This report describes the results of the North Dakota Onsite Case Review (OCR) for the West Central region, involving county social service agencies, Division of Juvenile Services, or Tribal Social Services in either Burleigh, Emmons, Grant, Kidder, McIntosh, McLean, Mercer, Morton, Oliver, Sheridan, or Sioux, including Title IV-E Foster Care services from Standing Rock Sioux Nation or MHA Nation. The Onsite Review was held May 14-18, 2018.
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INTRODUCTION

Introduction

BACKGROUND

The ND Onsite Case Reviews are a state-regional-local collaborative effort designed to help ensure that quality services are provided to children and families through the states’ child welfare system. The ND Department of Human Services – Division of Children and Family Services (CFS) administered the case reviews since 2003 and in 2017 entered into a contract with the Children and Family Services Training Center at UND (CFSTC) to manage the newly revised OCR process. The reviews of the state’s child welfare program and practice identify strengths and challenges in practice, services, and systemic functioning, focusing on outcomes for children and families in the areas of safety, permanency, and well-being. The reviews work in tandem with other state and federal frameworks for system planning, reform, and effective implementation such as the Children and Family Services Plan and the Federal Child and Family Services Reviews (CFSR) and the state’s continuous quality improvement (CQI) efforts. Reviews are held in each of the eight human service center regions of the state each year, thus ensuring a comprehensive assessment of child welfare practice in North Dakota.

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

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

MEASURING PERFORMANCE

The period under review (PUR) was April 1, 2017 – date the case was reviewed, which was conducted during the week of May 14, 2018. Case files and interviews were utilized for the case review portion of the Onsite Review week and feedback from seven Stakeholder groups was received. The following report provides a description of the items and systemic factors, the results for the outcomes and items, and a brief summary of the region’s performance relative to the outcomes, items and systemic factors, and an initial analysis of the findings intended to inform ongoing CQI efforts. Comparison data from the September 2016 Federal CFSR will serve as a reference point throughout this report.

It should be noted that while the results contained in this report are considered “final”, 50% of the cases will undergo a secondary oversight review process by the Children’s Bureau. Should this review result in a change to any rating, this report will be revised and re-issued.

CHILD AND FAMILY OUTCOMES: SAFETY, PERMANENCY, WELL-BEING

The federal Onsite Review Instrument (OSRI) is utilized as the review instrument to capture information regarding child and family outcomes for foster care and in-home services. The newly revised OSRI was finalized by the Administration of Children & Families in July 2014 and updated in January 2016. A total of 6 cases were reviewed utilizing the OSRI.
INTRODUCTION

The OSRI is divided into three sections: safety, permanency, and well-being. There are two safety outcomes, two permanency outcomes, and three well-being outcomes. Reviewers collect information on a number of items related to each of the outcomes through case file review and case related interviews.

The ratings for each item are combined to determine the rating for the outcome. The items are rated as strength, area needing improvement (ANI), or not applicable (NA). Outcomes are rated as being substantially achieved, partially achieved, not achieved, or not applicable.

Agencies having a case reviewed received a copy of the entire OSRI for the applicable case(s).

STAKEHOLDER FEEDBACK: CFSR SYSTEMIC FACTORS

The systemic factors refer to seven systems operating within the state that have the capacity, if well-functioning, to promote child safety, permanency, and well-being outcomes. The systemic factors, comprising title IV-B and IV-E plan requirements, are: Statewide information system (i.e. FRAME, CCWIPS); Case review system (Child & Family Team Meetings, TPRs, etc.); Quality assurance system (CQI & OCR); Staff and Provider training (including foster-adoptive parents and facility staff); Service array and resource development, Agency responsiveness to the community; and Foster and Adoptive parent licensing, recruitment and retention.

The Children’s Bureau determines whether a state is in substantial conformity with federal requirements for the seven systemic factors based on the level of functioning of each systemic factor across the state during the federal CFSR. During the Third Round Federal CFSR in September 2016, North Dakota was found to be in substantial conformity with the following two Systemic Factors: Statewide information system and Agency responsiveness to the community.

The ND OCR monitors ongoing functioning of the systemic factors through Stakeholder feedback during onsite case review week activities. Systemic Factors for which feedback was sought was determined through negotiations with the Children and Family Services Division of the North Dakota Department of Human Services. This report will provide a summary of the feedback received from stakeholders for the West Central Human Service Center Region.

T. Leanne Miller, MSSW, LCSW
ND OCR Manager
August 6, 2018
CASE FILES REVIEWS
Case Demographics

Cases are randomly selected to represent both foster care and in-home services cases. The review focuses on the activity in a case that occurs during the PUR and a rolling quarterly case sampling process is employed. Foster Care cases involved a target child in substitute care for over 24 hours or more. Foster Care services in this region are provided by county social services, the Division of Juvenile Services, and one tribal child welfare agency. In-Home Services cases involved a family receiving case management services for at least 45 days with no foster care episode greater than 24 hours during the entire PUR. In-Home Services subject to this review process are only provided by county social services in the region. For complete case sampling information, please see the ND OCR Procedures Manual available at https://und.edu/centers/children-and-family-services-training-center/nd-ocr/overview.cfm.

A review sample of seven (7) Foster Care and five (5) In-Home Services cases were identified out of an overall sample of 319 Foster Care cases and 150 In-Home Services. Two (2) additional foster care and one (1) in-home services cases were identified as alternate cases in the event a case was eliminated during the review week. During the course of the Onsite Review week, one foster care case was eliminated from the sample and the first alternate cases was reviewed. The case was eliminated as an interview with a key case participant, or someone to speak to their perspective, could not be secured.

Ages of Children

West Central OCR Case Sample by Case Type

- Foster Care: 7, 58%
- In-Home Services: 5, 42%

West Central OCR FC Case Sample by Agency Type

- Tribal Title IV-E, 2
- County Social Services, 5
- DJS, 0

Ages of Children In-Home Services Cases n=13

- Ages 1-4: 31%
- Ages 5-7: 8%
- Ages 8-10: 15%
- Ages 11-13: 31%
- Ages 14+: 15%

Ages of Children Foster Care Cases n=15

- Ages 1-4: 40%
- Ages 5-7: 13%
- Ages 8-10: 27%
- Ages 11-13: 20%
In-Home Services case involved a total of thirteen (13) children. Their ages ranged from 1 year 9 months to 14 yrs. at the end of the PUR. Fifteen (15) children were involved in foster care cases (7 target children and other siblings from their home of removal). Their ages ranged from 1 yr. 7 months to 13 yrs. 3 months at the end of the PUR.

Race/Ethnicity of Children

The ethnicity for all the children in all case types was “Non-Hispanic”.

Gender of Children

Reason for Agency Involvement

Reasons for agency involvement at the time the case was opened for services are identified through the course of the case review. As many reasons as were applicable to a case are selected. Substance Abuse by parent was the primary reason for agency involvement in the foster care cases sampled. The “Other” reason cited in one case involved parents becoming incarcerated. Reasons for agency involvement for in-home services was equally distributed between emotional maltreatment and domestic violence in the child’s home as noted on the next page.
Case Related Interviews

One of the hallmarks of the ND OCR is case related interviews. These interviews are conducted with key case participants, those directly involved in the provision or receipt of services in each case reviewed. Interviews are held either in person at the review site or by telephone. During the Onsite Review, 36 interviews held for the 6 cases included:

- 6 children/youth
- 11 Parents
  - 8 Mothers
  - 3 Fathers
- 19 Case managers (FC, In-Home Services, CPS)
- 9 Foster Parents (2 relative & 7 non-relative foster parents)
- 6 “Other” providers (3 Therapists, 1 GAL, 1 Parent Aide, 1 Alternate Relative Caregiver)

STAKEHOLDER FEEDBACK

In accordance with state policy 605-05-30-250, Stakeholder Feedback is sought from seven broad categories of child welfare partners and recipients of child welfare services:

- Agency Administrators
- Agency Case Managers
- Legal
- Community
- Parents of children in foster care
- Foster caregivers
- Youth

For this Onsite Review, feedback was received through the form of online surveys for five of the above groups and in-person meetings for two of the groups.
The collection of Stakeholder feedback questions was guided by the Stakeholder Interview Guide (SIG). The Stakeholder Interview Guide instrument and supplemental guidance are available on the Children’s Bureau website.

Online surveys were developed and administered through the Qualtrics software program at the UND Children and Family Services Training Center. The survey window was the week prior to and the week of the Onsite Review. Agency Administrators, Case Managers, Legal and Community stakeholders were directly emailed the survey link along with two additional reminders. Local foster care agencies assisted by providing parents of children in foster care the opportunity to participate either through a website link, a QR scan code, or a paper version of the survey accompanied by a postage-paid envelope addressed to the OCR Manager.

Overall response rates for the surveys are as follows:

- **Agency Administrator Stakeholder Feedback Online Survey**
  - 19 participants received the survey and 14 completed responses were received
  - 74% response rate

- **Agency Case Managers Stakeholder Feedback Online Survey**
  - 39 participants received the survey and 17 completed responses were received
  - 44% response rate

- **Legal Stakeholder Feedback Online Survey**
  - 28 participants received the survey and 9 completed responses were received
  - 32% response rate

- **Community Stakeholder Feedback Online Survey**
  - 145 participants received the survey via email and approximately 25 additional users received an anonymous link to the survey and 29 completed responses were received
  - 17% response rate

- **Parent Stakeholder Online Survey**
  - Three surveys were completed online. *Unable to determine how many parents in the region were provided information about this opportunity to determine a response rate.*

In-person stakeholder meetings were held during the Onsite Review week. Participants were given the option to join in person or to call in a toll-free conference number. Participation at the meetings was as follows:

- **Youth Stakeholder Meeting:** 6 participants *(5 in-person; 1 joined via conference call)*
- **Foster Caregiver Stakeholder Meeting:** 18 participants *(15 in person; 3 joined via conference call).*
CHILD AND FAMILY OUTCOMES

Child and Family Outcomes

SAFETY PERFORMANCE

SAFETY OUTCOME 1: CHILDREN ARE, FIRST AND FOREMOST, PROTECTED FROM ABUSE AND NEGLECT.

ITEM 1: TIMELINESS OF INITIATING INVESTIGATIONS OF REPORTS OF CHILD MALTRAITMENT

Purpose of Assessment: To determine whether responses to all accepted child maltreatment reports received during the period under review were initiated and face-to-face contact with the child made, within the timeframes established by agency policies and State statute.

CY18 WC OCR Results: One case received a strength for item 1 meaning that investigations (i.e. CPS Assessments) were initiated in a timely manner, and face-to-face contact with the alleged victim was made within the established time frame for half of the applicable cases.

Key strengths noted related to performance on Item 1:
There were nine accepted reports of child maltreatment involving nine alleged child victims received by the agencies during the PUR. These reports involved four distinct allegations in the four applicable cases. Types of alleged maltreatment included: Emotional Maltreatment, Physical Abuse, Sexual Abuse and Neglect (not including medical neglect). The priority category ascribed to each report was as follows: Category A (3); Category B (0); and Category C (6). In the Category A reports (those requiring initiation and face-to-face contact with the child victims within 24 hours), the agency initiated their response to the reports and made face-to-face contact with alleged victims all on the same date the report was received. The state’s established timeframes for category C cases requires initiation within 72 hours and face-to-face contact with the alleged victim(s) within 14 days. The agencies initiated their response timely on behalf of five of the six reports received and the face-to-face contact with alleged victims was timely on behalf of three of the six reports received.

Key areas needing further examination related to performance on Item 1:
The agencies’ response on behalf of three Category C reports was not timely in accordance with the established timelines. One of these reports did not have a timely initiation nor timely face-to-face contact with the alleged victim. The remaining two reports had timely initiations but did not have face-to-face contact with the alleged victims within the established timeframes. The reasons for these delays were not due to circumstances beyond the control of the agency. Systemic challenges related to high caseloads were reported to be a contributing factor in these situations.
SAFETY OUTCOME 1: CHILDREN ARE, FIRST AND FOREMOST, PROTECTED FROM ABUSE AND NEGLECT.

Key strengths related to overall performance on Safety Outcome 1:
The agencies’ response to accepted reports of child maltreatment was observed to be a practice strength in most instances. Initiation and face-to-face contact with all alleged victims exceeded timeframes established by state statutes for all Category A reports (those requiring a response within 24 hours). Furthermore, five of the six Category C reports were initiated in accordance with the established timeframes of 72 hours. Face-to-face contact with alleged victims was made within the fourteen days required by the state in half of the Category C reports.

Key areas needing further exploration related to performance on Safety Outcome 1:
Timely initiation for one of the six Category C reports and face-to-face contact with alleged victims for three of the six Category C reports did not occur. Reasons for the delays were attributed to unsuccessful attempts by the agency, cancelled visits by the clients and general caseload constraints. High workloads of the CPS may have impacted the CPS worker’s ability to ensure a timely response in all situations. Information learned in the review revealed that in some situations agencies triage the higher category reports, leaving the lower category cases waiting for face-to-face contacts.

*"Partially Achieving" Safety Outcome 1 is not possible for this outcome, thus is not reflected in this table.
CHILD AND FAMILY OUTCOMES

SAFETY OUTCOME 2: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE.

ITEM 2: SERVICES TO FAMILY TO PROTECT CHILD(REN) IN THE HOME AND PREVENT REMOVAL OR RE-ENTRY INTO FOSTER CARE

Purpose of Assessment: To determine whether, during the PUR, the agency made concerted efforts to provide services to the family to prevent the children’s entry into foster care or re-entry after a reunification.

CY18 WC OCR Results: Two cases reviewed achieved a strength rating for this item indicating the agency made concerted efforts to provide services to the family to prevent the children’s entry into foster care or re-entry after a reunification whenever possible and appropriate.

Key strengths noted related to performance on Item 2:

In one of the situations, the case was applicable for assessment of this item because the target child entered foster care during the PUR due to safety reasons. The agency was unable to provide safety services to prevent this removal due to the emergency nature of the situation. The target child’s placement into foster was necessary to ensure the child’s safety. In another situation, the agency made concerted efforts to facilitate the family’s involvement in safety services and prevent the removal of the target child and siblings. The agency facilitated the family’s access to Intensive In-Home therapy, court ordered in-home service case management, and access to drug and alcohol evaluations to help inform ongoing service needs.

Key areas needing further examination related to performance on Item 2:

When rated an area needing improvement, concerted efforts by the agency to facilitate the family’s access to appropriate safety-related services and prevent the children’s entry into foster care were not evident. Placement into foster care was deemed necessary for the children’s safety, yet the lack of concerted efforts to provide appropriate safety-related services to the children prior to their removal and following their return to the home was noted to be a contributing factor to the performance for this item.
CHILD AND FAMILY OUTCOMES

SAFETY OUTCOME 2: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE.

ITEM 3: RISK AND SAFETY ASSESSMENT AND MANAGEMENT

Purpose of Assessment: To determine whether, during the PUR, the agency made concerted efforts to assess the risk and safety concerns relating to children in their own homes or while in foster care. All cases are applicable for the assessment of this item.

CY18 WC OCR Results: Eight of the twelve cases were rated as a strength for Item 3 because the agency properly assessed all applicable individuals for risk and safety and appropriately addressed all identified concerns.

Key strengths noted related to performance on Item 3:

There were no maltreatment allegations about the family that were never formally reported or assessed through CPS nor were there any maltreatment allegations that received a ‘no services required’ finding despite evidence that would support a ‘services required’ finding in any of the 12 cases. The agency conducted an initial assessment that accurately assess all the risk and safety concerns in 3 of 4 applicable cases and ongoing assessments that accurately assessed all risk and safety concerns at critical case junctures occurred in 9 of the 12 cases. Assessments were completed through the use of formal and informal assessment efforts, including completion of the Family Assessment Instrument and monthly caseworker visits. When safety concerns were present, the agency developed an appropriate safety plan with the family and continually monitored the safety plan as needed, including monitoring family engagement in safety-related services in 3 of the 5 applicable cases. Additionally, there were no safety concerns pertaining to children in the family home that were not adequately or appropriately addressed by the agency in 4 of 6 applicable cases. Other practice strengths noted was that there were no concerns related to the safety of the target child in foster care during visitation with parent/family that was not adequately or appropriately addressed by the agency. This was seen in all seven applicable situations. Furthermore, there were no concerns for the target child’s safety in the foster home or placement facility that were not adequately or appropriately addressed by the agency in all seven foster care cases.
Key areas needing further examination related to performance on Item 3:

When this item was rated an area needing improvement, thorough and accurate initial assessments did not occur for 1 of 4 applicable cases. Furthermore, accurate ongoing assessments of all safety and risk concerns at critical junctures of the case (i.e. case closure) was not evident in 3 of the 12 cases. Concerns regarding the appropriateness of the safety plan or monitoring efforts of the agency was present in 2 of 5 applicable cases. Lastly, there were safety concerns pertaining to children in the family home that were not adequately or appropriately addressed by the agency in 2 of the 6 applicable cases. Specific concerns involving repeat maltreatment impacted one situation.
SAFETY OUTCOME 2: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE.

Key strengths related to performance on Safety Outcome 2:
Safety services to the family were not always possible as the target child’s placement into foster care was of an emergency nature and necessary to ensure their safety. Evidence of strong initial and/or ongoing assessment of safety and risk was evident in many cases. There was a thorough and appropriate consideration of the individual concerns existing within the family, caseworker’s use of formal and informal assessments through collateral contacts, visitations with the target child, and foster parents/providers in many cases. There were no safety or risk concerns to the target child in foster care during visitation or in their placement setting that were noted during this review.

Key areas needing further examination related to performance on Safety Outcome 2:
In some situations, accurate assessments of safety and risks were not evident. The agencies are encouraged to examine practices related to accurately assessing and addressing safety concerns operating within families as a result of this review. Results indicate accurately assessing and addressing safety and risk on an initial or ongoing basis is an area of focus for improvement efforts. Developing and monitoring appropriate safety plans, addressing safety concerns for children returned to the home by the courts, or mitigating repeat maltreatment may be areas worthy of further exploration.
CHILD AND FAMILY OUTCOMES

PERMANENCY PERFORMANCE

PERMANENCY OUTCOME 1: CHILDREN HAVE PERMANENCY IN THEIR LIVING SITUATIONS.

ITEM 4: STABILITY OF FOSTER CARE PLACEMENT

Purpose of Assessment: To determine whether 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 PUR were in the best interests of the child and consistent with achieving the child’s permanency goals.

CY18 WC OCR Results: Six of the seven applicable cases received a strength for item 4. In each of these cases, the child either remained in a stable placement throughout the PUR or until they were discharged from foster care, or had another placement which better met the child’s case goals.

Key strengths noted related to performance on Item 4:

Five of the seven target children had only one placement setting during the PUR. The placement change for one target youth made during the PUR was planned by the agency in an effort to meet the needs of the child. Furthermore, the target child’s current or most recent placement setting was stable in all cases. Support provided to the placement resource throughout the PUR by the assigned case manager was found to be a factor contributing to the stability of the placement setting. It was noted that all the target children were placed in a relative or licensed foster home during the entire PUR and no child experienced a placement in residential setting. The review consisted of younger target children, yet all were able to be supported in a family setting.

Key areas needing further examination related to performance on Item 4:

When rated an area needing improvement, the placement change experienced by the target youth was not planned by the agency in an effort to achieve the child’s case goal. Increasing an agency’s ability to adequately assess the most appropriate placement resource for child upon entry may be an area for further exploration when considering efforts to increase performance on this item.

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Item 4

Key strengths noted related to performance on Item 4:

Five of the seven target children had only one placement setting during the PUR. The placement change for one target youth made during the PUR was planned by the agency in an effort to meet the needs of the child. Furthermore, the target child’s current or most recent placement setting was stable in all cases. Support provided to the placement resource throughout the PUR by the assigned case manager was found to be a factor contributing to the stability of the placement setting. It was noted that all the target children were placed in a relative or licensed foster home during the entire PUR and no child experienced a placement in residential setting. The review consisted of younger target children, yet all were able to be supported in a family setting.

Key areas needing further examination related to performance on Item 4:

When rated an area needing improvement, the placement change experienced by the target youth was not planned by the agency in an effort to achieve the child’s case goal. Increasing an agency’s ability to adequately assess the most appropriate placement resource for child upon entry may be an area for further exploration when considering efforts to increase performance on this item.
**CHILD AND FAMILY OUTCOMES**

**P**ermanency **O**utcome 1: children have permanency in their living situations.

**Item 5: Permanency Goal for Child**

**Purpose of Assessment:** To determine whether appropriate permanency goals were established for the child in a timely manner.

**CY18 WC OCR Results:** Three cases received a strength for Item 5 indicating that the permanency goal was appropriate for the child and was established in a timely manner.

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**Key strengths noted related to performance on Item 5:**

In the foster care cases reviewed, three (3) primary and concurrent permanency goals were assessed as the permanency goals in effect during the PUR: Reunification (5); Adoption (3); Guardianship (1); Other Planned Permanent Living Arrangement (0). Current permanency goals for the six applicable cases included: Reunification only (3); Adoption only (2); Adoption and Guardianship (1). Reviewers noted that in all cases, the target child’s permanency goals were specified in the case record. Four (4) cases receiving a strength rating showed evidence of all permanency goals in effect during the PUR being established in a timely manner and were appropriate to the child’s needs for permanency and to the circumstances of the case. The agency either filed or joined a termination of parental rights petition in a timely manner or an exception applied in both applicable situations. One case was not applicable for assessment of this item as the target youth was in foster care for two days.

**Key areas needing further examination related to performance on Item 5:**

Permanency goals in effect during the PUR were not established in a timely manner in two cases. Additionally, there were two cases reviewed in which reviewers noted that the permanency goals in effect during the PUR were not appropriate to the child’s needs for permanency and to the circumstances of the case. Practice concerns noted regarding the establishment of timely and appropriate permanency goals primarily involved reunification goals being kept in place too long. The region is encouraged to further examine efforts related to the effective use of concurrent planning to strengthen outcomes in this area.
CHILD AND FAMILY OUTCOMES

PERMANENCY OUTCOME 1: CHILDREN HAVE PERMANENCY IN THEIR LIVING SITUATIONS.

ITEM 6: ACHIEVING REUNIFICATION, GUARDIANSHIP, ADOPTION, OR OTHER PLANNED PERMANENT LIVING ARRANGEMENT

Purpose of Assessment: To determine whether, during the PUR, concerted efforts were made, or are being made, by the agency and courts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement.

CY18 WC OCR Results: Five applicable cases received a strength for item 6 because the agency and courts made concerted efforts to achieve the permanency goal in a timely manner.

Key strengths noted related to performance on Item 6:

Timely achievement of permanency was realized for two of the four cases in which the target children have been discharged from foster care. The permanency goals for these cases involved reunification. Ongoing efforts by the agency and court to achieve permanency in a timely manner was evident in two other cases, one involving reunification and one adoption. Efforts by the agency and courts noted which made achievement possible included: regular child and family team meetings with focused discussions surrounding permanency goals, services targeted to mitigate reasons for foster care entry, court orders supporting case plan tasks, and close communication between the agencies and courts.

Key areas needing further examination related to performance on Item 6:

Achieving permanency in a timely manner for foster children with the goal of adoption or adoption/guardianship proved to be the primary struggle which directly impacted overall performance on this item. This was a noted challenge for the Tribal Title IV-E foster care cases. Results indicate possible systemic challenges and philosophical differences between the Tribal Agencies’ and Tribal Courts’ efforts to keep cases moving along to permanency. Delays related to background checks in the adoption process itself, the lack of concerted efforts to secure timely and appropriate termination of parental rights, and how the Agencies and Courts could support steady and forward progress may be areas for further analysis. Permanency to reunification occurred 24 months following one target child’s entry into foster care. Despite compelling reasons not file a petition for TPR being documented, further examination of service or systemic barriers to a timelier reunification would be beneficial as the region considers its performance relative to this item.
PERMANENCY OUTCOME 1: CHILDREN HAVE PERMANENCY IN THEIR LIVING SITUATIONS.

### Key strengths related to performance on Permanency Outcome 1:

There was a strong commitment by the agency to place children with relatives, which provided stable placements was noted. Strong performance by the agency to ensure appropriate permanency goals were in place for cases was observed with the timely establishment of those goals in many of the cases. Permanency was achieved or is projected to be timely in four of the seven cases reviewed.

### Key areas needing further examination related to performance on Permanency Outcome 1:

A larger systemic challenge related to timely permanency for children when adoption becomes the goal remains a challenge for this region and is the primary factor which impacts the overall rating for this outcome. Systemic/philosophical differences between Tribal Title IVE Agencies and their respective Courts may be an area for further exploration. Delays in the adoption process (background checks) was also noted to impact performance in this outcome. Finally, achieving reunification with 12 months of the child’s entry into foster care was not realized in one situation and further examination by the region in this area could inform practice improvement efforts.
**CHILD AND FAMILY OUTCOMES**

**Permanency Outcome 2: The Continuity of Family Relationships and Connections is Preserved for Children.**

**Item 7: Placement with Siblings**

**Purpose of Assessment:** To determine whether, during the PUR, 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.

**CY18 WC OCR Results:** All applicable cases received a strength indicating the agency made concerted efforts to place siblings together or separated the siblings due to the specific needs within the sibling group.

![Item 7 Chart](chart.png)

**Key strengths related to performance on Item 7:**

In two of the four cases, the target child was placed with all siblings who were also in care throughout the PUR. In one of two additional cases, there was a valid reason for the child’s separation from siblings in care that existed the entire PUR. Efforts to keep those siblings not placed together and connected were evident during the review as the condition necessitating separate placements continued throughout the PUR. The use of relative placement resources in one of these situations contributed to the strong performance in placing siblings together.

**Key areas needing further examination related to performance on Item 7:**

One target child was not placed with all of their siblings while in foster care and the reason for the separation was directly related to the agency’s systemic challenge of being able to license a sufficient supply of foster parents willing to take large sibling groups. In the situation, available resources were limited and six children were placed in three separate homes.
CHILD AND FAMILY OUTCOMES

PERMANENCY OUTCOME 2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN.

ITEM 8: VISITING WITH PARENTS* AND SIBLINGS IN FOSTER CARE

Purpose of Assessment: To determine whether, during the PUR, 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.

CY18 WC OCR Results: All four applicable cases were rated as a strength for Item 8 indicating that the agency ensured that the visits between the child and his/her siblings and/or parents were of sufficient frequency and quality to maintain the relationship.

### Item 8

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Key strengths related to performance on Item 8:

This review found evidence of concerted efforts on the part of the agency to ensure visitation between the target child and their parents and other siblings in foster care were frequent and of high quality. Themes observed included flexibility in location and times for visits and adapting the visitation schedule based on the safety and permanency needs of the children. Efforts to reassess the visitation schedule between target child and parent was noted in at least one case in which visitations progressed from supervised visits in the office to unsupervised visits in the parental home. Concerted efforts to facilitate supportive visitation with incarcerated parents and target child was evident in the one case.

Key areas needing further examination related to performance on Item 8:

This was a strong area of practice for the region and the review did not identify any specific practice or systemic challenges related to Item 8.

*For the purposes of the OSRI Items 8 & 11, “Parents” are defined as the parent from whom the child was removed and with whom the agency is working toward reunification.
CHILD AND FAMILY OUTCOMES

PERMANENCY OUTCOME 2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN.

ITEM 9: PRESERVING CONNECTIONS

Purpose of Assessment: To determine whether, during the PUR, concerted efforts were made to maintain the child’s connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends.

CY18 WC OCR Results: All three applicable cases received a strength for item 9 because the agency made concerted efforts to maintain the child’s significant prior connections.

Key strengths related to performance on Item 9:

Concerted efforts were made to maintain the child’s important connections (for example, neighborhood, community, faith, language, extended family members including siblings who are not in foster care, Tribe, school, and/or friends) in five of the six applicable cases. Sufficient inquiry was conducted to determine whether a child may be a member of, or eligible for membership in, a federally recognized Indian Tribe in four cases. In two applicable cases this did not occur as the target children were not subject to the Indian Child Welfare Act (ICWA) provisions (they were in the custody of their own Tribe). ICWA did apply in one situation and in that case, the agency was found to have provided the Tribe timely notification of its right to intervene and place the child in foster care in accordance with ICWA’s placement preferences.

Key areas needing further examination related to performance on Item 9:

In one situation, the agency did not make concerted efforts to maintain the child’s connections to extended family members. The target youth was placed within their home community, yet efforts to maintain important connections with extended family members during the PUR did not occur.
CHILD AND FAMILY OUTCOMES

PERMANENCY OUTCOME 2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN.

ITEM 10: RELATIVE PLACEMENT

Purpose of Assessment: To determine whether, during the PUR, concerted efforts were made to place the child with maternal or paternal relatives when appropriate.

CY18 WC OCR Results: Five of six cases were rated as a strength for Item 10. In each of these cases, the agency made concerted efforts to identify and place the child with appropriate relatives.

Key strengths related to performance on Item 10:
Three target children were placed with relatives during the entire PUR and evidence suggested all three placements were stable and appropriate to meet the child’s needs. When this item was rated a strength and the target child was not placed with a relative, documentation in the case file and interviews reflected the agency’s efforts to conduct maternal and paternal relative searches. At times, relatives had been evaluated and, in the files selected, ruled out for safety reasons or by their own request. In other situations, the agency conducted a sufficient relative search of maternal and paternal relatives prior to the PUR and all known possible options were appropriately ruled out.

Key areas needing further examination related to performance on Item 10:
When rated an area needing improvement, evidence of concerted efforts by the agency to identify, locate, inform, or evaluate maternal relatives was not found. Paternal relatives were not a possibility in that particular situation since the identity of the father was never determined. Information learned during the review indicated the agency case manager was not aware of the assistance available through the Federal Parent Locator service or the availability of other resources to support efforts to search for maternal relatives.
CHILD AND FAMILY OUTCOMES

PERMANENCY OUTCOME 2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN.

ITEM 11: RELATIONSHIP OF CHILD IN CARE WITH PARENTS

Purpose of Assessment: To determine whether, during the PUR, 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 visitation.

CY18 WC OCR Results: All four applicable cases were rated as a strength for Item 11 indicating the agency made concerted efforts to strengthen the parent/child relationship through activities beyond arranging visits.

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<th>% of Applicable Cases</th>
<th>Strength</th>
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Key strengths related to performance on Item 11:

Concerted efforts on the part of the agency to strengthen the relationship of the child in care with his/her parents was evident all four applicable cases. Efforts noted to contribute to this performance included providing opportunities for the parents to participate in medical appointments, school and special community activities, as well as participation in family therapy. Agency efforts to provide the parents with pictures of their child was noted as a practice that supported performance in this item. Foster parents were available to provide mentoring to the parents in some situations.

Key areas needing further examination related to performance on Item 11:

This was a strong area of practice for the region and the review did not identify any specific practice or systemic challenges related to Item 11.
PERMANENCY OUTCOME 2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN.

Key strengths related to performance on Permanency Outcome 2:

Concerted efforts to preserve the continuity of family relationships and connections throughout the PUR were noted during this review. The two practice areas noted to have the strongest performance in this review included efforts to visit and strengthen the target child’s relationship with parents/siblings in foster care (Items 8 & 11). In many situations, siblings were placed together. When siblings were placed separately, the agency worked to ensure the siblings had an opportunity to remain connected. In all applicable cases (4), efforts to determine the child’s membership in, or eligibility for membership in, a federally recognized Indian Tribe were evident.

Key areas needing further examination related to performance on Permanency Outcome 2:

This review indicated some challenges may exist for the region in the area of ensuring a sufficient pool of licensed foster parents able to care for large sibling groups. Furthermore, agency efforts to maintain the target child’s important connections, especially in regards to extended family, and agency efforts to conduct concerted efforts to locate relatives offer additional areas for the region to further explore as these factors impacted overall performance in this outcome.
CHILD AND FAMILY OUTCOMES

WELL-BEING PERFORMANCE

WELL-BEING OUTCOME 1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN’S NEEDS.

ITEM 12: NEEDS AND SERVICES OF CHILD, PARENTS*, AND FOSTER PARENTS

Purpose of Assessment: To determine whether, during the PUR, the agency made concerted efforts to assess the needs of children, parents, and foster parents (both at the child’s entry foster care [if the child entered during the PUR] or 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 provide the appropriate services. All cases are applicable for assessment of this item, with the clarification that sub-item 12C is never applicable to in-home services cases.

CY18 WC OCR Results: Eight of the twelve applicable cases were rated as a strength for Item 12 because the agency made concerted efforts to accurately and comprehensively assess the needs of the child, parents, and foster parents and provided the appropriate services to meet the needs of all the family.

Key strengths related to performance on Item 12:

In many situations, the agency made concerted efforts to assess and address the child’s, parent’s and foster parent’s needs and ensure they received services necessary to achieve the case goals and adequately address the issues relevant to agency involvement in all four foster care cases. Efforts included the use of initial or ongoing formal and informal assessments, including use of the Family Assessment Instrument, regular caseworker visits or documented concerted and consistent efforts to locate and engage parents in at least one applicable situation. Services to children, parents and foster parents were appropriately matched to the identified needs in many cases. Strong practice related to ongoing assessments and service provision to children, especially for in-home services cases was noted.

Key areas needing further examination related to performance on Item 12:

Efforts to assess and provide appropriate services to meet the identified needs of a foster parent were the predominant challenges noted when sub-items were rated an area needing improvement. Concerted efforts to assess and address the needs of parents was noted to be a challenge for some cases, both for foster care and in-home services cases.

*For the purposes of the OSRI, “Parents” are defined more broadly for Items 12B, 13, 15 than for Items 8 & 11. The definition may vary for in-home services and foster care cases. Readers are encouraged to refer to the OSRI for specific definitions.
CHILD AND FAMILY OUTCOMES

WELL-BEING OUTCOME 1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN’S NEEDS.

ITEM 12A: NEEDS AND SERVICES TO CHILD

Purpose of Assessment: To determine whether, during the PUR, the agency made concerted efforts to assess the needs of children (both at the child’s entry foster care [if the child entered during the PUR] or on an ongoing basis), to identify the services necessary to achieve case goals, and adequately address the issues identified. All cases are applicable for assessment of this item.

CY18 WC OCR Results: Eleven of twelve cases were rated as a strength for Item 12A because the agency properly assessed and addressed the needs for the applicable children during the PUR.

Key strengths related to performance on Item 12A:
Assessing and addressing the target children’s needs was rated as strength in eleven of the twelve cases on this sub-item. When a strength, evidence showed that needs were assessed primarily through formal and informal efforts during caseworker visits and team meetings. Services appropriately matched to identified needs, such as adoption preparation services, services to strengthen the relationship between non-custodial/non-residential parents, and trauma-informed intensive in-home family therapy. Social skill development was a need of several target children during this review and use of community resources, such as dance, music, church activities were utilized. When needed, assistance with transportation was provided to support participation in these services. There were no target youth over the age of 16 during this review, thus the presence of Independent Living Plans in case files was not applicable.

Key Areas needing further examination related to performance on Item 12A:
When rated an area needing improvement, the agency did not conduct comprehensive initial or ongoing assessments of the target child’s needs. Evidence of the quality, accuracy, and comprehensiveness of the assessments was not found.
CHILD AND FAMILY OUTCOMES

WELL-BEING OUTCOME 1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN’S NEEDS.

ITEM 12B: NEEDS AND SERVICES TO PARENTS

Purpose of Assessment: To determine whether, during the PUR, the agency made concerted efforts to assess the needs of applicable parents, identify the services necessary to achieve case goals, and adequately address the issues identified.

CY18 WC OCR Results: Eight of the ten applicable cases received a strength for item 12B indicating the agency made concerted efforts to assess the needs of applicable parents and provide services to address identified needs and accomplish case goals.

Key strengths related to performance on Item 12B:

The agency conducted formal or information initial and/or ongoing comprehensive assessments that accurately assessed the mother’s needs and provided appropriate services to address identified needs in all ten cases. Similar efforts were provided to fathers in four of six applicable cases. When a strength, evidence that needs were assessed through formal and informal methods were seen, including formal psychiatric evaluations and parental capacity evaluations. Services provided involved addiction related evaluation, treatment, and after care services as well as services to address domestic violence concerns in the home. Individual therapy services were provided to parents, along with medication management when needed. At times, this sub-item was a strength as a result of the concerted efforts to engage parents despite the parent’s decision to not participate in services. Parents for whom parental rights were terminated prior to the PUR or were not located by the agency despite concerted efforts throughout the PUR are not applicable for assessment of this sub item.

Key Areas needing further examination related to performance on Item 12B:

When this sub-item was rated an area needing improvement, challenges were equally noted in the area of accurate and comprehensive assessments of the needs of fathers, despite their whereabouts being known to the agency. One situation involved a father who was incarcerated and another involved a non-custodial father who had ongoing involvement with his children. Findings also suggest the agencies in this region may experience systemic challenges regarding the service array as it was noted that parenting classes in the area are generally only offered two times a year.
CHILD AND FAMILY OUTCOMES

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

**Item 12C: Needs and Services of Foster Parents**

**Purpose of Assessment:** To determine whether, during the PUR, the agency made concerted efforts to assess the needs foster parents (relative, licensed, pre-adopt families) to identify the services necessary to provide care for the target child, and adequately address the issues identified.

**CY18 WC OCR Results:** Four of the seven applicable cases were rated a strength indicating the agency made concerted efforts to assess the needs of foster parents to support their ability to care for the target child and provided appropriate services for the identified needs.

![Bar chart](chart.png)

**Item 12C**

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**Key strengths related to performance on Item 12C:**

Regular and supportive communication and visits were attributed to the strength performance when assessing the needs and providing services to foster parents. Agency efforts to match the needs of target children with the strengths and skill set of foster parents’ to assist with transportation, respite, and assisting with financial needs were practices found in those cases receiving a strength rating. The Enhanced Maintenance Payments (EMPs) provided to foster families was also attributed to a resource which supported the family’s ability to meet the unique needs of their foster child. Agency efforts to assess and address the needs of foster parents were attributed to supporting stable placements of their foster children.

**Key areas needing further examination related to performance on Item 12C:**

Contributing factors to an area needing improvement rating in this item included: the lack of agency efforts to provide ongoing assessment of the foster parent’s needs, a significant delay in sharing licensing information with a relative provider who was experiencing financial challenges, and ensuring children are appropriately matched to foster providers from the initial placement. Ensuring a sufficient pool of foster families may be a systemic challenge that impacted performance in this outcome. The region is encouraged to consider the feedback noted in the systemic factors section of this report as the information reflects additional experiences and perspectives which may offer opportunities to strengthen practice pertinent to assessing and addressing the needs of foster caregivers.
CHILD AND FAMILY OUTCOMES

WELL-BEING OUTCOME 1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN’S NEEDS.

ITEM 13: CHILD AND FAMILY INVOLVEMENT IN CASE PLANNING

Purpose of Assessment: To determine whether, during the PUR, concerted efforts were made (or are being made) to involve children (if developmentally appropriate) and parents in the case planning process on an ongoing basis.

CY18 WC OCR Results: Eight of eleven applicable cases were rated as a strength for Item 13 indicating the agency adequately involved developmentally-appropriate children and all parents in the case planning process.

Key strengths related to performance on Item 13:

Concerted efforts to actively involve the child in case planning efforts was noted in six of the seven applicable cases. Evidence was found of the concerted efforts of the agency to actively involve the mother in the case planning process all ten applicable cases and evidence was found of the concerted efforts of the agency to actively involve the father in the case planning process in four of six applicable cases. The agency involved the children through participation in Child & Family Team meetings when appropriate. There were several younger target children or children with developmental needs and efforts to involve the children outside of the formal meetings and with developmental appropriate language was evident. When rated a strength, mother and fathers were engaged through participation in Child & Family Team meetings and phone calls, visits, e-mail interactions which occurred between the formal meetings. In at least one situation, agency efforts to adjust case planning meetings to accommodate both parents who were divorced was seen as a strength. Parents for whom parental rights were terminated prior to the PUR or were not located by the agency despite concerted efforts throughout the PUR are not applicable for assessment of this item.

Key areas needing further examination related to performance on Item 13:

Evidence of concerted efforts on the part of the agency to involve a target child and two non-custodial fathers was not found and was the contributing factors to the ‘area needing improvement’ rating for this item. Challenges were present in both foster care and in-home services cases.

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CHILD AND FAMILY OUTCOMES

WELL-BEING OUTCOME 1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN’S NEEDS.

ITEM 14: CASEWORKER VISITS WITH CHILD

Purpose of Assessment: To determine whether, during the PUR, the frequency and quality of visits between the caseworkers and the child(ren) in the case are sufficient to ensure the safety, permanency, and well-being of the child and promote achievement of case goals. All cases are applicable for assessment of this item.

CY18 WC OCR Results: Ten cases were rated as a strength for item 14. In each of these cases, the caseworker had visits with the child that were of sufficient frequency and quality to meet the needs of the child and promote achievement of case goals.

Key strengths related to performance on Item 14:

The typical pattern of visitation between worker and child(ren) during the period under review was found to be less than once a week, but at least twice a month in two cases and less than twice a month, but at least once a month in nine of the cases reviewed. The pattern of caseworker visits with the child was deemed of sufficient frequency to meet the needs of the child in all twelve cases. Efforts to assess safety, permanency, and well-being needs at each visit, with most of the visits being conducted in the child’s residence, during medical or therapy appointments, engaging the child in an age and developmentally appropriate manner, as well as seeing the child alone for a portion of the visits contributed to the high quality found in ten of the twelve cases.

Key areas needing further examination related to performance on Item 14:

Quality caseworker visits with target children in foster care is a generalized practice concern seen in the two cases rated an area needing improvement. In both situations, evidence of at least monthly visitation with the children was noted, yet information to support quality contacts sufficient to address issues pertaining to the safety, permanency, and well-being of the children and promote achievement of case goals was not found through review of the record or through the interviews conducted.
CHILD AND FAMILY OUTCOMES

WELL-BEING OUTCOME 1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN’S NEEDS.

ITEM 15: CASeworker Visits with Parents

Purpose of Assessment: To determine whether, during the PUR, the frequency and quality of visits between caseworkers and the mothers and fathers of the children are sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals.

CY18 WC OCR Results: Eight of the ten applicable cases were rated as a strength for Item 15 because the agency conducted visits with the parents that were of sufficient frequency and quality to promote the achievement of case goals.

Key strengths related to performance on Item 15:

Visits between case managers for mothers were held at least twice a month in three situations and at least once a month in the other seven situations. All ten cases reflected that the quality of visits between the caseworker and the mother was sufficient to meet the needs of the case. Visits between case managers and fathers was applicable in six of the case situations and the frequency and quality of caseworker visitation with the father was sufficient to meet the needs of the case in four situations. Contributing to high quality visits were efforts such as focusing on the needs of the children and family (i.e. housing, employment, mental health service needs), holding meetings in the home, office, jail, or community locations offering adequate privacy, and addressing legal needs of the parents. Supplemental efforts between visits through phone calls, emails, texts, were also noted to present in cases receiving a strength rating. Parents for whom parental rights were terminated prior to the PUR or were not located by the agency despite concerted efforts throughout the PUR are not applicable for assessment of this item.

Key areas needing further examination related to performance on Item 15:

Caseworker contact with the father did not occur in two of the cases. These father’s locations were known to the agency, yet the agency did not make concerted efforts to make frequent or quality visits sufficient to meet the needs of the cases. This challenge was seen in foster care and in-home services cases.
WELL-BEING OUTCOME 1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN’S NEEDS.

Key strengths related to performance on Well-Being 1:

Strong engagement skills with children, parents (especially mothers) enabled the agency to conduct initial and ongoing assessment of the clients’ needs and provide appropriate services to address the identified needs. Caseworker visits with children and mothers were sufficiently frequent and of high quality. Similar efforts with some fathers was also noted.

Key areas needing further examination related to performance on Well-Being Outcome 1:

Agency engagement efforts with non-custodial but present fathers is a practice area for further examination. This challenge was noted in several cases, both in the area of conducting an assessment of the father’s needs, involvement in case planning efforts, and caseworker visits with parents. The challenge was seen in both foster care and in-home services cases.
WELL-BEING OUTCOME 2: CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR EDUCATIONAL NEEDS.

ITEM 16: EDUCATIONAL NEEDS OF THE CHILD

Purpose of Assessment: To determine whether, during the PUR, 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 PUR), and whether identified needs were appropriately addressed in case planning and case management activities.

CY18 WC OCR Results: Five of six applicable cases were rated as a strength for Item 16. In each case, the agency assessed and provided appropriate services to meet the educational needs of the child(ren) in the course of case planning.

Key strengths related to performance on Item 16:
Efforts of the agency to address the educational needs of children through the course of case planning activities included regular contact and coordination between the agency, school, parents, foster parent, and, when age-appropriate, the youth. Some of the children participated in an Individual Education Plan (IEP) and evidence was found of regular efforts by the agency to monitor educational progress. Examples of services provided include: Leveled Literacy Intervention through Title 1 program, para-professional supports, after-school programing, speech therapy services, and safety planning around truancy concerns. For foster youth who did not have identified needs, the agency monitored school progress through coordination with the school and foster parents.

Key areas needing further examination related to performance on Item 16:
Agency efforts to address the educational needs of a target child in foster care was not evident in one case. The region is encouraged to further examine practice in this area to increase understanding of specific challenges and prevalence of any issues impeding positive outcomes as it relates to performance on this item.
CHILD AND FAMILY OUTCOMES

WELL-BEING OUTCOME 2: CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR EDUCATIONAL NEEDS.

Key strengths related to performance on Well-Being Outcome 2:
Strong efforts on behalf of caseworkers to ensure children’s educational needs were assessed and addressed through the course of case planning were observed.

Key areas needing further examination related to performance on Well-Being Outcome 2:
Agency efforts to address the educational needs of a target child in a foster care case situation was not evident in this review. Further exploration of this issue is encouraged to better understand the underlying challenges.
**CHILD AND FAMILY OUTCOMES**

**Well-Being Outcome 3: Children receive Adequate Services to meet their physical and mental health needs.**

**Item 17: Physical Health of the Child**

**Purpose of Assessment:** To determine whether, during the PUR, the agency addressed the physical health needs of the child(ren), including their dental health needs.

**CY18 WC OCR Results:** Seven of ten applicable cases were rated as a strength for this item indicating the agency addressed the physical health needs of the child, including dental needs of the child(ren).

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**Key strengths related to performance on Item 17:**

The agency accurately assess the children’s physical health needs in eight of ten applicable cases and accurately assessed the children’s dental health care needs in six of eight applicable situations. The agency provided appropriate oversight of prescription medications for the physical health issues of the target child in foster care in one applicable situation. Furthermore, the agency ensured that appropriate services were provided to the children to address all identified physical health needs in six of nine applicable cases. Services included (but not limited to): Health Tracks screenings, Occupational therapy, Physical Therapy, Immunizations as needed, vision examinations, Emergency Room visit and follow-up for a broken clavicle. In some situations, extensive efforts of the agency were made in order to meet the complex and multiple physical health issues of the child. The agency ensure that appropriate services were provided to the children to address all identified dental health needs in six of seven applicable cases.

**Key areas needing further examination related to performance on Item 17:**

Practice challenges noted in the situations which did not receive a strength primarily involved a delay or lack of additional screenings identified as a need for a child. In one situation, it was not evident how the agency assessed and addressed the physical and dental health needs of the target child. Further exploration is warranted to better understand systemic or agency challenges contributing to the observed performance relative to this item.
Item 18: Mental/Behavioral Health of the Child

Purpose of Assessment: To determine whether, during the PUR, the agency addressed the mental/behavioral health needs of the child(ren).

CY18 WC OCR Results: Three of four applicable cases were rated a strength for Item 18 revealing the agency assessed and provided (or was providing) appropriate service needs to meet the mental and behavioral needs of the child.

Key strengths related to performance on Item 18:

The agency conducted an accurate assessment of the children’s mental/behavioral health needs in all four applicable cases. The agency provided appropriate services to match these needs in three of the cases. No foster child was prescribed psychotropic medication during the PUR. Assessments were conducted through informal and formal assessments by the agency case manager or through formal assessments provided by community providers. Examples of services employed to meet identified needs as applicable in the cases reviewed included individual cognitive behavioral therapy, play therapy, & and Lego SPARCS group (trauma informed group). Consistent consideration of the child’s mental/behavioral needs through case planning efforts was evident in cases rated a strength.

Key areas needing further examination related to performance on Item 18:

The lack of concerted efforts on the part of the agency to ensure appropriate services are being provided to the children to meet their needs was noted to be a factor in one case. Several services were being utilized by the agency to meet the child’s needs, yet concerted efforts to ensure a recommended service was not evident. Further examination by the region is encouraged to help inform systemic or practice barriers and target improvement efforts related to this item.
WELL-BEING OUTCOME 3: CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS.

Key strengths related to performance on Well-Being Outcome 3:
Concerted agency efforts to ensure physical, dental and vision health needs of children are assessed and addressed was evident in this review for many of the reviewed cases. The agency accurately assess the children’s mental/behavioral health needs for all applicable children. Mental/Behavioral health services were provided timely in three of the four applicable cases.

Key areas needing further examination related to performance on Well-Being Outcome 3:
Practice challenges relative to this outcome include: delayed agency efforts to ensure follow-up on all referrals for physical and dental health needs for some children, a high reliance on foster/relative caregivers to manage physical and dental needs of the target child, and making concerted efforts to provide all recommended behavioral health services for the target child.
STAKEHOLDER FEEDBACK ON SYSTEMIC FACTORS

Stakeholder feedback on Systemic Factors

CASE REVIEW SYSTEM: WRITTEN CASE PLANS

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child’s parent(s) and includes the required provisions?

Feedback regarding written case plans was sought from all seven Stakeholders as noted below.

A. Information from online survey responses revealed that parents of children in foster care (hereafter referred to as ‘parents’), Agency Administrators, Agency Case Managers, Legal, and Community partners believed that parents and children/youth had input on the case plan most of the time and that case plans addressed the needs of the family:

B. Questions asked of the Parents include the following:
   - I have a clear understanding of what their family needed to accomplish before their case could be closed
     - Strongly Agree (2); Agree (1); Disagree (1); Strongly Disagree (0); Does Not Apply (0)
   - My family’s case plan has information about the following items:
     A. My children’s placement: [3] Strongly Agree
   - Please comment on anything else you’d like to share about your family’s case plan (optional):
     “I appreciate the help I have been getting so far. I am aiming for reunification.”

C. Questions asked of the Foster caregivers include the following:
   - Do you, in your role as caregiver for the foster child/youth, participate in meetings where case plans are created (also known as Child and Family Team meetings - CFT meetings)
STAKEHOLDER FEEDBACK ON SYSTEMIC FACTORS

- There was general consensus that yes, they do.
- If so, from your perspective, are case plans developed jointly with the children’s parents?
  - There was general consensus that yes, they do. A specific comment shared was: “They try to reach out to the parents and if they don’t wish to participate, they don’t. But they (caseworkers) make a concerted effort to get them involved.”
- Describe examples of how you have observed the agency try to involve the parents in the development of the plan
  - “Usually they (caseworkers) go over what they’re supposed to be doing if they’re following thru what’s required of them”
  - “If visits or meetings have been missed, they discuss what they should be doing, where they’re at in the plan, clear understanding of the expectations, what’s the progress”
  - “If parents aren’t doing what they need to be doing, they discuss what the barriers may be”
  - “It’s broader family than just the parents involved in the team meetings, such as grandparents. Incarcerated parents are included via teleconference”
- As an observer and participant in these meetings, do you think the parents have opportunity to participate equally in the process?
  - Many in attendance indicated yes, parents have the opportunity. “Sometimes, parents are intimidated and don’t want to speak but they (caseworkers) make efforts to pull them in.”

D. Questions asked of the Youth include the following:

- What is your understanding of how the agency involved your parent(s) in the development of the plan?
  - “My parents aren’t involved at all”
  - “My parent is invited and comes to the meetings but doesn’t talk”
  - “They always made sure my parents were invited to team meetings; custodian seemed to try and keep parent in the loop but parents didn’t have a lot of input into the plan.”
- How have you worked on the development of your case plan? Follow up questions: Were you invited to CFT meetings? Were meetings held at times you were able to attend without missing school, etc?
  - “I remember that I was always invited to the meetings and they made sure I was able to go; only time available was during school hours, though; the written copy took a while to actually get updated but I received a copy”
  - “I don’t like the way things are being run – I’ve been in the system a very long time; I feel it’s not fair to the kids. I don’t get updated on stuff, things aren’t being said to me, so I don’t really know what’s going on. She will cuss to me, isn’t very professional. Feels like we’re a number in the system and nobody really cares. I’ve been told I’m just a paycheck (others agreed)”
  - “Came into foster care as a teenager; try to make the best of every situation; caseworker told me that there will be people who don’t care but I haven’t run into anybody like that; everything has been smooth sailing for me”
  - “My experience wasn’t that bad; most of the staff are genuinely nice”
  - “Been in treatment centers for many years now”
STAKEHOLDER FEEDBACK ON SYSTEMIC FACTORS

CASE REVIEW SYSTEM: PERIODIC REVIEWS

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

Feedback regarding written case plans was sought from five Stakeholder groups: Agency Administrators, Agency Case Managers, Legal, Community, and Parents. The first question was asked only of Agency Administrators, Agency Case Managers and Parents.

- The case manager schedules and holds the Child and Family Team Meetings at least every 3 months:

![Child and Family Team Meetings (n=25)](chart)

- At CFT Meetings, the following topics are addressed:

![Child and Family Team Meetings: Topics (n=54*)](chart)

*Note: Community and Legal partners were given the option of “Do Not Recall” to the questions above. Questions regarding the family’s case plan and the permanency goal for all children each received [1] one DNR response, thus, these responses were omitted in the chart above for the affected question.

- Respondents who did not respond “Strongly Agree” were the asked: When topics relating to safety of all children in the family, family case plan tasks, or the permanency goal for all children in foster care at CFT Meetings does not occur, please briefly explain noted barriers. The following barriers were reported:
  - “Not enough prevention and Behavioral Health services”
  - “Maybe weather would prevent a meeting, but usually rescheduled and it happens”
  - “If key players in the case have not shown up for the meeting – i.e., parents, foster parents, etc.”
  - “DJS has barriers in the area that we do our best in addressing family needs, however we don’t have all the children in foster care.”
  - “Focus is on child in foster care and maybe sibling is still in the home”
STAKEHOLDER FEEDBACK ON SYSTEMIC FACTORS

- “Conflict may arise during meetings”
- “Sometimes I believe safety is assumed while a child is in foster care and arrangements for safety such as supervised visitation is already in place.”
- “N/A”
STAKEHOLDER FEEDBACK ON SYSTEMIC FACTORS

CASE REVIEW SYSTEM: PERMANENCY HEARINGS

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

Feedback regarding written case plans was sought from three Stakeholder groups: Agency Administrators, Agency Case Managers, and Legal.

A. Please indicate your level of agreement with the following statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants in the Legal group were afforded a “Not Sure” option.</td>
<td>47%</td>
<td>40%</td>
<td>0%</td>
<td>3%</td>
<td>0%</td>
</tr>
</tbody>
</table>

B. If the answer to the above question was anything other than “Strongly Agree”, please select up to three options from a list of potential barriers:

<table>
<thead>
<tr>
<th>Barriers to Initial Permanency Hearings (N=17)</th>
<th>Top rated barriers to Subsequent Permanency Hearings (n=17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A continuance was needed</td>
<td>12</td>
</tr>
<tr>
<td>The Court’s calendar was full</td>
<td>8</td>
</tr>
<tr>
<td>The State’s Attorney’s Office was not able to submit the request in a timely fashion</td>
<td>7</td>
</tr>
<tr>
<td>Case Management staff was not able to submit the necessary paperwork to request the hearing</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>“GAL changes or unable to make hearing”</td>
<td>3</td>
</tr>
<tr>
<td>“attorneys being attorneys”</td>
<td></td>
</tr>
<tr>
<td>“I don’t know”</td>
<td>1</td>
</tr>
</tbody>
</table>

Timely INITIAL permanency hearings are occurring for EVERY child in foster care

Timely permanency hearings are occurring for EVERY child remaining in foster care at least every 12 months
**STAKEHOLDER FEEDBACK ON SYSTEMIC FACTORS**

**CASE REVIEW SYSTEM: TERMINATION OF PARENTAL RIGHTS**

How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

Feedback regarding written case plans was sought from four Stakeholder groups. Agency Administrators, Agency Case Managers, and most Legal Stakeholders were asked questions A & B. Community Stakeholders and Legal Stakeholders identifying as a Defense Attorney, GAL, Judge or Judicial Referee were only asked Question C.

A. How does your agency ensure that the filing of termination of parental rights occurs within the required provisions (e.g., the child has been in foster care for 15 of the most recent 22 months; the parent has committed a serious offense such as killing another child, or an exception is present, such as the child is living with relatives, there is a compelling reason why the parent’s rights should not be terminated), please identify up to 3 tracking methods:

- **Other methods reported:**
  - “We have a tickler system set up with attorneys and staff, and file for Perm. Suspension not TPR”
  - “Not sure”
  - “DJS does not often TPR due to the child’s age and wishes when under our custody”
  - “Discussion at the CFT meetings and when filing the perm affidavit”
  - “Counties, tribes are using a combination of the methods listed – also tribes utilize tribal code”
  - No other reason provided by one respondent
  - “It is reviewed at Child and Family Team meetings”
  - “Regular discussion during supervision as well as Child and Family Team Meetings”
  - “Review timelines at child and family team meetings”
  - “I don’t deal with this”
B. What are the barriers that specifically affect your agency’s ability to ensure that filing of TPR proceedings occurs in accordance with the required provisions for each child in foster care? Please select up to 3 reasons from the list below:

- Other barriers reported:
  - "We use Permanent Suspension of Parental rights not TPR specifically"
  - "DJS does not often TPR due to child’s age and wishes"
  - "Referee’s willingness to do so"
  - "ICWA"
  - "State’s Attorney’s office will not file"
  - "believe system of some judges/referees and states attorneys"
  - "The systems does not see the ‘urgency’"
  - "Most often, I believe case managers try to look at the case through the court’s eyes and the likelihood of the TPR being granted. Our referees and judges are very conservative with issuing a termination of parental rights, even if a child has been out of the home for 15 months. A lot of work goes into those trials and with the high workload of both case managers and states Attorneys, we have to weigh if it is worth filing if it’s likely to be denied. It seems that if a parent is doing anything at all or just making minimal progress that the case will not be filed on. We tend to document compelling reasons rather than file for TPR even if the case isn't moving forward in a timely manner. If we felt more supported by the court, I think we would file for TPR more frequently. It seems that parents are given more rights than the children, as the courts will give them more chances with 9-12 months in between before their progress is reviewed by the court."
  - "Supervision"
  - "Knowing our court will not approve the TPR"

C. Statewide data from the Supreme Court indicate the state experiences challenges to ensure filing requirements for termination of parental rights occurs timely for all children in foster care (as
STAKEHOLDER FEEDBACK ON SYSTEMIC FACTORS

Based on your experience with child welfare partners in your jurisdiction, please comment on strong practices or barriers that impact the ability to ensure timely filing of TPRs when appropriate to do so (n=14):

- “$$$$”
- “State’s Attorney’s get in the way. They suggest that there is not enough evidence to file for a termination despite having met federal time requirements. Once an affidavit is submitted it often sits on the SA desk for months, sometimes a year”
- “Appears that the children have to keep being sent to visit parents for years and cause more trauma to them before TPR”
- “When one parent has the children and is taking care of them it is difficult to get TPR on the non-custodian parent who is not following through with anything that is required because the system states all is well now that the custodial parent is doing well. This causes the custodial parent to have to deal with the non-custodial parent alone”
- “I have no experience with this”
- “The process takes far too long and to many exceptions and extensions given to parents by the courts without just cause. County worker turnover also lengthens this process and the child suffers as that new casework learns their job and takes over. The continuity it not there and this should not slow down the need for a TPR but it does”
- “I think it is just the nature of working with people. A parent who is not involved can suddenly show up at the last minute and show some progress and then suddenly disappear again. When it has taken so long in my experience it has been because people are given chance after chance after chance.”
- “Parents will do just well enough to generate renewed hope (in the eyes of the CFT team)”
- “TPR is often pursued for children even when parents are making improvements. In these cases, the foster care case manager and/or state’s attorney has made a decision about the family and is not willing to acknowledge new information that may be contrary to their decision”
- “Have no experience with foster care”
- “Lack of resources/worker time; lack of worker follow thru; complex court procedures; lack of agency collaboration”
- “The backing of the Assistant States Attorney for the County”
- “Petitions aren’t filed timely and then when filed court dates are too far out”

<table>
<thead>
<tr>
<th>FFY</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>

reported in the 2016 Round 3 CFSR Statewide Assessment Report, found on the Department’s website):
STAKEHOLDER FEEDBACK ON SYSTEMIC FACTORS

CASE REVIEW SYSTEM: NOTICE OF HEARINGS AND REVIEWS TO CAREGIVERS

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

Feedback regarding written case plans was sought from five Stakeholder groups: Foster Caregivers were asked question outlined in section A. Agency Administrators, Agency Case Managers, Community, and Legal Stakeholders were asked questions outlined in section B.

A. Foster Caregivers were asked the following questions regarding their experiences:

- What has been your experience receiving notice of upcoming reviews and hearings regarding foster children/youth for whom you provide care?
  o There were mixed experiences among participants. Specific comments include:
    • “What are you talking about?”
    • “Don’t receive paper notices any more…..years ago we got them”
    • “Never gotten a written notice – the worker will tell me there’s a hearing coming up, not encouraged to attend”
    • “Our social worker was good at keeping us informed so told us about the meetings”
    • “Depends on the social worker – some provide notice, others don’t”
    • “I’ll ask when the court date is coming up”
    • “The feeling is that we’re discouraged from being there, don’t know when or where the hearings are”

- Does your experience match the experiences of other foster caregivers you know?
  o “I found out at a foster parent meeting that we can go to these”
  o Other participants shared a similar experience.

- What has been your experience providing information or ‘being heard’ during a review/hearing? Have you been able to provide information to the Court during these proceedings, either in person or in writing?
  o “Judge asked me for input”
  o “Mixed bag as to whether we’re recognized by the court, aren’t often invited to provide input”
  o “I’ve been subpoenaed at times”
  o “No” (this was the response for several in attendance)
  o “I would be thrilled even if I could give information in writing”
  o “What would they be looking for?” Others responded and agreed, in general, a foster caregiver could provide insight as to the child and how they’re doing.
  o “In the county I never felt I was free to speak – they will say what they’re going to say and I am not able to say what I think if I disagree with the plan”
  o “When we’re not subpoenaed, we’ve been to many hearings, and the Court recognizes us on the record, but don’t recall ever being asked for input”

- What gets in the way of the agency and court ensuring foster caregivers are notified of, and have a right to be heard, in any review hearing held in respect to the foster child in their care?
  o “The caseworkers are so overworked they don’t have time”
B. Stakeholders taking the online survey were asked the questions below:

Legal Stakeholder’s note: Judges and Judicial Referees were not asked questions in this section.

- “To the best of your knowledge, are the following caregivers of children in foster care in the agency given NOTICE of any review or hearing held regarding the child?

- If respondents did not respond to all three categories as “Every Time”, respondents were asked to enter the most important barrier noted.

### Notice Provided to Foster Caregivers (n=23)

<table>
<thead>
<tr>
<th>Caregivers</th>
<th>Every Time</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Parents</td>
<td>43%</td>
<td>43%</td>
<td>32%</td>
<td>11%</td>
<td>1%</td>
</tr>
<tr>
<td>Pre-Adopt Parents</td>
<td>43%</td>
<td>18%</td>
<td>11%</td>
<td>4%</td>
<td>7%</td>
</tr>
<tr>
<td>Relative Caregivers</td>
<td>39%</td>
<td>21%</td>
<td>7%</td>
<td>4%</td>
<td>21%</td>
</tr>
</tbody>
</table>

### Barriers to Providing Notice to Foster Caregivers (n=19)

- I’m not sure
- Other reason
- Caseworker job demands
- Caregiver requests not to be involved
- Short timeframe between the scheduling and being held
- Caseworker awareness of the expectation

- Other reasons provided:
  - “DJJS has also been struggling with receiving notices as legal custodians. It does not appear that the Court is sending out notices”
**STAKEHOLDER FEEDBACK ON SYSTEMIC FACTORS**

- To the best of your knowledge, are the following caregivers of children in foster care in the agency given the RIGHT TO BE HEARD in any review or hearing held regarding the child?

![Foster Caregivers Provided Right to be Heard](chart)

- If respondents did not respond to all three categories as “Every Time”, respondents were asked to enter the most important barrier noted:

![Barriers to Foster Caregiver’s Right to be Heard](chart)

- Other reasons provided:
  - “I don’t believe that their wishes are even heard at the regional level, let alone for them to want to be in a court room”
  - “Foster parents have been told they can attend court, they have denied saying they will leave it up to the case worker to handle court hearings. Usually the
case worker and foster parents are on the same page and placement from our experience”

- “The Referee may be aware of the right to be heard, however it does not appear to be a practice in our courts. If a hearing is contested, we often utilize the foster caretakers as witnesses and will get information from them in that manner. Usually, it is the Guardian Ad Litem that speaks to the court in regard to the best interest of the child.”
- “At time the court report is very strict about who is allowed in the court room for the hearing and the judge may not know that the caregivers are present”

C. Judges and Judicial Referees were asked the following questions:

- Please respond to the questions below based on your experiences with foster parents, pre-adopt parents, and relative caregivers (“foster caregivers”) when presiding over court reviews or hearings regarding foster children:

<table>
<thead>
<tr>
<th>Judicial experiences with Foster Caregivers Right to be Heard (n=5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster caregivers attend hearings and provide verbal input when asked by the Court</td>
</tr>
<tr>
<td>Foster caregivers attend hearings but do not have comments when asked by the Court</td>
</tr>
<tr>
<td>Foster caregivers provided written information for the Court to consider during hearings</td>
</tr>
</tbody>
</table>

- Please share any comments on how our child welfare system could strengthen or support foster caregivers in their right to be heard during reviews or hearings involving the foster child(ren) in their care:
  - No responses to this optional question were received.
STAKEHOLDER FEEDBACK ON SYSTEMIC FACTORS

STAFF AND PROVIDER TRAINING: INITIAL STAFF TRAINING

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the Child and Family Services Plan (CFSP) that includes the basic skills and knowledge required for their positions?

"Staff," for purposes of assessing this item, includes all contracted and non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state’s CFSP.

Feedback regarding written case plans was sought from two Stakeholder groups: Agency Administrators and Agency Case Managers.

A. Questions asked of Agency Case Managers:

- When you were first hired as a child welfare worker, were you assigned the responsibility of a full caseload (n=14)
  - Before attending Child Welfare Certification Training: 5
  - While attending Child Welfare Certification Training: 7
  - After attending Child Welfare Certification Training: 2
- If you were assigned the responsibility of a full caseload BEFORE attending Child Welfare Certification Training, in what year were you hired as a child welfare worker: (n=5)
  - One response each for the following years: 2006, 2008, 2014 (x2), 2017
- Please consider your first year of employment in child welfare and indicate your level of agreement with the following statements:

![Training & Supervision - first year of child welfare work (n=14)](chart)


- Please provide any additional comments regarding the initial training and support offered to you or other child welfare workers within the first year of employment: (n=5)
  - “There was minimal training outside of the child welfare courses”
  - “Initially when I was hired (in another county than where I am currently) there was not a lot of "training". Following other workers in their day-to-day job duties was the most helpful, but did not seem to last long before getting my own cases and needing to move forward. I believe this varies widely from agency to agency and how full caseloads are. Some agencies are often in a hurry to get new staff started and the focus on training is not as it should be, especially with a new staff with limited child welfare experience.”
STAKEHOLDER FEEDBACK ON SYSTEMIC FACTORS

- "I worked for another agency at the time quality training. It does not occur at the agency I work for now"
- "I didn’t know what I was doing for the first two years of the job"
- "Child welfare training was helpful, but it was spread out and didn't start right away which resulted in me just trying to figure things out and asking a lot of questions. Supervisors are often busy so it's often the responsibility of the new worker to ask for help. I'm not saying help isn't offered, but you just don't know what you don't know. I'm not sure how training could be more up front for new workers."

B. Agency Administrators were asked the following questions:

- To the best of your knowledge:

  Initial Staff Training experiences as reported by Agency Administrators

  | How often are new child welfare workers in your agency assigned the responsibility of a full caseload prior to completely Child Welfare Certification training? (n=8) |
  | New child welfare workers complete the initial training within their first year of employment (n=11) |
  | 0% | 10% | 20% | 30% | 40% | 50% | 60% | 70% |
  | Never | Rarely | Sometimes | Frequently | Every Time |

- Respondents who did not answer “Every Time” to the question of new child welfare workers completing training in the first year of employment were asked: In your opinion, what gets in the way of all new child welfare workers completing the required training within their first year of employment? Please rank up to three barriers:

  Barriers to Completing Initial Staff Training within first year (n=7)

  | Training availability |
  | Training canceled due to poor registration |
  | Date/time of training |
  | Caseload constraints, unable to release worker for... |
  | Other |
  | Agency Administrators |

*Due to error in survey, respondents were not able to provide their 'other' barrier.
STAKEHOLDER FEEDBACK ON SYSTEMIC FACTORS

- What additional supports are provided to new child welfare workers within the first year of employment to strengthen their skills and knowledge needed to perform their duties (check all that apply):

<table>
<thead>
<tr>
<th>Additional Supports for New Child Welfare Workers (n=8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job shadowing with tenured/lead worker</td>
</tr>
<tr>
<td>Increased supervision and consultation</td>
</tr>
<tr>
<td>Additional trainings (webinars, etc.)</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Initial staff training teaches skills and knowledge needed to perform duties (n=10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every Time</td>
</tr>
<tr>
<td>Frequently</td>
</tr>
<tr>
<td>Sometimes</td>
</tr>
<tr>
<td>Sometimes</td>
</tr>
<tr>
<td>Not Sure</td>
</tr>
</tbody>
</table>

- Respondents who did not answer “Every Time” to this question were asked: In your opinion, what gets in the way of child welfare workers getting all the needed skills and training needed to perform their duties from INITIAL trainings? Choose the most important reason:

<table>
<thead>
<tr>
<th>Barriers to initial staff training to child welfare workers teaching needed skills and knowledge (n=7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training materials</td>
</tr>
<tr>
<td>Presenters knowledge of the subject</td>
</tr>
<tr>
<td>Topics are too advanced</td>
</tr>
<tr>
<td>Topics are too general</td>
</tr>
<tr>
<td>Opportunities to practice the skills learned</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

Agency Administrators
STAKEHOLDER FEEDBACK ON SYSTEMIC FACTORS

- Other reason provided:

  - “The training is good; cases are more complex and lengthy, takes more time; some case workers are rushing through without doing their full job”
  - “I feel that it is also about them being able to put their skills to use. However I have also seen and attended what is offered for training and many attend, but it doesn’t seem to be carried out in the day-to-day functions. We have all received trauma informed training, however I have seen several times how youth that are deprived for one reason or another are placed into RCCF or PRTF levels and then start acting out, receive charges and then referred to the Juvenile Justice System. These are youth that have most likely lived through some very traumatic experiences and then of course they act out when they are placed in structure and are given limits and rules to follow. These youth most likely have had to learn how to survive on their own and are now given rules. When this happens and they start acting out the youth is seen as being ‘naughty’ and statements are made that the youth needs to be placed at in a locked facility, such as YCC. Maybe more training for all child welfare workers and facilities regarding, how to better identify and work with youth that have trauma. I have listened to hold music from a facility that states they are trauma informed, but when the youth starts acting out, because mom has again stopped being involved in their treatment due to her own issues and he acts out, then he is kicked out of the facility, how is that trauma informed? Isn’t it more traumatic to have to find a new place for this youth, while he is still dealing with his parent not being involved?”
STAKEHOLDER FEEDBACK ON SYSTEMIC FACTORS

STAFF AND PROVIDER TRAINING: ONGOING STAFF TRAINING

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

“Staff,” for purposes of assessing this item, includes all contracted and non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state’s CFSP.

“Staff,” for purposes of assessing this item, also includes direct supervisors of all contracted and non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state’s CFSP.

Feedback regarding written case plans was sought from two Stakeholder groups: Agency Administrators and Agency Case Managers.

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

![Ongoing training teaches skills and knowledge needed to perform duties (n=24) chart]

B. Respondents who did not answer “Every Time” to this question were asked: In your opinion, what gets in the way of child welfare workers/supervisors getting all the needed skills and training needed to perform their duties from ONGOING trainings? Choose the most important reason:

![Barriers to ongoing staff training to child welfare workers and supervisors teaching needed skills and knowledge (n=21) chart]
STAKEHOLDER FEEDBACK ON SYSTEMIC FACTORS

- Other reasons provided:
  - “Every area in the state do things differently and have different philosophies.”
  - “Would be nice to have more training, other than the CFS conference in July”
  - “Staff attend training and return only to get back to the ‘way we have ALWAYS done business. No accountability to improve outcomes.”
  - “Time, caseload, and travel”
  - “After working in the field for many years, it seems that the topics during trainings are often repetitive or when new topics are introduced it is just "ideas" and it is up to specific agencies to look into things further if wanting to implement some of the new practices and, of course, lack of funding is always a concern for county agencies.”
STAKEHOLDER FEEDBACK ON SYSTEMIC FACTORS

STAFF AND PROVIDER TRAINING: FOSTER AND ADOPTIVE PARENT TRAINING

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

The following individuals are subject to this training requirement: current or prospective foster and adoptive parents; and staff of state licensed or approved facilities that care for children receiving foster care or adoption assistance under title IV-E that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

Feedback regarding written case plans was sought from four Stakeholder groups: Foster Caregivers, Agency Administrators, Agency Case Managers, and Community.

A. Foster Caregivers were asked the following questions during the Stakeholder’s Meeting:

- **What training was initially available to you when you began providing foster/relative care/pre-adoptive care?** Responses include:
  - “PRIDE training” (all agreed)
  - “At PATH, I went through CPI, trauma informed care, CPR, first aid, universal precautions, etc.”

- **Was the initial training of high quality to prepare you for your role as a foster caregiver?**
  - A range of experiences was shared. Responses ranged from “yes, it was”, to “no to both.”
  - Other comments received include:
    - “It’s a lot of fluff”
    - “They don’t tell you key things that you need to know – like the do’s and don’ts”

- **What ongoing training is available?**
  - “There should be PRIDE refreshers because what you hear in the initial training really means nothing until you have kids in your house”
  - “We get notices from UND and PATH of upcoming trainings”
  - “I feel sorry for the rural families because so many trainings have to be face to face and they can’t get to them”
  - “Tough to find a sitter for ongoing training”

- **Is there ongoing training of high quality and does it support you in your role as a foster caregiver?**
  - “I’ve learned more in our Region VII foster parent association meetings than I’ve ever learned in our trainings”
  - “Depends on the trainings, but I get to choose what I need”
  - “We were specifically told we cannot talk about the kids we have because it is a confidentiality breech (they said we’re giving out confidential information)”

- **Have you participated in, or are you aware of specialized training for adoption in your area? If so, is that training of high quality?**
  - Due to time and discussion on other items, this specific question was not able to be asked.

- **What are the barriers, or what gets in the way, of receiving necessary training?**
  - “Who is my support?”
STAKEHOLDER FEEDBACK ON SYSTEMIC FACTORS

- “What does confidentiality look like?”
- “There’s needed training with the county worker themselves – new workers with little experience – we need to be on the same page.”
- Child care for ongoing trainings was noted to be a barrier.

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

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

![Ongoing training teaches skills and knowledge needed to perform duties (n=24)](chart)

- Respondents who did not answer “Every Time” to this question were asked: In your opinion, what gets in the way of trainings to foster and adoptive parents or staff of child care institutions getting all the needed skills and training needed to perform their duties from ONGOING trainings? Choose the most important reason:

![Barriers to ongoing staff training to foster and adoptive parents teaching needed skills and knowledge (n=17)](chart)

Other reasons provided:

- “Time to travel, daycare, etc. to allow foster parents to get to the trainings”
- “Unknown”
- “PRIDE training is not offered frequently enough and classes are always full. I’m not sure if trainings cost the foster parents, but I could see that being a barrier”
Other reason provided:

- “Staff turnover”
- “Cost of sending staff to training”
- “Balancing time commitment to training with workload”
- “I do not work in these areas so I would not know”
- “Not sure”
- “I don’t know what training RCCF’s get”
- “No accountability... funding needs to be tied to outcome data”

C. Community Stakeholders were asked the following questions:

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

### Ongoing training teaches skills and knowledge needed to perform duties (n=27)

<table>
<thead>
<tr>
<th>Ongoing training offered</th>
<th>Percentage</th>
<th>Every Time</th>
<th>Frequently</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>to foster parents</td>
<td>41%</td>
<td>37%</td>
<td>37%</td>
<td>37%</td>
<td>26%</td>
<td>22%</td>
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<tr>
<td>to adoptive parents</td>
<td>37%</td>
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<td>37%</td>
<td>37%</td>
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<td>30%</td>
<td>11%</td>
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<td>26%</td>
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<td>7%</td>
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<td>22%</td>
<td>7%</td>
<td>7%</td>
<td>7%</td>
<td>7%</td>
</tr>
</tbody>
</table>
STAKEHOLDER FEEDBACK ON SYSTEMIC FACTORS

• Respondents who did not answer “Every Time” to this question were asked: In your opinion, what gets in the way of trainings to foster and adoptive parents, or residential group home staff getting all the needed skills and training needed to perform their duties from ONGOING trainings? Choose the most important reason:

![Barriers to ongoing staff training to foster and adoptive parents teaching needed skills and knowledge](chart1.png)

o Other reasons provided:
  • "Apathy on the part of the county social services worker doing the training. There is an emphasis on making sure the information is covered, but not learned. It is my opinion that county social services has very little incentive to ensure that foster parents get the training and knowledge they need to be successful with the children that are placed in their home. Foster parents often feel they are asked to do a job without guidance and support from the county social services case manager."
  • "Capacity of care givers based on intermittent acuity vs physical structure and ready access to supports is such that parents are talked with often impossible demands"
  • "I think distance is a huge factor for this in ND. Getting parents to the trainings they need"
  • "It has nothing to do with training system is broke from the top down"
  • "No opinion"
  • "Opportunity and relevance"

![Barriers to ongoing staff training to Residential Child Care staff teaching needed skills and knowledge](chart2.png)
STAKEHOLDER FEEDBACK ON SYSTEMIC FACTORS

- Other reasons provided:
  - “$$$$”
  - “Capacity of care givers based on intermittent acuity vs. physical structure and ready access to supports is such that providers are talked with often impossible demands”
  - “Funding and staff turnover”
  - “I feel that the biases and believes of administration and staff sometimes on how they see kids as behaviors prevent them from seeking and hearing new skills and knowledge”
  - “No opinion”
  - “Turnover of staff and not being trained before working”
STAKEHOLDER FEEDBACK ON SYSTEMIC FACTORS

SERVICE ARRAY AND RESOURCE DEVELOPMENT: SERVICE ARRAY

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the Child and Family Services Plan (CFSP)?

1. Services that assess the strengths and needs of children and families and determine other service needs;
2. Services that address the needs of families in addition to individual children in order to create a safe home environment;
3. Services that enable children to remain safely with their parents when reasonable; and
4. Services that help children in foster and adoptive placements achieve permanency.

Feedback on this systemic factor was sought from all seven groups: Foster Caregivers, Youth, Parents, Agency Case Managers, Agency Administrators, Legal, and Community.

A. Questions asked of Foster Caregivers:

- Are services available to support the children placed with you? Do you receive the support you need to do the work you do with the children placed with you?

  o Specific comments received include:
    ▪ “We have no support”
    ▪ “Where is our support when bad things happen to the kids in our care? Who are we supposed to talk to? Call our caseworker all the time?”
    ▪ “If I have a behavior issue with a kid in care, can’t we help each other figure it out and share our experiences?”
    ▪ “Caseworker turnover”
    ▪ “Large caseloads for the caseworkers”
    ▪ “The services are there within the community – never had a problem getting the kids into medical/dental but do have a problem with mental health services – seems to be a disconnect in that there’s not that conversation to wrap that support around the child like we see with medical and dental care”
    ▪ “Mental health services – depends on the agency as to the communication/feedback loop”
    ▪ “They don’t switch mental health providers based on the chances that they’ll get subpoenaed to court”
    ▪ “We need more emotional support – custodians never ask us ‘how are you doing?”
    ▪ “In the last 5 years, based on conversations with our social workers, I believe they’ve been told by their management that they are not to be available after 5pm, can’t use their personal cell phones, or many other things they formerly provided to us... I’ve been asked to apply to be a member of the social services board”
    ▪ “Another county – completely different experience - we are in contact all the time we have them available to us, more laid back, address our questions, they are ‘on it’ and get back to us immediately, check in to make sure we’re okay, etc. ”
    ▪ “We have a pretty good system at the county I’m in – things may get a bit tied up at the regional level, but it’s been good although the caseworkers are trying to lighten their load and get the kids off their caseloads”
During this stakeholder meeting a great deal of frustration was expressed regarding the decline in services many in attendance are experiencing from primarily one county in the region. Other participants commented their experience was not the same and were experiencing a high level of satisfaction with the services in their county.

- **Are there specific services you feel you need to support you in your ability to provide care for your foster that is/are NOT available? Please give examples.**
  - Due to time and discussion on other items, this specific question was not able to be asked. Some responses from other questions have relevance to this question.

- **Has anyone experienced challenges getting the child to services they need due to distance or other transportation problems? Did you receive the support you needed?**
  - Challenges have been experienced by participants in this area. Specific comments include:
    - “We’re just told to take them – we are the transportation”
    - “PATH assists with getting kids to appointments”
    - “Do we have a transportation aide now? The visitation worker is the transportation aide now.”
    - “I love it when the social worker acknowledges my sacrifice because it is a sacrifice when we have to leave work to take kids to appointments for the 25 cents per hour we get”
    - “A thank you note to show we’re appreciated would be nice”

- **Can you identify a service in your area that is particularly helpful for families in your area, or a service that is particularly helpful as you provide care for your foster child? Can you identify a specific service that is missing in your area?**
  - **Helpful:**
    - “School is awesome”
    - “Church”
    - “MREC after-school program has been good, foster liaison for transportation to keep the kids in the same school” (some did not know this was available)
    - “Parks and Rec”
    - “WIC”
    - “After School Place”
  - **Missing:**
    - “Mental health”
    - “Clothing closet” (foster parent collation is developing their own because foster parents cannot access the county one)
    - “Available child care”

### Questions as of Youth (n=6):

- **Did you receive all the services you needed to meet your goals (i.e. Mental/behavioral health needs/physical/dental, etc.)?**
  - “Most of the time” was the general consensus.
  - Specific comments include:
    - “They changed my plan to what it used to be because I made a mistake and I was treated like some kind of bad kid – more restrictions were put in place, but also provided services I needed – it was more than needed because I
STAKEHOLDER FEEDBACK ON SYSTEMIC FACTORS

wasn’t doing what they thought I was, but didn’t deal with what needs I did have”
- “Sometimes you have to ask ahead of time to get in for mental health services”
- “Medical health services – could get in quickly”
- “If I wanted to be in an extracurricular activity, it was harder to get them to agree for me to participate”

• While you are in foster care, do you feel the restrictions or limitations on the things you can do are typical for teens? If you feel there are more restrictions in foster care, what are some examples?
  o All agreed the restrictions were not typical.
  o Specific comments include:
    - “I’ve had some foster parents who haven’t treated me well – have been hit (others agreed they had similar situations where they didn’t feel safe in the foster home) – wasn’t able to talk to my custodian about it because they’d believe the adult over me; a lot of the foster caregivers know the custodian because they’ve been in the system a long time so they have a long relationship together”
    - “Stigma for being in foster care – people assume I’m a bad kid even though it was my parents who messed up, not me”
    - “More restrictions, my friends don’t understand why I can’t do certain things”
    - “Can’t get driver’s license – some have a license though”
    - “Have to schedule things in advance – that’s not how teens do things though”
    - “A major aspect in a kids life is the social part, but foster care cripples you in this aspect because of all the requirements”
    - “I don’t like respite – I’d cry when I’d have to go because they’d do things together as a family and not include me”
    - “They’d tell people I was their foster kid”
    - “Money to help foster kids get stuff (i.e. clothes, special activities, etc.)– I never had access to that funding”

• Have you received Independent Living Services? If no, were you offered the opportunity and declined? If yes, who provided the IL Services, i.e. PATH’s IL program, custodial agency, facility, foster parents, all the above, etc.?
  o “Yes, one of the most reliable things about foster care”
  o Positive comments about PATH IL workers were received by many of the participants.

• What was most helpful (IL service) and what would have made the service more beneficial?
  o “Getting help with transportation until I was able to get my license”
  o “Helping me get signed up for stuff and helping me complete paperwork such as taxes, Medicaid application, etc.; make sure we understand what we’re filling out – teaches us”

• Have you had an opportunity to talk to a counselor? If no, would you have liked to? If yes, was this helpful?
The consensus of the group was yes, the opportunity was provided. Some found it helpful, others didn’t.

- What would help the agency’s ability to ensure that services children and family need are provided?
  - “Better foster parent screening, and better training”
  - “Some foster parents treat you like you’re a 2 year old”
  - “Transportation to see my family more”
  - “Some foster parents are racist”

- On a scale of 1-10, with 10 being the highest, how would you rate the services you have received from your custodial agency while in foster care?
  - “1”
  - “7.5”
  - “6”
  - “5”
  - “8 or 9”

- Is there anything else you thought would be asked that wasn’t or anything else you would like to share about the services you have received from your custodial agency?
  - “Feel like you covered it all”

- A follow up question was asked to this group “How often do you see your caseworker?”
  - “Not on a regular basis”
  - “Twice a month”
  - “Weekly”
  - “At least once a month”

C. Questions asked of Parents (n=3)

- My child/ren and family’s situation is considered by the agency when deciding what services are provided:
  (1) Strongly Agree; (2) Agree; (0) Disagree; (0) Strongly Disagree (0) Does Not Apply

- There are many services available in my area that can help families safely care for their children:
  (1) Strongly Agree; (2) Agree; (0) Disagree; (0) Strongly Disagree (0) Does Not Apply

- My family has access to services that address our needs and help me meet the case plan goals:
  (1) Strongly Agree; (2) Agree; (0) Disagree; (0) Strongly Disagree (0) Does Not Apply

- Are there specific types of services you or your family need, or needed, but are not available in your area?
  (1) Strongly Agree; (2) Agree; (0) Disagree; (0) Strongly Disagree (0) Does Not Apply

- Briefly comment on your responses to the statements above (Optional):
  - “Always have assistance with issues that come up.”

- Parents were provided a list of services (Case Management Services, Intensive In-Home Therapy, Parent Aide, Addiction Services, Mental Health Services, Domestic Violence Treatment, Anger Management Treatment, Prime Time Child Care and Transportation Assistance) and asked: (A) Was it a service you felt you or a family member needed, (B) Was this a service offered to you and your family, and (C) If you participated in the service, do you feel it is helping, or helped, improve your parenting?
STAKEHOLDER FEEDBACK ON SYSTEMIC FACTORS

Case Management: Respondents indicated:
A: (3) Y (0) N (0) IDK
B: (3) Y (0) N
C: (3) Y (0) N (0) DNA

Intensive In-Home Therapy: Respondents indicated:
A: (0) Y (2) N (1) IDK
B: (0) Y (3) N
C: (0) Y (1) N (2) DNA

Parent Aide: Respondents indicated:
A: (1) Y (2) N (0) IDK
B: (3) Y (0) N
C: (1) Y (1) N (1) DNA

Parenting Classes: Respondents indicated:
A: (1) Y (2) N (0) IDK
B: (2) Y (1) N
C: (1) Y (1) N (1) DNA

Addiction Services: Respondents indicated:
A: (1) Y (2) N (0) IDK
B: (1) Y (2) N
C: (1) Y (0) N (2) DNA

Mental Health Services: Respondents indicated:
A: (3) Y (0) N (0) IDK
B: (3) Y (0) N
C: (2) Y (0) N (1) DNA

Domestic Violence Services: Respondents indicated:
A: (1) Y (2) N (0) IDK
B: (1) Y (2) N
C: (1) Y (0) N (2) DNA

Anger Management Treatment: Respondents indicated:
A: (1) Y (2) N (0) IDK
B: (1) Y (2) N
C: (1) Y (0) N (2) DNA

Prime Time Child Care: Respondents indicated:
A: (0) Y (0) N (3) IDK
B: (0) Y (3) N
C: (0) Y (0) N (3) DNA

Transportation Assistance: Respondents indicated:
A: (1) Y (0) N (2) IDK
B: (1) Y (2) N
C: (1) Y (0) N (2) DNA

• Briefly comment about your responses to the services in the table above (optional):
  o "Children came out of a domestic violence, alcohol drug abuse situation. They are still receiving services"
• Is there anything else that you can think of that would help your local agency provide services that would better able to meet the needs of families in your area?? (n=1)
  o “Better communication on things that are going on”

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

In your opinion, are child and family strengths and needs considered when determining services?
(n=53)

- The respondents who did not answer "Every Time" or "Not Sure" to the above question were then asked the follow up question on the next page:

What gets in the way of talking about children and family strengths and needs when deciding services with the family?
(n=17)

- Other Reasons:
  • “All you do is put kids in boxes and if they do not fit too bad"
“Conflict between philosophy of regional representatives and local agencies”

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

- The respondents who did not answer “Every Time” or “Not Sure” to the above were then asked the follow-up question, “What gets in the way of families receiving services need to create a safe home environment?” (n=52) The top three issues identified were the following:
  - Lack of mental health services (22 responses)
  - Waiting lists for services (19 responses)
  - Family Engagement (17 responses)

- The respondents who did not answer “Every Time” or “Not Sure” to the above question were then asked the follow up question, “What gets in the way of families receiving services they
need to keep their children safely at home? (n=52) The top three issues identified were the following:
  - Lack of mental health services (25 responses)
  - Waiting lists for services (20 responses)
  - Lack of family engagement (18 responses)

The respondents who did not answer "Every Time" or "Not Sure" to the above question were then asked the follow up question, "What gets in the way of children in foster and adoptive placements (prior to finalization) receiving the services they need to achieve a permanent home/family? (n=42) The top three issues identified were the following:
  - Waiting lists for services (23 responses)
  - Lack of mental health services (22 responses)
  - Lack of supportive services (i.e. respite care, parent aide) (18 responses)

The respondents who did not answer “Every Time” or “Not Sure” 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 family? (n=57) The top three issues identified were the following:
  - Waiting lists for services (23 responses)
  - Lack of mental health services (22 responses)
  - Lack of supportive services (i.e. respite care, parent aide) (18 responses)
The top three issues identified were the following:

- Waiting lists for services (18 responses)
- Lack of support services (i.e. respite care, parent aide) (17 responses)
- Family engagement (13 responses)

F. Other comments expressed by foster parents and community members not specifically related to other systemic factors:

- “Foster parents shouldn’t be intimidated, should take an active role and speak up – share what services they think need to happen to assist the kids”
- “The social workers aren’t afraid to help us, too, with services that will us care for the kids”
- “GAL’s – I’ve only seen mine one in 9 years”
- “GAL’s aren’t contacting us or the child until the day before or day of court”
- “We will sit with openings but the county will not allow other counties to place kids in our home”
- “Bottom Line – We do it for the kids”
- “A huge barrier at this time is for appropriate treatment options in ND for individuals with Developmental Delays (DD) Diagnosis along with severe mental health issues. A lot of time is spent on trying to locate services which can be basically non-existent for these tough to place kids. Within the past year I have spent many, many months trying to find an appropriate placement for a youth, in and out of the state, going through Regional Review and State Review meetings, which were not very helpful, only asking me to repeat things I had already done and getting the same response. The children and families we are working with seem to have more and more needs as time goes on; however, the resources for Child Welfare Workers in the community to meet these families’ needs are not changing/improving and it seems as though funding is continuing to be cut in all areas. Families come to us for answers which we are unable to provide, causing everyone to feel defeated.”
- “I would like to see every county social service agency provided with three computerized infant dolls to help train new parents and parents who are working to have their infants returned. Computerized dolls can track basic needs being met and nurturance time to help parents without putting their infants at risk.”
- “Fluid/timely continuum of care not existent, foster care youth not under banner of behavioral health when they often need to be, Certificate Of Need process and culture needs unbiased review based on actual pros-cons.”
- “I believe this survey is asking the wrong questions. It is designed to look at the current system in an effort to make improvements. However, it does not take into consideration other structural components that should be explored. For example, I believe there is an inherent conflict of interest on the part of county social services as both the recruiter of foster parents and as the agency that places children into those foster homes. It is not uncommon for foster parents to indicate to the county social services case manager a willingness to want to adopt children that are residing in their home. I have known of CSS case managers who then feel beholden to the foster parents and try to move the case toward TPR, to the detriment of the parents. The recruitment and training of foster parents should be sent out for bid by
DHS. The request for proposals should have measurable benchmarks that must be completed for the contract to be maintained with the agency receiving the contract.

- We lack Mental Health Services and Adolescent Inpatient Drug & Alcohol Treatment
How well is the service array and resource development system functioning statewide to ensure that the services in the Array of Services systemic factor can be individualized to meet the unique needs of children and families served by the agency?

Feedback on this systemic factor was sought from all seven groups: Foster Caregivers, Youth, Parents, Agency Case Managers, Agency Administrators, Legal, and Community.

A. Questions asked of Foster Caregivers:
   - **How individualized are the case plan for the children?**
     - There was general agreement that case plans address the child’s specific needs, such as educational, medical, therapy, clothing, etc.
     - Many expressed the observation that “services to children may start off “cookie-cutter” (i.e. Health Tracks or Right Tracks) but we help voice individualized needs on behalf of the kids and are listened to, which benefits the kids and helps drive services the kids receive”.
   - **Are the children’s needs being met with the services provided?**
     - The general consensus was that most of the time children’s needs were being met through the services, with some distinct examples of when this does not happen.
     - Specific comments include:
       - “They have to take what I say to heart to make sure the child gets needed services by appropriate providers”
       - “There are delays in receiving services in ICPC cases - it’s a long process and the kids can’t wait for the ICPC to get needed services – need to get started immediately”
   - **Can you provide an example of how the agency (of your foster youth) in the last year adjusted a case plan or service to meet the specific need of the child (religious, cultural, language, special needs, etc.)?**
     - Due to time constraints and discussion on other items, this specific question was not asked of the group.

G. Questions asked of Youth (n=5):
   - **Do you feel the services you and your family receive (d) are (have been) the right services for your family?**
     - The general consensus was yes, they are receiving the right services. Some participants qualified their agreement by noting “Yes, some of the times”
   - **Did you think these services were culturally appropriate and addressed any special needs of you or your family?**
     - There was a mixed response to this question from the group. Some participants felt that yes, services were culturally appropriate whereas others responded with a ‘no’.
   - **How did your worker help you understand what services you were going to receive?**
     - The general response received from the group was that “they told me in the child and family team meeting or at home visits.”
   - **Did any of the decisions about services change after talking with your worker?**
     - “Sometimes”
     - “Not really”
STAKEHOLDER FEEDBACK ON SYSTEMIC FACTORS

- “Felt like half the stuff that got brought up never gets mentioned”
- “Don’t follow through with what I bring up”

- When you think about the services you and your family have received from the agency, please share an example of one good experience and one that needs to be improved.
  - Good
    - “IL program” [This was a shared response by all in the group]
    - “Besides IL, it was average – nothing great but nothing horrible”
  - Improve
    - There was general discussion during the meeting regarding concerns for foster parent training and support. Many in attendance shared difficult experiences in their foster homes and felt the system needed to screen homes better, provide better training, and support the foster families better.

- Were services available at times when you were able to attend? For example, did you have to miss school if you wanted to participate in a service, or were accommodations made whenever possible to meet your needs?
  - Although this specific question did not get asked of the group, discussion within other items reflect that the majority of the youth were able to attend their child and family team meetings.

H. Question asked of Parents (n=3) (Options for response included Strongly Agree, Agree, Disagree, Strongly Disagree, Does not Apply)

- The agency works with me to identify and offer services to help the unique needs of my family.
  (1) SA; (1) A; (1) D; (0) SD (0) DNA
- The case managers I have worked with were available and respectful.
  (2) SA; (0) A; (1) D; (0) SD (0) DNA

I. Questions asked of Agency Case Managers, Agency Administrators, Legal and Community:

In your opinion, are formal and informal supports used to create services and support for each child and family, rather than families 'fitting in' to pre-existing services? (n=57)
The respondents who did not answer “Every Time” 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? (n=47)

The top five issues identified were the following:

- Native American foster home, elders/mentors, caseworkers availability [26 responses]
- Services tailored to meet the needs of parents [15 responses]
- Collaboration between Child Welfare, Behavioral Health, Developmental Disability, [15 responses]
- Residential services for dually diagnosed children availability [13 responses]
- Culturally appropriate services availability [12 responses]
AGENCY RESPONSIVENESS TO COMMUNITY: STATE ENGAGEMENT WITH STAKEHOLDERS
PURSUANT TO CFSP AND APSR

How well is the agency responsiveness to the community system functioning statewide to ensure that, in implementing the provisions of the Child and Family Services Plan (CFSP) and developing related Annual Progress and Services Reports (APSRs), the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

Feedback was sought from all seven Stakeholder Groups.

A. Youth were asked the following questions:

- Now, thinking more generally, when you think of child and family services in your area, can you tell me one good thing that is happening and one thing you think really needs to be changed?
  - Good
    - “Stuff like this where we actually have a chance to talk about how things are going”
  - Needs to be changed
    - “I think there should be a support group for foster care kids like foster parents have share and support”
    - “Therapy doesn’t really help deal with the problems of being in foster care”

- Are you aware of any opportunities for foster youth to be involved in statewide efforts to provide child welfare services?
  - “Yes, the ND Youth Board” (several of the youth were aware of this opportunity)
  - “No”

- What can the system do to gather more input from youth as it develops and reviews the plan the state agency has for serving children and families?
  - “More one-on-one with my case manager; at the child and family team meetings – they ask how I was doing but I’d always say everything was fine because I didn’t want to say anything bad in front of the other person”
  - “More opportunities to talk like this”

B. Foster Caregivers were asked the following questions:

- Have you, or anyone you know, been involved in a “IV-B Planning” meeting – a meeting to work on the state’s five-year plan, also called the Children and Family Services Plan (CFSP)?
  - There was a universal “No” response.

- Have you, or anyone you know, been a part of a meeting to review the annual progress of the state’s IV-B plan, known as the Annual Progress and Services Report (APSR)?
  - There was a universal “No” response.

- Do you know where to find the state’s plan and annual reports on the Department’s website?
  - There was a universal “No” response.
  - Many agreed that they could probably find it through Google or some other internet search engine.
  - There was a suggestion to place information about the plan/where to find it in the Fostering Connections newsletter that goes to all licensed foster parents.
C. Agency Case Managers, Agency Administrators, Legal and Community Stakeholders were asked the following questions and could check up to two responses within each question:

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

  ![Awareness and Involvement with CFSP](image)

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

  ![Awareness and Involvement with APSR](image)
STAKEHOLDER FEEDBACK ON SYSTEMIC FACTORS

FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT, AND RETENTION: STANDARDS APPLIED EQUALLY

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

Feedback on this systemic factor was sought from three groups: Foster Caregivers, Agency Case Managers indicating responsibilities Foster Care or CPS, and Community.

A. Foster Caregivers were asked the following question:
   - Are the state’s standards applied equally to all licensed foster home or child care institutions? Responses from the participants include the following comments:
     - “I think so” (for foster homes)
     - “Don’t know about institutions”
     - “I’ve been told it’s different in the Tribes”
     - “The process to become licensed is very overwhelming and daunting at times – the reference forms are lengthy and difficult to answer, such as specific things on how they parent that unless you live with the person you wouldn’t know; the process to get the physical property up to code; background checks got lost (6 months) – the standard is so high for foster parents but will put them with a relative who barely has a home to live in; seems like a lot of extra hoops; sadly I don’t think the process will weed out bad people either”
     - “When moving from foster parenting to adoption, you have to go through it all over again – 37 pages of questions – you start from scratch and much more extensive than what’s required for foster care which probably causes people not to pursue adoption”
     - “We need a streamlined foster-adopt process”
     - “Retention is difficult due to the heartbreak that comes with being a foster parent”

B. Agency Workers and Community groups were asked the following questions:
   - Do you believe there is equal application of state standards when licensing foster care providers in North Dakota (ex: Licensed Foster Homes, Residential Child Care Facilities, Group Homes):

   ![Equal Application of state licensing standards](chart)

   - Yes: 43%
   - Sometimes: 26%
   - No: 23%
   - Not Sure: 8%

   - Please comment on your response (n=3):
     - “I’m not sure what you’re asking here”
     - “I do not know about this end of things”
     - “No appeal process for RCCF-PRTF 960’s”
STAKEHOLDER FEEDBACK ON SYSTEMIC FACTORS

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Feedback for this systemic factor was sought from two groups: Community Stakeholders and Legal Stakeholders indicating a role as Defense Attorney, Guardian Ad Litem, and Juvenile Court Officers.

A. Question asked of Legal Stakeholders:
   • From your experience, are the required criminal background checks being conducted for foster parents, adoptive parents, and staff in child care facilities?
     - Yes, 97%
     - No, 3%
     - Sometimes
     - Not Sure

   • Please comment on your response above (n=1):
     ○ "No involvement with this"

B. Questions asked of both groups:
   • In your role, have you ever raised a concern with a custodial agency pertaining to the safety of children placed outside the home either in a foster, adoptive or residential group care setting?

   • If yes, do you believe the custodial agency's response was sufficient to ensure the child's safety?
     - Yes, 97%
     - No, 3%
• Please comment on your response above:
  o “Yes however it takes much time and effort and the backing of other community professionals at times from my personal experience.”
  o "There have been a number of times where workers are reacting out of myths or old beliefs about children and trauma and their first instinct is to institutionalize them when really research is not supporting this”
  o "The situation was addressed and corrected.”
  o "Systemic issues result in lack of state wide and regional mental health services to support need of kids in placements at foster care, adoption, kinship and RCCF”
  o "Placement seems to be with either a family member with no vetting, or sometimes even placement back into the parental home with custody remaining with CPS, which seems to defeat the purpose.”
  o "In physical abuse cases the response is most often sufficient; however, neglect and emotional abuse are much more difficult to determine but can be equally harmful.”

C. Question asked of Community Stakeholders:

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

- Providers are often the ones working the hardest
- MOST of the time
- I think this is true for the most part but a lot of times the placement is chosen because it is the only option"
STAKEHOLDER FEEDBACK ON SYSTEMIC FACTORS

FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT, AND RETENTION: DILIGENT RECRUITMENT OF FOSTER AND ADOPTIVE HOMES

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Feedback on this systemic factor was sought from three groups: Foster Caregivers, Agency Case Managers reporting a role with Foster Care or CPS responsibilities, and Community.

A. Foster Caregivers were asked the following questions:
   - **Are there diligent efforts to recruit foster parents in this region?**
     - "How about retain?"
     - "There’s a lot of effort to recruit but all seems to come through the regional coalition"
     - Related to retention – "we have concerns with one particular county in the region –
       - as foster parents we have the right to claim the kids (on our taxes) but this county is holding SSN’s from foster parents;
       - we have to pay child care in advance (plus a deposit) and if they leave our home we are out that money – county only reimburses for the days in the childcare and we are not reimbursed for the remaining days even though we were required to prepay the entire month – we’ve been out a couple hundred dollars out of our own pocket. Why doesn’t the county have to pay these expenses? Why do we have to?
       - they’re changing our licenses to take kids up to 18 even when we’re more comfortable with certain age groups;
       - can’t get clothing allowance until court hearing”
   - **Do efforts focus on the need for homes to parent older children? Sibling Groups? Families with Native American heritage?**
     - “Yes”
     - “PATH does too”
     - “They (agencies) can submit for mini-grants to go out and recruit too”

B. Questions asked of Agency Case Managers reporting job responsibilities in Foster Care or CPS, Legal and Community participants:
   - **Is there diligent recruitment of foster and adoptive in your area for the following:**

   ![Targeted Diligent Recruitment Efforts](image)
STAKEHOLDER FEEDBACK ON SYSTEMIC FACTORS

• Are recruitment efforts sufficient to provide the number of licensed foster homes or adoptive homes to meet the region’s needs?

![Bar chart showing recruitment efforts sufficiency]

• What could be done to increase the availability of foster and adoptive homes able to meet the needs of youth in foster care in your area?
  - “The requirements for treatment foster care specifically are taxing. They are expected to care for higher need children plus submit to increased training. All of this without adequate respite care options or someone to watch the child(ren) during these expected trainings. Caseworkers are not as involved as they were in the past and many times leaving foster parents in situations they are not able to manage independently. This lack of support and expectations may in my opinion cause the loss of foster families and deter new families from licensing.”
  - “REQUIRE CHILDREN TO BE PLACED IN THE LEAST RESTRICTIVE ENVIRONMENT, NOT THE PLACE THERE IS AN OPENING. The number of adolescents under the custody of county social services that are in a foster home is very low. Instead, these children are placed in congregate care facilities where they do not have the opportunity to gain the independent living skills that are essential to their success as adults. As long as the state of North Dakota is willing to allow children to be placed in congregate care, which is not the least restrictive environment for many of these youth, the state will continue to see former foster youth doing poorly following discharge from care (i.e. homelessness, pregnancy, incarceration). Placing an adolescent in a facility because there is an "opening" there does not take into consideration the actual needs of the child, the distance that child may be from family members, etc."
  - "Provide more support to foster and adoptive homes"
  - "One time stipend for applying"
  - "More options for respite and help with transport to appointments as fosters struggle with leaving work"
  - "More advertisement, better experience during the certification process such as follow through with families interested, training and support."
  - "Maybe more money"
  - "Increase awareness of child foster needs; improve training quality; improve training access; improve face to face contact/communication with community"
STAKEHOLDER FEEDBACK ON SYSTEMIC FACTORS

- "I think people are hesitant because they don’t know the support they’ll receive as foster parents up front."
- "I suppose even more education and advertisement for potential homes it is naturally difficult to find homes willing and able to take on this task."
- "Have better information on how to become a foster parent. Advertise more. Have people go to work places if possible and talk about foster care."
- "Greater hands on support for the foster families"
- "Church groups should be addressed"
- "Better training and support for families willing to foster"
- "Better education for community members to understand what it means to be a foster parent."
- "Availability of training classes"
- "Articles in local newspapers"
- "Age truly willing to serve vs licensed for is big disparity that causes statistical overconfidence in having "enough open homes"
- "$$$$"
- "More incentive possibly to include payment"
- "More homes licensed who are willing to take large sibling groups"
- "Unsure"
- "I don’t believe there is adequate funding to support recruitment - in salary, in the ability to support current foster parents, in recruitment"
- "Community awareness and presentations"
- "Word of mouth seems to be one of the best ways to recruit families. I believe there is representation for recruiting in many areas in the community; however, there continues to be a need. Unsure of what else could be done to increase the numbers."
- "Majority of our homes are full so even though we get new families licensed they are quickly filled"

C. Question asked of Agency Case Managers indicating a role with licensing foster care licensing:

- Because you have indicated you have responsibility for the licensing of foster homes in your agency, please briefly comment on how your local recruitment effort is informed by the ND Foster and Adoptive Parent Recruitment plan.
  - No participants responded to this question.
Feedback on this systemic factor was sought from those indicating a role with processing Interstate Compact for the Placement of Children (ICPC) requests from: Agency Case Managers (n=3), Agency Administrators (8), and those indicating a role with AASK in the Community Survey (n=1).

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

- Delays in receiving other required background checks, references, etc. 19%
- Delays in family responding to licensing paperwork requirements 29%
- Delays in family to complete PRIDE 26%
- Delays in getting criminal background check results 23%
- Delays in processing licensing approvals 3%
- Other 0%

Other reason provided:
- No ‘Other’ reasons were provided.
APPENDIX

Appendix

1.1 R3 Federal CFSR State Rating Summary Report, September 2016
1.2 R3 Federal CFSR Burleigh/Morton Site Rating Summary Report, September 2016
1.3 CY18 WC OCR Site Rating Summary Report, May 2018
1.4 CY18 WC OCR Site Rating Summary Report, May 2018: In-Home Services Breakdown
1.5 CY18 WC OCR Site Rating Summary Report, May 2018: Foster-Care Services Breakdown
1.6 ND OCR Review Team Composition
## 1.1 Case Rating Summary – ND R3 All Sites (Grand Forks, Fargo, Bismarck/Mandan), September 2016

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<th>Partially Achieved</th>
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# APPENDIX

## 1.2 Case Rating Summary – ND R3 Bismarck/Mandan Site, September 2016

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<td>n=4</td>
<td></td>
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</tbody>
</table>
Statewide child welfare partners provide the primary source of recruitment for the OCR Workforce. Participation and involvement from local agencies and statewide partners in the OCR Workforce offers a meaningful avenue to ensure practice is assessed from multiple angles.

The OCR Review Team is comprised of two OCR Reviewers with a designated Quality Assurance (QA) Lead. All OCR Review Team members must undergo a certification training to become familiar with the Onsite Case Review Instrument and case review process. Each ‘review team’ review generally reviews two cases during the Onsite Review. For the WCHS regional Onsite Review, one QA Lead was responsible for four cases. QA Leads for this Onsite Review included the OCR Manager, the CFS Administrator of the OCR, and a retired child welfare professional. Second Level Quality Assurance (SLQA) was provided by the OCR Manager for eight (8) cases. The Children and Family Services Center Director provided SLQA for the four cases in which the OCR Manager provided First Level Quality Assurance.

Review Team members are either a paid ‘consultant’ for the Children and Family Services Training Center or participate as part of their regular job duties as authorized by their agency of hire.

The collaborative representation included:

<table>
<thead>
<tr>
<th>ND OCR REVIEW TEAM COMPOSITION FOR WCHSC ONSITE REVIEW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Welfare professionals from other county social service agencies</td>
</tr>
<tr>
<td>Child Welfare professionals from Central Office, DHS</td>
</tr>
<tr>
<td>Private Non-Profit/University partners (AASK, Dakota Boys &amp; Girls Ranch, PATH ND, Inc., UND’s Children Family Services Training Center, etc.)</td>
</tr>
<tr>
<td>Retired child welfare professionals</td>
</tr>
</tbody>
</table>
Contact Information

For more information about this report, please contact

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