  CY 2013  9,342 families  
  CY 2014  7,964 families  
(Data source: FRAME; Families may be counted more than once during a given period if services were received multiple times or received services in multiple counties.)

- Contributing factors to the above data trends include:
  - Unprecedented statewide population increases – a 12% increase since 2010, largely due to the fact that the North Dakota oil boom began just as the ‘Great Recession’ was coming to an end.

  “Kids would tell you they don’t feel safe anymore, with the increased population, and most of the increase being men.”  
  ~ Region 1 school administrator, November 2013

  - Lack of available mental health and chemical dependency evaluation or treatment services across the state.

  “We could prevent some removals if we had addiction services. There are situations where the parents want help, but there’s no addiction services available. So, the kids end up having to go into foster care.”  
  ~ Region 8 case manager, October 2014

  - Increased number cases with substance abuse risk factors. This trend continues in the most recent data. In FFY 2015, 65% of cases with a ‘Services Required’ decision recorded at least one substance abuse risk factor (data source: FRAME).

  “Drugs in general have gotten worse. We’re hearing heroin usage in Fargo is on the increase and only a matter of time until it gets here. Prescription drugs have really taken off.”  
  ~ Region 6 community provider, February 2014
- A neutral state budget for 12+ years has impacted the decline of family preservation services available to families because these services are largely funded through state general fund appropriations.

"We’re lacking in resources for families. If we had a broader array of early intervention services...I think we’d have less recurrence of child maltreatment.”
~ Region 5 agency administrator, September 2014

"Every agency is stressed, overwhelmed, and looking for resources. But they are working as hard as they can with what they have. Our lack of services is not due to lack of effort to obtain them. They are willing to help out but don’t have the availability to help.”
~ Region 8 case manager, October 2014

Permanency Outcome 1: Children have permanency and stability in their living situations

CFSR Item 4: Placement stability
“The percentage of cases in which the child in foster care is in a stable placement at the time of the onsite review and that any changes in placement that occurred during the period under review were in the best interests of the child and consistent with achieving the child’s permanency goal(s) will be 95% or more.”

North Dakota Regional CFSRs: 92.7%
(Data source: 2010-2015 Regional CFSRs; reflects review of the former Item 6)

CFSR Measure: Placement stability
“Of all children who enter foster care in a 12-month period, the rate of placement moves per day of foster care will be 4.12 or less.”

North Dakota FFY 2013: 5.06 (Risk-standardized performance)
North Dakota FFY 2014:
(Workbook on State performance for CFSR 3 Revised May 2015. Most current data pending receipt of data profile)

CFSR Item 5: Permanency goal for the child
“The percentage of cases in which appropriate permanency goals were established for the child in a timely manner will be 95% or more.”

North Dakota Regional CFSRs: 93%
(Data source: 2010-2015 Regional CFSRs; reflects review of the former Item 7)

CFSR Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement
“The percentage of cases in which concerted efforts were made, or are being made, during the period under review to achieve reunification, guardianship, adoption, or other planned permanent living arrangement will be 95% or more.”

North Dakota Regional CFSRs: 93.5%
(Data source: 2010-2015 Regional CFSRs; reflects review of the former Items 8-10)
CFSR Measure: Permanency in 12 months for children entering foster care
“Of all children who enter foster care in a 12-month period, the percentage discharged to permanency within 12 months of entering foster care will be 40.5% or greater.”

North Dakota FFY 2013: 36.7% (Risk-standardized performance)
North Dakota FFY 2014:
(Workbook on State performance for CFSR 3 Revised May 2015. Most current data pending receipt of data profile)

CFSR Measure: Permanency in 12 months for children in foster care 12-23 months
“Of all children in foster care on the first day of a 12-month period who had been in foster care (in that episode) between 12 and 23 months, the percentage discharged to permanency within 12 months of the first day of the period will be 43.6% or greater.”

North Dakota FFY 2013: 40.4% (Risk-standardized performance)
North Dakota FFY 2014:
(Workbook on State performance for CFSR 3 Revised May 2015. Most current data pending receipt of data profile)

CFSR Measure: Permanency in 12 months for children in foster care 24 months or longer
“Of all children in foster care on the first day of a 12-month period who had been in foster care (in that episode) for 24 months or more, the percentage discharged to permanency within 12 months of the first day of the period will be 30.3% or greater.”

North Dakota FFY 2013: 26.3% (Risk-standardized performance)
North Dakota FFY 2014:
(Workbook on State performance for CFSR 3 Revised May 2015. Most current data pending receipt of data profile)

CFSR Measure: Re-entry to foster care in 12 months
“Of all children who enter foster care in a 12-month period who had been discharged within 12 months to reunification, living with a relative, or guardianship, the percentage who re-enter foster care within 12 months of their discharge will be 8.3% or less.”

North Dakota FFY 2013: 7% (Risk-standardized performance)
North Dakota FFY 2014:
(Workbook on State performance for CFSR 3 Revised May 2015. Most current data pending receipt of data profile)

Note: the North Dakota Regional CFSR percentages above reflect documentation in the case record only, per instructions given to case reviewers. Information gained through interviews with key case participants were not considered in item ratings. Therefore, if applicable documentation wasn’t contained in either FRAME or the paper/electronic record, the item was rated Area Needing Improvement (ANI).

ASSESSMENT OF PERMANENCY OUTCOME 1 STRENGTHS AND CONCERNS

Permanency Outcome 1 Strengths:
- **Permanency Goals**: Consistently observed during Regional CFSRs is strong practice around identifying appropriate primary and concurrent permanency goals for children in foster care (93% of cases rated Strength). This is in part due to the fact that foster care policy requires each child in foster care to develop the initial case plan, to include the permanency goal(s) within 30 days of entry into foster care (Permanency Planning Policy 624-05-15-50).
- **Foster Care Re-entry:** As noted above, North Dakota has achieved the national standard for re-entry within 12 months. Regional CFSR data for foster care re-entry shows 98.8% of applicable foster care cases were rated as Strength for the former Item 5, “Foster Care Re-entry.”

**Permanency Outcome 1 Concerns:**
- **Placement Stability:** As reported in the 2016 APSR, for many cases not in compliance with placement stability, the agency placed the child out of an immediate need to ensure the child’s safety. The initial placement was not appropriate to achieve the permanency goal or address the child’s needs, and therefore the child was eventually moved to another placement setting.

Additionally, during a work effort to revise the reporting logic for the state’s AFCARS file, challenges within the state’s information system were noted in element 24 (Number of Previous Placement Settings), which results in a higher than actual number of placement settings being reported. Several improvements were made under the revised methodology (implemented effective with the 2015A reporting period). Due to system requirements not being easily changed, ND continues to report a higher number of placement settings for some children. These situations primarily involve youth whose eligibility status changes while remaining in the same placement setting. ND has utilized the state’s Regional CFSR case reviews as a more reliable data source to address placement stability. As reported above, Regional CFSR data shows the stability of foster care placements during the defined period under review was rated strength in 92.7% of foster care cases.

Challenges related to children placed for adoption but not yet finalized impact the data quality for placement stability and date of discharge. Currently, the case management of these youth is provided through the AASK Program and therefore, these children are generally closed out in FRAME once adoptive placement occurs, before finalization. The average time in North Dakota from adoptive placement to finalization is 2.2 months (SFY 2015 AASK Program Report), and of the discharges reported in AFCARS 2016A report, 17% had a discharge reason of adoption (86 adoptions out of 516 reported discharges). CFS recognizes this challenge as a serious data quality issue and a work effort is underway to implement the necessary system changes.

- **Permanency Goals:**
  - Challenges in achieving the permanency goal of adoption timely is a multi-systems issue shared by the court, state’s attorney offices, and social services agency. This challenge was identified by Stakeholders in several areas of the state during Regional CFSRs.
• **Timely Discharges to Permanency for Children in Foster Care:** North Dakota has not achieved any of the national standards for permanency within 12 months for children in care, per the data above. Stakeholders have noted a number of systemic concerns impacting this practice challenge including:
  o A lack of informal family supports in cases where families have moved to the area from another state;
  o Housing challenges due to high cost and low availability in many regions of the state over the past several years;
  o Lack of services available in rural communities to support successful achievement of permanency; and

Children placed hundreds of miles away from family due to treatment needs and lack of available placement resources close to family.

**Permanency Outcome 2: The continuity of family relationships and connections is preserved for children**

**CFSR Item 7:** Placement with siblings

“The percentage of cases in which concerted efforts were made to ensure that siblings in foster care are placed together unless a separation was necessary to meet the needs of one of the siblings will be 95% or more.”

North Dakota Regional CFSRs: 97.0%  
(Data source: 2010-2015 Regional CFSRs; reflects review of the former Item 12)

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

“The percentage of cases in which concerted efforts were 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 will be 95% or more.”

North Dakota Regional CFSRs: 77%  
(Data source: 2010-2015 Regional CFSRs; reflects review of the former Item 13)

**CFSR Item 9:** Preserving connections

“The percentage of cases in which, during the period under review, concerted efforts were made to maintain the child’s connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends will be 95% or more.”

North Dakota Regional CFSRs: 92%  
(Data source: 2010-2015 Regional CFSRs; reflects review of the former Item 14)
CFSR Item 10: Relative placement
“The percentage of cases in which, during the period under review, concerted efforts were
made to place the child with relatives when appropriate will be 95% or more.”
North Dakota Regional CFSRs: 81%
(Data source: 2010-2015 Regional CFSRs; reflects review of the former Item 15)

CFSR Item 11: Relationship of child in care with parents
“The percentage of cases in which, during the period under review, concerted efforts were
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 had
been removed through activities other than just arranging for visitation, will be 95% or more.”
North Dakota Regional CFSRs: 78%
(Data source: 2010-2015 Regional CFSRs; reflects review of the former Item 16)

Note: the North Dakota Regional CFSR percentages above reflect documentation in the case
record only, per instructions given to case reviewers. Information gained through interviews
with key case participants were not considered in item ratings. Therefore, if applicable
documentation wasn’t contained in either FRAME or the paper/electronic record, the item was
rated Area Needing Improvement (ANI).

ASSESSMENT OF PERMANENCY OUTCOME 2 STRENGTHS AND CONCERNS

Permanency Outcome 2 Strengths:
• Per Regional CFSR data, North Dakota casework practice is strong related to
concerted efforts to place siblings together when possible and appropriate. During
case reviews and Stakeholder interviews, when siblings were not placed together, it
was generally because one required a higher level of care than the other(s). Also
observed during case reviews were the concerted efforts agencies made to recruit
foster homes willing to take large sibling groups.

• Another notable strength was efforts made by custodial agencies to support and
preserve connections for children in foster care. Examples of such efforts included:
  o Ensuring a child, whose primary connection was with her father’s tribe, had this
    tribal affiliation supported and preserved during her foster care episode. The
    child was ultimately placed in foster care with a tribal family member.
  o A child who continued to have ties to his community and extended family
during home visits. He was provided ongoing encouragement to participate in
  spiritual life activities that were important to him.
  o An agency that did extensive work keeping a child in contact with his family both
    in North Dakota and in other states, including a sibling adopted by another
    family.
Permanency Outcome 2 Concerns:
The ND Regional CFSR data for Items 8 and 11 regarded the definition of ‘parent’ broadly. During the 2010-2015 CFSRs, case reviewers were instructed to consider both biological parents, regardless of whether or not the child had a prior relationship with them, or whether or not the child was going to reunify with them. Additionally, all caregivers (i.e. parent paramours, step parents, relatives, etc.) were considered for rating of these items. Therefore, we contend the percentage of cases rated Strength would be higher if the parent definition from the 3rd Round Federal CFSR Instrument had been used. Nonetheless, the following practice and systemic concerns and have been noted with respect to the above data.

- Youth Stakeholders have shared ‘mixed reviews’ regarding opportunities to visit with their siblings and parents. Some opted out of visits with particular family members (for various reasons), other saw family frequently or as often as they liked, and still others wished they could have had more visits.

- Social service agencies have reported challenges in locating relatives to support family connections for children in foster care, and to provide permanency options for children. Barriers noted include:
  - Relative search tools utilized in North Dakota, such as the Federal Parent Locator Service, are sometimes unsuccessful in locating maternal or paternal relatives.
  - A pattern of considering maternal relatives only, rather than searching for both maternal and paternal relatives. If the child was removed from the mother and the father is estranged from the child/family, the case worker would at times not consider paternal relatives as placement options. When asked why, no viable reason would be identified.
  - Practice challenges also existed specific to agency efforts to promote, support, and otherwise maintain the child’s relationship with parents (beyond visitation). Again, one reason for this points to the former, more inclusive ‘parent’ definition. However, consistent practice was not evident that agencies offered to involve parents in the child’s medical or school appointments, for example. Not surprisingly, cases that were rated Area Needing Improvement (ANI) for this item were often rated ANI for the subsequent items related to parental engagement.

Well-Being Outcome 1: Families have enhanced capacity to provide for their children’s needs

CFSR Item 12: Needs and Services of Child, Parents, and Foster Parents

“The percentage of cases in which during the period under review, the agency (1) made concerted efforts to assess the needs of children, parents, and foster parents (both initially, if the child entered foster care or the case was opened during the period under review, and on an ongoing basis) to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency’s involvement
with the family, and (2) provided the appropriate services will be 95% or more.”

North Dakota Regional CFSRs: 65%
(Data source: 2010-2015 Regional CFSRs; reflects review of the former Item 17 for both foster care and in-home services cases)

Of the foster care cases reviewed, 67% received a rating of Strength. Of the in-home cases reviewed, 55% received a rating of Strength.

CFSR Item 13: Child and family involvement in case planning
“The percentage of cases in which, during the period under review, concerted efforts were made (or are being made) to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis will be 95% or more.”

North Dakota Regional CFSRs: 71%
(Data source: 2010-2015 Regional CFSRs; reflects review of the former Item 18 for both foster care and in-home services cases)

Of the foster care cases reviewed, 81% received a rating of Strength. Of the in-home cases reviewed, 59% received a rating of Strength.

CFSR Item 14: Caseworker visits with child
“The percentage of cases in which, during the period under review, 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(ren) and promote achievement of case goals will be 95% or more.”

North Dakota Regional CFSRs: 80%
(Data source: 2010-2015 Regional CFSRs; reflects review of the former Item 19 for both foster care and in-home services cases)

Of the foster care cases reviewed, 94% received a rating of Strength. Of the in-home cases reviewed, 63% received a rating of Strength.

CFSR Item 15: Caseworker visits with parents
“The percentage of cases in which, during the period under review, the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) are sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals will be 95% or more.”

North Dakota Regional CFSRs: 57%
(Data source: 2010-2015 Regional CFSRs; reflects review of the former Item 20 for both foster care and in-home services cases)

Of the applicable foster care cases reviewed, 60% received a rating of Strength. Of the in-home cases reviewed, 54% received a rating of Strength.

Note: the percentages above reflect documentation in the case record only, per instructions given to case reviewers. Information gained through interviews with key case participants were not considered in item ratings. Therefore, if applicable documentation wasn’t contained in either FRAME or the paper/electronic record, the item was rated Area Needing Improvement (ANI).
ASSESSMENT OF WELL-BEING OUTCOME 1 STRENGTHS AND CONCERNS

Per the North Dakota 2015-2019 CFSP, improving practice specific to quality engagement with children and families is a primary goal. Statewide CFSR/QA data has consistently shown troubling outcomes related to concerted efforts to engage children and parents in services, most frequently absent parents.

As noted for Items 8 and 11 of Permanency Outcome 2, the ND Regional CFSR data defined ‘parent’ broadly. During the 2010-2015 CFSRs, case reviewers were instructed to consider both biological parents, regardless of the child’s had a prior relationship with them, or whether or not the child was going to reunify with them. Even when the child requested the absent parent not be involved, it was expected the agency made efforts to engage that parent in the event circumstances changed. Additionally, all caregivers (i.e. parent paramours, step parents, etc.) were considered for rating of these items, regardless of their desire to be involved in services. Case reviewers were instructed to rate the agency’s ongoing concerted efforts to engage these individuals in services. If such efforts were not consistently documented, the item would likely be rated ANI.

Well-Being Outcome 1 Strengths:

- **Item 13**: Parents, caregivers, and youth were asked, “To the best of your knowledge, the case worker schedules and holds the Child and Family Team Meetings at least every 3 months.” Respondents represented all eight regions of the state. The results were largely positive, in that 86% (157) of the constituents surveyed felt that meetings were held per state policy either ‘every time’ or “frequently.”

Parents, caregivers, and youth were asked, “To the best of your knowledge, at the Child and Family Team Meetings, you talk about the child’s safety, review whether or not the child can safely return home, and talk about progress toward meeting the case plan goals.” Respondents represented all eight regions of the state. Again, the results were largely positive, in that 78% (143) of the constituents surveyed felt that meetings were held according to state policy either ‘every time’ or “frequently.”
• **Item 14**: North Dakota has consistently met the requirement for monthly face-to-face visits for children in foster care. In FFY 2015, North Dakota had a 95% visitation rate. A majority (77%) of those visits took place in the current residence of the youth.

**Well-Being Outcome 1 Concerns:**
The following practice and systemic concerns and have been noted with respect to the above data. Additional quantitative data was gathered through the Statewide Survey distributed in March 2016 (see introduction for more information).

• **Item 12**: During the 2010-2015 CFSSRs, a concerning pattern was observed related to initial and ongoing assessments of absent parents, most often fathers. Even when considering the case reviewers were required to view ‘parent’ as described above, a bias against involving fathers in both foster care and in-home services cases was clear. Case examples included:

"The father’s whereabouts are unknown and there were no documented efforts to locate him."
~ Region 8 in-home services case, 2012

"The caseworker did not determine what the father would need to do in order to be considered as placement option for the child and failed to develop any case plan specific to the father."
~ Region 5 foster care case, 2013

"The needs of the father were never assessed even though the worker met with him and he became the primary caregiver for the child."
~ Northeast Region in-home case, 2013

"The reviewers were unable to locate a needs assessment regarding the mother’s husband. The case manager indicated plans of contacting him now that they have married...prior to the marriage, the boyfriend was a consistent caregiver for the target child during visitation and plays a significant role in [the child’s] life."
~ Region 1 foster care case, 2014

"It is documented that the family does not want [the father] involved, unsure of where he lives. No documentation if the agency tried to find him thru a Parent Locator Search or any other kind of exploration. However, his name and address are listed in FRAME as an absent parent."
~ Region 2 in-home case, 2015
In most cases reviewed, if item 12B (former 17B) was rated ANI for lack of initial and ongoing assessments and provision of services to parents (most often absent fathers), the subsequent Well-Being 1 items were also rated ANI.

Statewide survey results specific to the question, “To the best of your knowledge, case plans address the needs of the family,” indicate most youth surveyed felt the case plans addressed the needs either ‘every time’ or ‘frequently.’ The fathers, while a small number, responded similarly. The mothers, however, reported the plans only ‘sometimes’ or ‘rarely’ met the needs of the family. Overall, 40% of constituents surveyed felt case plans addressed family needs either ‘sometimes’ or ‘rarely.’ Respondents represented all eight regions of the state.

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<td>17.0%</td>
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</table>

### To the best of your knowledge, case plans address the needs of the family (n = 75)

- **Every Time**: 50.0%
- **Frequently**: 34.0%
- **Sometimes**: 16.7%
- **Rarely**: 16.7%

22 Mother  
6 Father  
47 Youth

- **Item 13**: From 2010-2015, local agencies assisted in convening groups of youth in foster care, and foster care alumni, from all regions in the state to talk to CFS about their experiences in foster care. During the Stakeholder meetings, a theme emerged related to their perceived lack of power in participating in child and family team decisions. Many of those interviewed felt they had little control or voice in their own permanency plans. Youth statements from various regions follow.

"My case worker and foster parent are too strong willed. They agree on everything. I feel my voice is not heard."

~ Region 7 youth in foster care, May 2012

"When I voice the need to change my case plan my worker will get mad at me."

~ Region 6 youth in foster care, February 2014

"I am invited to the team meetings...People talk about me and my case like I’m not there."

~ Region 8 youth in foster care, October 2014

Similar input from parents is not available due to lack of attendance at Stakeholder meetings. From 2010-2015, parents attended only one of sixteen regional Stakeholder meetings convened specifically for them. The ‘one’ meeting was in the largest metro
area (southeast region) in 2010. In an effort to solicit more participation, the DHS Public Information Officer sent public notices to area newspapers prior to each onsite review. Additionally, the state office instructed child welfare agencies to post copies of the public notices in their waiting rooms and reception areas. The meetings were held during a weekday noon hour at each site. Regrettably, these efforts did not result in parent participation.

Within the Statewide Survey, youth in foster care (age 14 and over) and foster care alumni were asked, “To the best of your knowledge, children and youth have input on their case plans, when age and developmentally appropriate.” Sixty responded to the survey question, representing all eight regions in North Dakota, and the responses follow.

While half of the youth respondents (n=30) indicated they had input into their case plans either ‘every time’ or ‘frequently,’ over one-third (35%) indicated they only ‘sometimes’ or ‘rarely’ had input. An additional 15% indicated, ‘not sure.’ These survey results seem to confirm the Stakeholder survey comments above. Note that survey respondents were youth in foster care or foster care alumni only. Youth recipients of in-home services were not offered the opportunity to complete it because the primary purpose was to gather data related to the functioning of the seven systemic factors.

Within the statewide survey, parents were asked, “To the best of your knowledge, parents have input on their case plans.” Thirty parents responded representing all eight regions. The data follows.
Slightly over half of the parents surveyed (53%) indicated they feel they have input into their case plans either ‘every time’ or ‘frequently.’ Interestingly, mothers were more likely to say they only ‘sometimes’ or ‘rarely’ had input, when compared with fathers. It is important to take into consideration the small sample size. Therefore, it is not known if this is representative of parents receiving child welfare services.

- **Item 14:** During the 2010-2015 CFSRs, cases were generally rated ANI due to lack of documentation related to the quality of these visits. This was most often seen in the in-home services cases.

- **Item 15:** During the 2010-2015 CFSRs, cases were generally rated ANI due to lack of concerted efforts to visit the absent parent. Additionally, there was a noted lack of documentation related to the quality of visits with parents.

**Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.**

CFSR Item 16: Educational needs of the child

“The percentage of cases in which, during the period under review, the agency made 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 identified needs were appropriately addressed in case planning and case management activities, will be 95% or more.”

North Dakota Regional CFSRs: 93%

(Data source: 2010-2015 Regional CFSRs; reflects review of the former Item 21)

**ASSESSMENT OF WELL-BEING OUTCOME 2 STRENGTHS AND CONCERNS**

During the 2010-2015 North Dakota CFSRs, most foster care cases were applicable for a rating of this item and 95% of these received a rating of Strength. The ANI ratings generally related to lack of documentation in the case record demonstrating the custodial agency had ensured the child’s educational needs were assessed and addressed.
For all applicable in-home services cases, 87% received a rating of Strength. Because all children in the family were considered applicable for this item, the ANI ratings were generally related to lack of concerted efforts to ensure the educational needs were assessed and addressed for all children in the home.

NYTD data is routinely submitted for youth involved in North Dakota’s Independent Living program. Note that NYTD data is inclusive of Chaffee youth, some of whom have already exited care. With that said, the data does provide insight into the academic support a segment of the foster care population receives. Below is NYTD data per the 2015B AFCARS reporting period for IL services received by youth involved in the program. As shown, academic support accounted for over 21% of the services provided to IL youth, and post-secondary educational support accounted for another 5%. Additionally, education financial assistance comprised nearly 5% of the service provided.

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<tr>
<th>Total IL Services by IL Service Type</th>
<th>TOTAL</th>
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<tbody>
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<td>Academic support</td>
<td>509</td>
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<tr>
<td>Budget and financial management</td>
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<td>Career preparation</td>
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<td>Housing, education, and home management training</td>
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<td>Independent living needs assessment</td>
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<td>Mentoring</td>
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<td>Other financial assistance</td>
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<td><strong>Post-secondary educational support</strong></td>
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<tr>
<td>Room and board financial assistance</td>
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<td>1.36%</td>
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</table>

**Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs**

CFSR Item 17: Physical health of the child

“The percentage of cases in which, during the period under review, the agency addressed the physical health needs of the children, including dental health needs, will be 95% or more.”

North Dakota Regional CFSRs: 84%

(Data source: 2010-2015 Regional CFSRs; reflects review of the former Item 22)

CFSR Item 18: Mental/behavioral health of the child

“The percentage of cases in which, during the period under review, the agency addressed the mental/behavioral health needs of the children, will be 95% or more.”

North Dakota Regional CFSRs: 92%

(Data source: 2010-2015 Regional CFSRs; reflects review of the former Item 23)

Note: the percentages above reflect documentation in the case record only, per instructions given to case reviewers. Information gained through interviews with key case participants were not considered in item ratings. Therefore, if applicable documentation wasn’t contained in either FRAME or the paper/electronic record, the item was rated Area Needing Improvement (ANI).
ASSESSMENT OF WELL-BEING OUTCOME 3 CONCERNS AND STRENGTHS

- **Item 17:** During the 2010-2015 North Dakota CFSRs, most foster care cases were applicable for a rating of this item and 89% of these received a rating of Strength. The ANI ratings generally related to lack of documentation in the case record demonstrating the custodial agency had ensured the child’s physical health needs were assessed and addressed.

Of all applicable in-home services cases, 64% received a rating of Strength. Because all children in the family were considered applicable for this item, the ANI ratings were generally related to lack of concerted efforts to ensure the physical health needs were assessed and addressed for all children in the home.

- **Item 18:** During the 2010-2015 North Dakota CFSRs, 97% of applicable foster care cases received the rating of Strength for this item. For all applicable in-home services cases, 86% received a rating of Strength. The reasons for ANI ratings reflected similar challenges as noted in Item 17.

North Dakota has a shortage of mental/behavioral health services statewide. This was voiced by several Stakeholders (examples noted below). Despite this reality, agencies worked diligently to ensure children received the services they needed.

```
"[There is a] lack of services – no inpatient addiction services, barely any outpatient addiction services, no inpatient mental health, lack of resources for outpatient mental health. Northwest Human Service Center is not accepting medication management clients, there’s a waiting list for therapy, and no Partnerships [children’s mental health case management] services. It’s a 2-3 month waiting list to get in for addiction services. If we try to use other regional human service centers, they won’t take our families because they’re busy with own region.”
~ Region 1 case manager, 2013

"Sometimes it’s next to impossible to achieve their goals because services aren’t available to help the families.”
~ Region 8 case manager, 2014

"Shortage of addiction and mental health counselors is a concern I hear about quite often – both young people and adults. I’ve testified at the legislature twice requesting they better fund these services. There’s such a need.”
~ Region 6 community member, 2014
```

During the 2015 North Dakota legislative assembly, significant attention was given to addressing the lack of mental and behavioral health services in the state. At the time of this writing, several interim studies are being held to assess the service shortage in the state. Below is a brief summary of action taken by the legislature during the most recent legislative session.

- **Senate Bill 2048:** An appropriation of $150,000 of state general funds to the Department of Human Services for the purpose of facilitating behavioral health services including developing formal discharge planning protocols for discharge and release of individuals with behavioral health issues and designing a resource
support network to provide family support, assessment, and stabilization services that are accessible by families and custodial agencies. An appropriation of $750,000 of state general funds to the Department of Human Services to establish and administer a voucher system to address underserved areas and gaps in the state’s substance abuse treatment system and to assist in the payment of addiction treatment services provided by private licensed substance abuse treatment programs.

- **Interim Studies:**
  - **Behavioral Health and Addiction Training Initiative** – A study of state loan repayment programs for behavioral health and addiction evaluation/treatment professionals.
  - **Health Care Delivery System** – A study of mental health resources for youth and adults, to identify the populations that may benefit from a mental health resource network.
  - **Behavioral Health Needs of Youth and Adults** – Consideration of behavioral health needs of youth and adults and access, availability, and delivery of services.

North Dakota’s economy has taken a downturn due to plummeting oil and agriculture prices. As of April 1, 2015, state agencies sustained a 4% budget cut. It is anticipated these state agencies, including CFS and Behavioral Health Divisions, will undergo further reductions in funding during the 2017-19 biennium. Therefore, it is unlikely additional resources will be available to expand behavioral health services in the state.

- **Healthcare Oversight Committee**
  The CFS Division maintains a Health Care Services Plan that builds upon work done through the Governor’s Healthy North Dakota Initiative. Updates to this plan are provided annually as part of the Title IV-B Annual Progress and Services Report submissions. Most children in foster care are Medicaid eligible. In an effort to monitor data related to psychotropic medication usage among this population, the Medical Services Division has provided data to the committee. This data shows children in foster care receive psychotropic medications at a much higher rate when compared to non-foster care Medicaid-eligible children in the state.

**Item 19 Statewide Information System**
North Dakota continues to utilize the FRAME and CCWIPS applications as described in the 2015-2019 CFSP and the 2016 APSR. Together these two systems represent the state’s child welfare information system. North Dakota is a non-SACWIS state. The state is reviewing the newly revised CCWIS regulations and will consider all possibilities as it relates to opportunities to enhancing strengths and addressing concerns related to this systemic factor.

FRAME captures all required information for children in foster care through discharge. The FRAME case is generally closed at the point the county case management responsibilities end, thus data relative to this systemic factor for children in adoptive placement not yet
finalized is captured in the CCWIPS system (Case management responsibilities for this populations transfers to the state’s contracted provider at the point of adoptive placement.) As a state-supervised, county-administered state, all counties utilize both applications and the systems are available to caseworkers, supervisors, directors, administrators, and others statewide. The systems are fully operational and available at all times, except in brief periods of routine maintenance. Information about each child’s removal status, location, demographic characteristics, and permanency goal is readily available and easily accessible to administration and field staff. Current upgrades to the FRAME application are underway to provide functionality for the children in adoptive placement not yet finalized. Policy and practice will be revised once the upgrades are ready for deployment.

CFS explored many data sources when assessing the functioning of this factor, including a review of a data report generated for open foster care cases by county and legal custodian, a review of AFCARS data quality reports, and conducting a statewide random survey of children in foster care intended to confirm information in FRAME as accurate.

CFS provided a report completed by the Department’s data analyst to the fiscal department in November 2015 while examining foster caseloads throughout the state. In this particular report, all open foster care cases were extracted from FRAME and categorized by the agency providing case management services. The report included the entire foster care universe, including tribal title IV-E cases and those served by the Division of Juvenile Services (DJS), and broke out the data over the course of three calendar years (2012, 2013 & 2014). Any record which did not have a complete placement record (as determined by a missing current placement in FRAME) or did not have a complete court order (as determined by a missing field for legal custodian on the court order) was removed from the results. The fiscal department utilized this data to examine potential reimbursement formulas, so only those cases which contained sufficient data to determine active case management by a particular entity were included in this report. Each child was counted one time during a given calendar year based on the administrative county providing foster care on the 1st day of the year or 1st day of care if foster was not open on the 1st day of that year. Results show:

<table>
<thead>
<tr>
<th>Total number foster youth with an open foster care case reported</th>
<th>CY12</th>
<th>CY13</th>
<th>CY14</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Agency</td>
<td>1,583</td>
<td>1,813</td>
<td>1,874</td>
</tr>
<tr>
<td>DJS</td>
<td>149</td>
<td>126</td>
<td>142</td>
</tr>
<tr>
<td>Tribal Agency</td>
<td>151</td>
<td>147</td>
<td>176</td>
</tr>
<tr>
<td><strong>Statewide totals</strong></td>
<td><strong>1,883</strong></td>
<td><strong>2,076</strong></td>
<td><strong>2,192</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Number of records removed due to missing data</th>
<th>CY12</th>
<th>CY13</th>
<th>CY14</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Agency</td>
<td>9</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>DJS</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Tribal Agency</td>
<td>3</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td><strong>Statewide totals</strong></td>
<td><strong>13</strong></td>
<td><strong>5</strong></td>
<td><strong>6</strong></td>
</tr>
</tbody>
</table>

| Percentage of records missing data                  | .002% | .002% | .003% |

The above report was an isolated request and data for CY 2015 is not available. The state’s Adoption and Foster Care and Analysis and Reporting System (AFCARS) files include data extraction from FRAME, such as the removal status, demographic characteristics, location, and goals of every child in foster care. AFCARS data quality reports
provide the number of records with missing data.

The FFY 2016A data quality report provided the following error rates on AFCARS elements that are pertinent to the Statewide Assessment Item 19:

<table>
<thead>
<tr>
<th>Element</th>
<th>Error Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC-06 Date of Birth:</td>
<td>0 missing records</td>
</tr>
<tr>
<td>FC-07 Sex:</td>
<td>0 missing records</td>
</tr>
<tr>
<td>FC-08 Race:</td>
<td>0 missing records</td>
</tr>
<tr>
<td>FC-09 Hispanic Origin:</td>
<td>0 missing records</td>
</tr>
<tr>
<td>FC-18 First Removal Date:</td>
<td>15 missing of 2,029 records (.83% failing)</td>
</tr>
<tr>
<td>FC-20 Last Discharge Date:</td>
<td>0 missing records</td>
</tr>
<tr>
<td>FC-21 Latest Removal Date:</td>
<td>8 missing of 2,029 records (.39% failing)</td>
</tr>
<tr>
<td>FC-22 Transaction Date for 21:</td>
<td>8 missing of 2,029 records (.39% failing)</td>
</tr>
<tr>
<td>FC-41 Current Placement:</td>
<td>34 missing of 2,029 records (1.68% failing)</td>
</tr>
<tr>
<td>FC-42 Out of State:</td>
<td>6 missing of 2,029 records (.30% failing)</td>
</tr>
<tr>
<td>FC-43 Most Recent Goal:</td>
<td>45 missing of 1,811 records (2.48% failing)</td>
</tr>
<tr>
<td>FC-57 Transaction Date for 56:</td>
<td>0 missing</td>
</tr>
</tbody>
</table>

The state’s FFY 2014A, FFY 2014B, FFY 2015A, FFY 2015B, and FFY 2016A had only one element with error rates above 10%, which is the threshold for an AFCARS penalty. The element exceeding the 10% threshold is consistent among the reports and that is element 57: timeliness of entry for discharge date.

![AFCARS Element 57: Transaction Date for Discharge from foster care*](image)

*Date is the actual date the foster care program is closed in FRAME (a timestamp embedded into FRAME). The "date of discharge from foster care" is considered the foster care program end date and the date reported for element 57 is the date that foster care program was actually closed in FRAME.

It was noted that timely entry of foster care information (element 22) has reflected strong
performance for the state:

![AFCARS Element 22: Transaction Date Date of Latest Removal*](image)

*Generally, the date is the actual date the foster care program is opened FRAME (a timestamp embedded into FRAME). If the initial placement setting was a locked facility or hospital, the date the child’s placement in a foster care setting is entered into FRAME is utilized.

Element 41 tracks the child’s current placement setting. In the 2016A submission noted above, 34 records were missing this information. The percentage of missing records has fluctuated in past submissions, ranging from no missed records (2015A), one missed record (2014B), five missed records (2014A) and 28 records (2015B). The state notes that often this is a result of a foster care program being opened for a youth without the placement setting being entered due to several possible reasons, such as waiting to secure all approvals and data necessary for entry (i.e. group home approval), new placements near the end of the reporting period not completely entered until after the start of the following reporting period, etc.. The state does not have specific policy for when a placement setting must be entered or updated following a change in placement, yet general data entry policies for the state carry a ‘within 30 days’ guideline. Even with this noted challenge, the state’s information system is capturing data for these key elements at a level greater than 95% statewide for this systemic factor.

There is not a consistent, statewide process for the review of FRAME or CCWIPS data to ensure data entered into the applications is accurate to the case. Data quality reviews prior to each submission of the various federal reports (NCANDS, AFCARS, NYTD) and the varying practices of local agencies represent current practice in this regard, yet statewide data is not available. Therefore, for the purposes of this statewide assessment, CFS undertook a one-time quality assurance review of foster care cases to examine if the information in FRAME was an accurate representation for key elements in the case. To accomplish this, the CFSR State Lead Assistant pulled a report of youth in foster care between 10/01/2014 – 09/30/2015 from FRAME and sorted the results by Human Service Center Region. Ten cases were randomly selected from six of the regions (regions 1,2,3,6,7,8) and 15 cases were randomly selected from the regions with the greater foster care population (regions 4, 5). There were 2,323 unduplicated records from which to select and 90 records in all were identified for this effort. Key demographics, status and permanency goals for the placement of these children were extracted from the system and documented in an Excel spreadsheet. Regional supervisors maintain a working knowledge of
cases in their region and these individuals were asked to review data on the spreadsheet and compare it to what was known about the case up to and including the survey completion date when responding to the questions. Regional supervisors were to compare data on the spreadsheet with what was in FRAME on the date of their review and data they retained in their working files. Local agencies could be contacted if additional verification was needed. Questions related to this systemic factor were:

Has the following information been completely and accurately entered into FRAME for the target child:

a. Demographic characteristics  Yes ☐  No ☐
b. Placement history, including the current/last placement Yes ☐  No ☐
c. Current permanency goal(s)  Yes ☐  No ☐
d. Status of foster care episode (i.e. foster care program was opened in a timely manner, court orders were entered with a complete placement history recorded)  Yes ☐  No ☐

Comments (optional)

Results depict the percentage of cases receiving a ‘yes’ response to the above questions and reveal strong performance statewide:

<table>
<thead>
<tr>
<th>Region</th>
<th>Demographics</th>
<th>Location</th>
<th>Permanency Goal</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>2</td>
<td>100%</td>
<td>80%</td>
<td>90%</td>
<td>100%</td>
</tr>
<tr>
<td>3</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>90%</td>
</tr>
<tr>
<td>4</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>5</td>
<td>93%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>6</td>
<td>100%</td>
<td>100%</td>
<td>90%</td>
<td>100%</td>
</tr>
<tr>
<td>7</td>
<td>90%</td>
<td>100%</td>
<td>80%</td>
<td>90%</td>
</tr>
<tr>
<td>8</td>
<td>100%</td>
<td>100%</td>
<td>80%</td>
<td>100%</td>
</tr>
<tr>
<td>Statewide</td>
<td>98%</td>
<td>98%</td>
<td>93%</td>
<td>98%</td>
</tr>
</tbody>
</table>

A limitation of this review is that determining “timeliness” of information was a subjective determination because FRAME does not offer the user or managers information or a report regarding when data was entered into the system. There are only a select few elements in FRAME which contain a ‘date stamp’ from which the date and time of entry of information is retained. Therefore, the state relied on data from the AFCARS data quality reports element 22 and 57 to assess functioning regarding timely entry regarding the status of each case. CFS assesses this systemic factor as an area needing improvement due to the ongoing challenges with timely closure of cases and limitations to ensure data entered into the system is an accurate reflection of the case.
Item 20 Written Case Plan

North Dakota recognizes this systemic factor has been and continues as an area for improvement. Policy requirements and available case review data have been detailed in the state’s 2015-2019 CFSP, pages 47 and 34 and respectively. 2nd Round CFSR Item 18 (Parental Involvement in Case Planning) was one of the targeted items in North Dakota’s Round 2 PIP. The final PIP report showed progress relative to program improvement, yet remained an area of challenge:

The percentage of cases rated Strength for Item 18 increased 12.5% since the state’s Round 2 CFSR in 2008. While it appears North Dakota achieved the measure of improvement (79.4%) in the Oct-Dec 2014 quarter, the sample contained 64 rather than 65 cases (one too few). This data is inclusive of both child and parent involvement in case planning. It also includes both foster care and in-home cases. This case review data is approximately 2 years old and a significant number of cases represented above are based on case reviews that occurred more than two years ago because the state used a rolling reporting period. North Dakota has not yet been able to implement case reviews using the new OSRI, thus more recent case review data is not available. The information is included to provide context surrounding this systemic factor.

To assess current functionality of this systemic factor more specifically, CFS considered data collected from the statewide stakeholder survey and a random sample conducted of foster care cases.

In the statewide stakeholder survey referenced in the Permanency Outcome section, participants were asked “To the best of your knowledge, parents have input on their case plans”. CFS heard from 22 mothers and 8 fathers whose answers are depicted in the table below:
A limitation of this data is the low response rate, yet results are consistent with the known challenges.

North Dakota included a question about parental involvement in the quality assurance review discussed in Item 19. During this review, regional supervisors were asked the following to rate the typical pattern of agency efforts to invite parents to the case planning process, known as the child and family team meeting. The question read as follows:

*The FRAME records indicate the following pattern of inviting parents to each child and family team meeting for the purposes of developing the case plan.*

*For the purposes of this question, the following scale should be utilized:*
  - Every meeting = 5
  - Most meetings (i.e. over 50% of the time) = 4
  - Some meetings (i.e. fewer than 50% of the time) = 3
  - Record reflects participant was not invited appropriately (parental rights terminated, parent not available despite agency’s concerted efforts, etc.) = 2
  - Participant not invited and record reflects it would have been appropriate to do so = 1

  - Mother ____________
  - Father _____________
  - Other applicable parent (please specify) ________________

*Comments (optional):*

A case was considered in compliance if the response was rated a 5, 4, or 2. A case was not considered in compliance if the response was rated 3 or 1.

In addition, the following question was also asked:
In your professional opinion, does the FRAME record indicate that the case plan was developed jointly with the child’s parents and included the required provisions specified in policy?  

Yes ☐ No ☐  

Comments (optional):  

Cases with a “Yes” response were deemed in compliance.

Regional and statewide results for parental involvement in case planning are reflected below.

<table>
<thead>
<tr>
<th>Region</th>
<th>Mother invited</th>
<th>Father invited</th>
<th>Other Parent invited</th>
<th>FRAME record reflects participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>100%</td>
<td>90%</td>
<td>n/a</td>
<td>100%</td>
</tr>
<tr>
<td>2</td>
<td>100%</td>
<td>90%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>3</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>4</td>
<td>100%</td>
<td>87%</td>
<td>100%</td>
<td>87%</td>
</tr>
<tr>
<td>5</td>
<td>93%</td>
<td>93%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>6</td>
<td>100%</td>
<td>100%</td>
<td>n/a</td>
<td>100%</td>
</tr>
<tr>
<td>7</td>
<td>100%</td>
<td>80%</td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td>8</td>
<td>100%</td>
<td>90%</td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td>Statewide (n=90)</td>
<td>99%</td>
<td>91%</td>
<td>100%</td>
<td>93%</td>
</tr>
</tbody>
</table>

While these results are encouraging, it is recognized the sample size of this review was extremely low, so the results must be viewed with caution.

Interviews with external individuals (e.g., parents and non-agency individuals) may provide a more accurate measure of the state’s performance on this item.

**Item 21 Periodic Reviews**

The occurrence of periodic reviews for each child in foster care no less frequently than once every 6 months is strength for North Dakota’s child welfare system. North Dakota’s periodic review, or administrative review, is known as the foster care “child and family team meeting (CFTM)”. The 2015-2019 CFSP outlines the policy reference which requires an initial CFTM within 30 days and at least every 90 days thereafter until case closing. In addition, pursuant to ND policy 624-05-15-20-20 every child in foster care must have a permanency hearing within 12 months of the child’s entry to foster care or continuing in foster care following a previous permanency hearing. These combined policies support the state’s efforts in complying with this systemic factor.

When the term ‘periodic review’ is used in the state, it most frequently refers to the CFTM date. It is this date that is reported to the state’s AFCARS file under the current report logic. Analysis of the data reveal of the 992 children in foster care on 09/30/2015 that had been in care for 7 months or longer, 95.9 % (n=952) had a periodic review in the six months prior to September 30, 2015. (Source: 2015 AFCARS) Since this calculation represents only those children who had been in foster care over 7 months as of September 30, 2015, the only data quality issue known to the state is the possibility that children who may have been discharged
from foster care but did not yet have their case closed would be included in the above figure. It is not believed this would represent a significant portion of the reporting population.

Further assessment of this item was conducted through a random survey of children in foster care referenced in the state’s response to Item 19. In that survey, the regional representative was asked to go into the FRAME case and determine if there was a quarterly CFTM on behalf of the selected child in accordance with the state’s policies throughout the child’s foster care episode. If the answer was yes, the case was considered to be in compliance with this systemic factor. If the answer was ‘no’, regional representatives were asked to look at the FRAME record and respond to the question, “was a foster care child and family team meeting OR court review hearing held at minimum every six months since the youth entered foster care?” Results showed a 100% statewide and regional compliance rate:

<table>
<thead>
<tr>
<th>Region</th>
<th>Periodic Review every 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (n=10)</td>
<td>100%</td>
</tr>
<tr>
<td>2 (n=10)</td>
<td>100%</td>
</tr>
<tr>
<td>3 (n=10)</td>
<td>100%</td>
</tr>
<tr>
<td>4 (n=15)</td>
<td>100%</td>
</tr>
<tr>
<td>5 (n=5)</td>
<td>100%</td>
</tr>
<tr>
<td>6 (n=10)</td>
<td>100%</td>
</tr>
<tr>
<td>7 (n=10)</td>
<td>100%</td>
</tr>
<tr>
<td>8 (n=10)</td>
<td>100%</td>
</tr>
<tr>
<td>Statewide (n=90)</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Item 22 Permanency Hearings**

The state has strong performance for the occurrence of permanency hearings for each child no later than twelve months from the date the child entered foster care. The North Dakota Supreme Court, Court Improvement Program (CIP), provided CFS data from the CIP Self-Assessment, which requirements ask for time to first permanency hearing. The following statewide data related to this systemic factor is evident in these measures:
This timeliness measure was gathered by reviewing deprivation cases where a permanency hearing was held within the stated time frame in the Court Case Management System (CCMS). A CCMS report was generated of cases with a permanency hearing that occurred between 10/1/2014 and 9/30/2015. Time to first permanency hearing was determined by calculating the number of days between the shelter care hearing date and the permanency hearing date. 338 cases statewide were used to calculate the median days to first permanency hearing for FFY 2015. Statewide, 345 cases were used to calculate the median days to first permanency hearing for FFY 2014. The number of cases reviewed in FFY 2014 represents a significant increase from the 46 cases reviewed in FFY 2013 for this measure.

Baseline data for CIP required timeliness measures starting in 2013. The timeliness measures required under the CIP grant are approached in the following manner:

- Changes to calculating this measurement from FFY 2013:
  To calculate the measure for FFY 2013, the CCMS report pulled permanency orders filed in FFY 2013, which pulled cases containing multiple permanency orders, as well as the first permanency orders. Time to first permanency hearing was determined by manually calculating the number of days between the shelter care hearing and the permanency order file date. Although a CCMS report of permanency hearings held within a specified timeframe was available, courts statewide did not consistently use the “permanency hearing” hearing type and the report did not capture sufficient data for FFY 2013. This measure was then calculated from the first permanency order in a case, regardless of whether the first permanency hearing occurred within FFY 2013. Upon review, the CIP Research Analyst, in consultation with the CIP Committee, decided to calculate this measure for FFY 2014 using only cases with first permanency hearings occurring between 10/1/2013 and 9/30/2014.

- Courts statewide began consistently using “permanency hearing” as a hearing type in CCMS since approximately mid-2013. The CIP Research Analyst worked with the Juvenile Branch IT department to automate calculation of days from shelter care hearing to permanency hearing.

Additionally, a review of the data revealed that 95% of the initial permanency hearings occurred within the 365 days of the shelter care hearing date in FFY 2015. This was a slight decrease from the 97% of cases meeting these same criteria in FFY 2014.
The state experienced improved overall performance to ensure a permanency hearing was held no less frequently than every twelve months thereafter for youth remaining in foster care during FFY 2014. A CCMS report was used to identify cases with permanency hearings that occurred between 10/1/2014 and 9/30/2015 that were not the first permanency hearing of the case. Time to subsequent permanency hearings was determined by manually calculating the number of days between the first permanency hearing date and the second permanency hearing date, and so on. 262 cases statewide were used to calculate the median days between subsequent permanency hearing dates. Subsequent permanency hearings occurred within 365 days of the previous permanency hearing in 92% of reviewed cases. In FFY 2014, 352 cases statewide were used to calculate the median days between subsequent permanency hearing dates. Subsequent permanency hearings occurred within 365 days of the previous permanency hearing in 86% of reviewed cases. The number of cases reviewed in FFY 2014 represents a significant increase from the 38 cases reviewed in FFY 2013.

North Dakota’s court system is divided into four judicial units. Please see map at the bottom of this response for the various judicial units. A review of regional data reflects the following trends for regional timeframes for initial permanency hearings:

<table>
<thead>
<tr>
<th>Unit</th>
<th>Median Days to First Permanency Hearing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit 1</td>
<td>345</td>
</tr>
<tr>
<td>Unit 2</td>
<td>281</td>
</tr>
<tr>
<td>Unit 3</td>
<td>351</td>
</tr>
<tr>
<td>Unit 4</td>
<td>355</td>
</tr>
</tbody>
</table>

Data on median days for subsequent permanency hearings by judicial unit was not available.

Barriers that may account for subsequent hearings not happening within the 365 timeframe could include:

- A case being contested with a request of continuance or the availability of the defense attorney therefore matters are continued for appointment of counsel. Important to note is that the Data Collection and Analysis Subcommittee under the CIP continue to spearhead a project to track continuances in deprivation and TPR cases via the court case management system. The purpose of this initiative is to enhance the timeliness of the child welfare court process by reducing the number of continuances in deprivation and TPR cases.

- In some counties if the matter isn’t resolved at the permanency hearing it is continued to the status conference which may be 4 – 6 weeks out; if not resolved at that time it will go to a pretrial/trial the following week. The next permanency hearing would be based on the disposition date NOT the anniversary of the child’s placement.

- Delays from the caseworker filing the necessary paperwork to initiate a timely hearing. Stakeholder feedback received during this statewide assessment from court personnel suggested this could be a contributory factor in some parts of the state.

All data for this systemic factor was obtained by the North Dakota State Court Administrator’s Office from each district court entering data into the statewide database. District courts are known to enter permanency hearing data timely.

It should be noted, however, if a hearing has not occurred it is not captured in the court’s database. The court does not collect data on children in foster care and is not responsible for determining the date when a permanency hearing is required. Nor does the state’s child
welfare data system have a current reporting mechanism able to capture timely permanency hearing data. Therefore, the state is only able to report timeliness information for hearings that have occurred. Additional interviews may be needed to further assess the state’s performance regarding this systemic factor.

Item 23 Process for Termination of Parental Rights

A review of data provided by North Dakota’s Supreme Court’s Court Improvement Program (CIP) indicates that the median number of days from deprivation petition to TPR petition statewide is 531 days in FFY 2015. This timeliness measure was gathered by reviewing TPR cases in the Court Case Management System (CCMS) that reached final resolution in FFY 2015 and manually calculating the time from the file date of the deprivation petition to the file date of the TPR petition. Data for the median days to filing and the percentage of cases where the filing occurred within 660 days are presented below. In North Dakota, a TPR petition must be filed when a child is in out of home, custodial placement for at least 450 of the previous 660 nights. The petition is not required if the child is in approved relative care, compelling reasons not to file exist, or reasonable efforts were required and not provided pursuant to North Dakota Century Code 27-20-20.1(3)(c).

Regional judicial unit* data reflects the following median days to TPR petition:

<table>
<thead>
<tr>
<th>Median Days to TPR Petition</th>
<th>Unit 1</th>
<th>Unit 2</th>
<th>Unit 3</th>
<th>Unit 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFY 2015 (n=188)</td>
<td>614</td>
<td>427</td>
<td>601</td>
<td>656</td>
</tr>
<tr>
<td>FFY 2014 (n=122)</td>
<td>442</td>
<td>441</td>
<td>571</td>
<td>606</td>
</tr>
<tr>
<td>FFY 2013 (n=114)</td>
<td>356</td>
<td>397</td>
<td>661</td>
<td>757</td>
</tr>
</tbody>
</table>

*please refer to the map of judicial units provided in Item 22
Statewide data for the percentage of cases filed within 660 days:

<table>
<thead>
<tr>
<th></th>
<th>TPR Petition filed within 660 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>68% (n=128)</td>
</tr>
<tr>
<td>2014</td>
<td>71% (n=87)</td>
</tr>
<tr>
<td>2013</td>
<td>76% (n=87)</td>
</tr>
</tbody>
</table>

As noted, the above statistics from the CIP are reflective of dates for petitions that reached final resolution.

For the purposes of assessing performance relative to this systemic factor, the CIP data analyst provided the following data for TPR petitions filed within 450 days:

<table>
<thead>
<tr>
<th></th>
<th>TPR Petition filed within 450 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>37% (69/188)</td>
</tr>
<tr>
<td>2014</td>
<td>38% (46/122)</td>
</tr>
<tr>
<td>2013</td>
<td>59% (67/114)</td>
</tr>
</tbody>
</table>

As anticipated, performance decreased. It was noted that the data includes all children for whom a TPR petition was filed, so there may be sibling sets with the same numbers. This observation would be true for the “petition filed within 650 days” as well. A limitation of FRAME is data relative to the petition date, which is entered in the system only after an order, has been issued. Thus, child welfare data was not deemed a viable source to further analyze this systemic factor. Discussion regarding the need and timing to file a petition of termination of parental rights occurs during the child and family meetings, so although CFS believes this systemic factor to be functioning as intended, improved data is needed to support this finding.

Barriers to timely filing of TPR petitions have been identified by statewide stakeholders during various statewide meetings and discussions with the CIP research analyst. The first is relative to the child welfare workforce and high caseloads. Many parts of the state are struggling to secure sufficient staffing levels, a factor that has led to the establishment of one of ND’s CFSP 5-year Goals. Another barrier identified has been staff resource limitations of the State’s Attorney’s offices. CFS has also received anecdotal feedback from regional and county staff that some jurisdictions will not fill a petition, regardless of the circumstances, until at least day 450. Quantitative data is not available for these challenges at this time, yet they represent common themes heard during Children and Family Services Committee meetings, Regional Supervisors meetings, County Directors and County Supervisors meetings. These meetings are described in the 2015-2019 CFSP. In addition, Regional CFSR stakeholder comments include:

- **TPRs are backed up – months and years. Can only do one at a time, so one per year. She doesn’t have time and it’s not a priority for her. We have a second assistant state’s attorney now, hasn’t done criminal or juvenile court before.** (Region 1 case manager, 11/12/13)
- **It takes a long time to get a TPR, then a long time to get a home study, and the kids are waiting. The biggest hurdle is the state’s attorneys having time to take them forward. Workers continually send emails requesting a hearing.** (Region 1 agency administrator, 11/13/13)

- **Our state’s attorney’s office is also overwhelmed with cases. It’s a lot of work to pull together the TPR hearing process and they don’t have the time. And look what that does to the poor children.** (Region 8 agency administrator, 10/15/14)

North Dakota does not capture quantitative data relating to compelling reasons. According to 27-20-20.1 (3), the court is to be notified that the compelling reasons not to terminate have been documented in the case plan and are available for review. ND CFS policy 624-05-15-30-15 provides direction to case managers regarding compelling reasons. Yet, neither information system provides a method to capture data relative to how this aspect is functioning.

North Dakota believes this is an Item for which interviews with key Stakeholders may assist in better assessing the state’s performance. Per the information provided, our review suggests this Item is an Area Needing Improvement.

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

North Dakota believes this is an Item for which interviews with key Stakeholders may assist in better assessing the state’s performance, given the small sample size in the data below. Per the information provided, our review suggests this Item is an Area Needing Improvement.

As of this writing, neither North Dakota’s child welfare case record system (FRAME), nor the court case management system (Odyssey), collect data related to this Item. Therefore, other sources of quantitative and qualitative data were used in the response.

**Notice of Hearings and Reviews to Caregivers**

As reported in the 2015-19 CFSP, the ND Supreme Court Rule 4.2 requires that in any matter involving a child in foster care under the responsibility of the state, the state must notify the child’s foster parents, pre-adoptive parents, and relatives providing care for the child whenever any proceeding is held with respect to the child. While “the state” has not been officially defined, policy instructs that the custodial agency is responsible for issuing the notice of hearing in advance of the hearing.

In the Statewide Survey, caregivers were asked, “To the best of your knowledge, are foster parents, pre-adoptive parents, and relative caregivers of children in foster care given notice of any review or hearing held regarding the child?”. The 79 respondents represented all regions and judicial districts in North Dakota. The data reveals the majority of caregivers surveyed (81%) indicated they are given notice of reviews or hearings held on behalf of the children in their care.
Caregivers were also asked, “If notifications of hearings do not occur, what prevents this from happening?” More than 27% of respondents indicated that the timeframe between the date the hearing is scheduled, and the date it’s held, is too short.

Reasons given by the nearly 18% (14 respondents) answering ‘other’ included:

- “The notices are confusing - was I to be there? Did I have any say/stake/standing?”
- “[I’m] not sure. It seems that foster parents are left out of the loop on many things including hearings.”
- “[I] was never given the option of attending any hearing nor given any information after the hearing.”

Stakeholder comments received during regional CFSRs over the past several years contained mixed responses, as expressed in the following quotations.
Opportunity for Caregivers to be Heard

As part of the Statewide Survey, caregivers were also asked, “To the best of your knowledge, are foster parents, pre-adoptive parents, and relative caregivers of children in foster care given the right to be heard in any review or hearing held regarding the child?” Seventy-seven caregivers responded. The data shows that 73% of respondents indicated caregivers are given the right to be heard either ‘every time’ or ‘frequently.’

Caregivers who had responded ‘sometimes’ or ‘rarely’ were then asked, “If foster parents, pre-adoptive parents, and relative caregivers are not given the right to be heard at the hearing, what gets in the way of this happening?” The most often answered reason (apart from ‘other’) was that the judge wasn’t aware of their right to be heard.
Over half of respondents indicated ‘other.’ Some of the reasons given included:

- “We were not aware we have the right to be heard.”
- “We have been given notice of the hearings and when [we ask] if we need to attend, we are told no, they are closed hearings, even though we are the foster/adopt parents.”
- “We are foster parents. We’ve known about and had opportunity to participate in child/family meetings. We’ve never been asked for our input into hearings and do not know why (it is possible that the social workers could be too overworked to have time to interview us, but we’d be willing to testify, too). This doesn’t make sense to us. We monitor phone calls with parents and are in many ways closer to the foster child than anyone else. We believe it’s possible that we’d have insights that others may not have.”
- “We are never given the opportunity to attend.”

Similar to notification of hearings, Stakeholder comments received during regional CFSRs over the past several years contained mixed responses. See two examples below.

| “The judges seem to appreciate foster parents being at the hearing and want to hear from them.” | ~ Region 3 foster parent 2012 |
| “Some said they always go to court, others said they’ve heard from some foster parents that they’ve never been invited.” | ~ Region 6 foster parent, 2014 |

**Item 25  Quality Assurance System**

North Dakota’s Quality Assurance System is largely dependent on the statewide case review process, known as the ND Regional CFSR Process. As noted in the 2015-2019 CFSP, the state’s process was targeted for a thorough review and revision process during FFY 2015. A CFSR Task Force was formed and met during FFY 2015 and feedback was received regarding proposed changes to the state process. As will be detailed later in this item response, the state’s case review process remains in the planning phase. North Dakota believes this item is an Area Needing Improvement based on the information below.

**ND CFSR Process Activities Over the Past Year**

From April-July 2015, CFS administrators trained 230 workers, supervisors, partner providers, and fellow CFS administrators on the new Onsite Review Instrument (OSRI), the Online Management System (OMS), and the revised ND CFSR process. About one-third of those trained committed to become certified CFSR Case Reviewers through entering a mock foster care case on OMS, reviewing and responding to first level QA, and resubmitting for final review and approval. Training on the first level QA process had been scheduled to convene in the fall of 2015, and those who successfully completed that training were to become certified first level QA Team members. The training did not occur for a couple of reasons.

First, it was discovered that the years-old process of paying non-state case reviewers honoraria for their time was no longer acceptable. DHS Human Resources determined
case reviewers functioned as employees rather than contractors, per the Fair Labor Standards Act. This created an overwhelming obstacle for the CFSR Lead because county, tribal, and private agency staff could no longer participate as case reviewers unless their employers allowed them to do so as ‘part of their job.’ Agencies overwhelmingly rejected this request, largely due to their growing workload demands and staff vacancies. Only a small number agreed to allow their staff to participate. The remaining agencies stipulated that, if their staff wished to participate, they must do so on their own time. To compensate for this, CFS requested that DHS Executive Leadership grant a number of emergency temporary employee positions to CFS. At the time of this writing, 14 such positions have been approved and filled for the 3rd Round Federal CFSR. It is not known at this time if CFS will be allowed to maintain and increase the number of emergency temporary employee positions to accommodate what is needed to proceed with the ND CFSR process. Of significance is the fact that emergency temporary employees are subject to the same hiring and supervision requirements as any other staff. Therefore, even if CFS is allowed to keep or increase the number of these positions, the CFSR Lead does not have capacity to supervise such a large number of employees. Additionally, emergency temporary employees are limited to 720 work hours. Because of these complications, other options will be explored in the coming year.

Second, all available staff resources were redirected to preparing for the 3rd Round Federal CFSR scheduled for September 2016. Therefore, CFS did not have the capacity to plan and convene regional CFSRs.

**Additional Quality Assurance Processes**

In addition to the ND CFSRs, each child welfare program completes separate QA Processes and procedures. These include the following:

- **Child Protection Services:** A distinct quality assurance process also occurs with the Child Protection Services cases on a regional level, involving all county social service agencies, per CPS Policy 640-20-35. On an annual basis the Regional Supervisor reviews 10%, or a total of five completed CPS cases (whichever is greater), from each county in the region. The child protection law, administrative rules, policies and procedures provide the framework for the case reviews. The CPS Multi-disciplinary Teams also review the CPS assessments completed by the county social workers and assist with decisions about safety and risk of future maltreatment of children. A monthly review of all open CPS cases in the state is conducted by the state CPS Administrator and is used to evaluate the quality of services, case load size, and assessment timelines (cases open over 62 days). After review by the CPS Administrator, the report is sent to the Regional Supervisor for review and action. The information is used by state, regional, and county staff for program improvement planning.

- **In-home (Wraparound) case management:** Supervisory staff members are responsible for ongoing case reviews to monitor service effectiveness and agency success in providing time-limited services. The supervisor conducts a formal case review on all closed cases.
• **Foster Care:** Regional Supervisors meet regularly with CFS staff to discuss state and federal law changes; federal rules and regulations; provide policy input; and discuss trends and pertinent programmatic issues.

• **Adoption:** A full team staff meeting of the AASK program occurs monthly. Cases are staffed, program improvements and plans are discussed, and policies are reviewed and revised. A QA Peer Review of open and closed case files is conducted on a quarterly basis.

• **Independent Living:** Each Regional IL Coordinator staffs cases with their agency supervisor. Detailed quarterly reports are submitted to the State IL Administrator. The State IL Administrator conducts annual site reviews of each IL programs. CFS conducts annual Regional Youth Stakeholder Groups where feedback from youth is received regarding their experiences with the child welfare system. Youth surveys have also been initiated to gather additional information regarding youth in care and their experiences and involvement with case planning and services.

• **Licensure Reviews:** CFS staff direct and/or participate in the following licensure reviews: Human Service Centers, Residential Child Care Facilities (RCCF’s), and Licensed Child Placing Agencies (LCPA’s). Each review provides an opportunity for Children and Family Services Division staff to examine the quality of services provided by these entities, review program and policy improvements and assess overall compliance with established laws, rules and policies which guide practice. These licensing reviews also establish an avenue to enhance collaborative relationships.

• **Local County Social Service efforts:** Within county social services, the county supervisor has the primary responsibility for quality assurance for child welfare programs, including the integrity of the Wraparound process and quality of work performance of the case managers. It is important the case manager and supervisor discuss specific cases on an ongoing basis. At a minimum, the supervisor is involved in the decision-making process at critical points in the life of each case. Regional Supervisors have responsibility for administrative supervision of child welfare programs and work collaboratively with county staff.

• Effective methods of supervision are individualized for each case manager and to the group as a whole. Thus, county supervisors identify an individual’s learning needs in relation to the job requirements and professional experience. They use this information to develop training materials and appropriate teaching methods relative to the specific needs of the case managers.

**Federal Reports**

• **National Child Abuse and Neglect Data System (NCANDS):** North Dakota submits NCANDS data per the required federal timeframes. The data for this report is derived from FRAME. The NCANDS workgroup meets on a consistent basis to address state challenges with NCANDS reporting. Recent efforts of the workgroup have been on revising the reporting logic for post-investigation services and prioritizing data clean-
A CFS staff has been assigned the task of reviewing data entry regularly and notifying counties of needed corrections in a timely manner. This consistent monitoring has been well received both internally at CFS and by the county social service agencies. The most recent NCANDS submission showed data improvement over previous submissions.

- **Adoption and Foster Care Analysis and Reporting System (AFCARS):** North Dakota submits AFCARS reports every six months per the required federal timeframes. Data for the Foster Care (FC) file is extracted primarily from FRAME. Data for the Adoption (AD) file is extracted primarily from CCWIPS. Since last report, North Dakota has made progress in remapping some of the required data elements in FRAME. The state remains on an AFCARS PIP as of this writing. The AFCARS workgroup continues to meet regularly to strategize and plan for continued progress on the PIP.

- **National Youth in Transition Database (NYTD):** North Dakota’s NYTD workgroup has been meeting regularly to improve compliance with the data collection and reporting requirements for NYTD. Prioritized action items have been identified and a plan has been developed for achieving the needed changes to NYTD data components following the July 2013 NYTD Site Visit.

**ND CFSR Process – Plan for CY 2017**
North Dakota is fully committed to operating a functional CFSR/QA process. CFS had planned to convene case reviews across the state prior to the Federal CFSR, but this did not occur for the reasons noted above. Beginning January 2017, CFS plans to review 68 cases (41 foster care and 27 in-home) annually. Of these, 25% will be in the largest metropolitan area, Cass County. Sixty percent of the cases reviewed will be foster care cases and 40% will be in-home services cases. Certified case reviewers will be called upon to assist with future regional CFSRs. Training for first level QA Team members will be scheduled in the fall of 2016. Ongoing training and support will be offered annually at the CFS Conference. Following is the draft 2017 CFSR schedule.

<table>
<thead>
<tr>
<th>2017 ND CFSR SCHEDULE (Draft)</th>
</tr>
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<tbody>
<tr>
<td>SITE</td>
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<tr>
<td>----------------</td>
</tr>
<tr>
<td>January</td>
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<td>February</td>
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<td>March</td>
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<td>April</td>
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<td>August</td>
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<td>September</td>
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<tr>
<td>October</td>
</tr>
<tr>
<td>November</td>
</tr>
<tr>
<td><strong>ANNUAL TOTAL</strong></td>
</tr>
</tbody>
</table>
ND Quality Assurance System Description

1. Jurisdictions Covered by the State’s Quality Assurance Process
North Dakota’s service area for the CFSR (quality assurance) process encompasses all eight regions of the state. Within these regions are 53 counties, 4 federally-recognized tribal nations (all with Tribal-State agreements for the provision of Title IV-E foster care), 7 Adults Adopting Special Kids (AASK) offices, and 8 Division of Juvenile Services (DJS) offices. All these entities are subject to the CFSR process.

2. Evaluation of Services Provided
The ND CFSR process evaluates the adequacy and quality of services provided under the CFSP. North Dakota has used the Federal CFSR instrument since the first round. Each revision of the instrument has been incorporated into the state’s process. North Dakota conducts the regional CFSRs per the federal definitions and instructions for all items and outcomes. The state’s best practice standard parallels that of the federal CFSR. During the second round PIP North Dakota’s ACF Region 8 Program Specialist, along with an ACF contractor, conducted a review of North Dakota’s ratings for specific items. The result of this review was that ratings were generally consistent with the federal standard.

3. Identification of Strengths and Needs and Providing Reports
Following each regional CFSR, the CFSR Lead is responsible for writing reports and sending to regional supervisors and agencies in a timely manner. The agencies having cases reviewed also receive their individual case instrument(s). The regional reports describe how the region fared for each item and outcome within the CFSR instrument. The reports summarize themes specific to practice and systemic strengths and needs observed in the region. All Stakeholder comments are included in the report, sorted by group. Comments are de-identified, which encourages openness and honesty during the interviews. Also included in the reports is trend data for each item and outcome, to assist the region in identifying areas of focus for practice improvement. The reports are shared internally at CFS, with the ND Court Improvement Program, and all Stakeholders participating in the review. Annually, a statewide CFSR report is written by the CFSR Lead, using the same format as above, and posted on the state’s website. This statewide CFSR information is also included in the APSRs.

4. Evaluation of Measures Implemented to Address Identified Problems
In the past, the reports were sent to each county and if areas needing improvement were present, the county agency was responsible for writing an Agency Practice Improvement Plan (A-PIP). Per a CFSP 5-year plan goal, CFS convened a CFSR Task Force to review the North Dakota process and provide recommendations for improvement. One criticism identified by participants was the A-PIPs. The process wasn’t embraced by the agencies and did not result in measurable practice improvements. Additionally, the CFSR Lead did not have capacity to provide support and feedback to the numerous agencies reviewed each year.

Therefore, the new ND CFSR process involves a different approach. Rather than an
agency-specific response, CFS plans to implement a model that supports a Continuous Quality Improvement process. Following the regional CFSR, regional supervisors will be tasked with reviewing the results of their aggregate data with all regional agencies, as it applies to their local practice. Data will inform where they can identify practice strengths as well as target local practice improvements. Within three months following the regional review, the regional supervisors will lead their regional agencies in the following:

1. Reviewing the results of their regional CFSR;
2. Determining their regional practice/systemic strengths and challenges; and
3. Developing a planned response in an effort to strengthen practice & submit the response to the CFS Director.

The planned response will outline how the region is going to apply CFSR results to agency practice improvement. CFS will provide a template for this planning process to each region. The information received from the regions will be reported in the annual APSRs. In addition, the results will be shared statewide (e.g. CFS State of the State address, regional trainings, etc.). CFS will review each regional plan as part of the orientation for the subsequent review (during the Entrance Conference) as a way to remind of the previous year’s findings. Thus, following the current year’s CFSR, the regions and state can assess if planned changes have occurred through review of the outcomes. See below for the practice improvement response cycle.

### Practice Improvement Response Cycle

![Practice Improvement Response Cycle Diagram]

**Capacity Building Center for States**

During FFY 2016, North Dakota began working with the Capacity Building Collaborative to support the work of enhancing the Continuous Quality Improvement (CQI) efforts within the state. As noted in Goal 2 of the CFSP, the state seeks to strengthen all five core
components of a CQI system as identified in ACFY-CB-IM-12-07. The expertise available through the Collaborative has been obtained to guide these efforts.

**Item 26 Initial Staff Training**

North Dakota believes this item is a Strength for CFS.

**Initial Child Welfare Case Worker Training**

As reported in the ND 2015-2019 CFSP, CFS contracts with the UND Department of Social Work to operate the Children Family Services Training Center (CFSTC). The Child Welfare Certification Training Program faculty members are selected on the basis of their knowledge, experience and training abilities. The core training staff is from the UND CFSTC. They are supplemented by other trainers who have special topic expertise.

CFSTC provides a competency-based training curriculum, referred to as “The Child Welfare Certification Training Program,” to meet child welfare initial training requirements. The training consists of in-class, online and video conferencing events as well as take-home assignments designed to address specific competencies necessary for child welfare practice.

Since the 2015-2019 CFSP submission, CFSTC has incorporated trauma informed practice principles into the curriculum. This important practice area is integrated into the training modules, as appropriate. Additionally, per P.L. 113-183, training on Human Trafficking identification and screening is being incorporated into the training as well.

The training is delivered as a four-week curriculum (over 100 hours of training), one week per month, with sessions offered in both the spring and fall. During each of the training weeks, assignments and tests are completed by trainees that assess their level of knowledge and skill on several of the training topics. Successful completion of these tasks is required for certification. Child welfare case workers are required to complete this training within their first year of employment. Each week provides special emphases as follows:

- **Week 1 Focus: Philosophical, ethical, and legal mandates of child welfare with a special emphasis on the assessment of child abuse and neglect.** Participants anonymously responded to post-training survey questions related to whether they understand the philosophical, ethical, and legal mandates of child welfare, with a special emphasis on child abuse and neglect assessments. A large majority (96.7%) indicated they have the knowledge and skills needed. A summary of the SFY 2015 survey results is below.
Comments received from participants included:
   o “I understand the steps of a [CPS] report, just need to practice more and write a full assessment.”
   o “I suggest more activities and practicing on how to do intakes and conducting an assessment.”

**Week 2 Focus:** Wraparound strength-based case management services (this week also fulfills the requirement for initial Wraparound Certification).
Participants anonymously responded to post-training survey questions related to whether they understand the ND Wraparound Practice Model and can integrate what they’ve learned into practice. A large majority (98.6%) indicated they have the knowledge and skills needed. A summary of the SFY 2015 survey results is below.

Comments received from participants included:
   o “Due to the fact that I’m a hands-on learner, the group activities, role plays and presentations were key in my learning.”
“I loved the small group exercises and big group exercises. It’s beneficial for different learners, who do not learn in the traditional setting of listening to someone talk all day!”

“Talk more about culture/other things that effect our (the professional) relationship with clients – how we help/what may be detrimental”

- **Week 3 Focus:** Knowledge and skills in working with the legal system, including understanding the role of the Indian Child Welfare Act and providing testimony in court. Participants anonymously responded to post-training survey questions related to whether they gained an understanding of the knowledge and skills needed to work with the legal system, ICWA, and testifying in court proceedings. The great majority (93.6%) indicated they have the knowledge and skills needed in these practice areas. A summary of the SFY 2015 survey results is below.

![Bar chart showing survey results for knowledge and skills in working with the legal system.]

Comments received from participants included:
- “I found the information to be very helpful in understanding the process. The different methods, or presentations, along with various presenters from their fields of expertise has been rewarding.”
- “Learning about the court system is very complex for me; so I would benefit from additional training on the court system, especially testifying.”

- **Week 4 Focus:** Understanding and working with children and families in out-of-home care with emphases on attachment and separation issues, concurrent and permanency planning, visitation, reunification and providing support to the foster family. Participants anonymously responded to post-training survey questions related to whether they gained an understanding of the skills needed to work with children in out-of-home care. A large majority (96.2%) indicated they have gained the skills. A summary of the SFY 2015 survey results is below.
Comments received from participants included:
  o “It was helpful having a guide to assist with the various age groups to help determine how often a visit should occur, when the visit, where and know procedures for conducting the visits, safety, changes, types of supervision and appropriate documentation.”
  o “I would suggest addiction training. Bringing in a Licensed Addiction Counselor to explain a Chemical Dependency evaluation, recommendations, barriers to treatment, and the change process. I hear many co-workers get frustrated with no recommendations for evaluations.”

Attendance is required at all sessions. Trainees are also required to complete all assignments in order to become certified. Regardless of the specific duties in their individual job descriptions, all case managers and child protection workers attending the training are required to complete all four weeks.

In addition to the county child welfare workforce, case managers with PATH of ND and the AASK program are also required to complete the initial training weeks. Tribal child welfare personnel are invited and encouraged to attend.

As shown above, at the completion of each week of training, participants evaluate their specific competencies and skills. They rate themselves on their understanding of the concepts or their skill acquisition. Feedback is also elicited from the training group on any additional training needs they identify. For example, if a participant does not understand a concept or skill, CFSTC staff will work with the individual and their supervisor to help them attain the skill. CFS Program Administrators work closely with CFSTC as trainers and evaluators of the training, suggesting modifications when necessary, particularly when laws and policies change. In SFY 2015, 70 people participated in the Child Welfare Certification Training Program.

**AASK Specialized Training**

In addition to the CFSTC training, AASK adoption case managers are required to complete the Adoption Competency Curriculum (National Resource Center for Special Needs Adoption at Spaulding) within their first year of employment. Additional trainings on the PRIDE family assessment model and Train the Trainers are also required.
**FRAME Case Record System Training**
Training on the FRAME system is included in the Child Welfare Certification Training Program. For new employees not attending that session, training occurs at the local social service agency. North Dakota’s training plan for the 2015-2019 CFSP includes additional training opportunities for participants utilizing the system who are not required to attend Child Welfare Certification training. Additionally, Title IV-Eligibility training for new eligibility workers is offered by CFS personnel.

**Initial Parent Aide Training**
Per the contract with CFS-ND DHS, CFSTC provides an annual 4½ day initial Parent Aide Training designed to provide newly or recently hired parent aides an understanding the child welfare system and their role in the system. Training topics include an overview of parent aide services, the Wraparound practice model, understanding the influence of culture when working with families, an overview of child abuse and neglect, child development overview, building relationships with parents, supervising visits between children and parents, and secondary trauma. Parent aides and their supervisors are invited to complete this training. During SFY 2015, eight parent aides were trained.

**Initial Training for Partner Agencies**
- Children’s behavioral health case managers (Partnerships Program), DJS case workers, and family preservation staff from the Village Family Services Center and Lutheran Social Services of North Dakota complete Week 2 of the Child Welfare Certification Training Program as required in policy and to satisfy the initial Wraparound Certification requirement. During SFY 2015, 91 participants were trained. This number includes all agencies listed here, in addition to county, tribal and DJS staff. Refer to “Week 2” data above for participants’ survey responses.

- Independent Living Coordinators: PATH, Inc. is the contracted provider of IL Coordinators. Therefore, PATH is responsible for training newly hired IL Coordinators and CFS does not currently have data on this training area.

- Additional PRIDE trainings are offered to support the statewide use of the PRIDE model in foster parent licensing and adoptive family assessments. “PRIDE Train-the-Trainer” is a course for any case manager or foster/adoptive parent wanting to become a PRIDE trainer in their local area. During SFY 2015, ten additional people were trained as trainers during the fiscal year.

- “PRIDE Model – Conducting a Mutual Family Assessment” is a course designed for the licensor/adoption worker in applying the PRIDE competencies to the family study process. During SFT 2015, 19 case managers, licensing workers or adoption workers were trained.

- 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. In addition, it is a PATH requirement that all treatment foster parents attend an annual refresher course reviewing the major elements of the CPI model. During SFY 2015, 66 participants were trained.
Strengths

- CFSTC is a longstanding partner in the effort to provide initial staff training for child welfare services in North Dakota. They are highly regarded in the state and are active participants with CFS in identifying and providing necessary training.

- The overwhelming majority of SFY 2015 survey responses evaluating the initial child welfare training indicate that participants agree/strongly agree they have obtained the knowledge and skills necessary to competently carry out their duties. To further assess their competence, participants must achieve at least 90% on their online tests in order to ‘pass’ each section of the training.

- CFSTC has successfully incorporated trauma informed practice principles into Child Welfare Certification. During the SFY 2015 training on this new material, 97.8% of participants completing the anonymous survey evaluations strongly agreed (64.4%) or agreed (33.3%) with the statement, “I understand the impact of trauma on children and how it impacts children in the child welfare system.”

- The emphasis on upfront training of AASK staff has resulted in a highly trained adoption workforce who specializes in the permanent placement of children from foster care, including those with significant special needs.

- CFS and the UND School of Social Work continue to collaborate in establishing a formalized state-wide child welfare supervisor and mentor training program.
  - Support for this initiative is being provided by the National Child Welfare Workforce Institute through funding from the Children’s Bureau, Shari Doe, CFS Director and Carenlee Barkdull, Chair of the UND Social Work Department are participating in the NCWWI Leadership Academy for Director and Deans (LADD). The work of the LADD initiatives is expected to foster transformational change across agency-university partnerships and enhance workforce outcomes.
  - North Dakota’s change initiative is to implement a sustainable program for multi-level supervisory training and mentoring that will serve the entire state of North Dakota. This initiative is targeted for completion by September 30, 2017.
  - Additional support and assistance for this foundational development is being provided through the Capacity Building Centers for States.

Concerns

- Because of increasing demands for child welfare certification training, class sizes are becoming increasingly large. Additionally, it is becoming more difficult to provide the required training within the four weeks.

- Supervisors have expressed concerns about the amount of time their new hires must spend in training and out of the office. This often places a burden on the agency if they are unable to provide adequate back-up support while the worker is training. Research
continues on the availability and the appropriateness of on-line training to achieve the goals of child welfare certification.

- As reported in the 2016 APSR, the ND’s Human Resource Management System adopted a new position classification – Family Support Specialist – to add to the pool of qualified applicants for the North Dakota child welfare workforce. Family Support Specialists are required to complete the child welfare certification training and become certified in the Wraparound process. Because this classification of worker does not have social work education, a more comprehensive initial certification training may be needed. The need for additional training for Family Services Specialist is still being assessed.

- Because North Dakota is a county administered system, there are some inconsistencies in training reinforcement across the state. There is no clear process for transfer of learning into the field.

The amount of required training within the first year for adoption staff is very difficult to achieve. It is expensive for the program, both in terms of staff time as well as financial expense. It is difficult for trainers to schedule the ACC modules for a very few new staff, so the training often gets delayed until there are more staff needing the module.

**Item 27 Ongoing Staff Training**
North Dakota believes this is an Item for which interviews with key Stakeholders may assist in better assessing the state’s performance, given the small sample size in the data below. Per the information provided, our review suggests this Item is an Area Needing Improvement.

**Wraparound Recertification**
Licensed Social Workers are required to complete 30 Continuing Education Credits every two years to retain their license. In addition, child welfare staff working in the service continuum are required to be certified in the Wraparound process and must be recertified every two years through attendance at an approved training event. Over 400 child welfare staff were Wraparound recertified during CY 2015.

<table>
<thead>
<tr>
<th>AGENCY</th>
<th>NUMBER WRAPAROUND RECERTIFIED</th>
</tr>
</thead>
<tbody>
<tr>
<td>AASK</td>
<td>13</td>
</tr>
<tr>
<td>CFS Program Administrators</td>
<td>6</td>
</tr>
<tr>
<td>County Social Services</td>
<td>221</td>
</tr>
<tr>
<td>DJS</td>
<td>17</td>
</tr>
<tr>
<td>PATH ND</td>
<td>48</td>
</tr>
<tr>
<td>Private Mental Health Providers</td>
<td>25</td>
</tr>
<tr>
<td>Public Mental Health Providers</td>
<td>42</td>
</tr>
<tr>
<td>RCCF/PRTF</td>
<td>5</td>
</tr>
<tr>
<td>Regional Supervisors</td>
<td>25</td>
</tr>
<tr>
<td>Tribal Social Services</td>
<td>5</td>
</tr>
<tr>
<td>University of ND Trainers</td>
<td>2</td>
</tr>
</tbody>
</table>
Secondary Trauma Training
CFSTC coordinates the Secondary Trauma Education, Prevention and Support Project. The During SFY 2015 Secondary Trauma training has been delivered to approximately 270 persons (as part of Child Welfare Certification, the Children and Family Services Conference, and community workshops). Additionally, 38 Trauma and Stress Reduction classes have been delivered to a number of agencies and have focused on a variety of topics (i.e. grief and loss, second guessing and rumination, team building and resiliency). These have been delivered through interactive video, live internet streaming and classroom settings. Also, three workshops on Enhancing Resiliency were delivered to 90 people.

Ongoing Child Welfare Case Worker Training
Child welfare case managers are encouraged to identify, with their supervisors, any training needs as part of ongoing supervision. At the present time there is no “advanced” training curriculum in the state specific to child welfare practice. However, there are a number of ongoing training opportunities available to staff throughout the year that are designed to strengthen knowledge, skills and competencies consistent with the goals of the CFSP. These ongoing opportunities are detailed in the Training Plan.
In addition, Regional Supervisors convene quarterly meetings with child welfare agencies and include training as part of the meeting agendas. Training topics vary based on the needs of the agency staff within the region. Currently, no data on these training events are reported to CFS.

Ongoing Child Welfare Supervisor Training
Child welfare supervisory training is provided to county child welfare supervisors during their regularly scheduled quarterly meetings. This past year, supervisor training focused on case supervision, individual clinical supervision and group clinical supervision. Two sessions were provided and a total of 29 supervisors participated.
There continues to be a lack of training specifically for administrators in child welfare. This continues to be seen as a need and is currently being addressed through a collaborative effort between the University of North Dakota School of Social Work and CFS.

Ongoing IL Coordinator Training
The CFS Independent Living Administrator convenes three annual meetings with the IL Coordinators. The meetings always have a training component based on the agenda for the meetings. All nine IL Coordinators, and the IL Supervisor, attend each of these meetings.

Native American Training Institute
The Native American Training Institute (NATI) has been a key partner in the provision of ongoing staff development opportunities. They organize many training events aimed at improving services to Native American communities. The North Dakota Indian Child Welfare & Wellness Conference has grown and developed over the years and now attracts national participation. The conference is a primary means to increase the child welfare workforce knowledge of policies and practice opportunities when working the Native American communities. In addition, NATI provides regional trainings on such topics as “Extending Our Families through Unity,” “Wraparound in Indian County,” “We Are All Related: A Guide for Native American Youth,” and “Historical Trauma in Native America: Learning and Healing.”
Data on the number trained was not available at the time of this writing.

**Cross-Discipline Training**
Certain trainings impact both ongoing staff members as well as foster parents. For example, CFSTC provides training on Non-Violent Crisis Intervention for both PATH staff and their foster parents. In addition, it is a PATH requirement that all treatment foster parents attend an annual refresher course reviewing the major elements of the CPI model.

**Child and Family Services Review Training**
As reported in Item 25, Quality Assurance System, CFS has provided on-going training related to the CFSR process, onsite review instrument, policy related issues, and documentation of case related best practices. Training has included county and tribal social service caseworkers, supervisors, and directors; Regional Supervisors; DJS workers and supervisors; and CFS staff. CFSR training has been held in central locations, and training stipends have been offered, to encourage maximum attendance.

**Statewide Survey & Stakeholder Meetings**
Within the Statewide Survey, the child welfare workforce was asked, “To the best of your knowledge, does the ongoing training offered to child welfare workers and supervisors teach the skills and knowledge needed to carry out their duties in child welfare?” The majority of respondents (75%) indicated the ongoing training is not providing them what they need to carry out their job duties effectively.

![Graph showing training effectiveness](image)

Those who responded either ‘Sometimes’ or ‘Rarely’ were then asked, “From your perspective, what gets in the way of child welfare workers and supervisors getting the advanced skills and knowledge from ongoing training?”
Reasons given by the 20% (6 respondents) answering ‘other’ included:

- “All of the above. Rarely, if ever are [the trainings] too advanced.”
- “It seems [like] book knowledge and how to use it with parents versus real world/parent experiences.”
- “Too much work to be done to be out of the office.”

During Regional CFSRs, Stakeholders have reported the following in respect to ongoing training offered to the child welfare system.

“Our workers need more training related to drug/alcohol abuse, such as signs of usage, to help them when doing assessments.”
~Region 6 Administrator, 2014

“[Our] training budget was cut - even though Children’s Justice Symposium was free this past July, we couldn’t go.”
~Region 5 case manager, 2014

“Appreciate the trauma-informed treatment the state has been doing. We would like more of this type of training. It would be helpful to assist us in doing home based services.”

**Item 28 Foster and Adoptive Parent Training**

North Dakota believes this is an Item for which interviews with key Stakeholders may assist in better assessing the state’s performance, given the small sample size in the data below.
The North Dakota foster care and adoption programs follow the PRIDE Model for the training and assessment of all individuals interested in becoming foster or adoptive families. PRIDE is an acronym for Parents Resource for Information Development and Education. This program offers a competency-based, integrated approach to recruitment, family assessment, and pre-service training. Through a series of at-home consultations and competency-based training sessions, prospective families have an opportunity to learn and practice the knowledge and skills they will need as new foster parents and adoptive parents.

The PRIDE curriculum is a widely accepted training program for foster/adoptive parents that has been field tested and modified to meet identified pre-service training needs over the years. PRIDE is being used in 32 states, eight provinces in Canada, and in fifteen other countries around the world.

**Initial Training for Foster and Adoptive Parents**
The readiness of families to foster or adopt is assessed in the context of their ability and willingness to meet five essential competencies per the PRIDE Pre-Service training.

- **PRIDE Pre-Service Training**
  The PRIDE Pre-Service training curriculum is a nine session course, with each session being three hours in length. This course of training is considered an introduction to issues related to fostering and adopting. In the state of North Dakota it is a requirement that all licensed foster and adoptive parents will complete the PRIDE Pre-service Training program. All nine modules of this training relate directly to the one of the five (5) PRIDE competencies. Those competencies are:
  1. Protecting and Nurturing Children
  2. Meeting Children's Developmental Needs and Addressing Developmental Delays
  3. Supporting Relationships between Children and their Families
  4. Connecting Children to Safe, Nurturing Relationships Intended to Last a Lifetime
  5. Working as a Member of a Professional Team

Upon completion of the PRIDE pre-service training, it is expected that all resource families working with children and youth who enter care will have the knowledge necessary to better understand the behaviors and emotional issues children entering care may exhibit. It is also expected that they will have a better understanding of their role in the child welfare system.

PRIDE Pre-Service Training Teams consist of case managers and foster/adoptive parents who have successfully completed a Train-the-Trainer program delivered annually by CFSTC. The primary method of training is live delivery to a group of prospective foster and adoptive parents. Foster and adoptive parents attending the training have commented that close connections can be formed with other foster parents during the training experience. CFSTC can deliver the PRIDE pre-service over the Interactive Video Network (IVN) when there are enough participants in need of this format. Using technology of Interactive Video has proven to be a successful model for training foster parents residing in remote areas that would likely have had to wait to begin the training process.

Evaluations of those attending training do not reflect a difference in the satisfaction of trainees who attend the IVN training versus live training. The frequency of training sessions is based on need; therefore, it varies across the regions of the state.
Per state policy, each new prospective foster parent or adoptive parent must complete the training before accepting a child into their home. This requirement can be waived with the approval of the Regional Supervisor on a case-specific basis. However, all foster/adoptive parents must complete the training within their first year of licensure. If a foster or adoptive family is a two-parent household, both parents are required to attend the training. Since the curriculum is written and designed to train both foster and adoptive parents, a foster family preparing to adopt are not required to complete the training again unless the adoption agency has a specific reason to make this request. During SFY 2015, 54 foster and adoptive parents completed the PRIDE Pre-Service training.

- Additional Initial Training Requirements
  In addition to the PRIDE Pre-Service training, new therapeutic foster care families are required to complete 12 hours of non-violent crisis intervention and 17 hours of therapeutic foster care training (much of which is centered on trauma informed care). CPR and First are also required. The additional requirements are to be completed in the first year of fostering.

Ongoing Training for Foster and Adoptive Parents
PATH therapeutic foster parents are required to complete 30 hours of annual ongoing training after the first year. County foster parents are required to complete 12 hours of annual ongoing training. Pre-adoptive parents are required to complete the PRIDE Pre-Service training only, but can choose to attend ongoing training events as needed.

- PRIDE Core Training
  The PRIDE Core training is a program of nine modules that build on the knowledge and skills presented in the PRIDE Pre-service training. Each module is comprised of one or more sessions, and sessions are two to three hours in length. These sessions are designed to provide additional information that foster and adoptive families can benefit from as they work with children and youth who are involved with a foster care or adoptive placement. The PRIDE Core Curriculum is available through a digital format, which allows parents to access the training from their home. Because of the manner in which this training is administered, data on the number completing this training is not available.

- PRIDE Advanced and Specialized Training
  PRIDE Advanced Modules build upon core competencies and Foster PRIDE Specialized Modules address competencies designed to prepare foster parents for a certain area of expertise. Like Core Modules, the Advanced and Specialized Modules are comprised of one or more sessions and the sessions are three hours in length.

- Additional Ongoing Training for Foster, Adoptive and Kinship Parents
  CFSTC conducts annual surveys of foster, adoptive and kinship parents, as well as, professional child welfare staff on an annual basis. This is completed through an online survey and regional meetings. Information gained from this feedback is used to plan various regional trainings for foster, adoptive and kinship parents. CFSTC
sponsored 27 separate training sessions across the state which were attended by 771 foster parents. The North Dakota Foster and Adoptive Parent Association has been a strong partner in meeting the training needs of foster families.

CFSTC maintains a calendar of training opportunities on their website including both sponsored training and relevant training opportunities in the community. One of the trainings sponsored during SFY 2015 was the ND Foster and Adopt Conference which was co-sponsored by CFSTC, PATH and the North Dakota Foster/Adopt Association. Below is a list of some ongoing training offered during SFY 2015.

<table>
<thead>
<tr>
<th>TRAINING TOPIC</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grief and Loss in Foster Care</td>
<td>Grand Forks &amp; Devils Lake</td>
</tr>
<tr>
<td>Working with Mentally Ill Parents</td>
<td>Fargo</td>
</tr>
<tr>
<td>ND Native American Cultural Awareness</td>
<td>Bismarck</td>
</tr>
<tr>
<td>The Goal is Adoption...Now What?</td>
<td>Fargo, Grand Forks, Devils Lake</td>
</tr>
<tr>
<td>Children in Transition</td>
<td>Fargo</td>
</tr>
<tr>
<td>Managing the Emotional Ride of Fostering Youth</td>
<td>Minot</td>
</tr>
<tr>
<td>Trauma 101</td>
<td>Minot</td>
</tr>
<tr>
<td>Brain Development in Children &amp; Adolescents</td>
<td>Grand Forks</td>
</tr>
<tr>
<td>Make Me Feel Safe</td>
<td>Grand Forks</td>
</tr>
<tr>
<td>Prenatal Exposure to Alcohol...Now What?</td>
<td>Grand Forks, Devils Lake, Dickinson</td>
</tr>
<tr>
<td>The Criminal Evils of Technology</td>
<td>Minot</td>
</tr>
<tr>
<td>Beyond Anger Management 101</td>
<td>Fargo</td>
</tr>
</tbody>
</table>

- During SFY 2015, additional training opportunities for foster/adopt parents included the annual ND Foster and Adoptive Parent Conference held in Fargo October 3-4. Records indicate 335 people attended and participated in the event.

- Online fire safety courses continue to be available to foster/adopt parents on the DHS website. By completing a fire safety course online, foster parents can meet the fire safety training requirement prior to initial licensure, or at annual re-licensure in the comfort of their own home according to their own schedule. Completion of this training requirement is tracked through the licensing/re-licensing process.

- Since 2011, AASK has offered training to prospective adoptive parents entitled, “Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents.” This full-day training is designed to teach 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. The curriculum was developed by the National Child Traumatic Stress Network. Although not required, adoptive parents are strongly encouraged to attend. It is offered at least once annually. During CY 2015, 35 prospective adoptive parents completed this training. Evaluations received following training have been very positive. Comments include:
  - “The information was very real. It helps to understand some of the things foster kids are dealing with. This training should be required, and taken before kids are placed in your home.”
“We are able to use these trauma lenses, and it helps give some patience and understanding to tough situations and behaviors. I liked being able to discuss issues openly.”

- CFSTC continues to issue a regular online newsletter for foster and adoptive parents. The newsletter routinely includes educational topics and information to support their work. A recent version of this newsletter can be found at http://und.edu/centers/children-and-family-services-training-center/may-2016.pdf.

- The AASK Program also issues a regular electronic newsletter, The Heart Times, which features an educational component to supplement the recruitment opportunities provided by such a publication. The Heart Times is made available to all current foster families and families who have adopted through the AASK program. A recent newsletter can be viewed at http://media.wix.com/ugd/d3fc4f_c927e78982e82d498955452d2756bb.pdf.

**Strengths and Concerns**

- Within the Statewide Survey, Caregivers were asked, “To the best of your knowledge, do foster and adoptive (prior to finalization) parents receive ongoing training?” The majority (84%) responded with either ‘every time’ or ‘frequently.’ they received ongoing training.

![Bar chart](image)

Caregivers were then asked, “To the best of your knowledge, do foster and adoptive (prior to finalization) parents receive ongoing training?” Note that only 12 people responded, so the data is based on a very small sample size.
Comments from those selecting ‘other’ included:
- “Training isn’t available when needed.”
- “We were never told of any training being offered to adoptive parents.”

- Within the Statewide Survey, Caregivers were asked, “To the best of your knowledge, does the ongoing training offered to foster and adoptive parents (prior to finalization) teach the skills and knowledge needed to carry out their duties in child welfare?” The majority (70%) they received ongoing training. The fact that almost 25% responded ‘sometimes’ bears consideration.
Caregivers were then asked, “From your perspective, what gets in the way of foster and adoptive parents (prior to finalization) getting the advanced skills and knowledge from ongoing training?” Note that only 20 people responded, so the data is based on a very small sample size.

Comments from those selecting ‘other’ included:

- “Access to the training, training at inconvenient times, and no childcare during the training.”
- “I think it’s a few of the above. Each child served is completely different and the topics are all very general. In those trainings there is not enough time to practice the skills.”
- “I was never offered training prior to finalization of permanent guardianship.”
- “Not enough trainings are offered.”
- “Presenter’s knowledge of the subject is limited at times, I feel, but also the topics are too general, so kind of a combination.”

- Availability of resources and supports remains an ongoing challenge in our ability to provide consistent and available training to rural areas. Use of interactive training modules, online training resources, and training DVD’s have assisted our efforts, yet foster parents and case management staff continue to voice this need.

- Feedback from the PRIDE sessions and Stakeholder comments acknowledge North Dakota’s desire to increase the availability of resources and supports for non-licensed relative (kin) providers. Discussions will continue an effort to identify and implement solutions.
FACILITY AND INSTITUTION TRAINING – INITIAL & ONGOING

The North Dakota Department of Human Services is responsible for licensing facilities that offer residential placement services to children in foster care who require higher, more intense levels of service provision. These facilities are either Residential Child Care Facilities (RCCF) or Psychiatric Residential Treatment Facilities (PRTF). CFS is responsible for licensing and monitoring the RCCFs. The ND Behavioral Health Division (also part of ND DHS) is responsible for licensing and monitoring the PRTFs.

Residential Child Care Facilities

Per North Dakota Administrative Code (NDAC) 75-03-16, an essential component of licensure requires each facility to ensure all employees in contact with children in placement receive at least twenty hours of annual training. NDAC requires all employee files contain a training record consisting of the name of presenter, date of the presentation, topic of the presentation, and length of the presentation. The “Employee File Checklist” is used by the CFS Licensing Team to determine compliance in this area. The required initial training topics include:

<table>
<thead>
<tr>
<th>REQUIRED TRAINING TOPICS FOR RCCF STAFF</th>
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</thead>
<tbody>
<tr>
<td>Certified First Aid</td>
</tr>
<tr>
<td>Certified CPR and Automated External Defibrillator Training</td>
</tr>
<tr>
<td>Certified Nonviolent Crisis Intervention Training</td>
</tr>
<tr>
<td>Child Abuse and Neglect Mandated Reporter Training</td>
</tr>
<tr>
<td>Training Addressing Children’s Emotional Needs</td>
</tr>
<tr>
<td>Suicide Prevention Training</td>
</tr>
</tbody>
</table>

In addition to above, each RCCF chooses their own training curriculum components based on the individualized needs of the facility, along with input from staff, within the requirements of NDAC 75-03-16.

As of this writing, North Dakota has eleven licensed RCCFs. CFS, as the licensing agent, schedules one licensing visit annually at each of the RCCFs. CFS completes an additional “random-site visit” at three of the facilities each year. Approximately 80 RCCF employee files are randomly selected for review each year. Documentation of initial and ongoing training received by facility employees is evaluated during the licensing review process. If any training areas are found to be out of compliance at the time of the licensing review, it is noted and the facility is required to make the correction within 30 days. At this time, CFS does not have comprehensive data showing the number of RCCF staff who receive ongoing training.

Since 2014, North Dakota has utilized Performance Based Standards (formerly Community Based Standards), a national model using evidence-based principles and best practices through data, to support better outcomes for youth. PbS builds performance improvement and accountability into agency, facility and program operations using a three-part cycle of activities: 1) Collecting data, 2) Analyzing the performance outcomes and summary data reports, and 3) The heart of PbS: using the data to create improvement and reforms. PbS includes an employee survey component, and one of the questions within this survey asks the employee what training they need.
As a result of the PbS data, a challenge was identified related to the difficulty in obtaining ongoing training for facility staff due to the high cost and lack of availability. CFS addressed this challenge by securing $71,000 in state general funds to support ongoing facility training needs for the 2015-2017 biennium. Training topics include: Opportunities to best meet the needs of children in placement; Secondary trauma training for staff; Reduction of restraint; Positive behavior modification techniques; and Trauma informed care practices. The funding has been divided into three portions; $20,000 to the CFSTC contract specific to secondary trauma training; $11,000 for facility statewide training each fall; and $40,000 for individual RCCF training requests (up to $3,000 per training) for onsite program enhancement training.

**Psychiatric Residential Treatment Facilities**

The Behavioral Health Division (BHD) of ND DHS is responsible for licensing the six Psychiatric Treatment Facilities for Children (PRTFs) in North Dakota. The licensing responsibility and authority to adopt rules for PRTFs is provided in North Dakota law (NDCC 25-03.2-10).

The most current version of the administrative rules, NDAC 75-03-17, became effective on 4/1/16. Licensing rules require that all employees on duty must have satisfactorily completed annual training on the following:

<table>
<thead>
<tr>
<th>REQUIRED TRAINING TOPICS FOR PRTF STAFF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certified First Aid</td>
</tr>
<tr>
<td>Therapeutic Crisis Intervention/Prevention Intervention*</td>
</tr>
<tr>
<td>Suicide Awareness and Prevention Training</td>
</tr>
<tr>
<td>Standard Precautions as used by the Center for Disease Control and Prevention</td>
</tr>
<tr>
<td>Institutional Child Abuse and Neglect</td>
</tr>
<tr>
<td>Cardiopulmonary Resuscitation*</td>
</tr>
</tbody>
</table>

*Staff must demonstrate their competency in this training area on an annual (CPR) and semiannual (Therapeutic / Crisis Intervention / Prevention) basis*

Licensing rules require that the facility provide quarterly training to employees which is relevant to address the changing needs of the milieu and according to the requirements of the facility's accrediting body.

Licensing rules require that the facility maintain an individual file on each employee with current certificates for CPR, First Aid, and Nonviolent Crisis Intervention. The file must also contain evidence of the employee having read the law requiring reporting of suspected child abuse and neglect and having read and received a copy of the facility's written child abuse and neglect procedures. Licensing rules also specify the core components that must be included in that procedure.

In addition to state licensure, each PRTF is also required to be accredited by a nationally recognized accrediting organization. The BHD conducts licensure visits every two years and technical assistance site visits in the interim year. A current focus on the technical assistance site visits is the review of licensure rule amendments and related new reporting requirements.
Technical assistance site visits are also conducted to receive feedback from the providers regarding indicated training needs for all levels of staff.

The BHD contracts with PbS for Communities to provide ongoing data in relevant areas to continuously monitor programing and effectiveness of programming. Among the data sets are surveys on staff responses regarding training that staff prioritize. The PbS for Communities program provides significant data to both help determine staff’s training needs and facility improvement plans, which could be directly related to staff training.

The BHD has sponsored Trauma Focused Cognitive Behavioral Therapy training on an annual basis and there are currently five PRTF clinicians completing that training. The BHD has also ensured that critical topics for training for facility staff are part of the semi-annual 3-day Behavioral Health Conference. The most recent conference in May 2016 hosted several sessions on suicide awareness and prevention.

Employee files are reviewed during the licensure visits and facility providers are identifying specific training planned during the technical assistance site visits.

Data gathered from new reporting requirements will help assess the effectiveness of program’s training activities. There are two specific areas of reporting that will address potential training needs. First, facilities have to report on facility improvement plans. Those plans will allow the BHD to track any staff training component that is part of the plan and the plan outcomes will help assess the effectiveness of the training as well as other components. Second, facilities have to report on any incident of seclusion or restraint, including the programmatic review of each restraint. This data will allow for the BHD to initiate recommendations regarding training. The data accumulated on restraint and seclusion, such as trends, nature of restraint and seclusion incidents, etc. will provide data to assess the impact of any staff training related the organizations ability to therapeutically respond to residents.

**Strengths and Concerns**

Strong data on staff training for North Dakota RCCFs and PRTFs is not currently available. However, data gathered through PbS will provide useful information going forward.

**Item 29 Service Array**

North Dakota recognizes this is an Item for which interviews with key Stakeholders are necessary in assessing the state’s performance. Per the information provided, our review suggests this Item is an Area Needing Improvement. Please see Service Description in North Dakota’s 2015-2019 CFSP for a complete list of services available through North Dakota’s child welfare system. There have been no significant changes to the service array as described. It should be noted that three Children’s Advocacy Centers, located in Bismarck, Minot and Fargo with outreach to Dickinson, Belcourt, and Grand Forks, continue to provide statewide services to communities in North Dakota, including tribal communities.
Data and Information
- Services provided under Title IV-B Subparts 1 & 2, Chafee, ETV, CAPTA, Title IV-E, CBCAP, Adoptions and Legal Guardianship Incentive Funds, and State General Fund appropriations to CFS have been identified under the following categories. Those in **bold type** above are available statewide.

**Category 1: Services that assess the strengths and needs of children and families and determine other service needs**

<table>
<thead>
<tr>
<th>In-Home Case Management</th>
<th>Family Group Decision Making</th>
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<tbody>
<tr>
<td></td>
<td>Family Team Decision Making</td>
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<tr>
<td><strong>Intensive In-home Family Therapy</strong></td>
<td>PATH Therapeutic Foster Care</td>
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<td></td>
<td>Residential Facilities</td>
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<tr>
<td><strong>Chafee Foster Care Independence Living Program (PATH)</strong></td>
<td>Youthworks Shelter Care</td>
</tr>
</tbody>
</table>

Within the Statewide Survey, Stakeholders were asked, “In your opinion, are child and family strengths and needs considered when determining services?” The 654 Stakeholders responded as shown below. The majority of respondents (73%) answered ‘every time’ or ‘frequently.’

In your opinion, are child and family strengths and needs considered when determining services? (n=654)

![Chart showing responses](chart.png)

*Select Workforce = agency supervisors and caseworkers

The respondents who answered either ‘sometimes’ or ‘rarely’ were asked the follow-up question, “What gets in the way of talking about child and family strengths and needs when deciding services with the family?” The majority (31%) indicated caseworker demands was the primary barrier.
Of the 22% who answered, 'Other,' they expressed such issues as the following:

- “All of the above and there is not enough time scheduled to talk about real issues and do real collaboration. It continues to be an overburdened system with not enough caseworkers, foster parents, or appropriate supportive services for families with real issues.”

- “Case worker does not know resources in county area or what is available or what those resources can provide. So many times there are services that can be used that are not utilized and on the other spectrum there are times a referral is made to a voluntary program calling it ‘services required’ but those services are actually considered voluntary. So the case will close with the referral and in long term no services are in place.”

- “Seems as though the concerns of the foster child are not important.”

- “I think a variety of things get in the way/happen-case workers DO NOT LISTEN to the family-I feel this is the biggest concern and problem! Once the parent has a bad rep in the community NO ONE is willing to give that parent another chance to prove themselves! We live in a small community and opinions are formed BEFORE ever meeting the parent/family. I feel many of the families I work with are NOT treated fairly!”

- “Ego and attitude of county worker.”

- “There is little fidelity in our systems to support child-family centered strength based orientation and approach - this is evidenced by pervasive work culture focused…on meeting expectations of federal, state, and community angst vs truly being family and child centered in our policies/print/action…Staff should be rewarded for meeting those criteria (which change little over time) rather than federal metrics that become flavor of
the year and well-intended but mechanistic and overtake agenda/time/energy/effort.... only to be replaced with a new set of targets in vogue every few years. Safety - Permanence - Belonging require review - how do we balance those in keeping with the stated models in concert with risk management? How do we sanction family strengths that may not fit the dominant community perception and mindset?”

Category 2: Services that address the needs of families in addition to individual children in order to create a safe home environment

Child Protection Services
The Nurturing Parent Program

Prevent Child Abuse North Dakota
Parent Resource Centers

Children’s Advocacy Centers
In-Home Case Management

Parent Aide

Intensive In-Home Family Therapy
Safety Permanency Funds

TANF Kinship Care Program

Within the Statewide Survey, the same Stakeholder groups were asked, “In your opinion, do families have access to services that address their needs in order to create a safe home environment?” The 640 Stakeholders responded as shown below. The majority of respondents (60%) answered ‘every time’ or ‘frequently.’

In your opinion, do families have access to services that address their needs in order to create a safe home environment? (n=640)

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<thead>
<tr>
<th>Category</th>
<th>Services</th>
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<tbody>
<tr>
<td></td>
<td>- Child Protection Services</td>
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<td></td>
<td>- The Nurturing Parent Program</td>
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<td>- Prevent Child Abuse North Dakota</td>
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<td>- Children’s Advocacy Centers</td>
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<td>- In-Home Case Management</td>
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<td>- Intensive In-Home Family Therapy</td>
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<td></td>
<td>- Safety Permanency Funds</td>
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<tr>
<td></td>
<td>- TANF Kinship Care Program</td>
</tr>
</tbody>
</table>

The respondents who answered either 'sometimes' or 'rarely' to the two questions above were then asked the follow-up question, “What gets in the way of families receiving services they need to create a safe home environment?” The top three issues identified were:

- Lack of family engagement
- Lack of addiction services
- Lack of mental health services
The same Stakeholder groups were asked, “In your opinion, do families have access to services they need to keep their children safely at home?” The 614 Stakeholders responded as shown below. The majority of respondents (58%) answered ‘every time’ or ‘frequently.’

The respondents who answered either ‘sometimes’ or ‘rarely’ to the two questions above were then asked the follow-up question, “What gets in the way of families receiving the services they need to keep their children safely at home?” The top three issues identified were the same as those of the previous section:

- Lack of family engagement
- Lack of addiction services
- Lack of mental health services
The Stakeholder groups were asked, “In your opinion, do children in foster and adoptive placements (prior to finalization) have services they need to achieve a permanent home/family?” The 548 Stakeholders responded as shown below. The majority of respondents (65%) answered ‘every time’ or ‘frequently.’

The respondents who answered either ‘sometimes’ or ‘rarely’ to the above question were then asked the follow-up question, “What gets in the way of families receiving the services they need to keep their children safely at home?” The top three issues identified were the same as those of the previous section:

- Lack of mental health services
- Lack of family engagement
- Waiting list for services

The selected Stakeholder groups were then asked, “In your opinion, do adoptive families and children whose adoptions have been finalized have the post-adoption services they need to maintain a permanent home and family?” The 187 Stakeholders responded as shown below. A minority of respondents (37%) answered ‘every time’ or ‘frequently.’
The respondents who answered either 'sometimes' or 'rarely' to the above question were then asked the follow-up question, “What gets in the way of adoptive families and children whose adoptions have been finalized having the post-adoption services they need to maintain a permanent home/family?” The top three issues identified were the same as those of the previous section:

- Lack of support services (i.e. respite care, parent aide)
- Lack of mental health services
- Waiting list for services

The following map shows services that are available in North Dakota jurisdictions. Because not all counties currently receive federal or state funding sources for parent aide or in-home case management, only those that receive such funding are included on the map.
The CFS Division utilizes state general funds to provide Family Preservation Services contracts with each of the four federally recognized tribes in the state. Each tribal social services office has the option to select which Family Preservation service or services they will offer. For the time period of FFY 2015, tribal social service offices reported the following data:

- Three Affiliated Tribal Social Services provided parent aide services to 12 families and prevented out of home placements in 68% of the cases.

- Turtle Mountain Tribal Social Services provided in-home case management and parent aide services to 54 families and prevented out of home placements in 78% of the cases.

- Spirit Lake Tribal Social Services provided parent aide services to 81 families. At the time of this data submission, Spirit Lake Tribal Social Services explained they provide services only to those children and family members who are IV-E eligible, in situations where the child is in a foster home or facility. However, it is noteworthy that they have provided site visitation for 25 youth who are under the care of BIA Social Services. These site visits are part of the transition of CPS back to Tribal Social Services.

- Standing Rock Tribal Social Services provided parent aide services. Data was not available at the time of this writing.
North Dakota’s child welfare system also utilizes services funded and supported through other federally and state supported programs, such as Medicaid, and Temporary Assistance to Needy Families (TANF), along with multiple behavioral and mental health services. Many of these services are available statewide, yet also represent our challenge in which service gaps exist across political jurisdictions.

**Strengths and Concerns**

- Recently, a North Dakota RCCF developed a Trauma Recovery Unit within their facility to provide:
  - A separate on-campus living space for residents struggling with trauma re-activated behaviors
  - A safe, nurturing environment where residents receive intensive therapeutic support to develop and apply effective prosocial and emotional regulation skills
  - An individualized treatment plan with specific short term goals
  - One-on-one assistance with school work, daily therapy, and case management sessions
  - Daily progress reviews by the treatment team to ensure the residents’ needs are being addressed, and to assess readiness to return to the larger therapeutic community
- As reported in Well-Being Outcome 3, the 2015 North Dakota legislative assembly afforded significant attention to the lack of available mental and behavioral health services in the state. Bills were passed to support the development of family support, assessment and stabilization services accessible to families and custodial agencies. Additionally, DHS received additional state general funds to support a substance abuse treatment voucher system with a focus on underserved areas in the state.

The 2015 legislature also approved several interim studies including studying the feasibility of a loan repayment program for mental health and addiction treatment professionals, a mental health resource network, and consideration of behavioral health service access, availability, and delivery.

- As of this writing, it is not known if the studies will result in bills being proposed to address the continued shortage of mental health and addiction treatment services. It is significant to acknowledge that while service needs still exist, North Dakota is experiencing an economic downturn and it is probable state general funds resources will decline in the upcoming 2017-19 biennium.
- Stakeholders surveyed indicated the lack of addiction and mental health services are of significant concern in relation to ensuring child safety. Additionally, concerns related to efforts to effectively engage families in services were frequently identified.
- The lack of post-adoption services has been a longstanding challenge in North Dakota, and this was clearly a primary concern for the Stakeholders. It is important to note that during FFY 2016, the CFS Adoption Administrator utilized adoption incentive funding to support post-permanency services for any family who has adopted a child, or families who have assumed legal guardianship of a child through foster care. AASK hired a post-adoption specialist to work with eligible families in January 2016.

- Out of home placement resources are in limited supply. North Dakota greatly exceed the national standard for children placed in congregate care. Additionally, concerns have been shared specific to the limited number of foster family homes able to take large sibling groups, and the number of youth being placed out of state in order to meet their complex treatment needs.

- More services to prevent removal are needed. Concerns related to waiting lists for intensive in-home services, for parent aide services to be more available prior to a foster care placement, more post-adoption services to support permanency, a request from many jurisdictions to have Family Team Decision Making Services available statewide.

An ongoing challenge in most North Dakota jurisdictions is locating dentists who accept Medicaid.

### Item 30 Agency Responsiveness to the Community

North Dakota believes this Item is an Area Needing Improvement, based on the information provided below. Additional input through review of OSRI Item 12 (Needs and services of children, parents, and foster parents) and the Stakeholder interviews could be helpful in learning more about how this item is functioning in the state.

The ND Wraparound Practice Model values speak to ensuring that services are individualized to meet the child and family needs. However, no quantifiable data is currently available. Within the Statewide Survey, Stakeholders were asked, “In your opinion, are formal and informal supports used to create services and supports for each child and family, rather than families ‘fitting in’ to pre-existing services?” The 509 Stakeholders responded as shown below. A small majority (54%) answered ‘every time’ or ‘frequently.’
The respondents who answered either ‘sometimes’ or ‘rarely’ to the above question were then asked the follow-up question, “What gets in the way of formal and informal supports being used to create services and supports that are developmentally and culturally appropriate?” The top five issues identified were the following:

- Lack of collaboration between Child Welfare, Behavioral Health, Developmental Disability, and Tribes
- Lack of services tailored to meet the need of parents
- Shortage of Native American foster homes
- Lack of residential services for dually diagnosed children
- Lack of developmentally appropriate services for older youth

Data from the state’s CFSR case reviews for the former Item 17, Needs and Services of Children, Parents, and Foster Parents, reflect that overall the item is an area needing improvement, yet as noted previously, a majority of those cases are lack of concerted efforts to engage with the absent parent. Ratings on foster care cases over the 2010-2015 regional CFSRs show 65.8% were rated Strength, while only 54.9% of in-home cases were rated Strength. A challenge with this data is that it’s not broken out by the three populations addressed (i.e. children, parents, and foster parents).

**Strengths and Concerns**

- A noted strength for this Item is the availability of Safety Permanency funds available to local counties (see CFSP for a complete description). The funds are flexible and can be accessed for a variety of purposes to support the following:
  - Assist with goal of reunification
  - Assist with other permanency goal
o Assist with safety and stabilization of family

o Enhance family well-being

o Placement prevention

- Another noted strength is the availability of interdisciplinary ‘regional teams’ as a resource for child and family teams struggling with a viable plan to support complex child and family needs. These teams are available at each of the eight regional human service centers. Typically, a meeting is called when the child and family team cannot locate a needed resource, often related to appropriate placement. If the regional team cannot find a solution, the case can be referred to the ‘state team,’ comprised of DHS division administrators and it serves the same purpose on a state level. Solutions to address the needs involve an individualized planning process and intense collaboration among agencies.

- Comments from Stakeholders in the Statewide Surveys demonstrate that despite the above strengths, lack of fidelity to the Wraparound Practice Model means that child and family teams struggle with developing individualized case plans. Complicating this is the fact that services are not universally available in all North Dakota jurisdictions.

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

North Dakota acknowledges Stakeholder interviews will likely be needed to determine functionality of this item.

Please refer to pages 6-9 of this assessment for a list of Stakeholders participating in its development.

As reported in the 2015—2019 CFSP, CFS program administrators actively participate in several regularly scheduled meetings of the following:

- ND County Social Services Directors Association

- Behavioral Health Youth Council

- County Supervisors Committee

- CFS Committee (subcommittee of the county directors association)

- Regional Supervisors of County Social Services

- Court Improvement Project

In addition, CFS Program Administrators, and the CFS Director, routinely provide supportive assistance to constituents (in particular parents and relatives), as well as the county and
regional workforce, related to case-specific challenges.

CFS utilizes the feedback received from the above meetings to develop the state’s CFSP 5-year goals, objectives, and annual updates. Furthermore, the state makes these documents available to stakeholders, tribes, and the public on the Department’s website at the following link: [http://www.nd.gov/dhs/info/pubs/family.html](http://www.nd.gov/dhs/info/pubs/family.html). An example demonstrating how Stakeholder feedback is operationalized can be seen in CFS’s response to statewide child welfare workforce challenges. As a result of community feedback received during the state’s strategic planning meetings, statewide child welfare workforce challenges were explored and ultimately became a goal of the state’s 2015-2019 CFSP. The University of North Dakota participated in the strategic planning sessions, and at that time they were simultaneously applying for the National Child Welfare Workforce Institute (NCWWI) grant. CFS continues to partner with this initiative and further details are referenced in the state’s CFSP and APSRs. Since FFY 2015, the state has experienced positive changes in this focus area.

While strong coordination efforts continue statewide, and at all levels of the state’s child welfare system, within the Statewide Survey, stakeholders were asked, “What do you believe are the barriers the following groups experience in talking about child welfare system strengths, needs and issues?” The groups listed were:

- Parents, caregivers, and children/youth
- Foster care providers
- Adoptive parents
- ND Tribes
- Juvenile Court
- Other child and family serving agencies in your area (i.e. schools, Head Start, Developmental Disability, service providers and mental health providers)
- Other federal or federally assisted programs serving the same population (TANF, Economic Assistance Programs, Child Support Enforcement, etc.)

Compelling feedback was received including:

- “The state maintains separations between service provision for behavioral health, juvenile justice, MA and social services based on funding streams and does not allow for collaborative planning and intervention. These issues are viewed as separate rather than a part of the pie. State legislature and state leadership do not understand practical implementation of the regulations and what it truly takes to do the job. The groups are not formally put together to discuss the issues and work together for solutions.”

- “Again, 17 years of experience...Mental health is a non-issue in North Dakota. Out of sight, out of mind. Input from direct care employees is never addressed, never asked for, except for impertinent surveys.”

- “Child welfare needs that affect children in our schools have not been communicated to our school systems, which results in a system that is not trauma informed, although as a school social worker I am working to address these items. A large system collaborative approach would be beneficial to those serving at the ground level to provide evidence base interventions.”
“This question makes me angry. How is a County Social Services agency supposed to TAKE time, which it does not have, to do ANYTHING? The question should have been whether the agency HAS time. Our perception is that, to the extent that our County agency people do talk to the groups listed above, it’s because they’re GIVING their time to do it.”

“I think many see the issues as far outweighing the strengths and it becomes overwhelming when there aren't solutions in sight.”

The above qualitative information indicates that the active collaborative efforts previously described are not noticed or understood by Stakeholders. It points to challenges CFS experiences in developing a fully functioning CQI process. Clearly, CFS’s perception of a strong feedback loop is incongruous with what these Stakeholders report. Again, more information on the functioning of this item will be important to accurately assess this particular systemic factor.

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

North Dakota has a fully functioning statewide system to coordinate services under the CFSP with services or benefits provided by other federal or federally assisted programs serving the same population. Many are accomplished through direct coordination within the North Dakota Department of Human Services as ND DHS is the state agency administering Medicaid, Economic Assistance programs, Child Support, Behavioral Health Services and Child Welfare programs. Other means include coordination efforts statewide or through local county social service agency effort. For example:

- CFS coordinates eligibility for most federal assistance program (Medicaid, TANF, Food Stamps, Title IV-E Foster Care Eligibility) with local county social service agencies and the Medical Assistance or Economic Assistance divisions of ND DHS.

- Medicaid has been used to finance Wraparound Targeted Case Management Services for multiple systems. Private and public health providers complete the Health Track/EPSDT Screenings with Medicaid funds.

- The TANF Kinship Care Program was developed in collaboration with the Economic Assistance Division in 2005. Child welfare program share information with TANF in accordance with IM 5267.

- ND DHS relies on a Master Client Index (MCI) to compare client records from various systems and links them together, creating a Master Demographic Record for each client receiving state services. The MCI utilizes IBM’s Initiate Master Data Service to score, match, and consolidate data into a single record. Additional network interfaces are in place between CFS and Medical Assistance, Economic Assistance and Child Support Divisions which aid in the reporting of financial elements for the AFCARS report.
Collaborative efforts continue with CFS and the Child Support Division. The Department of Human Services maintains an automated system (FACES) to transmit and receive child support referrals. The referral information sent to the Child Support Division is used to establish paternity, locate the absent parent(s), and establish and enforce a support order. The referral may be transmitted by the County Social Service agency to Child Support at any time following placement, but is required to be transmitted at the time of initial payment authorization. Once a child support referral is in an open status, child support collected on behalf of the child will automatically be allocated to the North Dakota Department of Human Services to offset the amount expended for foster care while the child is in a paid placement. When a child’s placement is closed, the child support referral will revert to “close pending” and remain in a monitor status until the child’s foster care program is closed or a new placement is entered. This coordination assists the agencies to meet the needs of children. In some cases, the local agency is able to locate a prospective placement option or reuniting a child with biological family because of information obtained from the Child Support division. Additionally, child support is to help children get the financial support they need when it is not otherwise received from one or both parents. To accomplish this, CFS works directly with the Child Support Division, who works with the families to carry out critical steps in the child support process to ensure proper payments are applied to child accounts.

Federal Parent Locator is a beneficial resource available to the state’s child welfare community hosted by the ND Child Support Division. Child Support works closely with CFS to ensure that county case managers have access to obtaining necessary contact information on all children in foster care. The process is simple; the case manager provides basic demographics to the Regional Supervisor and the Regional Supervisor in turn works directly with the Child Support Division to obtain contact information on family with hopes to locate and secure relative placement options. In October 2010, the federal regulation, National Youth in Transition Database (NYTD), was implemented. In 2012, states were encouraged to work with Federal Parent Locator to gain current contact information on youth who have aged out of foster care and were in the age 19 and 21 NYTD survey populations. ND was given an opportunity to again work closely with the Child Support Division to meet this need. CFS provided the Child Support Division with the federal bulletin and had a conference call with both Division state administrators to ensure understanding of the need for the information. Small states have challenges, but working closely with the same people on similar topics can offer great strength to solutions. After one phone call, CFS was given a specific form from Child Support to use when requesting information on NYTD survey youth via Federal Parent Locator. Every reporting period, CFS has relied on this coordinated effort to receive information from the FPLS to contact youth directly.

Early Childhood Services administration falls under the umbrella of Child and Family Well-Being, and this position is supervised by the CFS Well-Being Administrator. The Early Childhood Administrator serves as the administrator for the Child Care Development Fund (CCDF) Plan. This plan is co-administered by the Economic Assistance Division of the Department. There is a strong partnership between these two divisions and the co-administrator is responsible for the development and
supervision of eligibility policy and eligibility determination process for the Child Care Assistance Program. Other responsibilities include the development and monitoring of technical aspects for the subsidy payment system, conducting the market rate survey, and serve as a resource in the improper payment review process.

• CFS houses the Head Start Collaboration Office, supporting the coordination of services to families with low income and young children. As an example of the partnerships taking place, the Early Childhood Services Administrator, Child Care Assistance Program, and the Head Start Collaboration Office Administrator have worked with programs across the state to provide a method of Early Head Start and Child Care Partnerships delivery that serves families, and encourages programs to collaborate. The partnership has worked to create an alternate system for Child Care Assistance funds, and their disbursement, to the Early Head Start Child Care Partnerships that allows families to remain in the program for a longer period of time before need to reapply for services. In addition, quarterly meetings are held to address any barriers in providing the services and the partnerships. In addition, the Early Childhood Services Administrator and Head Start Collaboration Office Administrator have attended trainings on the EHS-CC Partnerships with the programs in order to understand the difficulties they face and the achievements they have experienced. The Head Start Collaboration Office distributes a flyer and an advertisement on an annual basis to remind caseworkers and foster parents that foster children are automatically eligible for Head Start.

• The Department of Human Services, and specifically the CFS Division, is the agency designated by the Governor to administer the Unaccompanied Refugee Minor (URM) program and collaborate with the ND Medical Services Division for Refugee Medical Assistance programming for refugees arriving in the United States and into North Dakota. Under a Memorandum of Understanding between ND DHS and Lutheran Social Services of North Dakota (LSS/ND), LSS/ND administers the Refugee Cash Assistance through a Wilson/Fish Alternative Project. In addition, LSS/ND is the grantee for other Office of Refugee Resettlement (ORR), Administration for Children and Families, US Department of Health and Human Services federal funding. These include: Refugee Social Service Grants, Targeted Assistance Grants, Preventative Health Grants, and Refugee School impact Grants. These grants are available to meet the needs of newly arriving refugee families and unaccompanied refugee minor youth. Refugee related grants assist in paying for interpretive services, transportation, foster care costs, job placement activities/trainings, extraordinary medical needs, economic assistance to refugee families, educational and job training classes and ELL and resource rooms in schools, to name a few. Primary resettlement sites are in Cass County (Fargo and West Fargo), Grand Forks County (city of Grand Forks), and Burleigh County (Bismarck), North Dakota.

• Seven parenting and family resource centers receive CBCAP dollars to fund specific parent support and education activities for the prevention of child abuse and neglect. These centers are local, collaborative efforts providing opportunities for evidence-based parent education for parents and caregivers. The Parent Resource Centers participate in a Family Life Education Program, a partnership with North Dakota State University Extension Service.
CFS partners with the North Dakota Department of Health - Division of Maternal and Child Health Parenting to publish and distribute the First Year Newsletter. This newsletter provides new parents with age paced information regarding infant care and safety. A copy of the newsletter is offered to parents of newborns in the birthing hospitals across the state. The CBCAP grant award supports costs for preparing, printing and distributing the Parenting the First Year Newsletter.

Three Children’s Advocacy Centers contract with CFS to conduct forensic interview and physical exams in child physical abuse and sexual abuse cases (all are fully accredited).

CFS coordinates with the ND Supreme Court Improvement Program (CIP) to improve communication with judges, court administrators, State’s Attorneys, Juvenile Court Staff, and tribal staff to address systemic issues.

CFS has contracts with the four North Dakota tribal social service agencies to provide family preservation services. These contracts are funded with state general funds, appropriated for this specific purpose by the ND legislature, to support front-end supportive services to families living on the four reservations in North Dakota. The tribal social services agencies are given the flexibility to choose which family preservation programs to provide, with the understanding that they must follow ND policy regarding these programs. All four agencies have opted to provide Parent Aide services. One agency has also elected to provide ‘Wraparound case management,’ or in-home case management services, in an effort to prevent out-of-home placements. A challenge with these contracts is the inconsistent usage of the appropriated funding, largely due to almost constant workforce turnover in leadership and fiscal positions.

The State Child Protection Team is made up of members from the following agencies: Department of Public Instruction, Department of Corrections, Developmental Disabilities Division, Residential Facility Licensors, Office of the Attorney General, Children and Family Services - Child Protection, and the Behavioral Health Division. Its purpose is to review all cases of alleged institutional child abuse and neglect and make a determination if child abuse or neglect has occurred. Recommendations for follow up are provided when warranted. Activities to enhance outcomes for shared populations have developed as a result of this coordination. Examples of such activities include:

- Dept. of Corrections- PREA (Prison Rape Elimination Act) compliance to provide a way for youth to external from the facility to report assaults in the correctional facility. Through partnerships between the State Child Protection Team, the local Children Advocacy Center (CAC) and the ND Youth Correctional Center (YCC) a process was developed and implemented for youth at YCC to report assault in the facility. The facility has a box where youth can place a paper if they have been harmed/sexually assaulted in the facility. The facility has the ability to look to see if there is anything in the box however, they do not have a key to open the box. Staff checks the box every evening and if they see there is anything in the box it is taken to the PREA coordinator. The coordinator then drives the box to the local CAC. The CAC staff has the key and opens to box to assess what is inside; this is done independently from the
PREA coordinator. At that time the CAC staff assesses the information and proceeds with the appropriate response which may include reporting to law enforcement and/or Institutional Child Protection.

- Residential Child Care Facility Licensor- After reviewing a completed suicide and multiple suicide attempts in residential facilities the State Child Protection Team made recommendations to the residential facilities and the licensing authority to have “cut down” tools readily accessible in every licensed facility. Facility administrators and licensing authority recognized the importance of this tool and its benefit to youth in emergent situations and a majority of the facilities have purchased this tool and now have emergency response kits readily available.

- Developmental Disabilities Division- After a case staffing the State Child Protection Team recommended that Developmental Disability residential facilities need to strengthen their policies and increase staff training on when and how to report ICPS. This was due to staff’s lack of ICPS knowledge and the protocols in place for staff to report suspected institutional child abuse and neglect being unclear. The Developmental Disabilities facility licensor, State Child Protection Team member, worked with DD residential facilities across the state to strengthen their policy and protocols in regards to recognizing and reporting institutional child abuse and neglect. This was done by providing training for the staff and identifying in policy the steps for staff to take when completing a report of suspected institutional child abuse and neglect.

- Local county agencies coordinate housing services available within their communities. Two specific communities, Grand Forks County and Cass County, have received competitive Housing and Urban Development grants to support Family Unification Program (FUP) vouchers. Bismarck and Minot applied and were denied the vouchers. Housing Choice Vouchers (HCVs) are provided to two different populations:
  - Families for whom the lack of adequate housing is a primary factor in:
    a. The imminent placement of the family’s child or children in out-of-home care, or
    b. The delay in the discharge of the child or children to the family from out-of-home care.

There is no time limitation on FUP family vouchers for this population.
  - Youth at least 18 years old and not more than 21 years old who left foster care at age 16 or older and who lack adequate housing.

FUP vouchers used by youth are limited, by statute to 18 months of housing assistance.
• CFS contracts with Prevent Child Abuse North Dakota (PCAND) to strengthen and build community child abuse prevention efforts as well coordinating the Children’s Justice Act Task Force. PCAND administers the MIECHV federal grant for home visitation programs. PCAND also convened the Home visitation Coalition and developed a directory of HV programs available in the state which can be viewed at: http://www.ndkids.org/images/Home_Visitation_Directory.pdf

• The coordination between CFS and PCAND is strengthened through PCAND’s role as administrator for the Early Childhood Comprehensive Systems grant. Information on this effort can be found at http://mchb.hrsa.gov/programs/earlychildhood/comprehensivesystems/

• CFS and the University of North Dakota’s (UND) Department of Social Work are collaborating to establish a formalized state-wide child welfare supervisor and mentor training program. Support for this initiative is being provided by the National Child Welfare Workforce Institute through funding from the Children’s Bureau. CFS Director and Chair of the UND Social Work Department are participating in the NCWWI Leadership Academy for Director and Deans (LADD). The work of the LADD initiatives is expected to foster transformational change across agency-university partnerships and enhance workforce outcomes. North Dakota’s change initiative is to implement a sustainable program for multi-level supervisory training and mentoring that will serve the entire state of North Dakota.

• CFS and the Behavioral Health Division of ND DHS will resume a coordination effort to continue trauma informed practice initiatives within the state. Immediate efforts will focus on selecting and implementing a trauma screening tools for use by child welfare case managers.

• CFS participates as an active member of the state’s Health Care Oversight Committee. Work through this committee supplies data and information to support the work of CFS in maintaining the Health Care Services Plan of the CFSP.

North Dakota believes this item is a Strength for CFS.

**Item 33 Standards Applied Equally**

Foster care licensing for family foster homes is governed by North Dakota Century Code (NDCC) 50-11, and by North Dakota Administrative Code (NDAC) 75-03-14. Foster home licenses are issued for one year. Annual licensing studies are completed by a county social worker or staff of a licensed child placing agency and submitted to the Regional Supervisor, who issues or denies the license. Licensure is required for relative homes when state or federal funding is used for a foster care payment. The state's information system (CCWIPS) for foster homes requires documentation that all licensing standards have been met before a license can be issued.

In cases where the home of a Native American family, not subject to the jurisdiction of the State of North Dakota for licensing purposes, is located on a recognized Indian reservation in North Dakota, an affidavit from an agent of the Tribal Child Welfare Agency, or an appropriate
tribal officer, is accepted in lieu of a licensing procedure. The affiant states that an investigation of the home was completed by the tribe’s child welfare agency or tribal council, and that the prospective home is in compliance with the standards required by NDCC 50-11-02. North Dakota tribes have not adopted standards through tribal resolution that differ from State licensing requirements.

ND has 11 Residential Child Care Facilities (RCCF) licensed under North Dakota Administrative Code (NDAC) 75-03-16 Residential Child Care Facilities/Group Homes and are considered the state’s child care institutions. All facilities are held to the same standards as required by NDAC 75-03-16. DHS as the licensing agent, accompanied by a team of reviewers, completes 1 licensing visit per year to each of the RCCFs. DHS completes an additional “random-site” visit with 3 of the facilities. DHS determines which three facilities will receive the random site visits based on a variety of factors including, but not limited to, an Institutional Child Protection Team staffing that warrants further follow up, newer and more inexperienced facilities needing additional technical assistance, or feedback from child welfare partners.

The licensing team consists of the DHS Licensing Administrator, Regional Supervisor, and two to three Peer Reviewers hired as employees of the department. Team members have specific roles in the annual licensing process, ensuring each of the regulations contained in 75-03-16 has been reviewed for compliance. A specific reviewer is assigned to review each of the following sections of rule: Administration, Personnel, Programs & Services, and Buildings & Grounds. The facility initially completes a checklist for each of these specific areas and the assigned licensing reviewer then reviews for compliance prior to the licensing site visit. At the licensing site visit any areas highlighted as possibly being out of compliance are brought to the attention of the facility. Any of these areas that a facility cannot immediately provide proof of compliance with at the time of the review are documented in the individual reviewer’s report and identified as a condition. The reviewer’s reports are submitted to the licensing administrator who combines the individual reviewer’s report into a comprehensive licensing report provided to the facility. In addition to the review of the four sections of rule, 14 to 16 employee and client files are reviewed for compliance with NDAC 75-03-16. Each facility provides the DHS Licensing Administrator with a list of employees employed at the facility during the period under review, and a list of residents placed at the facility during the period under review. The DHS Licensing Administrator chooses employee files at random based on the following criteria: open, closed, length of employment, part time or full time status, and variety of positions. A variety of client files are chosen at random based on facility case manager, placement dates, and custodian.

Following the identification of condition, NDAC 75-03-16 determines the response DHS must take regarding a facility found to be out of compliance with NDAC 75-03-16. NDAC may require DHS to issue a provisional license, correction order, fiscal sanction, or revocation of license. NDAC 75-03-16-30 also gives the department authority to grant a variance from the provision of the licensing chapter upon such terms as the department may prescribe, except in those cases a variance may permit or authorize a danger to the health or safety of any child cared for by the facility.

For the licensing period cumulating on June 30, 2014, all facilities were granted a one or two year license. During the licensing period July 1, 2014 to June 30, 2015, zero facilities were issued a provisional license, fiscal sanction or revocation of license, and 1 facility was placed
on a correction order, which terminated at the point the facility corrected the conditions. It is
noted that CFS maintains information related to current variances for facilities but reporting
functions have not been developed which would provide any meaningful data for this item.

CFS licenses child-placing agencies that in turn may either license homes for foster care and/or
approve homes for adoption. The LCPA licensing process includes a comprehensive
checklist documenting all the safety requirements for family foster homes and adoptive
resources. Additional specific requirements related to administration, administrative and staff
training, and programmatic content and activities are included in the licensing review process.
The Licensing Review Team described above is used for this purpose. LCPA’s are issued
either a one year or two year license, depending upon the agency’s status.

For the purposes of this systemic factor, two specific agencies provide services funded by
title IV-B and IV-E: PATH ND, Inc. and Catholic Charities North Dakota. These agencies
provide licensed family foster homes and approved adoptive families for children in the state’s
foster care system. PATH ND, Inc. has a primary focus of therapeutic foster care and is a
collaborative partner in the AASK Program. CCND is the lead agency for the AASK Program
(Adults Adopting Special Kids) which is responsible for the assessment and approval of all
adoptive families adopting children from the state’s foster care system.

In 2016, one on-site licensing visit was made to PATH. During this visit, the licensing review
team reviewed a total of 10 foster care youth files and the corresponding foster home files.
The selected files were pulled randomly after CFS received a master list of all youth. CFS
further stratified the sample in order to review different workers and locations through the
state. The corresponding foster family files were also reviewed at this time. At any given
time, PATH reports maintaining approximately 250 licensed homes which serve
approximately 230 foster children. CFS recognizes the number of files reviewed does not
provide for a significant sample, yet the number of cases reviewed is limited by available
resources. All files were found to be in compliance with state standards and no concerns
were noted regarding the licensing standards being applied inequitably.

Catholic Charities North Dakota (CCND) received one on-site licensing visit in April 2016.
CCND has two distinct adoption programs, one serving the foster care population and the
other serving private domestic and international adoptions. Program policies for each
program were reviewed. Case files reviewed during this visit was not specific to the AASK
program, although a comprehensive review of the agency’s administrative policy manuals
and employee files was conducted. AASK files were not a part of this licensing visit because
individual foster child files (inclusive of the adoptive family’s approved adoption assessment)
are reviewed no less than five times during the adoption service period by the state adoption
administrator as she processes various adoption documents. There have been no concerns
noted or brought forth regarding equal application of the state’s licensing standards for
adoptive families.

Even though additional quantitative data is not available for this portion of the systemic factor,
the State Adoption Administrator was consulted during review of this item. Ms. Hoffman
reported that given the active contract management and oversight provided to the AASK
Program, she has observed a consistent pattern of equal application of the state’s standards
afforded the adoption assessment approval process for families and maintains a high level of
confidence in the state’s provider.

The Behavioral Health Services Division of the ND DHS is the licensing arm for the regional human service centers. An annual licensing review of center services is conducted. However, data specific to this systemic factor is not captured in a statewide consistent manner and results of those licensing visits were not available during this state assessment. Furthermore, the state’s provider licensing system captures data about non-safety related standards that may be waived, yet reporting functions for this data have not been developed that provide data to inform this systemic factor.

While it is believed the checks and balances currently in place provide solid safeguards against inconsistent application of licensing standards, North Dakota recognizes there is opportunity to improve gathering data as to how this systemic factor is functioning statewide.

**Item 34 Requirement for Criminal Background Checks**

The state continues to comply with these requirements as described in the 2015-2019 CFSP and subsequent APSR’s. North Dakota’s Criminal Background Check Unit (CBCU) completes all criminal background checks for all ND foster and adoptive families, licensed child placing agency employees, residential child care staff, and early childhood providers. During FFY 2015, the following numbers of background checks were completed:

<table>
<thead>
<tr>
<th>Provider Level</th>
<th>Total Checks Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care – Family Home</td>
<td>864</td>
</tr>
<tr>
<td>Foster Care – PRTF</td>
<td>216</td>
</tr>
<tr>
<td>Foster Care – RCCF/Group</td>
<td>263</td>
</tr>
<tr>
<td>Foster Care – Volunteer (PRTF, RCCF, GH)</td>
<td>6</td>
</tr>
<tr>
<td>Adoption – Domestic</td>
<td>216</td>
</tr>
<tr>
<td>Adoption – Special Needs</td>
<td>220</td>
</tr>
<tr>
<td>Adoption – International</td>
<td>52</td>
</tr>
<tr>
<td>Adoption – Home Assessment Update</td>
<td>15</td>
</tr>
<tr>
<td>LCPA Employees</td>
<td>117</td>
</tr>
<tr>
<td>Fingerprint Check Totals</td>
<td>1969</td>
</tr>
<tr>
<td>Child Abuse &amp; Neglect Index checks CY 15</td>
<td>11,901</td>
</tr>
<tr>
<td></td>
<td>992 Monthly Average</td>
</tr>
</tbody>
</table>

North Dakota participated in a title IV-E foster care eligibility review during the week of August 11, 2014. According to the report issued by the U. S. Department of Health and Human Services: “The primary review encompassed a sample of the State’s foster care cases that received a title IV-E maintenance payment for the six-month period under review (PUR) of October 1, 2013 – March 31, 2014. A computerized statistical sample of 100 cases (80 cases plus 20 oversample cases) was drawn from State data submitted to the Adoption and Foster Care Analysis and Reporting System (AFCARS) for the above period. All cases reviewed were from the original sample of 80 cases.”
The report states that:

“In accordance with Federal provisions at 45 CFR 1356.71, the State was reviewed against the requirements of title IV-E of the Act and Federal regulations regarding: …

- Safety requirements for the child’s foster care placement as required at 45 CFR 1356.30.”

“The foster care provider’s file was examined to ensure the foster family home or child care institution where the child was placed during the PUR was licensed or approved and that safety requirements were appropriately documented.”

The requirements at 45 CFR 1356.30 include:

“(a) The title IV-E agency must provide documentation that criminal records checks have been conducted with respect to prospective foster and adoptive parents.”

North Dakota was found to be in substantial compliance. All 80 of the reviewed cases were found to have a criminal background check in full compliance with federal requirements. In addition, the report identified the state’s quality assurance process as a positive practice:

“The state has developed a quality assurance (QA) process to track and monitor program performance and to strengthen the proficiency of county staff responsible for eligibility determinations. Primary title IV-E program oversight and training is provided by a single title IV-E specialist in the state’s central office who also manages the agency’s information technology (IT) Help Desk.

The QA process relies on peer-to-peer reviews involving county eligibility workers who periodically review each other’s cases throughout the year. The process includes a feedback loop to county social services offices to assure review findings are shared with appropriate staff. The state title IV-E specialist provides follow-up with county offices when eligibility issues are identified. Following this primary IV-E review, the state formalized its QA process for monitoring title IV-E eligibility in state policy and application.”

The state’s Foster Care Eligibility Quality Assurance Review process assists North Dakota in monitoring efforts designed, in part, to ensure required criminal background checks have been completed. These quality assurance reviews examine foster care eligibility files and are designed to ensure accurate determinations and payments. Three separate reviews are scheduled annually and each area of state is subject to be reviewed once during each year: The total number of cases to be reviewed during a review year is determined jointly with the Department’s data analyst in July of each year and is based on the universe of paid foster care cases. The state utilizes a random case sample of all foster care payments (standard or irregular) paid during the period under review with the following breakdown: 2% of cases with a match symbol FM/NA (title IV-E), 1.5% of cases with a match symbol of EA (Emergency Assistance), and 1% of cases with a match symbol of FN/RM/NR (state funding codes). This process yields approximately 210-240 files to be reviewed.

Since the 2016 APSR submission, three foster care eligibility quality assurance reviews have been completed involving a statewide sample when the collective results are analyzed. In all, 211 files were reviewed and results indicated 100% of files were in compliance with the required criminal background checks. Results further revealed that 78% of the files contained the necessary documentation in the files and 22% of the files received a corrective action.
finding requiring copies of the completed background checks be placed in the eligibility case file. As of May 20, 2016, all corrective action verification sheets have been received confirming the eligibility case file contains copies of the BCI/FBI verifications. In each of the cases requiring corrective action, documentation was received that the actual criminal background check had been completed in accordance with federal and state laws based on documentation in the case management file, thus for the purposes of this systemic factor, the state deemed these files to be in overall compliance. Results for individual reviews are as follows:

<table>
<thead>
<tr>
<th>Review Date</th>
<th>Period under Review</th>
<th>Counties in which Human Service Center represented</th>
<th>Number of files reviewed</th>
<th>Number (%) of files with completed BCI/FBI checks</th>
<th>Number (%) of files missing BCI/FBI verifications in eligibility file</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug 10-13, 2015</td>
<td>1/1/15 – 6/30/15</td>
<td>2 NCHSC 4 NEHS 8 BHSC</td>
<td>70</td>
<td>70 (100%)</td>
<td>19 (27%)</td>
</tr>
<tr>
<td>Nov 16-19, 2015</td>
<td>4/1/15 – 9/30/15</td>
<td>3 LRHSC 5 SEHSC</td>
<td>70</td>
<td>70 (100%)</td>
<td>8 (11%)</td>
</tr>
<tr>
<td>Mar 14-17, 2016</td>
<td>4/1/15-9/30/15</td>
<td>1 NWCHSC 6 SEHSC 7 WCHSC</td>
<td>71</td>
<td>71 (100%)</td>
<td>20 (28%)</td>
</tr>
</tbody>
</table>

The State Adoptions Administrator ensures the required criminal background checks are completed for adoptive families prior to the adoptive placement for any foster youth. North Dakota has state law and administrative rule which require a clear fingerprint based criminal background check for all adults in the home in order for a licensed child placing agency (LCPA) to approve an adoption assessment. The AASK Program includes a copy of the family’s approved adoption assessment with the paperwork seeking approval for the proposed adoptive placement. The family’s adoption assessment and supporting documentation of the required background check are further required when negotiating a new adoption assistance agreement, which occurs prior to an adoptive placement in the state. Adoptive placements of children are approved only when assessments indicate compliance with this requirement and adoption subsidies are not approved unless there are copies of criminal clearances in the adoption subsidy file. During review and response preparations for this item, the State Adoption Administrator reported that there have been no problems noted regarding the required criminal background checks for adoptive placement. The last audit conducted by the North Dakota State Auditor’s Office was in 2012 where 40 randomly chosen adoption assistance files were reviewed. All records were found to be in compliance with the criminal background check clearance for adoptive placement.

This data represents to most recent quantitative data available for North Dakota specific to this component of the systemic factor.

The state’s child and family team meeting process provides for a case planning process that includes an opportunity for the team to discuss and address the safety of foster care and adoptive placements for children. Every child and family team meeting provides an opportunity for members to address the appropriateness of each child’s placement,
including the discussion of any safety concerns and to assess and address any unmet needs of the provider. The “Child and Family Team Meeting Outline” is addressed in the Wraparound Practice Model (600-05) and Permanency Planning (624-05) policy manuals and a copy of the outline is available on the FRAME system for all users’ easy access. In addition, all foster care case workers are required to complete a monthly face-to-face visit with foster children. During that visit, the worker is required to assess the youth for safety, well-being and permanence. (ND Policy 624-05-15-50-30). During FFY 2015, North Dakota achieved a face-to-face visitation rate of 95% with the youth in care.

North Dakota’s 2015 NCANDS submission reflects there were three non-relative foster parent perpetrators. This was a decrease of one from the 2014 NCANDS submission where four non-relative foster parent perpetrators were reported. The state’s Child Protection Administrator and Foster Care Administrator were consulted and affirmed that when a report of abuse or neglect is filed involving a foster parent as a subject there is a notification made to the state office. The local regional supervisor informs the CPS and Foster Care Administrators in writing whether or not there is a foster child in that current foster care setting, if the foster child(ren) are being left in the home during the assessment, and what the safety plan is while the assessment is being completed. There is no quantifiable data available on this step of the case planning process. Continued safety monitoring occurs through the foster care child and family team meeting process described in the above paragraph.

Based on results of quality assurance reviews and federal review findings, CFS believes the state’s process for ensuring criminal background checks is functioning statewide. There is a strong case management structure to address the safety of foster care and adoptive placements, yet the ability to extract data to prove functioning remains a challenge.

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

North Dakota has strong and vibrant regional recruitment and retention coalitions functioning throughout the state committed to recruiting foster and adoptive parents that reflect the racial, ethnic and cultural diversity of the children in out-of-home care. The Statewide Foster and Adopt Recruitment and Retention State Plan focus efforts to equally addressing both general and targeted recruitment activities. The plan and updates are a part of the state’s CFP and subsequent APSR’s.

The ND Statewide Foster and Adopt Recruitment and Retention Task Force gathers each fall to provide an overview of regional recruitment and retention activities as well as receive training. Task force members represent all eight regions of the state and include individuals from counties, regions, tribal social services, licensed child placing agencies, the UND Training Center, Children & Family Services and foster parents. Each coalition shares the efforts that were successful and brainstorm solutions for the challenges faced in their region. Regional coalitions are able to learn from one another and bring back fresh innovative ideas from these presentations.
North Dakota has a reporting tool in FRAME to provide a quick glance at foster care demographics. The “Foster Care Demographics Report” is available to all FRAME users and allows access of up-to-date data related to foster youth; i.e. # foster children in each county, region, age, race, etc. Coalitions can view demographics as specific to their local county or as globally as needed to determine their needs. The only data that is not readily available is the identification of sibling groups and special needs children. Results of this report ran on June 7, 2016 reveal the following data regarding the racial, ethnic, and age diversity of the foster care population:

A current limitation in regards to this systemic factor for North Dakota is that there is not an efficient and reliable reporting process to report on the racial and ethnic diversity regarding the number of licensed foster and approved adoptive homes. Furthermore, CFS acknowledges the current data collection process is not meeting the state’s needs relative to this systemic factor. It is important to note that demographic information is captured in the data management system (CCIPS), yet reporting features foster parent demographic data has not been readily available. CFS plans to address these reporting needs in the coming year.

Recent data that is known regarding the number of licensed foster homes is as follows:
- Quarter 2 ended on December 31, 2015 with 742 homes licensed
- 420 inquiries about becoming a foster parent occurred the quarter
- 63 new families were licensed
- 49 families ended/terminated their license with reasons of:
  - No longer interested (9)
  - Moved (4)
  - Revocation (1)
  - Adoption (4)
- Quarter 3 ended on 3-31-2016 with 755 licensed homes
The state’s Foster and Adoptive Parent Diligent Recruitment and Retention Plan contains an outcome specific to the recruitment of resource families representing the racial, cultural and ethnic characteristics of the state’s foster are population. Within this outcome the following observations and progress was noted by the various regional recruitment and retention coalitions:

- Majority of ND foster homes are of Caucasian race, however majority (over 85%) of ND census of racial population is known to be Caucasian.
- Trainings are provided to homes to assist in their cultural awareness.
- Relative recruitment is a priority; many relatives do not choose to get a foster care license.
- Region V (Fargo area) Recruitment and Retention Coalition reported the recruitment efforts offered expansion of Native American homes offering additional racial and ethnic diversity:

<table>
<thead>
<tr>
<th>Racial, Cultural &amp; Ethnicity</th>
<th>July 1, 2013</th>
<th>June 30, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian</td>
<td>8</td>
<td>13</td>
</tr>
<tr>
<td>Asian Pacific</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Hawaiian Pacific</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Black/African American</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Multi-Racial</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Totals</td>
<td>23</td>
<td>30</td>
</tr>
</tbody>
</table>

Native American family home recruitment and retention remains a priority to accommodate Native American children placed in foster care. For example, Spirit Lake Tribal Social Services (SLTSS), the Department of Human Services (Lake Region), Ramsey County, Eddy County and Benson County joined in partnership to better develop the Recruitment and Retention Coalition efforts in North Dakota Region III. SLTSS was offered assistance in recruitment and retention for Native American homes from the Casey Foundation. SLTSS in
turn opened the invitation to local entities who would be viable long-term partners in the effort. The ND Team received technical assistance to gain tools on recruiting and retaining foster homes, with a special emphasis on engaging Native American families. The ND Team went to New Mexico in April 2015 to create a state plan, throughout the following months the ND Team met several times to collaborate efforts and meet the terms of the plan within their region. The ND Team returned to New Mexico in October 2015 to present their overall goal to engage more families living on and off the reservation. The ND Team was successful in meeting their goal to recruit 10 new Native American homes plus three new non-Native homes during that timeframe. The ND Team recognized that retaining the interest of families was challenging as the paperwork to become a foster parent was overwhelming. The ND Team accommodated the process and continues to mail pertinent basic information to the inquiring family, but later contacts the family for a face-to-face meeting to review the forms in person. This increased face-to-face engagement has assisted families with follow through and continues as a best practice in the region. Since this time, all partners remain in close contact with recruitment and retention efforts. Due to this heightened partnership, the community views the Recruitment and Retention Coalition as having the same purpose and mission to best meet the needs of children and to identify qualified families to help. Foster families receive ongoing support from the ND Team and professional staff are aware of the training foster parents are required to take as well as work in collaboration to share training opportunities ongoing.

AASK, the adoption service provider for North Dakota, provides an annual report containing data on the racial and ethnic diversity of families who had a completed adoption assessment during each state fiscal year. The information for SFY 2015 (July-June) follows:

<table>
<thead>
<tr>
<th>Family Adoption Assessment Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment Type</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td>New</td>
</tr>
<tr>
<td>Denial</td>
</tr>
<tr>
<td>Subsequent</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
</tr>
</tbody>
</table>

**Racial breakdown for all new/subsequent adoptive applicants:**

- African American: 2
- Native American: 14
- Caucasian: 158
- Asian: 2
- Multi-Racial: 2
- Hispanic: 1

North Dakota recognizes the ongoing need to recruit and retain additional homes to support racial and ethnic diversity for children in public custody. Recruitment and retention efforts continue in each region statewide; regions with larger urban communities tend to have a larger pool of inquiries. Strategies to engage potential foster or adoptive homes are considered and adaptations made at the local level to ensure modern recruitment efforts remain in motion to catch the attention of new prospects ongoing. As noted, the state has plans to review reporting opportunities to better capture data relative to the functioning of this systemic factor.
The state believes additional interviews with key stakeholders will assist in the assessment of performance regarding this item.

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

North Dakota has a statewide process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children. North Dakota contracts with the Catholic Charities North Dakota for the AASK Program to provide recruitment and adoption services to children in the foster care system and the families adopting these children. Working in concert with the child’s team, the AASK worker completes a thorough child adoption assessment at the onset of services for all children served. AASK Program contract data reveal that on average for SFY15, 41% of the children referred for adoption services were in need of recruitment services as there was not a potential adoptive resource identified at the time of referral.

During the course of services, a child specific recruitment plan is developed for each child receiving recruitment services. Through the AASK Program, multiple recruitment resources will be utilized for each child according to the child’s circumstances and approval from the child’s team and legal custodian. Cross-jurisdictional resources include:

- Extensive efforts are made in conjunction with the county case manager to complete an exhaustive relative search for children. USSEARCH and the Federal Parent Locator Service are two available tools to aid these efforts. Should a relative living in another state be identified as a possible resource, the AASK worker will complete the Interstate Compact for the Placement of Children (ICPC) paperwork.

- The “Waiting Kids” packet – This is monthly mailing featuring all waiting children. This packet is distributed to all approved waiting families who do not have identified children within the state, approved out of state waiting adoptive families for whom the program has secured a copy of their approved adoption study and release to coordinate with their local agency, all county social service agencies and regional human service centers. On average throughout SFY 2015, there was an average of 26 North Dakota ‘waiting families’ and 3 approved-out-of-state ‘waiting families' receiving this packet (per AASK contract data).

- The “Heart Times” newsletter – this is the quarterly newsletter of the AASK Program. Each issue contains a section featuring a waiting child/sibling group, along with recruitment summaries for each child for whom the program is recruiting a family. The distribution list for this publication is all licensed foster families in North Dakota, all former AASK families, all county and regional human service center agencies, partner agencies, as well as being published on the program’s website: [http://www.aasknd.org/](http://www.aasknd.org/). Waiting Children are also featured directly on this website.

- “Match Events” - This year the AASK Program has hosted three local family events designed to provide waiting families an opportunity to meet and interact with waiting children, speak with workers and receive information on the adoption process. The events were hosed in June 2016 in Devil’s Lake, Fargo and Bismarck. The current Heart Gallery was also displayed at each event. There were 50 – 70 attendees at each event. Family activities included lawn games, crafts, snacks and face painting.
Match events are a relatively new recruitment tool used in North Dakota and the state is gathering data regarding any successful matches and outcomes as a result of these efforts. No outcomes data is currently available.

- **AdoptUsKids** – [www.adoptuskids.org](http://www.adoptuskids.org) - 11 children were registered in calendar year 2015. Of those, eight are still available; three have been put on hold, with a placement pending. As of June 21, 2016, 18 North Dakota children are listed as ‘active’ on this website.

- **ND Heart Gallery** – [www.ndheartgallery.org](http://www.ndheartgallery.org) - from Nov 2014- Nov 2015 (the ND Heart Gallery’s “Gala Year”), there were 34 children featured and 8 “Heart Connections” made as a direct result of the gallery’s efforts. As of June, 21, 2016, there were 40 children served in the 2016 Gala, and potential families have been identified for 17 of the children.

- **Wendy’s Wonderful Kids** – two full-time recruiters serve North Dakota and this program is managed through the AASK Program with recruiters located in Fargo (eastern ND) and Bismarck (western ND). During SFY15, WWK served 49 youth with 13 matches occurring and one child’s adoption being finalized. In North Dakota, a youth must reside with an adoptive family for a minimum of six months before proceeding to finalization.

- **AASK** will coordinate with other national websites, such as A Family For Every Child - [www.afamilyforeverychild.org](http://www.afamilyforeverychild.org) as new information and opportunities are discovered.

- The following data also demonstrates the use of cross-jurisdictional resources for adoption.
  - In FFY 2015, North Dakota’s ICPC unit tracked 26 outgoing adoption ICPC requests.
  - Incoming and outgoing ICPC involved adoptive placements:

![Interstate Adoptive Placement Data](image-url)

*Source: AASK Contract Data*
- Data from the Child Welfare Outcomes Report (AFCARS data) on the Children’s Bureau’s website reveal the following information about how many North Dakota children are waiting for adoption:

<table>
<thead>
<tr>
<th>Children Waiting for Adoption Overview</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Number</td>
</tr>
<tr>
<td>--------</td>
</tr>
<tr>
<td>235</td>
</tr>
<tr>
<td>Number of Waiting Children Whose Parents’ Rights Have Been Terminated</td>
</tr>
</tbody>
</table>

- AASK Contract data reveal that as of May 31, 2016, the program was working with 117 children on an active basis and of these children, 49 were receiving recruitment services. Additionally, AASK was working with an additional 359 children on a concurrent planning basis. Of this number, it is estimated that 182 youth may need recruitment services.

- During an interview with the program director on June 21, 2016, it was noted not all recruitment resources are appropriate for all children, thus the program will tailor the resources to the individual circumstances of each child. The program gauges compliance to ensure utilization of cross-jurisdictional recruitment resources through three internal processes:
  1. during the program’s ongoing internal quality assurance process of peer reviews for randomly selected files;
  2. monthly supervision of status and progress of each active case; and
  3. quarterly supervisory file reviews.

  The Director indicated utilization of interjurisdictional recruitment resources has been evident for all children. This qualitative information was relied upon as quantitative data regarding this pattern is not tracked.

A limitation of the data for North Dakota is that the AASK contract data informs for all children referred to the program. There is not a statewide report to track if there are children in need of referrals to the AASK program that have not been made. Regional monitoring processes vary and the primary method of ensuring timely referrals to the AASK program so interjurisdictional resources can be access is through the Child and Family Team Meetings.

**Timely Home Studies**

The Safe and Timely Interstate Placement of Foster Children Act of 2006 encourages timely home studies. A home study is considered timely if within sixty days of receiving a request to conduct a study “of a home environment for purposes of assessing the safety and suitability of placing a child in the home,” the state completes the study and sends the other state a report, addressing “the extent to which placement in the home would meet the child’s needs.” North Dakota received 109 foster care and thirteen adoption ICPC requests for a home study of a North Dakota family as a potential placement resource in FFY 2015. 58% of the foster are related home studies were responded to within the 60 day timeframe. 85% of the adoption related home studies were responded to within the 60 day timeframe. The state’s
ICPC Administrator noted that despite requests being routed to the local agency in a timely manner, the most frequent reasons provided to his office when requests are not timely include delays related to securing the criminal background check requests in a timely fashion and difficulties in scheduling or hearing back from the family. 

CFS recognizes there are several strengths regarding this item with the state’s use of interjurisdictional resources for securing permanent placements for children. However, given the limited concrete data to support statewide functioning for at least 95% of children for whom this item applies, additional interviews with stakeholders may be valuable to further assess the functioning of the systemic factor. In light of the state’s challenges completing incoming ICPC requests within 60 days, the state recognizes this overall item is an area needing improvement.

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

A. Update to the Plan for Improvement

The Children and Family Services Plan for 2015-2019 has been reviewed and updated on the following pages. The Goals remained the same with slight modifications to the benchmarks for some of the interventions noted. Additional narrative details will be provided in subsequent sections of this APSR.
### NORTH DAKOTA 2015-2019 PLAN FOR IMPROVEMENT

**GOAL I:** Families have enhanced capacity to provide for their children’s needs.

**MEASURE:** 73% of all cases reviewed receive a substantially achieved rating for Well Being Outcome 1 by July 2019. This reflects a 10% increase based upon current performance.

<table>
<thead>
<tr>
<th>OBJECTIVES &amp; INTERVENTIONS</th>
<th>EVIDENCE OF COMPLETION</th>
<th>RESPONSIBLE</th>
<th>QUARTER DUE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Build capacity of Family Team Decision Making services.</strong></td>
<td>1.a. The availability of Family Team Decision Making Services in unserved areas of the state are increased.</td>
<td>1.a. CFS</td>
<td>1.a. Qtr. 12</td>
</tr>
<tr>
<td><strong>2. Explore and partner with national efforts to address disparity and disproportionality in foster care with research evidenced-based national approaches to realize an increase to the number of Native American children remaining out of the foster care system.</strong></td>
<td>2.a. Involvement with national advisory groups or convened task forces will be demonstrated. 2.b. Options will be discussed and document in partnership with tribal representatives.</td>
<td>2.a. CFS, NATI</td>
<td>2.a. Qtr. 9 2.b. Qtr. 12</td>
</tr>
<tr>
<td><strong>3. Out of home provider resources in the state will meet the needs of more youth, requiring fewer out of state placements.</strong></td>
<td>3.a. Analysis will document recommendations to address the following:  - Current policies that limit in-state placement  - Recommendations for policy changes  - Identification of additional resources needed  - Consideration of performance-based contracting  - Incentives for facilities to follow up services post-discharge  - Alternative approaches to providing foster care services  - Opportunities in kinship care  3.b. Based on recommendations, a plan is identified, resources secured, the plan is implemented and monitored.</td>
<td>3.a. CFS, BHSD, CFS Committee, RCCF, PRTF, TFC providers</td>
<td>3.a. Qtr. 10 3.b. Qtr. 12</td>
</tr>
</tbody>
</table>

*Data source(s): AFCARS Data Profile, CFSRs (Items 17-20), CFSR Stakeholder meetings & CFSP Strategic Planning meetings (qualitative).*
GOAL II: A comprehensive Continuous Quality Improvement process will support a strong practice base in accordance with the North Dakota Wraparound Practice Model.

MEASURE: North Dakota’s comprehensive Continuous Quality Improvement process is established by September 2019.

<table>
<thead>
<tr>
<th>OBJECTIVES &amp; INTERVENTIONS</th>
<th>EVIDENCE OF COMPLETION</th>
<th>RESPONSIBLE</th>
<th>QUARTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strengthen the fundamental administrative structure of North Dakota’s Child Welfare System.</td>
<td>1.a. T/TA approved by CB has been received.</td>
<td>1.a. CFS</td>
<td>1.a. Qtr. 12</td>
</tr>
<tr>
<td>Th/TA to assist in comprehensive assessment of ND CQI system.</td>
<td>1.b. Roles regarding CQI are identified, communicated, and understood. “CQI Champions” are identified and supported.</td>
<td>1.b. CFS</td>
<td>1.b. Qtr. 16</td>
</tr>
<tr>
<td>1.a Determine who’s directly responsible for CQI in ND (state office, system partners – county, region, DJS, etc.).</td>
<td>1.c. Policy is manualized.</td>
<td>1.c. CFS</td>
<td>1.c. Qtr. 16</td>
</tr>
<tr>
<td>1.b Establish written and consistent standards, policies, procedures and practices for ND CQI process.</td>
<td>1.d. CFS Division Staff have trained all regions on CQI.</td>
<td>1.d. CFS</td>
<td>1.d. Qtr. 17</td>
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<tr>
<td>1.c Training process for CQI staff, including any contractors or stakeholders conducting CQI activities.</td>
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<td>2. Enhance the system’s ability to gather, maintain and utilize quality data.</td>
<td>2.a. List of qualitative and quantitative data measure used in ND’s CQI process is approved and disseminated.</td>
<td>2.a. CFS, DHS, Counties, Stakeholders</td>
<td>2.a. Qtr. 12</td>
</tr>
<tr>
<td>2.a Identify what qualitative and quantitative data will drive the ND CQI process.</td>
<td>2.b. Vendor has completed review of MIS resulting in a specific action plan including timelines.</td>
<td>2.b. CFS, DHS</td>
<td>2.b. Qtr. 11</td>
</tr>
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<td>2.b Analyze the current management information system (MIS) in ND to evaluate its effectiveness and capacity, and identify what we need in a system.</td>
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<tr>
<td>2.c The MIS will better meet the needs of the child welfare system.</td>
<td>2.c. An enhanced MIS system is implemented.</td>
<td>2.c. DHS, CFS, Counties, Stakeholders</td>
<td>2.c. Qtr. 19</td>
</tr>
<tr>
<td>OBJECTIVES &amp; INTERVENTIONS</td>
<td>EVIDENCE OF COMPLETION</td>
<td>RESPONSIBLE</td>
<td>QUARTER DUE</td>
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<td>3.  The state’s case record review process is enhanced.</td>
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<tr>
<td>3.a A CFSR Task Force is convened to review &amp; enhance the CFSR process.</td>
<td>3.a. Task Force has reviewed CFSR process and submitted recommendations.</td>
<td>3.a. CFS, DHS, Counties, DJS, Tribes</td>
<td>3.a. COMPLETED</td>
</tr>
<tr>
<td>3.b CFS will develop policies and procedures for the CFSR process addressing the recommendations of the CFSR Task Force.</td>
<td>3.a. Written policies are manualized and disseminated.</td>
<td>3.a. CFS, DHS, Counties, DJS, Tribes</td>
<td>3.b. Qtr. 12</td>
</tr>
<tr>
<td>4. A process is established for the analysis and dissemination of quality and timely data on all Performance Measures.</td>
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<tr>
<td>4.a Identify mechanisms for gathering, organizing and tracking information and results related to outcomes.</td>
<td>4.a. Mechanisms are identified so that we have a template developed for the ND outcome measurements report.</td>
<td>4.a. CFS, DSS, ITS</td>
<td>4.a. Qtr. 12</td>
</tr>
<tr>
<td>4.b A protocol for analyzing data which includes stakeholder, tribal, court input is defined within the ND CQI Process.</td>
<td>4.a. Process defined as evidenced through established policy.</td>
<td>4.a. CFS, DSS, ITS, Tribes, Court</td>
<td>4.a. Qtr. 16</td>
</tr>
<tr>
<td>4.c Quarterly and annual reporting of outcome information is shared with all stakeholders.</td>
<td>4.a. Data is shared in accordance with established policy and evidenced by CQI reporting.</td>
<td>4.a. CFS, DSS, ITS, Tribes, Court</td>
<td>4.b. Qtr. 18</td>
</tr>
<tr>
<td>5. The state’s CQI system maintains the ability to provide feedback to Stakeholder and Decision-makers and, as needed, uses information to adjust programs and processes.</td>
<td></td>
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<tr>
<td>5.a Newsletter publication highlighting practice strengths/improvements in an electronic format.</td>
<td>5.a. Newsletter publication distributed</td>
<td>5.a. CFS, DHS, Public Info Liaison</td>
<td>5.a. COMPLETED and ongoing 2x a year</td>
</tr>
<tr>
<td>5.b T/TA to identify processes/models for providing feedback to stakeholders and decision-makers.</td>
<td>5.a. CQI program establishes specific action planning process inclusive of timeframes, formats and structures.</td>
<td>5.a. CFS</td>
<td>5.b. Qtr. 12</td>
</tr>
</tbody>
</table>

Data source(s): CFSR Stakeholder meetings & CFSP Strategic Planning meetings (qualitative)
GOAL III: North Dakota will have a thriving child welfare workforce.

MEASURE: County & state child welfare staffing levels will be strengthened through recruitment and retention efforts by September 2019.

<table>
<thead>
<tr>
<th>OBJECTIVES &amp; INTERVENTIONS</th>
<th>EVIDENCE OF COMPLETION</th>
<th>RESPONSIBLE</th>
<th>QUARTER DUE</th>
</tr>
</thead>
</table>
| 1. Identifying child welfare workforce capacity and shortages within the county and state child welfare service continuum. | 1.a. Baseline data for current approved FTE’s and vacancies are identified.  
1.a. Data from child welfare workforce (county, state staff) is retrieved from an annual survey and workforce needs are identified. | 1.a. CFS, DHS, DSS, CFS Committee | 1.a. COMPLETED  
1.b. Qtrs, 9, 13, 17 |
| 2. Recruit & retain additional county and state child welfare staff through partnership with UND. | 2.a. Quantitative data regarding number of students enrolled or graduated through stipend opportunities is gathered, reviewed and disseminated.  
2.a.1. Data on how many stipend students become employed or are retained by county or state child welfare providers is shared.  
2.b.1. Marketing plan regarding the stipend application process is employed. | 2.a. CFS Director & UND Social Work Dept.  
2.b. DHS CFS, Public Info Liaison, HSC, UND Social Work Dept., Counties | 2.a. Qtrs.  
4, 8, 12, 16, 20  
2.b. Qtrs.  
4, 8, 12, 16, 20 |
3. **Partner with DHS and Child Welfare Workforce service providers to advance employment recruitment initiatives.**

   3.a. Recruitment tool developed & disseminated.

   3.a. Partnership with Job Service ND, ND Chamber of Commerce and affiliates regarding recruitment opportunities has been explored.

4. **Strengthen local agencies ability to provide professional supports for their child welfare staff.**

   4.a. Direct Services and Supervisory workload standards will be defined based on evaluated information.

   4.a. Child Welfare workforce members will report increased satisfaction with the support received through annual surveys.

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*Data source(s): CFSR Stakeholder meetings & CFSP Strategic Planning meetings (qualitative)*
Revisions to Goals, Objectives, and Interventions

Goal 1: Families have enhanced capacity to provide for their children’s needs
Per the ND 2016 APSR, the Objectives and Interventions for this goal were extended to Quarters 9-12 (FFY 2017) due to staff capacity challenges related to other pressing priorities. Namely, the 3rd Round Federal CFSR scheduled for September 2016 and implementation of P.L. 113-183.

Goal 2: A comprehensive CQI process will support a strong practice base in accordance with the North Dakota Wraparound Practice Model
There has been no change to this overall Goal and measurement. Over the next several months, the North Dakota CQI administrator will be collaborating with Charlotte Gibbons from the Capacity Building Center for States to further develop the CQI process and plan. As part of this process, this goal and the objectives will be reviewed. The primary changes to this goal are adjustments to the timeline for when objectives and interventions will be completed.

Goal 3: North Dakota will have a thriving child welfare workforce
Goal 3 seeks to strengthen North Dakota’s child welfare workforce and there are no substantive changes to the goal, objectives or interventions. During the course of the strategic planning meeting, much qualitative feedback was received from all participants regarding the limitations placed on ensuring positive outcomes for children and families when agencies are struggling to recruit and retain their workforce. Even when agencies have allocated funding for position, several other challenges have been noted by partners such as, but not limited to: housing, transportation, competing with private sector jobs, especially in the oil-impacted counties. As a county-administered, state-supervised child welfare system, the complexities involved in addressing this issue are significant. Thus, the interventions and strategies selected are based on a collaborative approach.

Update on Progress Made to Improve Outcomes

Goal 2: A comprehensive CQI process will support a strong practice base in accordance with the North Dakota Wraparound Practice Model
Following is an update on the progress of Goal 2:

- **1.a – 1.d** The state maintains the stated objectives and interventions noted in the 2015-2019 CFSP. This particular objective and intervention is scheduled to occur in later years of the plan and there is no update to provide for this year’s report.

- **2.a** A list of qualitative and quantitative data measure used in ND’s CQI process continues to be gathered. This particular step is being discussed as part of the revisioning of the state’s case record review process. Discussion to date has focused on utilizing the federal measures at a state and local level. Use of the national data standards in a more meaningful way to the state is anticipated. No further progress on this has been made. The staff that would have been primarily working on this left the ND CFS Department. It is anticipated that this step will be accomplished at the end of the 12th quarter, as opposed to the 5th quarter which was noted in the 2016 APSR.
• **2.b – 2.c** The state did not receive authorization to pursue a major technology project such as replacing the current management information system (MIS) known as FRAME and CCWIPS. However, there is support within the state to continue this objective and intervention in the coming years. Efforts will be made in the coming two years to develop the business case to present at the next Legislative session to secure such authorization and funding. CFS staff will continue to partner with the Information Technology Services (ITS) staff to accomplish this task.

• **3.a** In FFY 14, the CFSR Manager and Infrastructure Administrator convened a CFSR Task Force with representation from the following groups: regional supervisors; DJS supervisors; county social services directors, supervisors, and caseworkers; tribal social services directors; CFS training center staff; and private providers. This group met over a 6-month period from October 2014-March 2015 to revision the state’s CFSR process. The group provided the following recommendations to CFS:

1. CFSR instrument: continue to use the federally developed instrument, as in the past. For the coming year, it will be the 2015 Onsite Review Instrument (OSRI) on the CFSR Online Monitoring System (OMS).
2. Model the federal CFSR process by convening interviews with key case participants for each case reviewed.
3. Increase the number of cases reviewed to 100.
4. Hold fewer CFSRs each year by reviewing 2 regions at a time.
5. Consider the largest metropolitan area, Cass County, as one regional review site, rather than convening quarterly reviews.

The CFSR Task Force members were responsible to share these recommendations with their respective groups to solicit feedback, and report back to the task force.

Once all the recommendations were final, the CFS Management Team met to review them and determine if they were feasible. The decision was made to modify the recommended plan (due to challenges related to time, money, and people resources) to the following:

1. Use the OSRI on the OMS.
2. Convene interviews with key case participants for each case reviewed.
3. Review 74 cases per year.
4. Convene nine CFSRs per year – one in each of the eight North Dakota regions, and one in Cass County.

The CFSR Manager and Infrastructure Administrator developed a CFSR Training and subsequently convened two-day trainings in four ND sites in April and May 2015. Over 200 caseworkers, supervisors, and private providers were trained on the new instrument and recommended revisions to the ND CFSR Process. Of these, approximately 80 chose to be “certified” as case reviewers by completing additional work on the OMS. Concurrently, the CFS administrators met with the DHS Risk Manager regarding any potential liability issues concerning case reviewers going into family homes to complete case-related interviews. This
resulted in a meeting with several DHS administrators including legal administration, human resources, fiscal administration, and executive office administration. It was determined that because we “employ” a workforce to complete the case reviews, the reviewers would actually be employees of DHS, and the CFSR Manager would have to supervise them as contracted employees. Because the number of reviewers is large, it was determined this would not be a viable plan. Executive management recommended we contract with one of the state universities to complete the CFSRs. This recommendation is currently being studied by the CFS administrators. Because of this, the CFSR policy manual has not been written.

- **3.b** The CFSR policy has not yet been developed due to the circumstances described above. In addition to what is stated above, ND CFS Department had a budget cut. Last but not least the primary person working on this left the Department in December of 2015. Therefore, the expected date of completion has been extended to Quarter 12.

- **4.a** This particular step of identifying a template for the ND outcomes measurements report is being discussed as part of the re-visioning of the state’s case record review process. Discussion to date has focused on utilizing the federal measures at a state and local level. Use of the national data standards in a more meaningful way to the state is anticipated. It is anticipated that this step will be accomplished at the end of the 12th quarter, as opposed to the 5th quarter which was noted in the 2016 APSR.

- **4.b – 4.c** A protocol for analyzing data and the quarterly and annual reporting of outcomes information continues to be an objective of developing a comprehensive CQI program for ND. It is anticipated this step will be achieved in future years of this plan after training/technical assistance has been received.

- **5.a** The state remains committed to having an electronic publication highlighting positive practice outcomes. The DHS Public Information Liaison in collaboration with various CFS staff, county staff, foster parents, and a foster care youth completed the first edition of the Outstanding in the Field e-newsletter. In May of 2016 the e-newsletter went out to Human Services staff, private agencies, and placement providers. This newsletter featured collaboration and normalcy work with a youth in the North Dakota foster care system.

- **5.b** The state envisions a strong CQI process which provides meaningful feedback to stakeholders and decision-makers to be used in future policy and program development. This task remains in the plan and will be worked on in future years.

**Goal 3: North Dakota will have a thriving child welfare workforce**
- **1.a** Establishing baseline data for current approved FTE’s and vacancies was accomplished in Quarter 1.
1.b The development of an on-line survey tool for child welfare social workers is in progress through an agreement with a researcher at the UND Social Work Department. However, because of competing projects, the researcher asked to delay the initiation of the survey. Preliminary work on the survey has been completed and the completion of this goal has been moved to December 2016, quarter 9.

2.a Efforts to recruit and retain additional county and state child welfare staff through partnership with UND is on track. Through the National Child Welfare Workforce Institute (NCWWI) grant, a total of 10 social work students were accepted into the NCWWI program, 3 of these students graduated and are currently employed with a county social service agency. The other 7 students are scheduled to graduate in 2017. The program has accepted 7 new students for the 2017-18 academic year. In addition to the NCCWWI students, 5 IV-E stipend students will graduate in 2017.

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

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

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

4.a – 4.b Strengthening local agencies ability to provide professional supports for the child welfare staff is a continual process. However, the drastic change in North Dakota’s economic situation due to the drop in the State’s oil revenue and the corresponding effect on state and local government budgets will make the addition of any new professional supports much more challenging.

Implementation Supports
Training needs are addressed in the North Dakota Training Plan. Coaching for the case managers is offered through the local social service agencies and the human service center regional supervisors. County social service supervisors strengthen their coaching skills through participation with the County Supervisor Group. The memoranda of understanding with other agencies needed to accomplish the goals are already in place. Policies, physical space, and equipment are also important considerations that will impact the achievement of this plan. CFS anticipates staffing resources, financing, and data systems offer the greatest challenges to the state’s ability to achieve the stated goals. No additional staffing resources were allocated following the 64th Legislative Assembly. CFS remains committed to partner with local agencies and divisions within the state agencies to advocate for and secure adequate resources.
Feedback Loops
CFS meets on a regular basis with partners and stakeholders through the following meetings: North Dakota Association of County Directors, Children and Family Services Committee, Regional Supervisors, STEPS, Court Improvement Project. In addition, email updates are provided to the field.

IV. UPDATE ON SERVICE DESCRIPTION
North Dakota provides the following services under title IV-B, subpart 2:

- **Family Preservation Services**
  - **Parent Aide**
    Parent Aide services are designed to improve parenting skills with parents who are at risk of abusing or neglecting their children, by reinforcing parents’ confidence in their strengths and helping them to identify where improvement is needed and to obtain assistance in improving those skills. It uses the relationship between the parent and the parent aide as a tool to encourage, teach, and assist parents. During SFY 2015, these services were provided through memoranda of agreement in 39 North Dakota counties. At this time the Department does not apportion funding in all 53 counties, due to limited funding available. CFS monitors caseload data quarterly, and reallocates funding annually, in an effort to be as equitable as possible with the available money.

  - **In-Home Case Management Services**
    In-home case managers provide services for families and children living in the home at risk of foster care placement, and for children returning to the home following reunification to prevent re-entry into foster care. This service is provided in all 53 counties, although during SFY 2015 only 37 of these counties received funding through memoranda of agreement with the Department. CFS monitors caseload data quarterly, and reallocates funding annually, in an effort to be as equitable as possible with the available money.

  - **Prime Time Child Care**
    Prime Time Child Care provides temporary child care to children of families where child abuse and/or neglect have occurred or there is a risk of it occurring. It gives parents an opportunity to attend counseling, addiction treatment, or other needed services while their children are cared for in a licensed facility. During SFY 2015, services were funded in 16 counties through memoranda of agreement. Additional counties can request this funding if the need arises.

  - **Safety Permanency Funds**
    Safety/Permanency Funds are flexible funding available to local county social service agencies to families who are having difficulty and are at risk of their children being placed out of their homes. Safety/Permanency Funds are dispersed to the eight North Dakota regions in proportion to child population rates. The funds are managed by the Regional Supervisors with oversight by the Family Preservation Administrator. During SFY 2015, Safety/Permanency
Funds requests totaled 966 in all eight North Dakota Regions.

- **Family Support Services**
  - **Prevention Networks, Public Awareness & Community Development and Outreach Services**
    These services are provided through a contract with Prevent Child Abuse North Dakota (PCAND) and are available statewide. PCAND is not a direct service provider, yet is a key primary prevention organization. Prevention Networks are provided through PCAND’s efforts to build on existing networks and connect new partners, as well as forming new networks for prevention of child abuse and neglect, including the North Dakota Home Visitation Network. Programing known as “Authentic Voices” networks survivors of childhood maltreatment and others to advocate on behalf of children. This effort began with the publication of “Authentic Voices: North Dakota Child Sexual Assault Survivors” publication. It has grown as a public awareness project utilizing a facilitators guide and theater adaptations of the work. Ten events were held across the state in State Fiscal year 2015. Overall participant evaluation ratings averaged 4.43 on a 5 point scale. They also coordinate the “Period of Purple Crying” initiative, an evidence-based infant abusive head trauma prevention program. Educational DVDs were distributed through nine birthing hospitals throughout the state, reaching 6,689 of 12,842 births (52%). Community Development and Outreach efforts include the Nurturing Healthy Sexual Development (NDSD), an engaging, interactive discussion-based training program developed to help adults better understand the sexual development of children and learn how to respond to children’s sexuality in ways that promote healthy development. Public Awareness efforts include coordination of statewide Child Abuse Prevention Month activities:

  **Child Abuse Prevention Month 2015 Grant Summary Snapshot:**
  - Number of grantees – 20
  - Community partners – 15
  - Counties reached - 47
  - Total population outreach estimate – 627,104
  - Total printed materials distributed – 14,180
  - Grantee expenditure - $16,982

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

- **Adoption Promotion and Support**
  - **Foster and Adoptive Recruitment & Retention Coalitions**
    The eight regional Recruitment & Retention coalitions apply for funding each biennium. The approved regional “Request for Funding” proposals identify both general and targeted recruitment activities to remain consistent with the Recruitment and Retention State Plan (ATTACHMENT B).
○ **Adoption Services**

The CFS Division facilitates a contract with a private provider to provide adoption services to children in foster care and the families who adopt them. The 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.

During the current FY, North Dakota has implemented its post adoption service program through the AASK Program, the ND Post Adopt Network. This is a service supporting adoptive family and families providing guardianships for youth in North Dakota and is funding by adoption savings identified through the delinking provisions of P.L. 110-351. The Post Adopt Network provides training opportunities, information and referral, mentorship, triage and support for families, training for professionals and other supportive services. Information regarding this new service can be obtained at [http://www.ndpostadopt.org/](http://www.ndpostadopt.org/). Initial data from the first five months of the program include: five parent and professional focus groups have been facilitated, support groups have been set up in three locations that will meet quarterly, one educational webinar has been held for parents and two more are scheduled, worker has been involved in 93 meetings (informational and client related) and 67 individual client contacts for services have been made.

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

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

For FFY 16, the CFS Division has budgeted to spend 25% of IV-B, Subpart 2 funds for Family Preservation services, 22% for Family Support Services, 23% for Time Limited Family Reunification Services and 20% for Adoption Promotion and Support Services.

- **Populations at Greatest Risk of Maltreatment**

NCANDS data reveals that for FFY 15, 44% of all child victims were children age 5 and younger, representing a 1% decline from the data reported in the 2015-2019 CFSP. Services targeted to this population continue through referrals to Early Intervention programs for all children under age three identified as victims of child maltreatment, Health Track Screening for all children entering foster care, and referral to county case management services for individualized child and family service plans. No change in service delivery is planned for the coming year.

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

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

- Health Track (EPDST) screenings for all youth in foster care within 30 days of entry, which include developmental and mental health assessments,
- Training provided to foster and adoptive parents regarding the needs of this population,
- Continued work with the Head Start Collaboration Office to maintain awareness of the availability of Head Start and Early Head Start to young children in foster care,
- Continued referrals to early childhood intervention services pursuant to CAPTA requirements for all children under age 3 determined to be a victim of abuse or neglect, and
  - Continued work with the regional Human Service Centers (HSC), which provides services to young children with developmental delays, to assess their capacity to serve all foster children needing assessment and services to assure developmental progress. Regional HSC have an array of services available including developmental assessments and therapy for children in this age range. Recent available data indicates the following information about this population:
All Children Less than 5 years of Age in Foster Care on Last Day of Reporting Period for AFCARS 2015B and 2016A

<table>
<thead>
<tr>
<th></th>
<th>9/30/2015 (2015B)</th>
<th>3/31/2016 (2016A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 1 Year</td>
<td>82</td>
<td>87</td>
</tr>
<tr>
<td>1 Year</td>
<td>102</td>
<td>105</td>
</tr>
<tr>
<td>2 Years</td>
<td>72</td>
<td>90</td>
</tr>
<tr>
<td>3 Years</td>
<td>89</td>
<td>90</td>
</tr>
<tr>
<td>4 Years</td>
<td>90</td>
<td>78</td>
</tr>
<tr>
<td>Total</td>
<td>435</td>
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</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>9/30/2015 (2015B)</th>
<th>3/31/2016 (2016A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>218</td>
<td>217</td>
</tr>
<tr>
<td>Female</td>
<td>217</td>
<td>233</td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>435</td>
<td>450</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>221</td>
<td>208</td>
</tr>
<tr>
<td>Alaskan Native/American Indian</td>
<td>128</td>
<td>138</td>
</tr>
<tr>
<td>2 or More Races</td>
<td>43</td>
<td>48</td>
</tr>
<tr>
<td>Black</td>
<td>18</td>
<td>32</td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islander</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Asian</td>
<td>0</td>
<td>0</td>
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<td>21</td>
<td>19</td>
</tr>
<tr>
<td>Total</td>
<td>435</td>
<td>450</td>
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</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Reunify with Parent(s) or Principle Caretaker(s)</td>
<td>276</td>
<td>291</td>
</tr>
<tr>
<td>Adoption</td>
<td>81</td>
<td>81</td>
</tr>
<tr>
<td>Case Plan Goal Not Yet Established</td>
<td>50</td>
<td>58</td>
</tr>
<tr>
<td>Live With Other Relative(s)</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Guardianship</td>
<td>4</td>
<td>4</td>
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<tr>
<td>Missing</td>
<td>18</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>435</td>
<td>450</td>
</tr>
</tbody>
</table>

The total number for the foster care universe on the last day of each reporting period was 1,462 and 1,513 reflecting that children under the age of five both represented 30% of the foster care universe respectively for these reported time periods.

- **Services for Children Adopted from Other Countries**
  Newly implemented post adoption services through the ND Post Adopt Network are available to families who have adopted from other countries. Adoption specialists provide information and referral services to families who inquire or present with a need. Family preservation services are available to families who are at risk for out of home placement and may be accessed through the local county child welfare agency.
V. PROGRAM SUPPORT

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

CFS was introduced to the Child Welfare Capacity Building Collaborative. Mary Iannone-Walker, with the Capacity Building Center for States began work with North Dakota in September of 2015. She has completed the assessment summary and is waiting for approval from her superior. North Dakota has received a draft of this document. North Dakota will be working with the Capacity Building Center in the following areas: the Children and Family Services Review, Data, Continuous Quality Improvement, Policy, Training, and Systemic Organizational Change. Through the Capacity Building Center for States, North Dakota has received consultation and support from Charlotte Gibbons for the CFSR and CQI Process development. Ms. Gibbons’ guidance has proven to be helpful in quality progress in the completion of tasks for the upcoming CFSR and in developing a CQI process. Work with Ms. Gibbons in these two areas will continue for the next several months. The North Dakota Children and Family Services Division is committed to developing a program that informs program and policy decisions, yet would be a system that is meaningful to all levels of the service continuum.

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

Evaluation and Research Activities
Casey Family Services funded a small research project to assess how the Family Team Decision model is being used in the state’s three FTDM pilot counties. This research was conducted through focus groups at the three sites. The final report provided good qualitative data on how FTDM is being
utilized in the pilot counties and how workers view FTDM. Overall, workers were positive about the use of FTDM as a family engagement tool and view it as a way to increase children being placed with family. However, the process for how FTDM is conducted varies widely among the counties and inconsistencies in practice make it difficult to conduct meaningful data or evaluate fidelity to the FTDM model. The report provided recommendations drawn from worker feedback and best practice presented in the literature. These recommendations will be the foundation for the development of a statewide policy on FTDM.

Another area of research will be social worker job satisfaction. CFS is working with a researcher from the University of North Dakota Social Work Department to develop, distribute and analyze the survey findings. This research will be used for child welfare workforce stabilization. This research project is still underway with a completion date targeted for December 2016.

The AFCARS reporting logic has been revised and ND has been working with the Children’s Bureau to review and update the state’s AFCARS Program Improvement Plan based on this effort. Data quality improved for most items within the file. Reporting logic was also updated to better report on post-investigation services and system changes to improve the risk factors and outcomes data for NCANDS is underway. CFS will continue to address data quality.

Please reference the Quality Assurance System Factor and CFSP Goal #2 for details about improvements to the state’s quality assurance system that have been made since the implementation of the 2015-2019 CFSP.

VI. CONSULTATION AND COORDINATION BETWEEN STATES

AND TRIBES Process Used to Gather Input from Tribes
North Dakota continues to maintain a strong working and collaborative relationship with four federally recognized Tribal Nations of North Dakota: Mandan, Hidatsa and Arikara (MHA) Nation; Spirit Lake Nation; Standing Rock Sioux Tribe; and Turtle Mountain Band of Chippewa. CFS continues a partnership with NATI and the tribal social service agencies through STEPS meetings. Tribal social service directors: Kathy Felix MHA Nation; Ina Olson, Turtle Mountain Band of Chippewa; Judy Red Tomahawk, Standing Rock Sioux Tribe; and Chuck Sanderson, Spirit Lake Nation; are regular attendees at STEPS meetings and actively engage in sharing information on tribal concerns/issues. In addition, the CFS Director has direct communication with tribal social service directors on a regular basis regarding a variety of tribal/state issues. CFS continues to have regular conversations with the North Dakota Indian Affairs Commissioner’s office regarding Native issues.
In the past year, the Department of Human Services entered into an agreement with Don Schmid, Title IV-E consultant, to evaluate and review the Tribes administrative claims process. The Tribes are not consistent in claiming IV-E administrative costs because of a number of systemic factors including, constant staff turnover, lack of training, etc. Mr. Schmid’s charge was, to the extent possible, simplify and streamline the process, and establish consistency between the Tribes in how and when the claims are filed. The goal of this work is to assure Tribes are drawing down the maximum amount allowable for tribal administrative cost.

Mr. Schmid's recommendations were received January 2016 and included an in-depth analysis of North Dakota’s CFS Title IV-E eligibility requirements and maintenance claims filling process. Mr. Schmid’s recommendations have been reviewed and accepted by the DHS Executive office and as possible, will be implemented. A significant recommendation that will take time and money to implement is the centralization of the IV-E eligibility determination process. Currently, counties neighboring the reservation complete the IV-E eligibility determination for the Tribes. This arrangement leads to inconsistencies and misunderstanding of practice and how policies are interpreted. Funding for this change will be included in the next fiscal year budget and the process for change will begin. Other recommendations made by Mr. Schmid include: changing some of ND’s IV-E eligibility requirements to be more in-line with federal requirements, establish enhanced tribal FMAP, and license tribal homes off the reservation. Work on these recommendations and other projects that are already in progress will continue to bring the tribes and the state together for collaboration and coordination.

Ongoing Coordination and Collaboration with the Tribes
CFS plans for ongoing coordination and collaboration with the tribes includes:

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

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

- A case review system in which Tribal IV-E cases are included in the state’s Children and Family Review process, on-site case file reviews are conducted periodically by CFS staff.
- Access to the general funds for preventive services for children at risk of entering foster care are appropriated by the North Dakota Legislature. These services include parent aide, in-home case management services, and safety and permanency funds.
- The state’s regional human service child welfare supervisors conduct and participate in Title IV-E tribal child and family team meetings to facilitate reunifications, adoptions, guardianships or other planned, permanent living arrangements.
- Fund Title IV-E foster care maintenance costs and the state match for the IV-E eligible children living on the reservations.
- Continue funding of administrative IV-E dollars to the tribes. Provide technical assistance for completing and submitting IV-E administrative claims, including establishment of time study policies.
- Contract to provide IV-E training dollars to the tribal social service agencies through the Native American Training Institute to conduct training on cultural competency, foster parent training for Native foster parents, maintenance of cultural resource service directory, the cultural resource guide for all tribes, ICWA compliance, and financial support for the Indian Child Welfare Conference.
- Provision of training and technical assistance on IV-E related tribal issues. CFS will continue efforts underway to assist tribes with outside case management assistance through collaboration with Indian Affairs Commissioner’s office and the private sector.
- CFS is continuing to work with DHS’s IT and fiscal staff to establish a method to draw down the federal Tribal IV-E FMAP reimbursement rate. Code changes are necessary to effect the change. It is expected the changes will be implemented by the end of 2016.
- To enhance consistency in the IV-E eligibility determination process, North Dakota continues to explore the feasibility of establishing a centralized IV-E eligibility determination process. Eligibility is now
determined by counties neighboring a reservation. This results in differences in communicating rules to tribal social services, delays in establishing eligibility and some children missing out on eligibility because of lack of understanding of the eligibility rules. CFS did not receive any additional resources (staff or dollars) to create a centralized IV-E eligibility process. However, efforts to get a centralized process operational continue through discussions with the counties, tribes, and NATI.

- CFS will continue to obtain credit reports for all youth ages 46-14 and older in foster care, including the credit reports of tribal youth.
- The ND Chafee IL Administrator works with statewide Chafee IL Coordinators to ensure that CFCIP and ETV benefits are made available to Native American youth in tribal custody on the same basis as non-native foster care youth. In addition, the ND Chafee IL Administrator and Chafee IL Coordinators email program and contact information to the Tribal Directors ongoing to ensure adequate referral opportunities are available to tribal youth.
- Children & Family Services collaboratively works with tribal partners to update and retrieve necessary information to maximize resources and ensure opportunity for foster children statewide. The 18+ Continued Care program allows for Tribal Title IV-E youth to remain in, or return to, foster care if desired. This extension of services is beneficial to youth as they transition to living independently as adults.
- The state’s contracted adoption provider, AASK, works collaboratively with the tribes when placing Native American children for adoption. AASK places children with the ICWA order of preference unless “good cause” has been established by the court to do otherwise, or the child’s tribe has approved placement outside to ICWA order of preference.
- AASK also provides adoption services for Tribal children on the reservation at the request of the various Tribal child welfare agencies, including completion of the adoption assessment and facilitation of adoption subsidy application, for children for whom the Tribe’s plan is adoption. These requests are made to the Administrator of Adoption Services for NDDHS and then referred to the AASK program. In SFY 16, there were 11 placements and 12 finalizations of adoptions of Tribal children facilitated through AASK work as requested by North Dakota Tribal entities.
- The CFS Director continues to serve as an advisory member on the board of the Native American Training Institute.
- The Department of Human Services, through an agreement with the University of North Dakota, provides a IV-E stipend program. The stipends are offered to social work students who agree to do child welfare work in the state, particularly rural and/or tribal areas, after graduation.
• The Court Improvement Project data subcommittee is looking into collecting data to analyze the number of abuse deprivation filings and neglect deprivation filings to better understand how cultural sensitivity may play a part in the disproportionality of Native American children entering foster care. This data could serve as a basis for tribal families (targeted prevention) training and cultural sensitivity training based on Native American family dynamics to prevent unnecessary removals.

• The CFS Division will provide electronic copies and links to the 2016 ACFSP to the Tribal child welfare workers when submission is finalized. The ACFSP will be discussed at the fall STEPS (September 2016) meeting with the four tribal child welfare directors and NATI staff. Tribal social service directors will review and discuss their CFSP during STEPS meeting and post electronically as able. Annual Progress and Services Reports will be shared in this same manner during the course of the next four years.

• The Court improvement Project and CFS continues to collaboratively review court and child welfare process. August 1, 2015, P.L. 113-118 requirements began implementation in North Dakota. The remainder of the federal legislation went into effect on September 29, 2015. P.L. 113-118 training was offered during the July 2015 Children’s Symposium. The symposium reaches court staff as well as tribal courts and tribal social services. Various training opportunities, emails, electronic memorandums, and policy issuances were provided to child welfare partners throughout the implementation of the law. The courts were very receptive to the changes needed for court order language to accommodate new age requirements:
  o The APPLA limits as a permanency plan to youth age 16 and older.
  o Document at each permanency hearing the efforts to return a child home or with a relative, a guardian or adoptive parent.
  o Ensuring the child is asked about his/her desired permanency outcome at each permanency hearing and that APPLA is the best permanency plan with compelling reasons why it’s not in the best interest of the child to be returned home, placed with relative, guardian or adoptive family.
  o Documenting at the permanency hearing that the foster family or child care institution follows the “reasonable and prudent standard” and the child’s opportunities to engage in “age or developmentally appropriate activities”.
  o Children age 14 and older have case file documentation of his/her health, education, court participation rights, credit report rights, and that the youth has a signed acknowledgement of such rights.
  o Evidence the child has been offered the opportunity to participate in the case planning along with two members who are not the case worker or foster parent.
o Detailed case plan of the services provided that assist the youths transition to successful adulthood, requiring the independent living skill building to begin at age 14 if not before.

o A copy of credit report and assistance in fixing any credit report inaccuracies for all foster youth ages 14+.

**ICWA Compliance**

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

- ICWA compliance is reviewed in every randomly drawn CFSR case where ICWA applies in the eight regional CFSR’s around the state. Beginning in May 2013, CFS began reviewing tribal social services cases as part of the CFSR – this practice will continue throughout the five year CFSP. CFS provided a day-long training on the CFSR instrument with four tribal social service agencies. Training on the CFSR instrument will be ongoing as needed.

- Additionally, the state has reached out to tribal partners inviting tribal representation on the North Dakota Child and Family Service Reviews as a state reviewer. Furthermore, a representative from each of the four tribal social service agencies has agreed to serve as a Federal Reviewer for the Title IV-E Eligibility Review held in August 2014.

A second ICWA Compliance Audit was commissioned by the Courts for 2010/11. At the request of the ICWA Subcommittee of the Court Improvement Project (CIP) Committee, specific information audited, includes notice given to parents, notice given to the tribe for each proceeding, parents informed of the right to counsel for each proceeding, court findings that ICWA applies, court findings regarding active efforts, use of a qualified expert witness (QEW) at applicable proceedings, and court findings that culturally relevant services were offered.

- The University of North Dakota Children and Family Training Center includes curriculum on ICWA compliance as part of the 4 week child welfare certification process.

- The Court Improvement Project and CFS will continue to fiscally support NATI’s annual “North Dakota Indian Child Welfare Conference.” This conference provides a pre-session entitled “ICWA 101” as well as a variety of other ICWA- specific sessions. CFS Division Staff serve on the planning committee for this conference.

- Continuing training and education on ICWA furthers the state’s child welfare workforce ability to comply with ICWA which furthers CFS’s ability to monitor compliance.

- ND will continue to review and enact changes where appropriate specific to the new ICWA requirements (RIN 1076 – AF 25)
• The Department of Human Services and CFS are one of several agencies partnering with the University of North Dakota Children and Family Training Center in making the application for the State and Tribal Indian Child Welfare Act (ICWA Implementation Partner Grant. The purpose of this funding opportunity is to support the creation of effective practice model partnerships between state courts and/or Court Improvement Program, state public child welfare agency and a tribe. Notice of award is expected later in 2016.

**Chafee Foster Care Independence Program with the Tribes**
For consultation and Coordination with the tribes regarding Chafee Independent Living see Section V. Consultation and Coordination between States and Tribes and Section XI. Consultation with Tribes.

**Exchange of 2016 APSRs**
The CFS Division will provide electronic copies and links to the 2016 APSR to the Tribal child welfare workers when submission is finalized. The 2016 APSR results will be discussed at the fall STEPS (September 2015) meeting with the four tribal child welfare directors and NATI staff.

**VII. MONTHLY CASEWORKER VISITS FORMULA GRANTS**
Monthly case worker visitation formula grants have continued to be utilized to assist the University of North Dakota Children and Family Services Training Center (UND CFSTC). Specifically, the required four week Child Welfare Certification program will continue to focus on case worker training surrounding assessment and decision making concerning the safety, permanence and well-being of foster youth. Other monies were utilized to offset the costs of many foster care case managers to attend the annual CFS Conference in July of 2015. A three hour break-out session on effective case worker visitation was presented by nationally recognized speaker; Jeanne Ferguson was a part of this conference. These trainings focused on increasing the quality of case worker visitation surrounding safety, permanence, and well-being of the foster child. Providing these types of trainings will continue to help to recruit, and more thoroughly train and prepare case workers, leading to increased retention of well trained and effective case workers.

The case worker visitation formula grant has also been utilized to assist agencies purchase laptop computers for their foster care case workers. This tool enable workers a more portable means to conduct and document their case visits, saving time and improving the quality of the documentation because it enhances timeliness of the entry.
VIII. ADOPTION and LEGAL GUARDIANSHIP INCENTIVE PAYMENTS
North Dakota received $33,000 in adoption assistance incentive payments in FFY 14 (per the Adoption and Legal Guardianship Incentive Payment Program Earing History by State prepared by ACFY). Traditionally these funds have been used to fund North Dakota’s special needs adoption collaborative, the AASK Program. Services provided by this program include recruitment, training and assessment of families, child preparation and placement, child-specific recruitment, and post placement follow up services. Additionally, in the past SFY, North Dakota’s post adoption service program has been implemented through the AASK program to provide specific post adoption supports to adoptive and guardianship families at their request. In the 2015 Legislative Session the Department was able to secure authorization to use any federal funds received from adoption incentives or the de-linking savings for post adoption services as instructed by recent federal policy issuances. Should the state receive future Adoption and Legal Guardianship Incentive Funds, those dollars will be funneled to specific post adoption services; in particular, the provision of case management services in concert with the Wraparound practice model for those post finalization families who are in need of the service.

IX. CHILD WELFARE WAIVER DEMONSTRATION ACTIVITIES
North Dakota does not have an approved child welfare demonstration project.

X. QUALITY ASSURANCE SYSTEM
Please see Update on Assessment of Performance Section, Quality Assurance Systemic Factor.

XI. CHILD ABUSE PREVENTION AND TREATMENT (CAPTA) STATE PLAN REQUIREMENTS AND UPDATE
Please see Attachment G for CAPTA Annual Report

XII. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM (CFCIP)
The North Dakota Department of Human Services, Child & Family Service Division administers the Chafee Foster Care Independence Program (CFCIP) grant and supervises the Regional CFCIP and ETV Programs across the state. PATH ND is the CFCIP statewide provider; the Chafee IL Coordinators are located in seven of the eight regional PATH offices statewide. Chafee Independent Living Coordinators deliver service to eligible current foster care youth and Foster Care Alumni in the eight regions of the state. In North Dakota, all youth who are at least 14 years of age, are not yet 21 years of age, and who are or were in foster care after the age of 14 are eligible for components of CFCIP. In addition, all youth in
foster care, age 14 and older, are required to have their independent living needs assessed. CFCIP does not have a case load standard; caseloads for the Chafee IL Coordinators range from 25 to 79 open youth participants at one time.

North Dakota continued serving youth across the state ensuring that all political subdivisions in the eight regions and 53 counties were served by the CFCIP, including tribal youth and youth in custody of the Division of Juvenile Services. Below is data reflecting CFCIP participation in ND. There was program growth of 41 youth served in the last twelve months.

<table>
<thead>
<tr>
<th>Fiscal Year Totals</th>
<th>CFCIP Youth</th>
<th>Current Foster Care Youth</th>
<th>Foster Care Alumni</th>
<th>Priority 1 Youth Served</th>
<th>Priority 2 Youth Served</th>
<th>Native Americans Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY13 Totals</td>
<td>399</td>
<td>232</td>
<td>167</td>
<td>267</td>
<td>132</td>
<td>87</td>
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<tr>
<td>FY14 Totals</td>
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<td>252</td>
<td>186</td>
<td>312</td>
<td>126</td>
<td>101</td>
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<td>FY15 Totals</td>
<td>479</td>
<td>304</td>
<td>175</td>
<td>345</td>
<td>134</td>
<td>95</td>
</tr>
</tbody>
</table>

North Dakota foster care policy requires all foster care youth over the age of 14 have an independent living needs assessment completed and an independent living care plan in place. Custodians are responsible to complete these requirements, with access to CFCIP as one way to help accomplish the task. All ND CFCIP youth participants are given two assessments. ND has embraced the use of the Casey Life Skills Assessment http://caseylifeskills.org for youth ages 14 to 18, as well as the use of the state developed ND CFCIP Assessment. The ND CFCIP Assessment was created by ND Children and Family Services and is to be administered on all youth at the age of 17, and must be repeated annually for all participating Chafee youth until age 21 unless the youth is receiving the ETV at age 21, then continue the assessment until age 23. The ND CFCIP Assessment collects outcomes data related to the eight purposes of Chafee Independent Living (economic resources, education/employment, connectedness, safe and stable place to live, avoid high risk behaviors, access to medical, preventing parenthood, and normalcy). This data is used as a guide to how CFCIP is engaging with youth participants and will continue to be used in a mirrored effort with NYTD data to analyze state successes and challenges.

ND collects outcomes data on all CFCIP youth age 17+ annually. During FFY 15, 218 ND Chafee Foster Care Independence Program state assessments were completed October 1, 2014 – September 30, 2015. Outcome results may be viewed on the following graph.
Eight Outcomes of Chafee Independent Living

FFY 2015 CFCIP Assessment outcome results indicated that 66.5% youth felt they have sufficient economic resources available, 93.1% felt they have a safe and stable place to live, 94.5% have an achievable education plan in place, 90.8% have permanent connection in the community, 97.2% felt they have avoided illegal or high risk behaviors, 96.8% have postponed parenthood, while 94% felt they have the knowledge and skills to access physical and mental health services. For FFY 2015, all seven outcomes showed improvements other than outcome three “Education”, which showed a very slight decrease. An eighth outcome, normalcy, was added to the CFCIP Assessment towards the end of the reporting period. Out of the 7 respondents, 85.7% or six reported they had regular, ongoing opportunities to engage in age or developmentally-appropriate activities. North Dakota will continue to evaluate these outcomes and assist youth in building skills that will enable them to successfully transition to living independently.
**Purpose #1: Help youth (who are likely to remain in foster care until 18 years of age) transition to self-sufficiency.**

**Achieved:** Chafee IL Coordinators helped youth (who are likely to remain in foster care until 18 years of age) transition to self-sufficiency.

- Chafee IL Coordinators attended Child and Family Team Meetings and worked collaboratively to support youth in becoming self-sufficient young adults.
- They assisted custodial case managers in completing the foster care youth discharge checklist.
- Assisted youth in developing an Independent Living plan. Engaged with Residential Child Care Facilities and partnered to offer various services and invitation to attend monthly meetings for active Chafee IL youth residents.
- Chafee IL Coordinators worked closely with community partners and made referrals to needed services. Community partners include, but are not limited to: Job Service, Job Corps, Adult Learning Centers, Housing Authorities, Community Action, Vocational Rehabilitation Services, Salvation Army, Youthworks, SENDCAA’s Youth IDA program, TANF, Medicaid, and many other private organizations who provide resources for young adults.
- The state office collaborated with partners regularly through presentations, trainings and ongoing email communications to assist partnering agencies in understanding the program and eligibility.
- Several regional IL programs held training for foster parents to assist them in coming up with creative ways to teach IL skills in the foster home.
- Three presentations were given at foster parent conferences with presentations were given at foster parent conferences with attendees from six regions of the state, providing training on incorporating IL skills into everyday life.

**Planned:**
Continue to expand on the use of NYTD data as a foundation to decision making of topics needing more attention for transition aged youth.

- Continue contact with counties/DJS to assure that appropriate youth are referred and/or involved in the program.
- Continue coordination with the youth’s team by attending Child and Family team meetings, the transition checklist (PL 113-183) will ensure they each have proper documentation to aid in the youth transition into adulthood
Achieved: Chafee IL Coordinators helped youth receive the education, training and services to obtain employment:

- Assisted youth in gathering information necessary for gaining employment (i.e. Social Security cards, birth certificates).
- Assisted youth in presenting themselves appropriately when retrieving and submitting job applications.
- Provided youth access to various employment resources, interviewing tips, job fairs, Job Corps contacts, etc.
- Reviewed and updated the education and training IL goal quarterly.
- Have collaborated with and referred youth to services, such as WIA/Job Service and Job Corp.
- Have assisted youth with applying for college or connecting them with the Equal Opportunity Council (EOC). Lori Mattison (EOC) presented to the IL youth group.
- Assisted youth with completing the Education and Training Voucher (ETV) application process.
- Provided education to various community partners on the ETV program.
- A representative of TRIO provided an in-service at a Chafee Statewide Meeting.

Chafee IL Coordinators maintained contact and relationships with representatives of regional Work Investment Act (WIA) programs offered through North Dakota Job Service and the TRIO program availability on college campuses. Chafee IL Coordinators continued to provide awareness of the ND Youth website http://www.nd.gov/ndyouth/, which offers direct access to youth interested in employment and education.

Planned:

- Continue to refer youth to resources that can help them with education and job-related services.

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

Achieved: The Chafee IL Coordinators helped youth prepare for and enter post-secondary education and training:
- Assisted youth in developing their IL educational plan. Plans included communication with secondary educational counselors and support persons, planning for successful completion of secondary education/training, required applications, tests, and financial aid forms, as well as planning for support during post-secondary educational attendance including needs for housing, child care and tutoring.
- Helped youth search for scholarships and grants.
- Offered one-on-one assistance to those you who complete their high school diploma and/or GED to become eligible to engage in post-secondary education opportunities.
- Assisted youth in paying and preparing for the ACT/SAT exams
- Assisted youth in applying for college, attending college tours, and the ETV.
- Assisted youth in completing their FAFSA (financial aid), paying for college application fees, and enrolling in TRIO; a college program that motivating and supporting students from disadvantaged backgrounds to pursue a college degree.

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 three times per year before the deadline to apply expired.
- Continued to work with the CFS UND Training Center who provided information about the ETV Program and CFCIP services into the Child Welfare Certification Training.

**Planned:**
- Continue to search for appropriate scholarships for foster youth.
- Continue to help youth prepare for and enter post-secondary training and educational institutions.
- Continue to collaborate with TRIO.

**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.

**Achieved:** Chafee IL Coordinators, case managers, foster parents, facility staff and other team members provided individualized support to youth to assist in the transition to self-sufficiency and independent living. Chafee IL Coordinators and custodial case manager’s work with youth to ensure emotional supports are in place for young people.
- Maintained professional relationships and supportive services from Chafee IL Coordinators and case management.
• Provided information and training on healthy relationships.
• Offered youth monthly meetings for peer support.
• Encouraged application to the ND Youth Leadership Board
• Have continued to stress to foster youth the importance of adult supporters for when the youth age out of the foster care system.
• Recommend foster placements to teams that will extend past the age of 18 to be able to utilize more IL resources, and get additional support for transition
• Connect youth with resources in the community with dedicated adults.
• i.e. Carrie’s Kids, Big Brother, Big Sister, Partnerships, and the Transition to Independence Program (TIP).
• Maintain contact with youth and their mentors to ensure it is an appropriate relationship that will benefit them.

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

**Planned:**
• Continue to provide personal and emotional support to youth aging out of foster care through mentors and the promotion of interactions with dedicated adults.
• Continue to research establishing a mentoring program in our region for IL youth. Have youth identify adult supporters as well as relevant support services.

**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.**

**Achieved:** The CFCIP’s primary focus is on foster youth age 16 and older identified as “likely to age out of care,” as well as those who have aged out of care and become Foster Care Alumni. Based on priority, the Chafee IL Coordinators offered in-depth assistance to the neediest youth. The Chafee IL Coordinators provided information that emphasized where to get emotional, financial, vocational and educational support ongoing with a goal to maintain self-sufficiency and less dependence on community supports and services. Youth were provided:
• The Renting 101 guide book.
• Coaching and role playing good communication skills and phone etiquette when working with professionals.
• Access to CFCIP flex funds and various community resources such as bus tickets, drivers test assistance, mentoring services, housing voucher applications, cell phone minutes or calling cards to assist in getting employment calls, etc.
• Invitations to CFCIP local meetings providing education and training opportunities for youth to gain additional knowledge and resources for self-sufficiency.
• A congratulations gift of $50 gift card to youth who graduate from high school or receive their GED.
• We have provided support necessary for youth who have aged out of foster care, including assisting them in maintaining their living arrangements and continuing with post-secondary education.
• Monthly youth meetings allow these youth to get support from other youth who have been through the same circumstances. Incorporate various pertinent IL issues/educational opportunities.
• Creative networking to continue to track youth.
• Work with Fargo Housing and provide case management to IL youth who are eligible for the FUP voucher.
• We have an IL closet where we can accept donations of household goods and clothing for youth who are living independently. Youth are able to “shop” in the closet to get items they need.
• A Youth Board member organized a “Giving Tree” during the holiday season and the resulting donations were given to foster youth aging out of care to assist them with items needed to live independently.
• Assisted youth with accessing the FUP vouchers which are available in the Fargo and Grand Forks areas.

Planned:
• Continue to provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transitions into adulthood. Continue to collect NYTD data on homelessness. We have now collected a full cohort of data collection, and will analyze areas of opportunities to better support transition and minimize risk of homelessness. North Dakota will continue to look at child welfare data as well as collaborate with various agency partners who serve homeless youth up to age 24. Continued conversations will be held to discuss the development of a ND Supervised Independent Living option for youth. This would provide additional placement options as well as post discharge supportive serve opportunities for Foster Care Alumni.
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.

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

- Chafee IL Coordinators assisted youth in completing necessary ETV paperwork and financial aid requests. The Chafee IL Administrator received all applications and determined eligibility for ETV awards. Each youth awarded an ETV was issued an award letter and the ETV check was sent to their educational institution for the identified semester needs.
- A representative of TRIO provided an in-service at a state-wide IL meeting and ongoing collaboration between TRIO and Chafee is occurring.

**Planned:**
- Continue to discuss the ETV and offer this to youth who are graduating with their GED or High School diploma.
- Continue to be available to answer questions regarding ETV funds
- Continue to promote the ETV program to eligible youth.
- Continue to assist eligible youth in completing the ETV application.
- Continue to support youth throughout the semester when questions arise regarding funding issues or questions on their student accounts.
- Continue to collaborate with TRIO.

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

**Achieved:** CFCIP is designed to serve youth who are current or former foster youth. CFCIP remains available to the former foster youth in a kinship guardianship arrangement or who have been adopted on the same basis. The Chafee IL Administrator collaborates with partnering agencies to ensure they have the eligibility guidelines for youth to receive CFCIP and ETV programming if adopted or in kinship guardianship or is adopted from foster care.

**Planned:** Maintain contact with youth who have left foster care for kinship guardianship or adoption. Continue to educate team members on ETV eligibility for the youth entering adoption/kinship guardianship after 16.
ND Children and Family Services Division developed policies and procedures as defined in PL 113-183 and section 475(11) of the Act, and provided numerous trainings to private and public entities. ND has always been very proactive in appropriately addressing and assessing the requests and access for youth in care to engage in community activities.

The State IL Administrator and ND Youth Leadership Board provided presentations at three foster parent trainings.

The State IL Administrator has met with the 11 Residential Foster Care Facilities in the state to provide technical assistance with implementing new ND law as a result of PL 113-183 and section 475(11) of the Act. As a result, all facilities have policies and procedures in effect to ensure residents have regular, ongoing opportunities to engage in age or developmentally-appropriate activities. The State IL Administrator and the Regional Independent Living Coordinators have been invited to attend an upcoming webinar on LGBTQ.

All Independent Living Coordinators have attended training on human trafficking.

ND Children and Family Services issued new IL policy regarding the IL Coordinators role when a Chafee participant age eighteen or older is a suspected victim of human trafficking.

Information on LGBTQ has been added to the ND Youth Website.

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

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

Continue to provide information and offer training opportunities to Chafee IL Coordinators on the unique issues confronting LGBTQ youth. Expand current policy relating to LGBTQ. Currently, the ND Department of Human Services and all contracted entities, including PATH, Inc., adhere to strict non-discrimination policies and procedures, including sexual orientation and gender identity. All activities or events, providers and other individuals working with youth are required to abide by these non-discriminatory policies. In addition, the ND Youth website contains resources specific to the LGBTQ community.
National Youth in Transition Database (NYTD) Update:
ND began efforts to implement NYTD in October 2010. The process has evolved over time and enhanced quality of the data collected and reported since the July 2013 federal onsite review. The ND NYTD Handbook is a guide to the field detailing procedures of how the process of both served population data and outcomes data collection can work to better our ND child welfare system.

The ND Chafee IL Administrator is the ND NYTD Lead. The efforts for NYTD have offered great excitement and energy as ND reflects on transitioned age youth needs and services. High quality data collection is the key to identifying areas we need to focus our time and talents to better the overall outcomes of our ND youth transitioning to adulthood. The NYTD Work Group is made up of the NYTD Lead from Children & Family Services, Information and Technology Development, Information and Technology (ITS) Services, Decision Support Services (DSS), and Fiscal Administration. Efforts continue to complete all of the required changes identified from the NYTD Review conducted in July 2013. Efforts this past year include the initiation of a sub-group which has met on numerous occasions to update the FRAME system. During FFY 17, the goal is to complete the required changes to the FRAME system, which will result in improved data quality, assist the division with assessment of performance and program planning efforts, and eventually leading to improved outcomes. It is anticipated that additional reports and usage of the NYTD information will be made available in other forms of data distribution overtime.

Every six months, ND submits the federal NYTD report to the NYTD Portal. After submission of the federal report, ND provides a summary of the report to the field with NYTD highlights. The state report is similar to the report provided by the NYTD Portal indicating which independent living service categories were most utilized, how many youth were engaged in the process, as well as which agency provided the services. NYTD survey / outcomes data is reported to the field as well. ND Youth Leadership Board is instrumental in the data process providing feedback on what information is being sent as well as any additional information ND should consider analyzing. At this time, Cohort 1 baseline surveys (age 17) and follow up data age 19 and age 21 are completed. Cohort 2 baseline surveys (age 17), and follow up data (age 19A) is complete, with follow up data (age 19B) currently being collected. ND did evaluate all NYTD Cohort 1 survey data and compared outcome based on age, gender, and agency. See chart below:
<table>
<thead>
<tr>
<th>ND NYTD Survey Results</th>
<th>Total NTD Surveys Completed</th>
<th>Youth Receiving Education</th>
<th>Youth Employed FT or PT</th>
<th>Youth Homeless</th>
<th>Youth with Criminal Activity</th>
<th>Youth Who Became a Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 17 (FFY 2011)</td>
<td>87</td>
<td>91%</td>
<td>1% FT 17% PT</td>
<td>21%</td>
<td>52%</td>
<td>3%</td>
</tr>
<tr>
<td>Age 19 (FFY 2014)</td>
<td>55</td>
<td>16%</td>
<td>35% FT 20% PT</td>
<td>25%</td>
<td>25%</td>
<td>15%</td>
</tr>
<tr>
<td>Age 21 (FFY 2015)</td>
<td>59</td>
<td>23%</td>
<td>60% FT 14% PT</td>
<td>28%</td>
<td>28%</td>
<td>33%</td>
</tr>
</tbody>
</table>

The NYTD survey outcome statistics that are represented in the chart above are responses from ND NYTD Cohort 1 (age 17 through age 21). This survey data was presented to youth by foster care case managers at age 17. Follow up surveys were presented to youth in partnership with the case managers, Chafee IL Coordinators, and the state office. ND NYTD Cohort 1 had 87 NYTD survey youth make it into the follow-up population for age 19 and age 21 surveys. At age 19, 55 youth responded to the survey, and at age 21, 59 youth responded to the survey.

ND did provide survey incentives to youth participants; age 17 youth received $10 gift card, at age 19 they received a $20 gift card and at age 21 youth received a $50 gift card for their time when completing the NYTD Survey. Tracking young people throughout the duration of the five year cohort continues to be challenging, yet ND’s effort has gotten better organized and has a great response from eligible young people. States are subject to a fiscal penalty when follow-up youth are asked to complete the survey and they respectfully decline at age 19 and 21. The two reports submitted by ND this fiscal year received no fiscal penalties. ND will continue to locate NYTD youth to complete the Cohort 2 surveys and will begin collecting Cohort 3 age 17 surveys, October 1, 2016. The process of informing youth of what the survey is and how outcomes data will be retrieved long term has assisted in making sure youth are vested in data outcomes, the NYTD process, and state communication until the age of 21.

One final update regarding NYTD for FFY 16 involves NYTD policy directing professional staff (county, Division of Juvenile Services, Tribal IV-E, , and Chafee IL) on how to collect and enter independent living services for youth ages 14 to 23 in FRAME. As of June 2015 Partnerships staff is no longer required to enter data into FRAME, and human service center cases managed outside of FRAME will not be included in our NYTD IL services report.
Reporting Activities Performed

ND Chafee Foster Care Independence Program (CFCIP) continued to demonstrate substantial and ongoing collaboration with local community providers offering meaningful service delivery to current foster youth and Foster Care Alumni. At the state level, the ND Chafee IL Administrator participated on the state Transition to Independence Advisory Council, the state Transition Community of Practice Coalition assisted in planning the annual Youth Leadership Conference facilitated by the ND Federations of Families Children’s Mental Health nonprofit agency. In addition, the state Chafee IL Administrator collaborated with state agencies, local authorities and providers, the UND Children & Family Services Training Center, Division of Juvenile Services, County Social Services, Foster Parents, Residential Child Care Facilities, and Tribes to educate on the CFCIP programming and create dialogue about referrals and needed service for young people in and out of the system. ND CFCIP works closely with community partners. Community partners include, but are not limited to: Job Service, Job Corps, Adult Learning Centers, Housing Authorities, Community Action, Vocational Rehabilitation Services, Salvation Army, Youthworks, transitional housing shelters, and many other private organizations that provide resources for young adults. In addition, the ND Youth Website is a reference point for not only young people, but providers needing access to local services. http://www.nd.gov/ndyouth/. No formal awareness campaigns have addressed youth needs at this time.

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

- Chafee IL Coordinators were members of their local community homeless coalition monthly meetings.
- Chafee IL Coordinators were members of their local Transition to Independence subcommittee quarterly meetings.
- Chafee IL Administrator was a member of the TIP Advisory Council as a state administrative representative. Meetings were held quarterly.
- Chafee IL Administrator was a member of the Department of Public Instruction Community of Practice on Transition. Meetings were held quarterly.
- CFCIP has ongoing contact with Residential Child Care Facilities statewide to best meet the needs of eligible youth in North Dakota. Monthly youth group invitations were extended to youth in group homes and facilities.
- CFCIP continues to collaborate on planning efforts for Supervised Independent Living options in ND.
Homeless Prevention: North Dakota continues to look at child welfare data as well as collaboration with various agency partners who serve homeless youth up to age 24 statewide. Supervised Independent Living has been an ongoing topic and surfaces as a priority to reduce the risk of youth homelessness. One Residential Child Care Facility, Dakota Boys and Girls Ranch, is participating in a Casey Foundation Initiative exploring supportive living opportunities for potential implementation in North Dakota. This would provide additional placement options as well as post discharge supportive opportunities for Foster Care Alumni.

- The ND Chafee Independent Living Program collects data on eight outcomes of Chafee Independent Living outcomes reinforcing, “All youth leaving the foster care system shall have a safe and stable place to live.” North Dakota requires Chafee youth participants to complete the ND CFCIP Assessment annually, which inquiries about homelessness. In FFY 2015, 93.1% of youth assessed felt they had a safe and stable place to live.

- North Dakota will continue to survey foster care youth regarding homelessness through the National Youth in Transition Database (NYTD). We are tracking homelessness by asking foster youth, “Have you ever been homeless?” See NYTD data section included in this report for data specific to homelessness. ND has now collected a full cohort of data collection (age 17, 19, and 21 data), and will analyze areas of opportunities to better support transition and minimize risk of homelessness.

- Chafee IL will continue to provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transitions into adulthood.

- Two Fargo and Grand Forks regions in the state have access to FUP vouchers to assist foster care alumni with obtaining housing.

- Two regions (Fargo and Bismarck) collaborate with a local resource, Youthworks, an agency that provides housing options for homeless youth in the Bismarck area.

Pregnancy Prevention:
North Dakota Children & Family Services is not the recipient of funding to assist with pregnancy prevention; however the overall topic of pregnancy prevention services does occur in case planning with children in foster care as needed. In North Dakota, various nonprofit agencies offer prevention services to women of all age’s including free or reduced contraceptives. The ND Department of Health receives the federal Title X dollars; supporting 23 Title X funded public health clinics across the state. In 2013, the Title X network in North Dakota served 11,023 according to the National Family Planning & Reproductive Health Association. In 2013, the federally funded “Reach One Teach One” funding was halted in ND due to political controversy. One month later, North Dakota State University professors worked with ND Attorney General who allowed the program to go forward and complete the three year
education grant. The program taught comprehensive sex education and adulthood preparation skills during weekly sessions on the NDSU campus in Fargo to over 200 Fargo-area teens. Referrals were made to the program by school counselors, faith-based organizations, and agencies working directly with teens facing foster care, homelessness, or who identify as LGBTQ, refugees, new Americans or Native American. These populations of young people presented with more unstable or unpredictable life circumstances, and were identified at a disproportionately higher risk for teen pregnancy. Foster children in the Fargo area were referred if determined necessary and participated in the twelve week education program. Additional pregnancy prevention/ data includes:

- The ND Chafee Independent Living Program collects data on the eight outcomes of Chafee Independent Living, and in FFY 96.8% of youth who completed the assessment responded they have “postponed parenthood”.
- North Dakota will continue to survey foster care youth regarding parenthood asking “Have you given birth or fathered any children that were born?” through the National Youth in Transition Database (NYTD) survey. We are tracking via NYTD data collection included in this report specific to parenting. ND has now collected a full cohort of data collection (age 17, 19, and 21 data), and will analyze areas of opportunities to better support youth and minimize risk of unintended pregnancy.
- PL 113-183 requires states to incorporate into the AFCARS reporting the quantitate data inclusive of youth in foster care who are pregnant or parenting. ND is working to ensure that the required areas for AFCARS reporting are embedded into the data management system to accurately represent this population of ND foster youth.

Human Trafficking:
PL 113-183 has driven much of the conversation, planning, and ND policy development in our state. CFCIP is actively involved in the planning efforts as well as soliciting feedback from the ND Youth Leadership Board members. CFCIP conducted a formal training for the Chafee IL Coordinators providing resources to best educate young people on how to avoid risky behaviors, identify signs of human trafficking, etc. Community awareness, statewide policy, procedures, and training were implemented, additional training offered to foster care case managers, public agencies, courts, Tribal partners, law enforcement, youth, and foster care providers statewide to ensure full compliance before September 29, 2015. See the Training Plan for more details.

LGBTQ:
North Dakota will continue to provide information and offer training opportunities on the unique issues LGBTQ youth face in foster care. IL Coordinators were trained on cultural awareness and the challenges young people encounter during a quarterly meeting in 2015. Recently, ND was invited to participate in a national webinar on LGBTQ and the Chafee IL Administrator and the Regional IL Coordinators are expected to attend. This training will assist in further review and potential development of ND state policies and training options for child welfare partners, youth, and
providers. Currently, the ND Department of Human Services and all contracted entities, adhere to strict non-discrimination policies and procedures, including sexual orientation and gender identity. All providers and other individuals working with youth are required to abide by these non-discriminatory policies to best support the needs of all children in foster care.

The ND Youth website has recently been updated with additional resources specific to the LGBTQ community.

**CFCIP Training:**
North Dakota continues to gain insight on needs from the CFCIP provider and ND Youth Leadership Board regarding training needs. North Dakota requires that all Chafee IL Coordinators receive the Wrap Around Certification Training held in conjunction with child welfare workers statewide. Chafee IL Coordinators are also encouraged to attend state conference relevant to their work with culture, transition, education, employment, etc. ND Youth Leadership Board members are encouraged to attend the ND Youth Transition Conference each July. In addition, North Dakota supports the costs of two CFCIP representatives to attend national conferences annually. The CFS Training Center provides Child Welfare Certification training to social workers; one segment of this training is Chafee Independent Living and the importance of youth transitioning to independence. Foster parents are provided PRIDE training including information about preparing youth for transition and how to build independent living skills while the youth is in the foster home or facility. The State IL Administrator and the ND Youth Leadership Board provided training at three foster parent conferences this year.

CFCIP engages in quarterly CFCIP meetings in Bismarck for Chafee IL Coordinators and ND Youth Leadership Board members. Each quarter, training topics are organized by the Chafee IL Administrator and UND Training Center representative. FFY 15 training topics included Medicaid policy, human trafficking, normalcy, ETV, TRIO, CFSR, Transition to Independence Program, CFCIP policy updates, and other topics requested by the field.

**Youth Involvement:**
Children & Family Services administers the operations of the ND Youth Leadership Board. The board involves participation from current foster youth as well as Foster Care Alumni. These groups of young people work to build leadership skills, engage in conference presentations and trainings, and facilitate local and state efforts to enhance the child welfare system. Children & Family Services will look to the ND Youth Leadership Board members when an opportunity presents itself for planning, organizing, or brainstorming child welfare improvements. The board, made up of five youth, meets quarterly face-to-face in conjunction with the Chafee IL Coordinators. During quarterly meetings, youth board members are asked to provide feedback on policy (PL 113-183, Medicaid, youth rights, transition checklist, and normalcy topics at this time), NYTD incentives/efforts, website information, state forms, etc.
The ND Youth Leadership Board assisted statewide youth in building leadership skills, engaging in mentoring, participating in conference panels, etc. These youth update the ND Foster Youth Handbook and further assist in the upgrades to functionality of the National Youth in Transitions Database efforts. During May 2016, Foster Care Month, North Dakota issued the first “Outstanding in the Field” newsletter that highlighted the collaborative efforts from case management, Chafee IL, and the Child & Family Team led by the youth can lead to great outcomes. The young man highlighted in the story is an active member of the ND Youth Leadership Board who has made it its mission to have his voice heard reiterating “they system” did him good. He felt he was treated fairly, was heard, and was part of a team that looked out for his best interests. He has presented various times as a member of the ND Youth Leadership Board, his message is empowering to other young people and reassuring to case management that they do make a difference in the lives of young people.

Typically, North Dakota replicates the Federal CFSR Process and Youth Stakeholder meetings are conducted during full CFSR Reviews in ND; two locations per year. However, this process was put on hold this year due to resource and time constraints. CFS plans to reengage in this process next year and youth participants will again have the opportunity to share with state staff their perspective of what has gone well in foster care and what areas could be improved. Two foster youth have been hired by the ND Department of Human Services as reviewers for the upcoming Federal CFSR. Lastly, The North Dakota Federation of Families Mental Health Transitions Conference requests Youth Leaders help organize and run the two day summer conference; a great partnership and opportunity for young people.

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

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

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

### ND 18+ Continued Care Program

<table>
<thead>
<tr>
<th>CY</th>
<th>18+ Episodes</th>
<th>Clients</th>
<th>The percent of foster youth choosing to remain in the 18+ program upon obtaining age 18.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>45</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>49</td>
<td>48</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>57</td>
<td>57</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>53</td>
<td>53</td>
<td>21% 31 / 149 foster youth eligible for 18+ chose to remain in the program in 2015.</td>
</tr>
</tbody>
</table>

### Consultations with Tribes:

The ND Chafee IL Administrator works with statewide Chafee IL Coordinators to ensure that CFCIP and ETV benefits are made available to Native American youth (Title IV-E or 638) on the same basis as non-native foster care youth in North Dakota. North Dakota provided information both electronically and paper form to ensure Native American youth had fair and equitable access to all CFCIP services across the state. North Dakota partnered with Standing Rock Sioux Tribe (Fort Yates), Spirit Lake (Devils Lake) Turtle Mountain Band of Chippewa (Belcourt), and Three Affiliated Tribes (New Town) to encourage CFCIP participation. Region III
for is in the ETVs were awarded to the Unaccompanied Refugee Minor youth and are not included as our funding does not support the award. Children and Family Services provided a training for Spirit Lake Tribal Social Services in May 2016 to educate new workers on the process of referring a client to CFCIP.

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

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

The five member ND Youth Leadership Board was fortunate to have one Native American youth leader this year, and two Native American youth representatives have been chosen for the Youth Leadership Board for this coming year.

**Education and Training Vouchers (ETV) Program**

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

Attachment I (ETV awards) represents the unduplicated number of ETVs awarded each school year July 1 to June 30th and does not include the Unaccompanied Refugee Minor youth awards. ND does allow for the Unaccompanied Refugee Minor program to follow the CFCIP and ETV policy and procedures, funding eligibility, etc. The URM program has their own funding stream, but has asked NDDHS to review the awards for application compliance and funding allocation. Last school year, 21 additional ETVs were awarded to the Unaccompanied Refugee Minor youth and are not included in the attachment as our funding does not support the award. The academic school year is defined as fall, spring, and summer semesters in that order meaning all ETV awards for this summer 2016 have been awarded and included in our annual totals.
The Chafee IL Administrator continues to remind custodians and regional supervisors of the availability of the ETV to qualifying youth and IL coordinators are working closely with youth about the benefits of furthering their education. These factors contribute to the increase in ETV awards.

XIII. UPDATES TO TARGETED PLANS WITHIN THE 2015-2019 CFSP

A. Diligent Recruitment of Potential Foster and Adoptive Parents
   Please refer to ATTACHMENT B.

B. Health Care Oversight and Coordination Plan
   Please refer to ATTACHMENT C.

C. Disaster Plan
   Please refer to ATTACHMENT D.

D. Training Plan
   Please refer to ATTACHMENT E.

XIV. STATISTICAL AND SUPPORTING INFORMATION:

A. CAPTA – Please refer to ATTACHMENT G.
   1. Juvenile Justice Transfers – see CAPTA report
   2. Sources of Data on Maltreatment – see CAPTA report

B. ETV – Please refer to ATTACHMENT I

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

D. Monthly Caseworker Visit Data
   This data will be submitted to the Children’s Bureau by December 15, 2015.

XV. FINANCIAL INFORMATION

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

In reference to the CFS-101, Part I, during FFY 2005 and FFY 2014 North Dakota did not spend any Title IV-B, Subpart 1 funds in child care, foster care maintenance, or adoption assistance payments.

In reference to the CFS-101, Part I, no state funds expended for foster care maintenance payments in FFY 2005 or FFY 2014 were used to match for title IV-B subpart 1 programs.
In reference to the CFS-101, Part II, for FFY 2015 it is projected North Dakota will spend a minimum of 20% of the Title IV-B, Subpart 2 PSSF grant funds in each of the four service categories: prevention and support services (family support), crisis intervention (family preservation), time limited family reunification services, and adoption promotion and support services.

Although the state budgeted 23% for Time Limited Family Reunification services in FFY 2013, these services were funded with federal TANF dollars and state general funds. Funds were shifted to the Family Preservation Services category, along with funds from the remaining categories. The shifting of expenditures as a result of the realignment referenced in the 2015 APSR is expected to be realized in FFY 14. The state plans to review how funds are budgeted and expended in the coming year.

State and local expenditure amounts for the title IV-B, Subpart 2 for comparison with the State’s base year amount can be found in the Maintenance of Efforts report located in the CFS 101, ATTACHMENT H.

XVI. ATTACHMENTS
A. Organizational Chart
B. Diligent Foster and Adoptive Parent Recruitment Plan
C. Health Care Oversight Plan
D. Disaster Plan
E. Training Plan
F. Governor’s Assurance Statement – CAPTA
G. CAPTA Annual Report
H. Financial Information
   • CFS-101, Part I
   • CFS-101, Parts II
   • CFS-101, Part III
   • CHAFEE Budget Reallocation Request Letter
I. Annual Reporting of Education and Training Vouchers Awarded
J. Glossary of Acronyms
K. Annual Reporting
FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT AND RETENTION PLAN

(Revised June 2016)
Background
North Dakota is committed to recruiting foster and adoptive parents that reflect the racial, ethnic and cultural diversity of the children in out-of-home care. The Statewide Foster and Adopt Recruitment and Retention State Plan developed in August 2012, shifted North Dakota’s focus from addressing primarily ‘general’ recruitment efforts to equally addressing both general and targeted recruitment activities. (Attachment 1)

Regional coalitions were required to submit a “Request for Funding” proposal (Attachment 2) for the 2013-2015 biennium which identified general and targeted recruitment activities. The coalitions were directed to analyze their regional data in order to identify gaps and needs in their region and submit their proposal based upon this determination. The eight regional coalitions submitted a proposal and funding was awarded accordingly. The amount available to each region was determined based on the approximate population of children by region and budget expenditures from previous bienniums. This is the structure and schedule North Dakota will utilize throughout the five years of this CFSP.

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

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

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<td>VI. South Central</td>
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<td>VII. West Central</td>
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<td>VIII. Badlands</td>
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<tr>
<td>Female</td>
<td>651</td>
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| Total | 1357 |

Foster Care Children Demographics: This report identifies the total number of children in foster care arranged by age, race and gender.
The Recruitment & Retention Coalitions can view this moment in time data to determine the difference from last year to this year. June of 2015 to June 2016 shows that ND foster care numbers have increased by 54 children and the foster care cases with client’s ages 0-1 have increased by 18 children. If the report were specific to Ramsey County (ND Region 3 below) it would verify the need for infant homes remains less in their local area than when compared to the statewide need. Data below shows that only five Ramsey county children are age 0-1.
The regional coalitions continue to submit quarterly reports indicating the number of licensed foster homes within their region.
Data reported by the Foster Care Recruitment and Retention memorandum of understanding (MOU) data collection requirement. Data includes all eight ND regions, however, does not include Tribal Affidavit homes.

2013-2015 Statistics:
- The ND biennium began with 660 homes licensed
- The ND biennium ended with an increase of 67 homes
- The lowest number of homes was in the first quarter.
- The highest number of homes was in the sixth quarter at 737.
- Slight decrease in the last two quarters can be attributed to staff turnover, summer schedules, family moves, etc.

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

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

Outcome 1: Children can remain in their home community.
Overall ND regions reported with consistency that children are placed close to their home community, however it is understood that local placement options are not always possible if the child has treatment needs the local community cannot support. Regions highlighted:
- Home community is a placement priority
- Majority of children remain in their home community
- Concerted efforts are made to locate a relative residing in the community
- Movement out of the area has been the result of placement with a sibling
- Successful Examples:
  - A region IV licensed family was matched to a sibling group and was willing to adopt. These children were able to remain in their home school community and have appropriate ongoing contact with biological family.

Outcome 2: Sibling groups remain together while placed in foster care/adopted.
Overall ND regions reported with consistency that children are placed with their siblings as often as possible. Regions highlighted:
- Sibling placement is a priority
- If placement together cannot be supported, visitation/phone calls is prioritized.
- Concerted efforts are made by workers to place children with siblings
• Foster families are educated about the importance of sibling group placements
• Regions have been successful in placing “large sibling groups” together
• If there is a division of sibling groups, the reason is mostly due to behavioral issues or a higher level of care required by one or more siblings.
• Successful Examples:
  o A sibling group was placed with a half-sibling who was adopted by the foster family several years prior. The family was willing to adopt the sibling, if selected, so the children can experience permanence together.
  o County A had 17 sibling groups of three children; 12 of the 17 sets of three children were all placed together (71%).
  o County B had 14 children in care, 10 had siblings; 7 of the 10 children were able to be placed with siblings (70%).

Outcome 3: Resource homes are available to older children with special needs.
*Overall ND regions reported with consistency that recruitment does occur to identify families willing to serve children with special needs.*
  - Home study paperwork inquires if the family is interested in providing care to special needs children
  - Special needs adoptions are common practice in ND
  - Relatives are likely to take guardianship of a child with special needs
  - Successful Examples:
    o A family recently finalized on a medically fragile child, from the first day of placement the care provided to the child to accommodate his special needs and the energy they put into educating themselves on the medical care required was amazing. Today, the child is thriving medically and socially in their care.
    o Homes have been identified to accommodate special needs children who need adequate wheel chair accessibility, feeding tubes, are drug exposed newborns or those who need adaptive measures for their medical needs.

Outcome 4: Resource families represent the racial, cultural and ethnic characteristics of the region’s population.
*Overall ND regions reported with consistency that recruitment to identify families with racial and cultural needs of the community has its challenges. Regions Highlighted:*
  - Majority of ND foster homes are of Caucasian race, however majority (over 85%) of ND census of racial population is known to be Caucasian.
  - Native American family home recruitment and retention remains a priority to accommodate Native American children placed in foster care. Homes have increased as well as working relationships with the Tribal Nations to accommodate the approval of an affidavit tribal home located on the reservation.
  - Trainings are provided to homes to assist in their cultural awareness.
  - Successful Examples:
    o Relative recruitment is a priority; many relatives do not choose to get a foster care license.
    o Region V (Fargo Area) demographics outside of Caucasian include
Racial, Cultural & Ethnicity | July 1, 2013 | June 30, 2015
--- | --- | ---
American Indian | 8 | 13
Asian Pacific | 3 | 3
Hawaiian Pacific | 1 | 1
Hispanic | 1 | 2
Black/ African American | 4 | 5
Multi- Racial | 6 | 6
Totals | 23 | 30

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

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

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

Regions reported the most successful sources of recruitment were:

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

**Contact Information:**

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

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

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

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

![County Map]

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

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

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

Fees charged to prospective adoptive families by the AASK program are minimal and relate to criminal background checks, an application fee and psychological testing. These costs can be reimbursed to the family if the child they adopt qualifies for an adoption subsidy.
**Foster and Adopt Recruitment and Retention Task Force:**
The ND Statewide Foster and Adopt Recruitment and Retention Task Force gathers each fall to provide an overview of regional recruitment and retention activities as well as receive training. Task force members represent all eight regions of the state and include individuals from counties, regions, tribal social services, licensed child placing agencies, the UND Training Center, Children & Family Services and foster parents. Each coalition shares the efforts that were successful and brainstorm solutions for the challenges faced in their region. Regional coalitions are able to learn from one another and bring back fresh innovative ideas from these presentations.

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

- A “Recruitment and Retention” newsletter is published every other month which identifies direct links to articles or tools from the NRCDR/Adopt US Kids, tips for customer services, talking tips for people interested in foster parenting, etc.
  - Informational topics vary throughout the year and may include:
    - Direct links to articles or tools from the NRCDR/Adopt USKids
    - Tips for safety, developmentally appropriate activities, how to talk to others about foster parenting
    - Upcoming Events
    - Training and Support opportunities
    - Useful tools for foster parent recruiters
    - Recognition of Foster Care Month – including the state proclamation and photograph with the Governor
- Statewide recruitment and retention surveys were developed with results distributed statewide
- Training is provided to child welfare professionals at Child Welfare Certification Training as well as other scheduled training opportunities
- Assistance and technical support is provided to regional coalitions in the development of recruitment messages; identifying new and innovative recruitment tools; strategic retention plans, and identifying and expanding relationships with community partners
- Collaboration with work groups to develop new and innovative ways of meeting our increasing complex need for foster and adoptive families
- Serves as a “clearing house” for recruitment and retention resources in the state
**Specific Adoption Recruitment:**
The AASK Program completes adoption assessments for all families seeking to adopt a child from foster care in North Dakota, including families identified for specific children being adopted from foster care and for general recruitment adoptive families. In the current fiscal year (July 1, 2015 through May 2016) the AASK Program has completed 63 new assessments and updated 11 subsequent adoption assessments.

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

North Dakota has an active ND Heart Gallery, which facilitates a web site and photo gallery of waiting children. The photo gallery is transported across the state showcasing professional photographs of each child. ND hosts an annual “gala” where new portraits are unveiled; however children can be added to the gallery throughout the year. Currently, ND is featuring 40 children in the ND Heart Gallery; 12 of these children have been matched with a family. Additional children will be added before August 2016 to be featured in the November unveiling of the new gallery. Not every child’s team is supportive of the child’s inclusion in the Heart Gallery, however the option to be featured is provided to all children waiting for a forever family.

This year the AASK Program has hosted “match events” – local family events designed to provide waiting families an opportunity to meet and interact with waiting children, speak with workers and receive information on the adoption process. Three events were housed in June 2016 in Devil’s Lake, Fargo and Bismarck. The current Heart Gallery was also displayed at each event. There were 50 – 70 attendees at each event. Family activities included lawn games, crafts, snacks and face painting.

**Regional Coalition Recruitment and Retention Plans:**
North Dakota received technical assistance in the past from the National Resource Center on the Recruitment and Retention of Foster and Adoptive Parents (NRCRRFAP) and the National Resource Center for Tribes (NRC4Tribes) to gain a foundation and greater knowledge of recruitment and retention strategies focusing on recruiting homes for teens, sibling groups and to increase the pool of Native American families. As a result, regional coalitions were directed to submit a “Request for Funding” (Attachment 2) outlining both general and targeted recruitment and retention plans in order to receive an fiscal allocation. This was a change from prior biennium’s when regional plans contained mostly ‘general’ recruitment activities.

Examples of general recruitment activities contained in the regional plans:
- Host foster parents inquiry meetings at public establishments
- Purchase radio, newspaper, television or billboard ads
- Develop public service announcements
- Television and radio interviews highlighting specific events or awareness campaigns
• General advertising on promotional items placed strategically in local businesses
• Add representation from the retail business community, media network and former foster youth to the coalition with the goal of expanding the recruitment message to more effectively reach targeted areas
Train and encourage agency staff to share the recruitment message to external areas of the community with which they are connected such as places of worship, community and civic groups, neighborhood groups and social/recreational area.

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

Examples of retention activities contained in the regional plans:
• Provide more frequent training for foster parents to best meet their time schedule
• Offer sharing opportunities during training sessions to receive the support of other foster parents
• Offer stipends to seasoned foster parents who are willing to mentor new foster parents
• Give recognition awards to foster parents for years of service, ‘above and beyond’ awards or ‘thank you’ cards
• Cross agency referrals and collaboration when foster parents move across county lines or between agencies; i.e. PATH and county foster homes
• Promote and/or enhance foster and adoptive parent support groups

Statewide Accomplishments:
ND continues to have ongoing Regional Coalition meetings to discuss recruitment and retention efforts as well as brainstorm solutions for local needs. NDDHS does support the collaborative effort of all regional coalitions to attend the statewide Recruitment & Retention Task Force meeting hosted by Children & Family Services each fall. At the Task Force meeting, held September 2015 regions reported:
• Orphan Sunday- In region 5, each November an event developed based on the collaboration of two churches (Calvary United Methodist Church & Atonement Lutheran Church) in conjunctions with the Regional Coalition allows local foster-adopt agencies to come and set up a booth to get the word out about foster care and adoption. The event and promotions utilizes bible verse about orphans, to speak to the faith-based population
• Foster Parent Recruitment Video – In region 4, a local production company
helped create a video for recruitment of new foster families. It was well done and offered great diversity of foster parent demographics.

- **UND CFS Training Center Facebook page (Statewide)** - Ongoing recruitment and retention information is posted to the Facebook page. This information is viewable by public agency and government workers, nonprofit organizations, statewide agencies, foster parents, and community “friends” on Facebook.

- **Statewide Advertising/Promotion** – Collaborative efforts to utilize radio, television, and highway billboards continue to send a message about giving back, “Got Room for One More”, and modern efforts using current Hollywood inspiration “Find your “Super Power” and Become a Foster Parent” or “One in a Minion” as means to catch the attention of prospective foster families. Coalitions develop a theme or catch phrase, get permission to place the contact information on local pizza boxes, grocery store receipts, farmer’s markets bag inserts, restaurant table tents, sporting event popcorn boxes, or during parades. ND has done a great job of promoting the benefits of becoming a foster parent statewide, while offering education on the challenges that families also face when they choose to become a foster parent.

- **Statewide Outreach Efforts** – Local promotion and community outreach continues through attending church meet and greet events, Elks, Optimist, or Lions Club luncheons, school sporting events, setting up a booth, writing a story in the local newspaper, etc.

- **Spirit Lake Tribal Social Services & Benson/ Ramsey Counties** – A unified effort to recruit Native American homes on and off the reservation was successfully engaged when a grant was offered to the Tribe. The Region 3 Coalition did work in partnership with the Tribe to enhance promotional materials, partner in messaging for advertising, as well as attend the Recruitment and Retention meeting in New Mexico.

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

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

**State Policy Limitations:**
ND does not have limitations about who can become a foster parent. The US Supreme Court decision regarding same sex marriage has not and will not have program implications on licensing ND foster homes. Currently, ND does have same-sex couples licensed to provide foster care to children and our state has had same sex couples licensed in the past.

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

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

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

Training and services to child welfare staff working with refugee minors is available through the LSS/New Americans Project in Fargo, North Dakota.
Goal 1: North Dakota Department of Human Services will provide funding statewide to support regional foster/adoption coalitions’ recruitment and retention activities.

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

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

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

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

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

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

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

Outcome: Foster parents will not terminate their foster care license due to the licensing agency’s lack of support, insufficient training opportunities, or feeling of inadequacy.
Request for Funding
Foster and Adoption Recruitment & Retention
July 1, 2013 - June 30, 2015

Region: ___________________

RECRUITMENT

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

**General Recruitment:**

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

**Strategy:**

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

   List planned activities for general recruitment efforts:

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

   List planned activities for general recruitment efforts:

**Targeted Recruitment:**

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

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

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

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

<table>
<thead>
<tr>
<th>Retention:</th>
<th>Amount:</th>
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<tbody>
<tr>
<td>Goal: North Dakota will retain the current number of families that are willing to provide foster care to children in the state foster care system.</td>
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</table>

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

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

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

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

Due date: August 15, 2013.

Signature ___________________________ Date ___________________________

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

NOTES:
- The MOU will include a requirement to report outcomes of each strategy. (Please review outcomes noted in State Plan)
- Promotional items are limited to 10% of the total budget.
Foster and Adopt Recruitment & Retention

**Regional Outcomes**

July 1, 2013 – June 30, 2015

**REGION _____________**

**Recruitment**

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

**One measure of success.**

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

The most successful sources of recruitment were:

1. 
2. 
3. 
4. 

**Look for what works and do more of it!**

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

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

1. 
2. 
3. 
4. 

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

**Targeted recruitment activities: (check all that apply)**

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

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

1. Children who are placed in foster care can remain within their home community.
2. Sibling groups can remain together while placed in foster care or adopted.

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

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

Retention

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

*How can we support and retain our Foster Parents?*

Reasons that families are no longer licensed for foster care:

1. 
2. 
3. 
4. 
5. 

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

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

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

Signature ___________________________ Date ___________________________
HEALTH CARE OVERSIGHT AND COORDINATION PLAN
2015-2019

(Revised June, 2016)
**Background**
All children are entitled to health services that identify their conditions and needs, diagnose and treat any identified problems, and initiate appropriate follow-up and preventive health care. The CFS Division staff has developed a Health Care Services Plan that builds on work already being done in the state through the Governor’s Healthy North Dakota Initiative. The CFS Division’s plan embraces the efforts of statewide committees such as Healthy North Dakota, and CFS Division staff sit on these committees and the members of each meet regularly to tackle the complex issues specific to the health care needs of our children.

<table>
<thead>
<tr>
<th>STRATEGIES</th>
<th>ACTION STEPS</th>
<th>2017 APSR Comments</th>
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<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>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 the CFS Division that sufficiently addresses the provision of screenings for all children placed in care. Similar policies are in place through the Mental Health and Substance Abuse Division and Medical Services Division, now known as the Behavioral Health Services Division.</td>
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<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 Strategic Plan and updates continue to be accessible at <a href="http://www.ndhealth.gov/oralhealth">http://www.ndhealth.gov/oralhealth</a>. The continued efforts of the Ronald McDonald Care Mobile (RMCM) assist in reducing oral health gaps between needs and services for North Dakota children. The most recent Service Delivery Summary indicates that the Care Mobile visited 43 sites, 880 children, with a total value of treatment provided estimated at $470,148 from January to December of 2013. Approximately 71% of those children were uninsured, with 25% utilizing Medicaid and 4% having private insurance. This is consistent with the 2015-2019 CFSP as no new statistics are available. The Head Start State Collaboration Office Administrator continues to work with the RMCM Advisory Board.</td>
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Board and is a member of the North Dakota Oral Health Coalition, providing linkages between systems of care and educating partners on the needs of North Dakota’s under-served children. In addition, as part of the Healthy North Dakota committee, the HSCO Administrator collaborates with health partners to maintain communication across state and private agencies regarding initiatives affecting children and families in North Dakota.

d. A representative from ND Medicaid is a member of the Health Care Oversight committee to assure continuation and promotion of the Health Tracks Screenings plan.

d. ND Medicaid provides annual training to all state Health Tracks Screeners on specific evidence-based assessment instruments as well as needs identification and treatment referral.

e. Health needs identification; monitoring and treatment are accomplished through the Health Tracks Screening Plan.

e. ND Medicaid provides annual training to all state Health Tracks Screeners on specific evidence-based assessment instruments as well as needs identification and treatment referral.

f. The CFS Division staff will collaborate with the Behavioral Health (BH) staff regarding initiatives aimed at addressing mental health screenings for foster children.

f. Through the collaboration of committee members (Behavioral Health, Head Start Collaboration Office, Foster Care, Children and Family Services, and other members) initiatives aimed at mental health screenings will be shared and distributed to stakeholders serving children in foster care.

2. Determine how medical information will be updated and appropriately shared.

a. The CFS Division Director will invite a representative from ND Medicaid, a pediatrician, and other experts in health care and child welfare services to assist with the development of the Health Care Oversight and Coordination Plan.

a. In May 2014, a Health Care Oversight Committee was formed to assist with the development and coordination of the Health Care Oversight and Coordination Plan. ND Medicaid continues at the table in addition to representatives from CFS, DHS Mental Health and Substance Abuse Division, ND State Health Department, local Public Health unit, UND CFS Training Center, Division of Juvenile Services, private mental health providers, pharmacy, psychiatry, Human Service Centers, PRTF’s, and RCCF’s.
b. The CFS Division staff will collaborate with health professionals regarding the ACA “Health Exchange” to track foster children’s medical care while they are in foster placement.

b. It has been determined that the “Health Exchange” provision of the Affordable Care Act will help NDDHS to accomplish this goal. Due to the delay in rolling out the “Health Exchange” provision of the Affordable Care Act, this action step continues into the current five-year plan. This continues to be the plan, once the Health Exchange information becomes available.

c. FRAME, as an electronic record, will maintain current medical information on all foster children. Physicians/psychiatrists will be included as team members so that they receive the plan of care updates.

c. Child welfare workers use FRAME as their management information system for all foster children to include documentation of all youth medical information. The workers extend invitations to physicians and/or psychiatrists to attend team meetings. The workers ensure the medical personnel have updated care plans to include medical and emotional/behavioral health goals. Partnerships workers also will utilize their system of record (ROAP) to capture this data.

3. Develop a plan to ensure the continuity of health care services which may include establishing a medical home for every child in care.

a. Case workers will utilize both the Health Tracks Screenings and the Child & Family Team Meetings as a means to review the continuity of health care services.

a. Caseworkers are utilizing Health Tracks Screenings and Child & Family Team Meetings as a means to ensure continuity of health care services. The FRAME system will continue to be used to document these efforts for foster children.

4. Oversee prescription medications for all foster care children.

a. Case workers will review current prescription medications at the Child & Family Team Meetings.

a. Child welfare workers use FRAME as their management information system for documentation of prescription medications for all youth involved in the program, so it can be assessed ongoing at the Child & Family Team meetings. The Child & Family Team outline is a resource tool provided as a link in FRAME to assist case managers in covering all necessary information at the child and family team meetings. Medical information, including prescription medication updates, is one of the items tabbed in this outline. Regional Supervisors ensure all items on the outline are addressed at team meetings.
b. Medication updates will be documented in the FRAME system.

c. Physicians/psychiatrists will be included as team members and provided with care plans and updates to the care plan.

b. Child welfare workers use FRAME as their management information system for documentation of medication updates on all youth in foster care.

c. Child welfare workers extend invitations to physicians and/or psychiatrists to attend team meetings and provide them with care plans/updates to the care plan. A pediatrician and a psychiatrist are members of the Health Care Oversight Committee and review the use of psychotropic drugs by North Dakota foster youth based on Medicaid data.

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.

a. Case workers will report consultations with medical personnel at the Child & Family Team Meetings and will document updates in FRAME.

b. The CFS Division staff members will participate on the Healthy North Dakota Committee.

c. Staff from BH and CFS divisions will coordinate discussions regarding mental health screenings, including training and dissemination of suggested evidence-based screenings.

b. The Child and Family Team Meeting Outline will be utilized by Regional Supervisors, County Supervisors, and workers to guide team meetings and ensure all areas are covered including the health and well-being of children. Partnerships (children’s mental health) and child welfare workers provide updates on medical consultations at team meetings and the updates are documented in FRAME.

b. The Head Start Collaboration Office, representing the CFS Division, will continue participation in the HND meetings held quarterly. The Healthy North Dakota meetings are focused on overall health of North Dakota Residents. The HSCO Administrator will provide updates on CFS services as well as relay relevant information to the Foster Care Services Administrator and HCO members.

c. Guidance will be provided, including training on the suggested screenings for mental health to individuals in the field serving children in foster care.

6. The state will monitor and treat emotional trauma associated

a. The ND Department of Human Services will continue to support the provision of the Treatment Collaborative for Traumatized Youth.

a. With financial assistance from a System of Care grant from SAMSA, DHS’ Behavioral Health Services Division initiated a plan to provide trauma-informed practice training to all child welfare workers in North Dakota including: counties, Division of Juvenile
<table>
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<tr>
<th>with a child’s maltreatment and removal from the home.</th>
<th>through the regional human service centers and promote the System of Care Expansion Grant training plan.</th>
<th>Services, human service centers, private providers and CFS. This training continues to be integrated into the Child Welfare Certification program and trauma informed practice continues to be developed across the state.</th>
</tr>
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<tr>
<td>b. County social service agencies and DJS agencies will continue to refer children and youth as appropriate to the TF-CBT (Trauma Focused Cognitive Behavior Therapy) and SPARCS groups at the regional human service centers.</td>
<td>b. The CFS Division and the Behavioral Health Services Division/Children’s Mental Health will continue to monitor the regional human service center data on referrals to TCTY and SPARCS.</td>
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<tr>
<td>c. PATH (therapeutic foster care) staff and foster parents have received the Trauma Training through TCTY so they can address trauma issues with the children and youth they serve.</td>
<td>c. PATH ensures ongoing trauma training for new staff and therapeutic foster parents joining their agency.</td>
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</table>
| 7. Psychotropic medications for children in the foster care system will be monitored, protocols will be written, and a state plan will be developed and disseminated. | a. A workgroup with representation from CFS Division, Medical Services Division (MS), and Behavioral Health Division (BH) will be convened. | a. The Health Care Oversight committee maintains responsibility for monitoring the psychotropic drug use for children in foster care and review of this Health Care Oversight and Coordination Plan. The Health Care Oversight committee will address psychotropic drug use among foster youth and monitor and advise Behavioral Health Services Division regarding the roll out and continuation of trauma-informed practice training. The committee has initiated a Psychotropic Drug Data Analysis that will review practices and develop recommendations for training in the field, as well as policies and practices for oversight in North Dakota. Trends in the analysis suggested a higher rate of prescriptions for children in foster care, in general. Discussions have consequently taken place (and continue) regarding the possibility of peer reviews of medication practices and the drug utilization review. North Dakota Century Code does not currently allow the
b. Data will be gathered and analyzed.

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<tr>
<td>b. Data has been gathered and analyzed surrounding the use of psychotropic medications among all foster children in ND comparing their use of psychotropic medications to non-foster children in ND. The information is reviewed annually by the HCO members and has been shared across the state through various trainings, child welfare conferences, and tribal meetings to highlight the trends found. Information was pulled from one month (March) for consecutive years from 2009 to 2016. Trends were analyzed across age groups and medication categories. Data will continue to be reviewed and the Medical Director for DHS will disseminate appropriate reviews of the data. In addition, the group is working to educate providers on the incidence rates for prescriptions of psychotropic medications and consider peer review options for the state. As noted above, trends suggested a higher rate of prescriptions for children in foster care, in general. There were variations amongst the various drug categories and age of children. Information has been shared with targeted groups (practitioners, tribal staff, child welfare conferences) through facilitated meetings and conferences and will continue to be shared as analyses are completed.</td>
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| c. The ND Administrative Code surrounding the consent and usage of psychotropic medications in residential facilities (PRTFs and RCCFs) will be reviewed and revised as necessary. |
| c. The ND Administrative Code for residential facilities addresses the consent and usage of psychotropic medications. CFS staff will continue to review and revise these rules as necessary. At this point, no changes have been made to the ND Administrative Code. Upon the meetings described above (with practitioners and regarding peer reviews), this will be reviewed again. |

| d. Protocols are written and disseminated to state and tribal child welfare |
| d. Informational resources provided by the CB continue to be utilized in taking steps toward the formulation of specific protocols. Policy, |
providers.  

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<tr>
<th>8. A health care transition plan for youth aging out of foster care is developed to include options for health insurance,</th>
<th>a. The transition plan including components of health care needs of youth aging out of foster care is developed and offered to youth aging out of foster care.</th>
<th>a. North Dakota foster care case managers must inform youth age 17+ (prior to discharge) about the importance of designating another individual to make health care treatment decisions on their behalf if they become unable to do so, they do not want or have a relative who could make health care related decisions on their behalf. ND foster youth complete a discharge checklist within 90 days of discharge that addresses many topics that</th>
<th>training ideas, and consent forms have been gathered from other states to assist in North Dakota’s development of protocols and monitoring methods. The Health Care Oversight committee will be instrumental in reviewing and recommending protocols. Information that is gathered and the protocols developed are important steps in identifying patterns through which overuse or misuse can be proactively addressed. These protocols will be written as a result of the convening of practitioners and the discussions regarding peer reviews and best practices in North Dakota. Now that the data has been gathered (and will be run again in March 2017), the discussions will be focused around the trends found in North Dakota. Currently, the information on trends (previously noted) has been shared, but the protocols are not completed nor disseminated.</th>
</tr>
</thead>
</table>
| e. Training to the field will be provided. | e. The Healthcare Oversight Committee is considering options for training to the field surrounding awareness of psychotropic drug use and how treating youth experiencing trauma may reduce the usage of psychotropic drugs. In selecting topics, the Committee will review any ‘lessons learned’ from the Psychotropic Drug Data Analysis. Training has been provided at Child Welfare Conferences, but it was focused on the trends based on the data available. The committee is still looking to provide targeted training on best practices as the workgroup reviews the current practices and the possibility of a peer review system. | e. No North Dakota foster care case managers must inform youth age 17+ (prior to discharge) about the importance of designating another individual to make health care treatment decisions on their behalf if they become unable to do so, they do not want or have a relative who could make health care related decisions on their behalf. ND foster youth complete a discharge checklist within 90 days of discharge that addresses many topics that }
information about a health care power of attorney, health care proxy or other similar document recognized under state law. will assist in their transition to adulthood. Foster care case managers, Chafee Independent Living Coordinators and youth work together to complete discharge checklist items. A "health care directive" is noted on the checklist as a required discussion. This document enables youth to make decisions now about medical care in the future. Forms and directions related to health care directives are found at www.legis.nd.gov/cencode/t23c065.pdf.

In addition, ND Children & Family Services continues to utilize an informational brochure, "Health Care Directives, A Guide to Assist Youth Aging Out of Foster Care," DN 35, which is provided to each youth when completing the checklist and developing their transition plan before discharge. For youth who have left foster care and are Foster Care Alumni receiving the ETV; the Chafee Independent Living Coordinator follows up on this topic ongoing. The ETV application includes a checklist of required items, and health care directives are included on the checklist for discussion. Since inception of this rule, North Dakota has experienced that not all youth want to complete a Health Care Directive. The decision is respected, however, continued training occurs to best educate young people on the process.
DISASTER PLAN

(Reviewed June 2016)
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.
5. 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 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 was disaster and emergency plans.

FRAME contains placement information on all children in foster care. This system can be accessed by county, region, and state employees. Although there are limits as to what information counties have access to, regional supervisors can view all cases within their regional responsibility. CFS also has access to every case entered into FRAME.
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 FRAME. 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.

4. During any disaster, the CFS Division Director, CFS Program Administrators, and Interstate Compact Deputy Administrators will remain available through phone and electronic forms of communication to coordinate services and share information with other states.

**North Dakota Court System**

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

**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.

Addendum

1. Letter to Foster/Adopt Parents requesting an evacuation plan
2. Family Evacuation Disaster Plan
3. 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 ________________.

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

**FIRST CHOICE, WITHIN THE SAME COMMUNITY**

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<tr>
<th>Contact Name</th>
<th>Address</th>
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<th>State</th>
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<tr>
<td>Telephone Number</td>
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**SECOND CHOICE, WITHIN THE SAME COMMUNITY**

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

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

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

I understand that in the event that I must evacuate my home, I am required to report my location to the legal custodian, licensing agent or the North Dakota Department of Human Services. To contact the North Dakota Department of Human Services, I can call 1-800-245-3736 (toll-free in-state), 701-328-2316, or e-mail my location to dhsdfs@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.

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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

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

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.
H. The Director of the CFSTC will provide quarterly reports to the Division on the progress of the items contained in the work plan. Quarterly reports are due by the 15th of following months: October, January, April and August.
I. Any proposed amendments to the work plan by either the Division or the CFSTC must be approved by the CFS Management Team and the Director of CFSTC.

Section I: CHILD WELFARE CERTIFICATION TRAINING

- A minimum of two complete sessions of CWCT will be completed in this contract year using the developed curriculum, unless determined otherwise by the Division and CFSTC. Additional sessions may be added based on need and availability of funding.
- Each session will include no more than 25 participants, giving priority to county child welfare social service workers and other child welfare workers in the private
sector (AASK, PATH, and Tribal Social Services). If there are more than 25 participants requesting to register for the training, discretion will be used by the Director of the Training Center, in consultation with the CFS director to increase the number of participants for each session. The lodging costs, meal costs and all training costs will be included. The only cost PATH, AASK, Tribes or counties will be asked to provide is travel to the training site. Reimbursement to others will be done only with approval from CFS Director or their designee.

A. Questions about any participants who wish to attend the training, who are not on the approved list of agencies will be discussed with the Division Director before acceptance into the training.

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

C. After each of the two full sessions, provide Division Director the names of 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. Provide a list of persons who have completed Child Welfare Certification at the request of the Division Director or designee.

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

F. CFSTC will review the training curriculum of Child Welfare Certification and make ongoing changes as requested by Division.

G. CFSTC will create a plan for the delivery of FRAME training in consultation with the CFS Division by April 2016.

Section II: FOSTER/ADOPTIVE PARENT TRAINING

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

B. Evaluate the training delivery and the curriculum through trainee evaluations, ongoing staff meetings, and consultation with the Foster Care and Adoption Administrators.
C. Conduct one PRIDE “Train the Trainer”, if needed, and participate in PRIDE curriculum training in selected sites as negotiated with Foster Care and Adoption Administrators.

D. As the new PRIDE curriculum is implemented, train the present trainers in the new curriculum.

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/adoption 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/adoption parents.

G. Serve on the PRIDE Advisory Committee.

H. Work with Governors State University and the State of Illinois to implement changes in PRIDE curriculum.

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

J. .

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

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

Section III: THERAPEUTIC FOSTER CARE TRAINING

A. Executive Director of North Dakota PATH (or designee), will meet to review the Therapeutic Foster Care training plan by September 30, 2016.

B. CFSTC will coordinate, deliver and evaluate the Treatment Foster Care training curriculum in partnership with PATH Therapeutic Foster Care providers. Four
initial training sessions will be offered during the Work Plan year. The curriculum will be evaluated for the appropriateness of the content by September 30, 2016, with the PATH Education Committee and/or Administration.

C. CFSTC will implement any identified changes in the Treatment Foster Care curriculum by October 1, 2017.

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

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

F. Participate in the PATH Education Committee.

Section IV: FOSTERING COMMUNICATIONS NEWSLETTER
A. Writes, edits and produces Fostering Communications six times annually, and distributes the newsletter.

B. Will distribute the newsletter electronically to: foster and adoptive family homes, residential facilities, county social services offices, regional human service centers, and private human service agencies in North Dakota.

C. Post the newsletter on-line on the CFSTC website.

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

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

F. Explore the possibility of delivering an electronic newsletter geared toward social workers and case management issues related foster care and/or adoption. CFSTC will collaborate with the CFS Division on the publication “Outstanding in the Field” focused on issues related to excellence in child welfare practice in North Dakota.

Section V: CHAFEE FOSTER CARE INDEPENDENCE PROGRAM
A. Attend CFCIP Quarterly Independent Living meetings and trainings as requested.

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

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

Section VI: CHILD CARE LICENSOR TRAINING
A. CFSTC will facilitate the delivery of the developed curriculum on licensing Early Childhood Services facilities by assisting with registration and logistics, in consultation with the Administrator of Early Childhood Services, as requested and for no more than two events over the work plan year.
B. Provide CEUs for training delivered by the CFS Division.

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

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

Section IX: WRAPAROUND CASE MANAGEMENT TRAINING
A. CFSTC will assist with the implementation of the Wraparound case management practice for delivery to children and their families.
B. Facilitate logistics for one additional week of Wraparound Certification training, annually, if needed (based on registrations).
C. Deliver one additional week of Wraparound Certification Training to child welfare staff and partners including DJS, Partnership and Intensive In-Home providers, as well as, any other contracted providers deemed appropriate by the state.
D. Coordinate and deliver up to two additional Wraparound Certification training for RCCFs.
E. Deliver “introduction to wraparound” to intensive in-home providers at Village Family Services to enhance their foundation training.

Section X: FOSTER/ADOPTIVE HOME RECRUITMENT AND RETENTION
The Training Center will consider replacing the Foster/Adoptive Home Recruitment and Retention specialist position pending the restoration of funding for this position for the purpose of:
1. Training for recruitment and retention specialist across the North Dakota;
2. Assist in development of recruitment materials;
3. Provide consultation to North Dakota regional recruitment and retention coalitions;
4. Assist in preparing state recruitment and retention plan;
5. Work with CFS staff to develop agendas and materials for Coalitions meetings.

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

Section XII: GENERAL EXPECTATIONS
In addition to the above-mentioned activities, CFSTC may be involved in other training activities that directly support or compliment these aforementioned activities. For these additional various training activities; each request will be evaluated in accordance with all current activities, contract scope of service, availability of funds and must be approved by the Division Designee prior to implementation.
The following training activities are expectations for CFSTC for this Work Plan period:
A. Make payment for in-state and out-of-state travel, registration fees and per diem expenses for foster parents, county social workers, regional supervisors and Division staff upon approval of the Division Director.
B. Serve as a member of the CPS Task Force, which meets at least quarterly during the contract period.
C. Attend out-of-state and in-state training conferences as requested by the Division Director or Designee.
D. Serve on other Task Forces and initiatives at the request of the Division Director or Designee.
E. Serve as a member of the Alliance for Children’s Justice.
F. Participate in CFSR activities as requested by CFS Director, recognizing there will be negotiations regarding available staff time in order to participate.
G. CFSTC staff will participate when requested and when calls are scheduled, via conference phone, in the debriefing of the stakeholder comments.
H. Continue developing, with Division staff, electronic methods and options for delivery of child welfare training.
XIII: OTHER TRAINING TASKS AND PROJECTS

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

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

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

D. Explore options for training new child welfare supervisors.

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

F. 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.

G. 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.

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

I. 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.

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

K. CFSTC will coordinate, in partnership with the CPS Administrator, “advanced” training for interviewing in CPS cases.

L. Coordinate a maximum of four (2 – 4) training sessions related to safety planning.

M. Coordinate training related to Preventing Sex Trafficking and Strengthening Families Act and state laws. Participate with CFS to develop a training plan for the Child Welfare System.
Child Abuse Prevention and Treatment Act (CAPTA)
Grant to States for Child Abuse or Neglect Prevention and Treatment Programs

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

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

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

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

1. Provisions and procedures regarding identifying and assessing all reports involving known or suspected child sex trafficking victims (as defined in section 103(10) of the Trafficking Victims Protection Act of 2000 (TVPA) (22 U.S.C. 7102)); (section 106(b)(2)(xxiv) of CAPTA)

2. Provisions and procedures for training CPS workers about identifying, assessing and providing comprehensive services to children who are sex trafficking victims, including efforts to coordinate with state law enforcement, juvenile justice, and social service agencies such as runaway and homeless youth shelters; (section 106(b)(2)(xxv).

Signature of Governor:

[Signature]

Date: 6/28/16

Reviewed by:
(CB Regional Child Welfare Program Manager)

Dated: ____________________________
NORTH DAKOTA
CHILD ABUSE PREVENTION AND TREATMENT
ACT (CAPTA)

2016 Annual Report

Administered by:
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
Children & Family Services Division
Shari Doe, Division Director
The goals for the consolidated North Dakota Child and Family Services Plan (CFSP) are used as the goals for the Child Abuse Prevention and Abuse Act (CAPTA) plan. North Dakota’s Five-Year Child and Family Services Plan incorporates both the state’s Program Improvement Plan (PIP) and four additional strategies that speak directly to the Division’s mission, vision and values. Woven throughout is fidelity to North Dakota’s Wraparound Practice Model. CAPTA and Title IVB programs are coordinated through an internal Management Team structure that facilitates coordination between the CAPTA State Plan and Title IVB programs and aligns with and supports the overall goals for the delivery and improvement of child welfare services.

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

(B)

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

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

A. There are no significant changes for the state’s previously approved CAPTA Plan in how the state proposes to use funds to support the 14 program areas enumerated in section 106(a) of CAPTA.

B. North Dakota continues to utilize CAPTA state grant funds as described in the previously approved CAPTA plan to support:

- The CPS Task Force, for the improvement of strategies, policies and protocols for the improvement of screening and assessment of reports of child abuse and neglect.

- Community Based Child Abuse Prevention to provide support for Community-Based Child Abuse Prevention, through Parent Resource Centers in the state utilizing evidence-based child abuse and neglect programming/curricula;

- Child Fatality Review Panel/Citizen Review Panel;

- Institutional Child Abuse and Neglect;

- The Alliance for Children’s Justice;
• Continued collaboration with the Juvenile Justice system, public health agencies, private community-based programs, domestic violence service agencies, substance abuse treatment agencies, Developmental Disabilities, and other agencies in investigation, interventions and delivery of services and treatment provided to children and families affected by child abuse or neglect;

• Continued development, strengthening and facilitating of training, including maintenance of online mandated reporter training. Continued exploration and evaluation of data related to the recently developed online training module; continued evaluation of the Child Welfare Certification Training curriculum to assure that the needs of beginning CPS workers are met, and exploration of training for CPS social workers and supervisors on child development and child trauma.

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

A. Not all objectives for all areas for improvement will have funds attached. Staff will complete many of the objectives and action steps noted in the CAPTA Plan and the Consolidated APSR with no Basic Grant funds expended.

B. CAPTA funds were used alone or in conjunction with Children’s Justice Act, family support dollars and state funds to support the following activities:

i. Out-of-state Travel for State Child Protection Service Administrator
   a. CAPTA funds were used in conjunction with Children’s Justice Act funds to attend meetings of the State Liaison Officers and to attend national and regional training that would assist in the development of knowledge or skills for the State CPS Administrator.

ii. State Institutional Child Protection Team
   a. CAPTA funds were used in conjunction with Children’s Justice Act funds, to reimburse non-state employees for travel and per diem for meetings of the State Child Protection Team. The Team meets as required to review and make decisions regarding Child Protection Services needs in institutions.

iii. State Child Fatality Review Panel
   a. CAPTA funds were used in conjunction with Children’s Justice Act funds, to support the Child Fatality Review Panel which is a multi-
disciplinary panel made up of professionals and lay persons for purpose of reviewing child deaths. (Members include Physicians, Educator, Prosecutor, Law Enforcement official, Prevention Specialist, Child Protection Staff, and Community Members) The funds are used to reimburse members for travel to meetings and for training opportunities.

iv. **In-State Travel for State Administrator**
   a. CAPTA funds were used to reimburse the State Administrator to travel to the regional and county offices to provide support to direct providers of child protection services.

v. **Travel to Meetings for Work on the Areas of Improvement**
   a. CAPTA funds were used in conjunction with Children’s Justice Act funds, to reimburse CPS Task Force members for in-state travel and per diem to attend meetings wherein the work to review and act on implementation of improvements to North Dakota Child Protection Services takes place.

vi. **Support for the Alliance For Children’s Justice (ACJ)**
   a. CAPTA funds used were in conjunction with Children’s Justice Act funds, to maintain the Alliance for Children’s Justice. The purpose of ACJ is to improve the handling of child abuse and neglect cases, including child sexual abuse cases. ACJ is a multi-disciplinary partnership made up of over thirty five members representing law enforcement, mental health, parents, civil and criminal courts, prosecutors, defense attorneys, child protection staff, faith communities, education and medical professionals, prevention advocates and citizens. This task force maintains a CPS sub-committee (CPS Task Force), which continually reviews CPS policies and practices. The Basic grant funds are used to support staff costs, meeting expenses, training of professionals, providing information to public and professionals, prevention, treatment, research related activities and to support of Prevent Child Abuse North Dakota.

vii. **Support for CPS Training**
    a. CAPTA funds used were in conjunction with Children’s Justice Act funds, for training, consultant fees, training materials, travel and per diem for trainees.
viii. Educational Materials, Training Material, Books, Videos, Printing
   a. CAPTA funds were used to provide printing of materials to enhance public awareness, and the printing of reports to be used by the public as well as child protection service professionals.

ix. Support for the Prevent Child Abuse North Dakota Organization
   a. CAPTA funds were used to support the only statewide agency, Prevent Child Abuse North Dakota (PCAND), established for the sole purpose of the prevention of child maltreatment. The funds will be used for staff and operating expenses as specified in a work plan and a contract with Prevent Child Abuse North Dakota.

x. The Nurturing Parenting Program
   a. CAPTA funds were used in conjunction with state funds to support the Nurturing Parent Program. The Nurturing Parenting Program is a family-centered initiative designed to build nurturing parenting skills as an alternative to abusive and neglectful child-rearing practices. The programs target all families at risk for abuse and neglect with children birth to 18 years. The programs have been adapted to special populations including families of diverse ethnicities, military families, teen parents, foster and adoptive families, families in alcohol treatment and recovery, parents with special learning needs, and families with children who have special health challenges.

xi. Parent Resource Centers (PRCs)
   a. CAPTA funds used were used in conjunction with IV B Part II funds (CBCAP) to support eight (8) Parent and Family Resource Centers (PRC). Each PRC participates in a Parent Education Network coordinated through the Family Life Education Program codified in state law, a partnership with the North Dakota State University Extension Service. The network provided for site visits, a peer review process, and an evaluation component for the individual centers as well as for the network.

IV. Citizen Review Panel

The North Dakota Child Fatality Review Panel, as described in Section C of the APSR “Service Description”, serves as the state’s Citizen Review Panel as allowed by CAPTA Section 106 (c). The Child Fatality Review Panel data report for the 2010 - 2011 child fatality reviews is the most recent report completed and placed online at: http://www.nd.gov/dhs/info/pubs/family.html. Data bulletins have not been produced.
specific to 2012, 2013 and 2014 in favor of a consolidated multi-year report. Reviews of child deaths and child maltreatment near deaths for 2015 have not yet been completed pending review of cases which are unavailable for review due to pending criminal investigation, criminal prosecution, etc. The state’s most recent response to the Panel’s recommendations can be found in ATTACHMENT A.

V. CAPTA Fatality and Near Fatality Public Disclosure Policy

The North Dakota State Legislature, during the 2012-2013 legislative session enacted state law that mirrors the federal definition of a child abuse and neglect near death and provides for review of child abuse and neglect near fatalities. The law also provides for disclosure to the public, information about child fatalities and near fatalities as required by the September 2012 policy revision issued by the Children’s Bureau. The State law went into effect on August 1, 2013. Child abuse and neglect reports are reported as child abuse and neglect near-fatalities when the federal definition of a near-fatality is met and the case decision (services required) reflects that a child has been abused or neglected. Child abuse and neglect near-fatalities are reviewed by the Child Fatality Review Panel/Citizen Review Committee. As of the end of federal fiscal year 2015, five (5) child abuse and neglect near deaths have been identified and reviewed. Information in these reviews includes:

- The cause and circumstances of the near death
- The age and gender of the child
- Information describing any previous child abuse and neglect reports or assessments that pertain to the child abuse or neglect that led to the near death
- The result of any such assessments
- The services provided in accordance with state law

VI. CAPTA Annual State Data Report Items

A. The number of children who were reported to the State during the year as victims of child abuse or neglect.

   - The unduplicated number of children who were reported to the State as victims of child abuse and neglect during the FFY 2015 is 7,105.

B. Of the number of children described in paragraph (1), the number with respect to whom such reports were—

   i. substantiated;
The unduplicated number of victims with respect to whom such reports were substantiated as reported in NCANDS during FFY 2015 is 1,829.

ii. unsubstantiated; or
   o The unduplicated number of victims with respect to whom such reports were unsubstantiated as reported in NCANDS during FFY 2015 is 5,276.

iii. determined to be false.
   o The number of children described in paragraph (1) with respect to whom such reports were determined to be false is not able to be reported.

C. Of the number of children described in paragraph (B) —

i. The number that did not receive services during the year under the State program funded under this section or an equivalent State program;
   o The state is not able to report this data due to mapping challenges with the current child welfare data system.

ii. the number that received services during the year under the State program funded under this section or an equivalent State program;
   o The state is not able to report this data due to mapping challenges with the current child welfare data system.

iii. the number that were removed from their families during the year by disposition of the case.
   o The state is not able to report this data due to mapping challenges with the current child welfare data system.

D. The number of families that received preventive services, including use of differential response, from the State during the year.
   o The state is unable to report the number of families that received preventive services. The state does not have an alternative response system. The number of children receiving preventive services under CBCAP programs is reported in NCANDS Agency File data element 1.1. B-C as 477.

E. The number of deaths in the State during the year resulting from child abuse or neglect.
   o The number of deaths in the State during the year resulting from child abuse or neglect is three (3).
F. Of the number of children described in paragraph (5), the number of such children who were in foster care.

- The number of children described in paragraph (5), the number of such children who were in foster care is zero (0).

G. CPS Workforce Information

  i. The number of child protective service personnel responsible for the—

     - intake of reports filed in the previous year;
     - screening of such reports;
     - assessment of such reports; and
     - investigation of such reports.

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<tbody>
<tr>
<td>FTE’s for CPS Intake (receiving 960 reports) functions</td>
<td>15.3</td>
</tr>
<tr>
<td>FTE’s for CPS Assessment functions</td>
<td>67.1</td>
</tr>
<tr>
<td>FTE’s for CPS Supervision functions</td>
<td>14.5</td>
</tr>
<tr>
<td>Total</td>
<td>96.9</td>
</tr>
</tbody>
</table>

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

An electronic survey was prepared in two sections, using Survey Monkey as the vehicle for collecting the data. This survey was transmitted via email to directors of all county social service agencies in the state. The survey was administered in two parts. The first part was completed by agency directors, listing the staff and percentage of FTE for each staff person for each function requested. Information on caseload or work load requirements, including the average number and maximum number of cases per protection service worker and supervisor, were then calculated using the data provided in the survey and the caseload numbers entered into the statewide data system. The response rate for the Director’s portion of the survey was approximately 70%, with 37 of 53 counties reporting. Directors reported a total of 192 employees, including supervisors, responsible for intake and assessment. These were then reported as a corresponding portion of a Full Time Equivalent position (FTE), resulting in a total of 96.9 FTEs. The second portion of the survey was forwarded to the workers and supervisors by the director with a request for each worker listed by the director to complete the education/training and demographic portion of the survey. The worker demographic and training portion of the survey was completed by 84 of the
workers/supervisors, for a response rate of approximately 44%. The worker response rate in 2015 was 56% and in 2016 is 44%. This represents a decrease by 21% in 2016.

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

*Average Caseload (per FTE)*

<table>
<thead>
<tr>
<th>A. Intake Workers</th>
<th>Average # of Reports per Intake FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7,842 CPS reports / 15.3 Intake FTEs</td>
</tr>
<tr>
<td></td>
<td>512</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Assessment Workers</th>
<th>Average # of Full Assessments per Assessment FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2,210 CPS Full Assessments (includes out of states assessments) / 67.1 Assessment FTEs</td>
</tr>
<tr>
<td></td>
<td>32</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Assessment Workers</th>
<th>Average # of Term/PW Assessments per Assessment FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1,875 CPS Term/PW Assessments / 67.1 Assessment FTEs</td>
</tr>
<tr>
<td></td>
<td>27</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Assessment Workers</th>
<th>Average # of Admin Assessments per Assessment FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1,417 Admin Assessments / 67.1 Assessment FTEs</td>
</tr>
<tr>
<td></td>
<td>21</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Assessment Workers</th>
<th>Average # of Referrals per Assessment FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1,431 Referrals / 67.1 Assessment FTEs</td>
</tr>
<tr>
<td></td>
<td>21</td>
</tr>
</tbody>
</table>

Note: By state law, North Dakota is not able to screen out reports of suspected child abuse or neglect. All reports are accepted. Reports that do not meet criteria for assessment are “administratively assessed” (admin. assessments above). North Dakota also terminates assessments of reports in progress (without a finding of abuse or neglect) when information indicates further assessment is not needed. North Dakota accepts reports of pregnant women using controlled substances or abusing alcohol, but because there is not a viable child in these cases, no determination of abuse or neglect can be made (Term/PW assessments above). When reports allege abuse or neglect of a child that is not within the state’s jurisdiction or reports concern maltreatment by a person who is not a “person responsible for a child’s welfare” under state law, the report is referred to the child’s jurisdiction or to law enforcement, respectively (admin. referrals above).
iii. Caseload Standards
   - The caseload standard for Child Protection Services Social Workers is established in state policy Service Chapter 640-01-25-01 as follows:

   For caseload standard purposes, the standards shall be one full-time equivalent Social Worker to every 12 new child abuse and neglect assessments in any 31-day period. Recognizing there may be assessments in progress at no given time shall a combination of new assessments and assessments in progress exceed 15 in number per Social Worker. The standards shall be calculated on the basis of a percentage of a full time equivalent. Example: 0.5 FTE would allow six new intakes or a maximum of eight considering a combination of new assessments and assessments in progress. The Position Information Questionnaire (PIQ) of the Social Worker should be consulted to determine what percentage of a FTE is dedicated to CPS assessments. This will assist in determining the caseload standard for those Social Workers with multiple service responsibility. The calculation done on the basis of a percentage of a full time equivalent will be rounded upward.

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

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

   - There are no established caseload/workload standards for child protective service supervisors.
H. The agency response time with respect to each such report with respect to initial investigation of reports of child abuse or neglect.

i. The mean time to investigation in hours for FFY 2015 was 214.7 hours (2015 NCANDS Child File Validation Workbook). A decrease from 220.11 hours reported in FFY 2014.

Due to conflict between the federal definition of response time and state administrative rule and policy for initiation of assessment and face to face contact with victims, calculations of response time are not fully representative of actual practice. Since initiation of an assessment can only occur one time, system codes may reflect initiation occurring through an action that does not meet the federal initiation definition. State administrative rule allows initiation of an assessment to be done by completing a check for records of past involvement, by contact with the subject of a report, or with a collateral contact to indicate this action as “initiation”. The federal NCANDS definition of “Investigation Start Date” as “The date when CPS first had face-to-face contact with the alleged victim of child maltreatment” is in conflict with the state’s administrative rule and greatly impacts the reporting of response times. The state maintains separate standards for initiation of an assessment and for face-to-face contacts. When case initiation is calculated using the state’s policies and administrative rules, 2015 data reflects that 86.4% of assessments are initiated within the states requirements. This is a decrease in the 88.2% reported in 2014.

<table>
<thead>
<tr>
<th>Report Category</th>
<th>Yes</th>
<th>No**</th>
<th>Missing***</th>
</tr>
</thead>
<tbody>
<tr>
<td>A (N=314)</td>
<td>90.1%</td>
<td>9.9%</td>
<td>0.0%</td>
</tr>
<tr>
<td>B (N=1282)</td>
<td>91.7%</td>
<td>8.3%</td>
<td>0.0%</td>
</tr>
<tr>
<td>C (N=5193)</td>
<td>84.9%</td>
<td>15.1%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total (N=6789)</td>
<td>86.4%</td>
<td>13.6%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

*Includes all CPS assessments regardless of the decision code.
**Includes records with initiation dates prior to the date the report was received and records with initiation dates after the report was received that were outside program policy parameters for the report category.
***Records excluded because they were missing initiation dates.

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

Another complicating factor for reporting is that data system codes for contacts with children are indicated as “worker/child” or “worker/family”, which may indicate contact with any child in the home, not specifically with a victim or with
all children in the home. This is due to multiple programs using case activity codes. Additionally, the initial face-to-face contact with a victim for purposes of a safety assessment is allowed, by state policy, to be conducted by specific professional “partners” who have authority to provide immediate protection for the child (Law Enforcement, Medical Personnel, Juvenile Court staff, or Military Family Advocacy staff) in addition to a child welfare social worker, in order to assure safety in a rural environment where minimal staffing, extreme weather and distance can delay a worker’s ability to respond quickly. Given this policy, face-to-face contact by a “partner” may occur previous to the report received date/time. For example: Law enforcement is called to a home in the evening for a welfare check and determines that the children are not in immediate danger, so does not remove, but does follow up with a written report to the child welfare agency the following day. Face-to-face contact with the victim has occurred by someone with authority to protect the child, but occurs prior to the report date/time, by someone other than the child welfare worker. Contacts made by authorized partners are not reported to NCANDS since these contacts do not meet the reporting definitions. When the data is calculated according to the state’s policy, face-to-face contact within the allowable time frames is occurring in 86% of full assessments. This represents an improvement over the 82.9% reported in 2014.

The table below shows the timeliness of face-to-face contact by assessment category for FY 2015:

<table>
<thead>
<tr>
<th>Assessment Category</th>
<th>Yes</th>
<th>No**</th>
<th>Missing***</th>
</tr>
</thead>
<tbody>
<tr>
<td>A (N=168)</td>
<td>71.4%</td>
<td>27.4%</td>
<td>1.2%</td>
</tr>
<tr>
<td>B (N=762)</td>
<td>84.5%</td>
<td>15.1%</td>
<td>0.4%</td>
</tr>
<tr>
<td>C (N=3054)</td>
<td>87.3%</td>
<td>12.4%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Total (N=3989)</td>
<td>86.0%</td>
<td>13.5%</td>
<td>0.5%</td>
</tr>
</tbody>
</table>

*Includes only CPS assessments with decision codes of 'Services Required', 'No Services Required' and 'Subject is Out of State but the Decision would be Services Required'.
**Includes records with face to face contact dates before or after the date the report was received if they were outside program policy parameters for the assessment category.
***Records excluded because they were missing a face-to-face contact date or missing an assessment category.

Face-to-face contact standards:
For a Category A case (described above), face-to-face contact is to be made within 24 hours. It is believed that the percentage is lower than those in the other two categories due to co-occurring criminal investigations where law enforcement has determined that contact by the child welfare agency could jeopardize a criminal investigation; for a category B case (described above), face-to-face contact must be made within 3 calendar days; For a Category C case (described above), face-to-face contact with the victim must be made within 14 calendar days.
I. The response time with respect to the provision of services to families and children where an allegation of child abuse or neglect has been made.

- There were 965 “Services Required” assessments in FFY 2015. Of these, 158 of these resulted in Foster Care Services as defined by NCANDS, removal occurred after date received of first report in an assessment.
- The mean time to foster care in days for FFY 2015 was 16.59 days.
- The median time to foster care in days for FFY 2015 was 3 days.
- In addition, 352 of the 965 “Services Required” assessments resulted in In-Home Case Management Services as defined by NCANDS, In-Home initiated after date received of first report in an assessment, and
- 16 of these assessments resulted in both Foster Care and In-Home Case Management Services.
- Therefore, 494 (51.2%) “Services Required” assessments resulted in Foster Care and/or In-Home Case Management Services.

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

i. Information on the education, qualifications, and training requirements established by the State for child protective service professionals, including for entry and advancement in the profession, including advancement to supervisory positions;

- The Child Protection Service workforce is comprised of Licensed Social Workers who meet the qualifications for a Social Worker III as described below:

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

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

**FAMILY SERVICES SPECIALIST**

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

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

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

**FAMILY SERVICES SPECIALIST II**

**GRADE K**

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

**ADDITIONAL DUTIES PERFORMED AT THIS LEVEL:**
- Receive and assess complaints alleging child abuse and neglect; assess the validity of allegations and the degree or danger to children; compile and present information on child maltreatment for assessment.
- Develop a comprehensive case plan engaging family members and others responsible for implementing and achieving goals identified in the plan.
- Monitor and evaluate the progress; update case goals and action steps.
- Monitor families’ compliance with case plans and ongoing safety of children through regular family visits.
MINIMUM QUALIFICATIONS:
Requires a bachelor’s degree in social work, psychology, sociology, counseling, human development, elementary education, early childhood education, special education, child development and family science, human resource management (human service track), or criminal justice, and one year of professional human services work experience as a social worker, child protective service worker, or professional case manager; or a Master’s degree in one of the areas above. The appointing authority may identify specific certification/credential and experience depending upon the position to be filled.

FAMILY SERVICES SPECIALIST III
LEVEL DEFINITION:
Positions at this level manage a case load of more complex and sensitive cases by investigating alleged sexual, physical, or emotional child abuse or neglect that may require alternative care placement and reunification planning. They may supervise Family Service Specialists and other case management workers.
ADDITIONAL DUTIES PERFORMED AT THIS LEVEL:
• Investigate alleged sexual, physical, or emotional child abuse or neglect; determine required actions to ensure the safety of children named in the allegation.
• Provide family assessments, follow-up services, case management plans.
• Accept on-call referrals and respond to emergency requests from law enforcement; provide crisis intervention and emergency services to children and family.
• Develop and implement case management plans with parents of children where abuse or neglect has been substantiated.
• Arrange alternative care placements for children who are removed from their home as a result of child abuse or neglect.
• Provide case management and educational services with focus on maintaining an intact family unit or its reunification.
• Provide permanency planning and case management for children needing guardianship or adoption.
• Coordinate services for children in temporary county custody or under the custody and control of the county.
• May assign, direct, train, and evaluate work of staff members.

MINIMUM QUALIFICATIONS:
Requires a bachelor’s degree in social work, psychology, sociology, counseling, human development, elementary education, early childhood education, special education, child development and family science, human resource management (human service track), or criminal justice, and two years of professional human services work experiences as a social worker, child protective service worker, or professional case manager. A Master’s degree in one of the areas above may substitute for one year of the work experience requirement. The appointing authority may identify specific certification/credential and experience depending upon the position to be filled.
Child Protection Service Supervisors at the entry level are classified as Human Service Program Administrators and meet the qualifications below:

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

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

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

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

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

North Dakota Administrative Code Section 4-07-05-06. Under fill. When no fully qualified candidates are available after an internal or external recruiting effort, an appointing authority may under fill a position of each of the following requirements are met: 1. The duration of the under fill does not exceed two years. If special circumstances require a period exceeding two years, an appointing authority shall request written approval from human resource management services. 2. The applicant selected possesses the appropriate license or meets other applicable statutory requirements.
Additionally, The Department of Human Services Manual Service Chapter 01-43 provides additional guidance for under filling positions:

01-43.Underfills
If internal and external recruitment efforts have failed to produce a qualified applicant, the position may be under filled by an applicant who does not meet the initial screening requirements (minimum qualifications) of the position as classified. The applicant must meet the initial screening requirements (minimum qualifications) of the next lower level in that class series or an appropriate class as determined by the DHS Human Resource Division.

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

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

- Positions used when under filling a position and the qualifications of those positions are:

  SOCIAL WORKER I; MINIMUM QUALIFICATIONS: Requires licensure as a Licensed Social Worker (LSW) by the North Dakota Board of Social Work Examiners (NDCC 43-41).

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

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

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

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

In 2014, the state engaged in a process to survey the individual counties in order to obtain the requested data on education, qualifications and training of child protection service professionals and demographic information of the child protection service personnel. In 2015, this survey was updated and administered for the second time. The survey has been repeated in 2016. The electronic survey was prepared in two sections, using Survey Monkey as the vehicle for collecting the data. The survey was then transmitted via email to directors of all county social service agencies in the state, with instruction for the Director to complete the first section of the survey regarding numbers of FTE positions in their agency and to forward the second section to the workers listed in the first section to complete the demographic and training section. Information on caseload or work load requirements, including the average number and maximum number of cases per protection service worker were then calculated using the data provided in the survey and the caseload data entered into the statewide data system. The survey was administered to County Directors of North Dakota’s 53 counties (it should be
noted that directors often have responsibility for more than one county. Survey instructions requested that a separate survey be completed for each county. There were 37 responses from county directors and 84 responses from their employees, with County Directors reporting a total of 96.9 FTE positions for all CPS functions. The number of supervisory and workers responding was 84.

<table>
<thead>
<tr>
<th>Highest Degree Obtained</th>
<th>Degree Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor of Social Work</td>
<td>63</td>
<td>75.00%</td>
</tr>
<tr>
<td>Master of Social Work</td>
<td>9</td>
<td>10.71%</td>
</tr>
<tr>
<td>Other Bachelor</td>
<td>9</td>
<td>10.71%</td>
</tr>
<tr>
<td>Other Master</td>
<td>3</td>
<td>3.57%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td></td>
<td>84</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Training</th>
<th>Average # of Hours per FFY 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Welfare Certification</td>
<td>36.6</td>
</tr>
<tr>
<td>Wraparound Re-Certification</td>
<td>13.8</td>
</tr>
<tr>
<td>Additional social work licensure</td>
<td>25.9</td>
</tr>
<tr>
<td>Total Training Hours</td>
<td>76.3</td>
</tr>
</tbody>
</table>

iii. Demographic information of the child protective service personnel; and
   o In 2014, the state engaged in a process to survey the individual counties in order to obtain the requested data on education, qualifications and training of child protection service professionals and demographic information of the child protection service personnel and repeated this survey process in 2015. An electronic survey was prepared in two sections, using Survey Monkey as the vehicle for collecting the data. The survey was then transmitted via email to directors of all county social service agencies in the state. Survey instructions requested directors to forward the second section to the workers listed in the first section to complete the demographic and training section.

   o Information on caseload or work load requirements including the average number and maximum number of cases per protection service worker and supervisor were then calculated using the data provided in the survey and the caseload numbers entered into the statewide data system.
<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Hispanic or Latino</td>
<td>82</td>
<td>98%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>84</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>83</td>
<td>98.81%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Black</td>
<td>1</td>
<td>1.19%</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>84</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>78</td>
<td>92.86%</td>
</tr>
<tr>
<td>Male</td>
<td>6</td>
<td>7.14%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>84</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24 years old</td>
<td>5</td>
<td>5.95%</td>
</tr>
<tr>
<td>25-34 years old</td>
<td>30</td>
<td>35.71%</td>
</tr>
<tr>
<td>35-44 years old</td>
<td>24</td>
<td>28.57%</td>
</tr>
<tr>
<td>45-54 years old</td>
<td>16</td>
<td>19.05%</td>
</tr>
<tr>
<td>55-64 years old</td>
<td>9</td>
<td>10.71%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>84</td>
<td>100%</td>
</tr>
</tbody>
</table>
iv. Information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor.

- Caseload standards are required by state Administrative Code, **75-03-19-07, Caseload standards**. Any authorized agent (county social service agency) designated by the department to receive reports and conduct assessments of reports of suspected child abuse or neglect shall adhere to the caseload standards establishing minimum staff-to-client ratios.

- The caseload standard established in state policy is listed below:

  **Caseload Standard for CPS Assessments 640-01-25-01**
  
  For caseload standard purposes, the standards shall be one full-time equivalent Social Worker to every 12 new child abuse and neglect assessments in any 31-day period. Recognizing there may be assessments in progress at no given time shall a combination of new assessments and assessments in progress exceed 15 in number per Social Worker. The standards shall be calculated on the basis of a percentage of a full time equivalent. Example: .5 FTE would allow six new intakes or a maximum of eight considering a combination of new assessments and assessments in progress. The Position Information Questionnaire (PIQ) of the Social Worker should be consulted to determine what percentage of a FTE is dedicated to CPS assessments. This will assist in determining the caseload standard for those Social Workers with multiple service responsibility. The calculation done on the basis of a percentage of a full time equivalent will be rounded upward.

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

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

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

  **Certification Training Requirements 640-01-10-05-01**
  
  Participation in and successful completion of the Child Welfare Practitioners Certification Training Program (CWPCTP) is required by all workers providing
CPS assessments. Workers must begin the CWPCTP within the first six months of employment as a CPS Worker. Workers must complete the training program within one year of beginning the training program. A copy of the certificate of completion should be given to the CPS Worker’s supervisor, by the CPS Worker, upon completion.

K. The number of children reunited with their families or receiving family preservation services that, within five years, result in subsequent substantiated reports of child abuse or neglect, including the death of the child.

- This data is not collected as is reported in the NCANDS Agency file
- There are no children who died who had reunited with their family or received family preservation services within five years.

L. The number of children for whom individuals were appointed by the court to represent the best interests of such children and the average number of out of court contacts between such individuals and children.

- The number of children for whom individuals were appointed by the court to represent the best interests of such children for July 1, 2014 through June 30, 2015 is 924.
- The state is unable to provide the average number of out of court contacts between such individuals and children. However, it is known that the total number of hours the state’s lay Guardians Ad Litem spent for July 1, 2014 through June 30, 2015 is 2,057 hours, with the average being 2.25 hours per child.

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

- The summary of activities of the State’s Citizen Review Panel and the state agency’s most recent response to the panel and state and local child protective services agencies, as required by section 106(c)(6) of CAPTA, which describes whether or how the State will incorporate the recommendations of the Panel to make measurable progress in improving the State and local child protection system is included in the CAPTA report as ATTACHMENT A.
- For the purposes of the 2015 CAPTA report, the 2010-2011 summary data of the Child Fatality Review Panel/Citizen Review Committee is the most recent statistical publication and is posted to the state’s website:
N. The number of children under the care of the state child protection system who are transferred into the custody of the state juvenile justice system.
  o Following is the point in time Division of Juvenile Services (DJS) case count taken on June 1, 2015. Overall DJS cases are slightly lower from last year at which time the case count was 194 compared to 181 as of June 1, 2014. The case transfers across the state have also increased from a year ago, at which time the data showed 32 cases transferred from Social Services to DJS (16.5%) compared to 60 cases (33.2%) as of June 1, 2014.

<table>
<thead>
<tr>
<th>DJS Office</th>
<th>6/1/2015 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>1</td>
<td>11.11%</td>
</tr>
<tr>
<td>Minot</td>
<td>18</td>
<td>2</td>
<td>11.11%</td>
</tr>
<tr>
<td>Devils Lake</td>
<td>22</td>
<td>4</td>
<td>18.18%</td>
</tr>
<tr>
<td>Grand Forks</td>
<td>27</td>
<td>2</td>
<td>7.41%</td>
</tr>
<tr>
<td>Fargo</td>
<td>48</td>
<td>2</td>
<td>4.17%</td>
</tr>
<tr>
<td>Jamestown</td>
<td>13</td>
<td>1</td>
<td>7.69%</td>
</tr>
<tr>
<td>Bismarck</td>
<td>36</td>
<td>2</td>
<td>5.55%</td>
</tr>
<tr>
<td>Dickinson</td>
<td>12</td>
<td>1</td>
<td>8.33%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>185</td>
<td>15</td>
<td>Average: 8.10%</td>
</tr>
<tr>
<td>West</td>
<td>75</td>
<td>6</td>
<td>8.00%</td>
</tr>
<tr>
<td>East</td>
<td>110</td>
<td>9</td>
<td>8.18%</td>
</tr>
</tbody>
</table>

O. The number of children referred to a child protective services system under subsection (b) (2) (B) (ii).
  o There were 115 victims less than 1 year of age with maltreatment codes of alcohol present at birth, meth present at birth, OR drugs other than meth present at birth were listed in CPS reports during FFY 2015. This is not a completely unduplicated count of victims because FRAME does not assign unique identifiers to all victims entered into the system. Of the 115 reported victims with the maltreatments above, 114 are verified unique victims.

Note: There were 2 records excluded from analysis due to missing or invalid dates of birth.
P. The number of children determined to be eligible for referral, and the number of children referred, under subsection (b)(2)(B)(xxi), to agencies providing early intervention services under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).
   o The number of children determined to be eligible for referral to agencies providing early intervention services under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.) is 430. The number of children referred was 380.
   o There were 21 children that did not receive referrals. Seven of these children were already receiving Infant Development Services or had previously been screened. There were 28 children determined “not applicable”. Two of these children were deceased. There were six children who were determined to have left the state. The remaining cases were without explanation. 1 record was missing referral data. There were 10 records excluded from analysis due to missing or invalid dates of birth.

Q. Sources of Data on Child Maltreatment Deaths:

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

In North Dakota, child fatality reviews are a retrospective record review. Case level records are requested and received (in most cases) from the Medical Examiner’s offices, law enforcement agencies and medical facilities. Both of the state’s Medical Examiners serve on the Panel. The data from these sources is incorporated at the case review level rather than at a “data extraction level”. Additionally, Medical, law enforcement and Medical Examiner records are reviewed in order to identify additional sources of information, such as mental health, developmental disability programs, Emergency Medical Services, etc. These records are then requested, compiled into a stand-alone database, and incorporated into the death review.
Child Protection Services is the entity that labels a child death as to whether the death is the result of “child maltreatment”. There is no corresponding “child maltreatment” label used by the State Medical Examiner’s Office, law enforcement agencies or medical facilities. Medical Examiners label the manner of deaths as “Homicide, Suicide, Accident, Natural and Undetermined”. Law enforcement may label the death as a criminal charge such as: “murder, manslaughter, negligent homicide”, etc. and medical doctors label deaths with medical diagnoses such as “cardiac arrest” or “blunt head injury”, none of which indicate whether child maltreatment was the cause or manner of death. While it is a certainty that a homicide or murder is an intentional act, there are no data elements to indicate the relationship of the individual responsible for the act to the child in order to determine whether a child death is a “maltreatment death” at the hands of a caregiver under the state Child Abuse and Neglect law or an act of violence committed by a stranger. A “blunt head injury” may or may not be intentional, such as vehicle crash or fall injuries. Since NCANDS data is extracted from the child welfare database, there is no practical application to import or enter datasets from outside sources. None of the listed sources are excluded.

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

VII. **Update on Services to Substance Exposed Newborns**

North Dakota law defines "Prenatal exposure to a controlled substance" as “use of a controlled substance as defined in North Dakota Century Code Chapter 19-03.1 (Uniform Controlled Substances Act) by a pregnant woman for a nonmedical purpose during pregnancy as evidenced by withdrawal symptoms in the child at birth, results of a toxicology test performed on the mother at delivery of the child at birth, or medical effects or developmental delays during the child's first year of life that medically indicate prenatal exposure to a controlled substance”. The statute includes all controlled substances, regardless of whether the substance is obtained legally or illegally. However, legally obtained substances must be used for a “non-medical purpose” (misused). State statute requires mandated reporters to file reports of suspected child abuse or neglect when there is reasonable cause to suspect that a pregnant woman has used a controlled substance for a non-medical purpose: North Dakota Century Code Chapter 50-25.1-16, “Prenatal exposure to controlled substances - Reporting requirements”. This statute also allows voluntary reporting of a reasonable cause to suspect that a pregnant woman has used a controlled substance for a non-medical purpose.

State statute requires Child Protection Services to, “immediately initiate an appropriate assessment and offer services indicated under the circumstances. Services offered may include a referral for chemical dependency assessment, a referral for chemical dependency treatment if recommended, or a referral for prenatal care. Statute allows action to be taken under the civil commitment law for involuntary treatment when the criteria in that statute are met (danger to self or others).
The statute is modified, however, to allow a referral to treatment services in lieu of a report of suspected child abuse or neglect unless the woman does not participate in treatment services. If a woman does not complete voluntary treatment or fails to follow treatment recommendations, a report to Child Protection Services is then required.

Similarly, state statute requires reporting of prenatal exposure to alcohol abuse: North Dakota Century Code Chapter 50-25.1-18; “Prenatal exposure to alcohol abuse - Reporting Requirements”. A mandated reporter who has reasonable suspicion that a woman is pregnant and has abused alcohol after the woman knows of the pregnancy may arrange for a chemical dependency assessment conducted by a licensed treatment program and confirm that the recommendations indicated by the assessment are followed; or immediately report the circumstances to the department if the knowledge or suspicion is derived from information received by that individual in that individual's official or professional capacity. Voluntary reports are allowed. If a woman is referred for a chemical dependency assessment and fails to obtain an assessment or refuses to comply with the recommendations of the assessment, a mandated reporter who has knowledge of the failure to obtain the assessment or refusal to comply with recommendations of the assessment shall make a report of suspected child abuse or neglect.

When a report is made that a pregnant woman has abused alcohol, Child Protection Services shall immediately initiate an appropriate assessment and offer services indicated under the circumstances. Services offered may include a referral for chemical dependency assessment, a referral for chemical dependency treatment, if recommended, or a referral for prenatal care. Statute allows action to be taken under the civil commitment law for involuntary treatment when the criteria in that statute are met (danger to self or others).

State Child Protection statute requires toxicology testing of a pregnant woman when a woman has obstetrical complications that are a medical indication of possible use of a controlled substance for a nonmedical purpose. Toxicology testing of a pregnant woman may be conducted without the woman’s consent if a specimen is otherwise available, and can be administered up to eight hours after delivery. When test results are positive, a report of suspected child abuse or neglect is required. Negative test results or refusal to be tested do not eliminate the obligation to report if other evidence gives a physician reason to believe that a patient has used a controlled substance for a non-medical purpose, however, a physician or any other medical personnel who determines in good faith not to administer a toxicology test under this section is immune from liability for not administering the test.

Since North Dakota law requires reporting of substance exposed newborns as suspected child abuse and neglect, reports of substance exposed newborns are assessed as child abuse and neglect reports, requiring initiation of an assessment within 24 hours and face-to-face contact with the suspected victim within 3 days, unless safety concerns are identified, requiring earlier intervention. Each child’s safety must be assessed and a safety plan (plan of safe care) put in place for the duration of the
assessment. Policy for safety planning has been in place since April, 2011. Responsibility for development and monitoring the safety plan is the responsibility of the CPS assessment worker/agency. Safety plans are also monitored through regional approvals required for requests for deadline extensions and through regional approval of the CPS assessment upon completion. When child abuse or neglect is confirmed (services are required for the protection and treatment of an abused or neglected child), a child welfare case manager must be assigned, a comprehensive family assessment completed, safety plans updated and expanded, and a family service plan developed. The safety plan and service plan are monitored through the use of Child and Family Team Meetings, face-to-face contacts with the child, and visits to the home and in the agency.

North Dakota legislatively mandated a Substance Exposed Newborn Task Force (SENTF) in the 2015 legislative session. The final report from this effort is expected to be issued in June 2016. A final draft has been presented to Legislative management, although no specific legislation has, as yet, emerged. Through participation on this Task Force, the Lead Agency has recognized a need for development of specific Child Protection Services policy for substance exposed newborns and has engaged a graduate Social Work student to produce a policy draft specific to assessment of reports of substance exposed newborns, including development of plans of safe care, for review by the CPS subcommittee of the Children’s Justice Act Grant Task Force. Draft policy is expected in the fall of 2016.

Through the work of the SENTF, several training recommendations were made, including training for child welfare workers, the juvenile court, service providers, foster parents, medical providers and law enforcement. North Dakota will begin offering recommended training at the biannual multi-disciplinary Children’s Justice Symposium in July, 2016, which is co-sponsored with the North Dakota Supreme Court. The following sessions will be offered:

A plenary workshop with Jill Gresham of the National Center on Substance Abuse and Child Welfare. **Prenatal Substance Exposure: A Multi-Agency Response to a Public Health Crisis;**

Though prevalence estimates vary widely for specific substances and geographic regions of the country, there is no doubt that prenatal substance exposure is a significant public health problem. Studies have long shown alcohol and tobacco exposure present significant health risks to the developing fetus. The incidence of neonatal abstinence syndrome (NAS) for infants prenatally exposed to opioids, including heroin, prescription pain medication and medications to treat opioid dependence, has grown nearly fivefold since 2000. While the use of legal or illegal substances during pregnancy does not in and of itself constitute evidence of abuse or neglect in North Dakota, communities across the State—and the country—are struggling to respond to the needs of these infants and their families. It is clear that child welfare agencies cannot be charged with the sole responsibility for responding to prenatal substance exposure and infants born affected by prenatal substance use. During this plenary the speaker will discuss national and state trends for infants
with prenatal substance exposure, the impact on hospitals, child welfare and the courts and the need for a two-pronged, multi-agency response to prenatal exposure, including:

1) A state level strategic plan that sets forth broad system policies and practices across five-points of intervention for women and their infants; and
2) Local level implementation plans that ensure pregnant women and infants are identified and plans of safe care are developed and services provided to ensure the safety of the infant and the well-being of the family. This approach is consistent with North Dakota’s Senate Bill No. 2367 which provided for the creation of a task force on substance exposed newborns.

The conference will also feature a workshop by Dr. Arne Graff, Medical Director and clinician with the Mayo Child and Family Advocacy Program in Rochester MN, entitled Drug Exposure During Pregnancy: How to Evaluate and Interpret Findings.

Technical assistance is needed in areas for which federal instruction or requirements differ from current state law and practice and in training field staff in best practices in supporting mothers, infants and families as well as for best practices in development of plans of safe care. The required data reporting elements for substance exposed newborns will require changes to be made to the state’s data system. Data system changes are currently in process to refine identified caregiver risk factors and child risk factors and maltreatments, however, without knowing precisely what the federal reporting requirements will be, full compliance remains unknown at this time and technical assistance may be needed related to collecting the required data and mapping the data elements correctly. Technical assistance may also be needed to implement any additional federal requirements.

VIII. Amendments to CAPTA made by P.L. 114-22

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

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

http://www.nd.gov/dhs/policymanuals/640/640.htm#640_85_01.htm%3FTocPath%3DChild%20Protection%20Services%20Manual%20640%7CAppendix%20640-85%7C____1

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

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

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

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

The North Dakota State Legislature enacted major human trafficking legislation in
2015, including amending the juvenile code to include a definition of a child victim of
human trafficking as a “deprived child”. Under North Dakota law, an “abused child”, a
“neglected child” and a “sexually abused child” are all considered to be a “deprived
child” under the juvenile code. The state has not opted to apply the sex trafficking
portion of the definition of “child abuse” and “sexual abuse” to a person who has not
attained the age of 24, in keeping with the state’s definition of a “child” as an
individual who has not attained the age of 18 years.

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

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

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

An on-line training module has been developed for child welfare workers as part of the Child Welfare Certification program through the University of North Dakota, “PL 113-183 Preventing Sex Trafficking and Strengthening Families Act”: [http://nursing.und.edu/multimedia/pl-113-183/](http://nursing.und.edu/multimedia/pl-113-183/). Use of this module will continue in the coming year. Policy and practice training for human trafficking has been integrated onto the Child Welfare Certification Training for new workers and will continue in the coming year.

Additionally, a North Dakota non-profit agency has received a grant to support two Human Trafficking Navigators in the state. These Navigators are organizing local multi-disciplinary groups around the state, including county child welfare agencies, to participate in development of local Human Trafficking protocols for multi-system responses to victims of trafficking. The lead agency, through the regional and county offices, supports these efforts and participates in local efforts as requested. Training about identifying, assessing and providing comprehensive services to children who are sex trafficking victims has taken place:

In July 2015, a workshop session was held as part of the biannual Children and Family Services Conference for child welfare professionals:

• Human Trafficking- What is it and How are We Fighting Back in North Dakota – Christina Sambor, FUSE Coordinator. Christina lead a breakout session and walk through a primer on human trafficking, what human trafficking looks like in North Dakota, and will highlight the coordinated efforts to combat trafficking in our state. She also highlighted relevant federal, state and tribal laws on human trafficking.

• In December, 2015, the Children and Family Services Training Center through support from the Children and Family Services Division coordinated statewide training on the Commercial Exploitation of Children related to Human Trafficking in four key locations around the state. This training was attended by over 300 professionals from a wide variety of disciplines including child welfare services, juvenile court officials, law enforcement officials, Children’s Advocacy Centers, judges, prosecutors and clinical therapists.

Unfortunately, one of the training sessions had to be cancelled due to weather related travel conditions. This session had been rescheduled to take place during the Children’s Justice Symposium in July 2016.
• In addition, no later than May 29, 2017, states must submit the new CAPTA assurances relating to sex trafficking. These assurances are to be provided in the form of a certification signed by the State’s Governor (see Attachment F). The signed assurance may be returned with the 2017 CAPTA Annual Report submitted with the APSR due June 30, 2016, if the state is ready to submit them by that time. If not, the state may submit the certification at a later date, but no later than May 29, 2017.

North Dakota’s signed assurances are submitted with the CAPTA report and included as Attachment F to the APSR document.

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

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

IX. North Dakota CAPTA Contact Information

State Liaison Officer:
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  600 East Boulevard Avenue, Dept. 325
  Bismarck, ND 58505-0250
  (701)328-1853
  mbaker@nd.gov
ATTACHMENT A

Child Fatality Review Panel /Citizen Review Committee Recommendations

The North Dakota Child Fatality Review Panel, as described in Section C “Service Description”, serves as the state's Citizen Review Panel as allowed by CAPTA Section 106(c). The North Dakota Child Fatality Review Panel has continued to review deaths of all children who receive a North Dakota death certificate, including but not limited to child deaths that occur as a result of child abuse or neglect. These retroactive records reviews have now incorporated reviews of child abuse and neglect near deaths, as well. Both types of reviews take place quarterly. The timeline for publication of data reports does become quite lengthy, however, particularly in cases where criminal charges are pending, due to delays in receiving records for review until after prosecution is complete. There are also limited data resources available to the program. The Child Fatality Review Panel will continue to explore strategies to shorten the timeframe between the case reviews and publication of the data. The North Dakota Child Fatality Review Panel provides case level analysis of system functioning in the investigative, administrative, and judicial handling of child abuse and neglect cases. The 2010-2011 Child Fatality Review Panel data report is posted to the state website: http://www.nd.gov/dhs/info/pubs/docs/cfs/child-fatality-report-2010-2011.pdf

Child deaths which occurred in 2013, 2014, and 2015 are still in the process of being reviewed and the datasets are not yet complete. Review of deaths occurring in a single year may not be reviewed for quite a length of time, due to delay in certification of the death certificate by the certifier, inability to obtain records needed for a comprehensive review, or to pending criminal investigation or prosecution of the case.

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

The Child Fatality Review Panel/Citizen Review Committee is required by state law to meet at least semi-annually. In order to accomplish thorough in depth review of cases of child deaths which are sudden, unexpected, or unexplained, the Committee has continued to meet quarterly through FFY 2015 in order to review these deaths and make recommendations.

Review of child deaths in calendar year 2014 identified two areas for which there are numerous risk factors present: unsafe sleep environments for infants and unsafe driving/vehicle practices for older children. These two areas remain of primary concern, as there has been little fluctuation in the types of preventable risk factors identified over time.

**Unsafe sleep practices include:**
- Sleeping on soft surfaces such as pillows, adult mattresses
- Sleeping with objects such as too many blankets, clothing in crib, toys and other objects in the crib
- Drug and/or alcohol involvement such as sleeping with impaired adults, alcohol & drugs in the home/at the scene; parental substance abuse, prenatal exposure to controlled substance

Unsafe vehicle practices include:
- No seatbelt use,
- Cell phone use,
- Excessive speed,
- Driver inexperience, unlicensed/underage driver,
- No helmet use (bike and ATV),
- Child driving an oversized ATV
- Inadequate supervision by a caregiver
- Unsafe loading and unloading of children out of vehicle

The recommendations made as a result of the calendar year 2014 reviews:

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

Deaths due to Sudden Infant Death Syndrome (SIDS)/Sudden Unexpected Infant Deaths (SUID), continue to be the second largest number of deaths for North Dakota children, after motor vehicle related deaths. While SIDS is still largely considered non-preventable, putting prevention information about preventable risk factors, in the hands of parents, family caregivers, childcare providers and others who care for children has the potential to impact the number of SIDS/SUID deaths in the state. Substance exposed newborns and the sweeping impact of the nationwide opioid epidemic on communities and the child welfare system have become topics of concern in the state as well as all over the country and in Congress. Strategies are needed in North Dakota to address prevention of substance related infant deaths.

#2 The Panel recommends continuing to collaborate with existing programs to support vehicle safety for young children and their caregivers as well as for teen drivers and their caregivers and to develop messages and materials promoting topics such as car seat safety, helmet use for bicycling as well as use with motorized vehicles, safety in and around vehicles, safe driving practices for teens and adults who transport children, etc.

Vehicle related deaths continue to be the leading cause of children’s deaths in the state. According to the National Safety Council, driver inexperience, engaging in risky behavior, speeding and failure to wear seat belts are common teen driving behaviors that contribute to teen driving deaths. Risks for younger children include pedestrian and bicycle safety, helmet use, and riding appropriately sized motorized vehicles (ATVs). For infants, toddlers
and preschoole... supervision in and around cars prevents back-overs, trunk and window entrapment, etc... Proper use and installation of child safety seats continues to be an emphasis.

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

Even though there has been an observable increase in the quality of scene investigation in cases of infant deaths since the inception of the Panel, the Panel continues to be concerned about the quality of child death scene investigations. Many child death investigations do not include interviews with the parents and others who live in the home or who were present in the home at the time of the death. Although the Medical Examiner's Office strongly recommends the use of the Sudden Unexplained Infant Death and the Investigation Report Form (SUIDIRF) for cases on infant deaths, in too many cases, this form is completed by someone who was not actually at the death scene or elements requested on the form are left blank.

The investigations of some child deaths continue to be minimal. Investigations do not always explore circumstances leading up to the death or are not comprehensive enough to uncover information vital to identifying the cause or manner of death or in identifying risk factors and formulating effective preventive interventions. The thoroughness of child death investigations varies greatly. Information regarding the child and family history, family violence, alcohol and drug use, mental health issues, and other contributing factors are vital to understanding the circumstances surrounding the deaths of children and for planning to prevent future deaths, yet this is the very information that is often not gathered or not recorded in an investigation.

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

The in-depth reviews of child deaths are retrospective reviews of relevant existing records generated by agencies involved with the child, prior to and following the death. The Panel has no investigatory authority of its own and is completely dependent on the work and cooperation of agencies with this authority.

The Panel's ability to access relevant records for review remains of concern.

North Dakota law (NDCC 50-25.1-04.4) provides that, 'Upon the request of a coroner or the presiding officer of a CFRP, any hospital, physician, medical professional, medical facility, mental health professional, or mental health facility shall disclose all records of that entity with respect to any child who has or is eligible to receive a certificate of live birth and who has died'. This statute also states, 'All law enforcement officials, courts of competent jurisdiction, and appropriate state agencies shall cooperate in fulfillment of the purposes of this chapter' (NDCC 50-25.1-12).
Regardless of these mandates, information is too often not forthcoming in response to Panel requests. When this occurs, the Panel’s statutory mandate to “review the deaths of all minors which occurred in the state during the preceding six months and to identify trends or patterns in the deaths of minors’ (NDCC 50-25.1-04.3) is hindered.

There are also other entities in possession of detailed and valuable information about a given child, whose records are not addressed in state law. If not provided by request, these records remain inaccessible to the Panel.

An additional barrier identified by the Panel concerns governmental entities such as Federal Bureau of Investigation, the Bureau of Indian Affairs, and tribal entities that are outside the jurisdiction of state statutes. These governmental bodies are not required to share information with the Panel. It is a concern of the Panel that these records remain inaccessible.

Child Fatality Review Panel /Citizen Review Committee

State Response

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

The Child Fatality Review Panel data report for 2013 and 2014 is in draft to be finalized by September 2016. Child deaths which occurred in 2015 are still in the process of being reviewed and the datasets are not yet complete. Review of deaths occurring in a single year may not be reviewed for quite a length of time, due to delay in certification of the death certificate by the certifier, inability to obtain records needed for a comprehensive review, or to pending criminal investigation or prosecution of the case.

The Child Fatality Review Panel/ Citizen Review Committee is convened by the Children and Family Services Division (CFS) of the North Dakota Department of Human Services (DHS). CFS/DHS provides staff and resources for preparing and conducting reviews of all child deaths and near deaths caused by child abuse and neglect (0.2 FTE), maintaining documentation and data concerning these reviews (0.2 FTE) and producing and publication of resulting data. CFS/DHS also supports travel costs for members who are not local to the Panel meetings. No state funding is appropriated to support the operation or programming related to Panel/Committee recommendations, necessitating the development of strategies to address concerns and recommendations through partnership and existing resources.
The following is the state’s response to the Panel’s recommendations:

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

The state will continue to work with the Injury Prevention Program, Sudden Infant Death Prevention program within the North Dakota Department of Health and with the Early Childhood Education program to disseminate information regarding safe infant sleep practices. Safe sleep for infants is also included in the “New Parent Newsletter”, a collaborative effort between child abuse prevention (CBCAP) and the Community health division of the North Dakota Department of Health (MCH). The New Parent Newsletter provides age-paced, developmental information to parents of infants up to one year of age and is distributed to parents through all birthing hospitals in the state. The lead agency participated in the legislatively created Substance Exposed Newborn Task Force and supports Task Force recommendations related to prevention and treatment of substance exposed newborns and their mothers. The lead agency will participate with partner agencies such as the North Dakota Department of Health and health care providers, along with the Behavioral Health Division within the North Dakota Department of Human Services to plan and implement Task Force recommendations to the extent practicable. Task Force recommendations include:

- Development and dissemination of prevention and educational materials for education of women of childbearing age, as well as their significant others and families, about the dangers of substance use/abuse during pregnancy.
- Information on the possible long-term effects of Neonatal Abstinence Syndrome (NAS) should be available to educators, health care providers, social workers and foster parents so they can identify children who may have been affected by exposure to substances in utero and who need additional educational and medical care during childhood as a result.
- Hospitals and social service agencies should partner in the development of plans of safe care for each newborn born with prenatal exposure to substances, prior to discharge from the hospital following the birth. The plans should include educational materials on NAS* for parents and caregivers.

Training recommendations made by the Task Force include training on various aspects of substance exposed newborn needs, including development of screening and testing protocols, reporting responsibilities and development of plans of safe care. Training recommendations included the following disciplines:

- Health care providers
- County social service staff
- Service providers
#2 The Panel recommends continuing to collaborate with existing programs to support vehicle safety for young children and their caregivers as well as for teen drivers and their caregivers. Efforts should focus on developing messages and materials promoting topics such as car seat safety, helmet use for bicycling as well as use with motorized vehicles, safety in and around vehicles, safe driving practices for teens and adults who transport children, texting while driving, etc.

The lead agency will continue to collaborate with the North Dakota Department of Health, Injury Prevention and Control Division and Child Passenger Safety Program, including the Injury Prevention Task Force, which includes members such as the North Dakota Safety Council, North Dakota Highway Patrol, North Dakota Department of Transportation, and local Safe Kids programs. The Injury Prevention Task Force works together to promote prevention strategies to address vehicle and traffic related system issues including teen graduated driver's licensing, child passenger safety and bicycle safety.

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

- That a standardized protocol be developed for infant/child death scene investigations
- That a standardized statewide protocol be developed for scene investigations of all child/adolescent suicide deaths;
- That all children involved in a motor vehicle/ATV fatality receive an autopsy;
- That alcohol and drug testing be done in all child fatalities;
- That a suicide investigation protocol be developed
- That law enforcement officers receive education on scene investigations involving children and firearms;
- That physicians receive education about the importance of scene investigation information so they can accurately complete death scene investigation forms

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

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

The Child Fatality Review Panel coordinator continues to contact representatives of the Bureau of Indian Affairs law enforcement as well as representatives from the FBI and U.S. Attorney’s Office in ongoing attempts to obtain information to enable quality reviews of these deaths. Discussion continues among partner agencies, represented by membership on the Panel, as to additional strategies to obtain the needed information for meaningful and effective reviews, particularly for child deaths in Indian Country.

ND Citizen Review Committee/Child Fatality Review Panel Members

Child Fatality Panel Members 2016

* CPT Marlys Baker – Administrator of Child Protection Services – DHS
  * CPT Tracy Miller – Child Maltreatment Prevention - DHS
  * Dr. Terry Dwelle – ND Department of Health
  * Jonathan Byers – ND Attorney General’s Office
  * Dr. William Massello – State Forensic Medical Examiner
  * Dr. Mary Ann Sens – Department of Pathology - UND

  Steve Kukowski – Ward County Sheriff Department
  * CPT Lisa Bjergaard – Division of Juvenile Services
  * Duane Stanley – Bureau of Criminal Investigation
  * Bobbi Peltier – Indian Health Services Injury Prevention
  * CPT Karen Eisenhardt – Citizen Member
  * Dr. Scott Stephens- Sanford Health
  * Carol Meidinger – Citizen Member
  * Mandy Slag – Injury Prevention Administrator
*NOTE: The designation “CPT” indicates that the member is also a member of the State Child Protection Team, who by state statute, serves as the Child Fatality Review Panel.
CFS-101, Part 1: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV
Fiscal Year 2017, October 1, 2016 through September 30, 2017

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>State or Indian Tribal Organization (ITO): North Dakota</td>
<td>2. BIN:7-45039764-84</td>
</tr>
</tbody>
</table>
| Address: 600 E Boulevard Ave #325, Bismarck, ND 58501                      | 4. Submission: [ ] New
                                                                      [ ] Revision |
| 5. Total estimated title IV-B Subpart 1, Child Welfare Services (CWS) Funds | 416,114                 |
| a) Total administration (not to exceed 10% of title IV-B Subpart 1 estimated allocation) | 41,611                  |
| 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. | 346,806                 |
| a) Total Family Preservation Services                                       | 86,703                  |
| b) Total Family Support Services                                            | 76,297                  |
| c) Total Time-Limited Family Reunification Services                         | 79,765                  |
| d) Total Adoption Promotion and Support Services                           | 69,361                  |
| e) Total for Other Service Related Activities (e.g. planning)              |                          |
| f) Total administration (FORS STATES ONLY; not to exceed 10% of title IV-B Subpart 2 estimated allocation) | 34,681                  |
| 7. Total estimated Monthly Caseworker Visit (MCV) Funds (FORS STATES ONLY)  | 21,845                  |
| a) Total administration (FORS STATES ONLY; not to exceed 10% of estimated MCV allotment) | 2,185                   |
| 8. Re-allocation of title IV-B Subparts 1 & 2 funds for States and Indian Tribal Organizations: |                          |
| a) Indicate the amount of the State's/tribe's allotment that will not be required to carry out the following programs: CWS $__________, PSSF $__________, and/or MCV (States only) $__________ |                          |
| b) If additional funds become available to States and Tribes, specify the amount of additional funds the States or Tribes requesting: CWS $__________, PSSF $__________, and/or MCV (States only) $__________ |                          |
| 9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required): Estimated Amount plus additional allocation, as available. (FORS STATES ONLY) | 101,445                 |
| 10. Estimated Chafee Foster Care Independence Program (CFCIP) funds         | 500,000                 |
| a) Indicate the amount of State's or Tribe's allotment to be spent on room and board for eligible youths (not to exceed 30% of CFCIP allotment) | $__________             |
| 11. Estimated Education and Training Voucher (ETV) funds                    | 140,101                 |
| 12. Re-allocation of CFCIP and ETV Program Funds:                           |                          |
| a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out CFCIP Program $__________ |                          |
| b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out ETV Program $__________ |                          |
| c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for CFCIP Program $206,827 |                          |
| 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 $__________ |                          |

13. Certification by State Agency and/or Indian Tribal Organization.
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.

Signature and Title of State Tribal Agency Official: [Signature]
Signature and Title of Central Office Official: [Signature]

2017 APSR
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 2014: October 1, 2013 through September 30, 2014

<table>
<thead>
<tr>
<th>Description of Funds</th>
<th>Estimated Expenditures</th>
<th>Actual Expenditures</th>
<th>Number Individuals served</th>
<th>Number Families served</th>
<th>Population served</th>
<th>Geographic area served</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Total title IV-B, subpart 1 funds</td>
<td>$ 471,022</td>
<td>$ 440,569</td>
<td>N A</td>
<td>3249</td>
<td>All Eligible families</td>
<td>Statewide/Reservations</td>
</tr>
<tr>
<td>a) Total Administrative Costs (not to exceed 10% of title IV-B, subpart 1 total allotment)</td>
<td>$ 47,102</td>
<td>$ 15,595</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Total title IV-B, subpart 2 funds (This amount should equal the sum of lines a - f.)</td>
<td>$ 467,245</td>
<td>$ 388,066</td>
<td>N A</td>
<td>3521</td>
<td>All Eligible families</td>
<td>Statewide/Reservations</td>
</tr>
<tr>
<td>a) Family Preservation Services</td>
<td>$ 116,811</td>
<td>$ 128,386</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Family Support Services</td>
<td>$ 102,794</td>
<td>$ 87,721</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Time-Limited Family Reunification Services</td>
<td>$ 107,466</td>
<td>$ 72,989</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Adoption Promotion and Support Services</td>
<td>$ 93,449</td>
<td>$ 80,997</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Other Service Related Activities (e.g. planning)</td>
<td>$</td>
<td>$</td>
<td></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>$ 46,725</td>
<td>$ 17,973</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Total Monthly Caseworker Visit Funds (STATE ONLY)</td>
<td>$ 29,518</td>
<td>$ 13,532</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Administrative Costs (not to exceed 10% of MCV allotment)</td>
<td>$</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Total Chafee Foster Care Independence Program (CFCIP) funds</td>
<td>$ 500,000</td>
<td>$ 500,000</td>
<td></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>
<td></td>
</tr>
</tbody>
</table>

Signature and Title of State/ Tribal Agency Official

[Signature]

Date: 6/27/16

Signature and Title of Central Office Official

Date
Administration for Children and Families (ACF)
Marilyn Kennerson
1961 Stout Street
Byron Rogers Federal Building
Denver, CO 80294-3538

RE: Chafee Foster Care Independence Program Budget Request

Administration for Children and Families (ACF)

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

<table>
<thead>
<tr>
<th>FFY Totals</th>
<th>CFCIP Youth</th>
<th>Current Foster Care Youth</th>
<th>Foster Care Alumni</th>
<th>Priority 1 Youth Served</th>
<th>Priority 2 Youth Served</th>
<th>Native Americans Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFY 13 Total</td>
<td>399</td>
<td>232</td>
<td>167</td>
<td>267</td>
<td>132</td>
<td>87</td>
</tr>
<tr>
<td>FFY 14 Total</td>
<td>438</td>
<td>252</td>
<td>186</td>
<td>312</td>
<td>126</td>
<td>101</td>
</tr>
<tr>
<td>FFY 15 Total</td>
<td>479</td>
<td>304</td>
<td>176</td>
<td>345</td>
<td>134</td>
<td>95</td>
</tr>
</tbody>
</table>

North Dakota has received Title IV-E Chafee Foster Care Independence Program (CFCIP) funding at $500,000 each year since FFY 2000. North Dakota has not requested re-allotment in the past as we attempted to maintain Chafee programming with established funding.

Many changes have occurred in sixteen years:
- ND CFCIP has grown to serve more eligible current and former foster youth,
- ND has streamlined CFCIP services to offer statewide consistency with one provider,
- NYTD federal reporting requirements were implemented,
- NYTD outcomes survey collection was prioritized offering $10, $20, and $50 incentives to eligible youth survey participants,
- ND Youth Leadership Board engagement opportunities have increased,
• IL Coordinators have made ongoing concerted efforts to overcome challenges in our rural state, including traveling longer distances to meet in person with youth participants who need the additional support.
• ND oil impacts led to an increased population and demand on public services. Cost of living increased quickly, causing low income populations to financially struggle in four western regions of the state. Infrastructure was developed, however the cost to rent remains unreasonable. (Ex: 1 bedroom in Williston was renting for $1300/month).
• ND has seen a dramatic increase in Alcohol and Opioid Addiction, and Suicide which places greater demand on the child welfare system. 30.8% of North Dakota high school students report current alcohol use; 17.6% of ND high school students report they have engaged in binge drinking in the past month; 1 in 6 juvenile arrests in ND are alcohol-related; 32% of all unruly referrals received were due to unlawful possession or consumption of alcohol. Suicide is the #1 leading cause of death for ND residents ages 15 – 24. Opioid Overdose deaths in ND increased from 20 deaths in 2013 to 43 deaths in 2014. Underage drinking is associated with a greater likelihood of criminal activity.
• PL 113-183 “Preventing Sex Trafficking and Strengthening Families Act” expanded the age range requiring assessment of independent living needs for foster youth age 14+.
• PL 113-183 also requires training and awareness on identifying if a Foster Care Alumni is a victim of sex trafficking, and then ensuring CFCIP has access to referral resources to best meet the young adult’s needs.

At this time, North Dakota is working diligently to accommodate all areas listed above and has priorities for program maintenance and expansion going forward.

• PATH Inc., contracted CFCIP provider, has contributed more than a 20% match since the inception of the contract to support this very valuable and necessary program. However, the need to contribute nearly fifteen percent in excess by a non-profit agency is fiscally burdensome.
• ND State general funds have contributed more funding to CFCIP. However, the state is facing fiscal deficits and will be challenged building a 90% budget in the next biennium.
• ND CFCIP does serve youth ages 14+, however the current program capacity cannot meet the needs of every 14+ youth in foster care. ND CFCIP would like to expand the opportunity to work more directly with youth age 14+, additional funding would be needed to support increased participation. CFCIP capacity does not allow for the ND contracted provider to expand service delivery on the current overspent budget.
• Supervised Independent Living is not an option in ND. Communities have come together to try accommodate this great need for ND Foster Care Alumni. This task remains a strong priority to make safe and stable housing possible for youth in ND.

For additional information specific to program delivery relating to the eight outcomes of the CFCIP, please refer to the North Dakota APSR Section E.

History of Program Costs:
ND is structured on a state fiscal year (SFY) overlapping the federal fiscal year (FFY) allocation of $500,000/year. Below you will see the fiscal spend down of CFCIP expenditures since October 1, 2011 when PATH Inc. began as the contracted provider. ND chose to contract CFCIP with PATH Inc. after recognizing the need to consolidate the CFCIP to reduce the number of agencies offering Chafee services statewide. The decision to have one contracted provider was not only a cost saving technique, but also a measure to offer program consistency and overall validity.
### FEDERAL FUNDS

<table>
<thead>
<tr>
<th>Reporting Period</th>
<th>Contracted to PATH</th>
<th>Administered by NDDHS</th>
<th>PATH Match and %</th>
<th>NDDHS General Funds</th>
<th>Total Chafee Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1, 2011 - June 30, 2013</td>
<td>$724,695</td>
<td>$290,955</td>
<td>$468,080</td>
<td>39%</td>
<td>$28,595</td>
</tr>
<tr>
<td>July 1, 2013 - June 30, 2015</td>
<td>$832,971</td>
<td>$115,077</td>
<td>$428,143</td>
<td>34%</td>
<td>$30,922</td>
</tr>
<tr>
<td>July 1, 2015 - April 31, 2016*</td>
<td>$380,976</td>
<td>$30,255</td>
<td>$209,547</td>
<td>35%</td>
<td>$34,907</td>
</tr>
</tbody>
</table>


PATH began the CFCIP contract October 1, 2011 averaging a 35% match to support the program.

### 20% Match

The match is calculated by using an electronic payment system, which both directly assigns expenses to a program where identifiable, then allocates expenses based on "time spent" estimates of full time employees (FTE). There are a number of line items in the established CFCIP budget that are not allowable under the NDDHS contract. PATH Inc. classifies these required expenses to operate the program as the fiscal match for the CFCIP contract.

The match can be found in the following categories for the 55 months to date of the contract October 1, 2011 to April 30, 2016:

| Salaries/benefits for indirect (supervisors & office support) staff | 375,588 |
| Allocated rent/utilities/custodial/maintenance and other contracted fees | 158,441 |
| Mileage & travel related costs associated with allocated indirect staff | 29,471 |
| Other unallowed expenses including copiers, employee meetings, cell phones, promotion/public relations and recruitment | 62,087 |
| Administrative allocation covering accounting, billing, payroll and general administrative oversee not billed to the contract | 440,173 |

Total to date: 1,105,770

### CFCIP Participation

The ND data management system, FRAME, has a report that identifies the total number of children in foster care arranged by age, open foster care period, and current Chafee Independent Living program status. This report is used as an outreach and recruitment tool for Chafee IL Coordinators detailing how many youth in foster care are age eligible for CFCIP.

The data report does not represent the number of Foster Care Alumni eligible or served, however recognizes the importance of connecting with every youth who is currently in care so they have a greater understanding of what services are available to them upon discharge.

Data indicates that from July 1, 2014 to June 30, 2015, 750 current foster youth were age eligible for CFCIP during the state fiscal year. Of the 750 youth eligible, only 57% (425) of ND current foster care youth were served in CFCIP. Youth ages 17+ are prioritized and made up 64% (274) of the CFCIP current foster youth participants, majority of the youth age 17.
Current foster care youth eligible for CFCIP in a 12 month timeframe.

<table>
<thead>
<tr>
<th>Region</th>
<th>Total</th>
<th>14</th>
<th>15</th>
<th>16</th>
<th>17</th>
<th>18</th>
<th>19</th>
<th>20</th>
<th>21</th>
</tr>
</thead>
<tbody>
<tr>
<td>I - Northwest</td>
<td>92</td>
<td>15</td>
<td>13</td>
<td>21</td>
<td>21</td>
<td>17</td>
<td>4</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>II - North Central</td>
<td>85</td>
<td>11</td>
<td>20</td>
<td>17</td>
<td>19</td>
<td>15</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>III - Lake Region</td>
<td>79</td>
<td>10</td>
<td>15</td>
<td>11</td>
<td>24</td>
<td>19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV - Northeast</td>
<td>118</td>
<td>11</td>
<td>25</td>
<td>25</td>
<td>29</td>
<td>24</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>V - Southeast</td>
<td>143</td>
<td>23</td>
<td>23</td>
<td>33</td>
<td>37</td>
<td>22</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VI - South Central</td>
<td>50</td>
<td>8</td>
<td>11</td>
<td>10</td>
<td>15</td>
<td>4</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VII - West Central</td>
<td>136</td>
<td>13</td>
<td>28</td>
<td>27</td>
<td>31</td>
<td>26</td>
<td>5</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>VIII - Badlands</td>
<td>47</td>
<td>5</td>
<td>7</td>
<td>11</td>
<td>15</td>
<td>6</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Age Totals</td>
<td>750</td>
<td>96</td>
<td>142</td>
<td>135</td>
<td>130</td>
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CFCIP Need

Data supports the need for the number of youth who could be served by CFCIP. The chart below is an overview of the budget expenditures from state biennium 13-15, as well as increased cost to operate in the current 15-17 biennium. It is apparent that more than 20% is required in a fiscal match to operate CFCIP.

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<tbody>
<tr>
<td>Salaries &amp; Benefits</td>
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<td><strong>TOTAL</strong></td>
<td>$632,971</td>
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<td>$758,439</td>
<td>$189,610</td>
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<td><strong>Total (SFY 13-15) CFCIP Costs including Match and Federal</strong></td>
<td>$1,407,114</td>
<td>$58,830</td>
<td>13-15 cost per month</td>
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To Date Spending
10 months of the
state biennium

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<tr>
<th>To Date Spending</th>
<th>Federal</th>
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<th>PATH</th>
<th>NDDHS</th>
<th>Total</th>
<th>10 Month</th>
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<td>$34,907</td>
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<td>$65,569</td>
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July 1, 2015 -
April 31, 2016

<table>
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<th>July 1, 2015 - April 31, 2016</th>
<th>10 month</th>
<th>10 month</th>
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<tr>
<td>$411,231</td>
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<td>$786,822</td>
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<td>$286,822</td>
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NDDHS recognizes the need to financially support CFCIP, which provides supportive services to directly meet the needs of eligible foster youth. The state of North Dakota is fortunate that
PATH Inc., as the CFCIP contracted provider, has been an advocate and fiscal donor offering the most effective and efficient services to current and former foster youth. Due to the changing economic times in North Dakota, PATH is no longer able to contribute the additional resources at that large value, meaning CFCIP services will be decreased. Additional funding would help maintain current programming, while offering the opportunity to engage additional current and former foster youth. Statewide custodial partners are supportive of CFCIP services and often times request additional assistance from the program to meet the needs of youth in care. In addition, ND has received great feedback from the CFSR Youth Stakeholder meetings and directly from the ND Youth Leadership Board members reinforcing the support and independent living planning offered through CFCIP has a positive impact on the lives of young people.

**ACF Required Indicate the amount of additional funds CFCIP program:**
A 20% State or Tribe match is required. The State or Tribe match amount must be reflected on the SF-425 report. (See the SF-425 attached).

Based on the information listed above, narrative provided in the ND APSR 2017, North Dakota would like to formally request $286,822 of additional funding per federal fiscal year for the ND Chafee Foster Care Independence Program. This increased allocation would provide a total allocation of $786,822. The need is great, the numbers in our state are increasing, the opportunity to engage more youth is possible.

Thank you for your consideration in providing increased CFCIP allocation to the State of North Dakota. Feel free to contact Dawn Pearson, CFCIP Administrator (dpearson@nd.gov) at 701-328-4934 or Kelsey Bless, Permanency Administrator (kmbless@nd.gov) at 701-328-3581 for further clarification.

Thank you,

Shari Doe, Director
ND Children & Family Services
701-328-3587
sedoe@nd.gov
### Name of State: North Dakota

<table>
<thead>
<tr>
<th>School Year</th>
<th>Total ETVs Awarded</th>
<th>Number of New ETVs</th>
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<td><strong>2012-2013 School Year</strong></td>
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<td>(July 1, 2013 to June 30, 2014)</td>
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<td>(July 1, 2015 to June 30, 2016)</td>
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# GLOSSARY:

Acronym and Abbreviation Glossary

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<th>Acronym and Abbreviation Glossary</th>
<th>Description</th>
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<td>AAC</td>
<td>Adoption Competency Curriculum</td>
</tr>
<tr>
<td>AASK</td>
<td>Adults Adopting Special Kids</td>
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<tr>
<td>ACFY</td>
<td>Administration on Children, Youth and Families</td>
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<tr>
<td>AFCARS</td>
<td>Adoption and Foster Care Analysis and Reporting System</td>
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<tr>
<td>ANI</td>
<td>Area Needing Improvement</td>
</tr>
<tr>
<td>APPLA</td>
<td>Another Planned Permanent Living Arrangement</td>
</tr>
<tr>
<td>APSR</td>
<td>Annual Progress and Services Report</td>
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<td>BHSD</td>
<td>Behavioral Health Services Division</td>
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<tr>
<td>CA/N</td>
<td>Child Abuse and Neglect</td>
</tr>
<tr>
<td>CAPTA</td>
<td>Child Abuse Prevention and Treatment Act</td>
</tr>
<tr>
<td>CBCAP</td>
<td>Community-Based Child Abuse Prevention</td>
</tr>
<tr>
<td>CBC</td>
<td>Capacity Building Center for States</td>
</tr>
<tr>
<td>CBCU</td>
<td>Criminal Background Check Unit</td>
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<td>CBCU</td>
<td>Children’s Bureau</td>
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<tr>
<td>CCWIPS</td>
<td>Comprehensive Child Welfare Information and Payment System</td>
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<td>CDIB</td>
<td>Certificate of Degree of Indian Blood</td>
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<td>CFCIP</td>
<td>Chafee Foster Care Independence Program</td>
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<td>CFS</td>
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<td>Child and Family Services Plan</td>
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<td>CFSR</td>
<td>Child and Family Services Review</td>
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<td>CFSTC</td>
<td>Children and Family Services Training Center</td>
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<td>CFT</td>
<td>Child and Family Team</td>
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<td>CIP</td>
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<td>DPI</td>
<td>Department of Public Instruction</td>
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<td>Acronym</td>
<td>Description</td>
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<tr>
<td>EPDST</td>
<td>Early and Periodic Screening, Diagnostic, and Treatment</td>
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<td>Federal Medical Assistance Program</td>
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<td>Child Welfare Case Record System</td>
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<td>Full-time Equivalent</td>
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<td>ICPC</td>
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<td>LCDA</td>
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<td>MHA</td>
<td>Mandan, Hidatsa and Arikara</td>
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<td>Management Information System</td>
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<td>NATI</td>
<td>Native American Training Institute</td>
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<td>NCANDS</td>
<td>National Child Abuse and Neglect Data System</td>
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<td>NCWWI</td>
<td>National Child Welfare Workforce Institute</td>
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<td>NDAC</td>
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<td>Onsite Review Instrument</td>
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<td>SOC</td>
<td>System of Care</td>
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<td>State and Tribes Enhancing Partnership Strategies</td>
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