

2020-2024

Child and Family Services Plan

Administered by:
North Dakota Department of Human Services
Children and Family Services Division
Lauren J. Sauer, Assistant Director

NORTH
Dakota | Human Services
Be Legendary.™

June 14, 2019

Marilyn Kennerson
CB Regional Office Program Manager
1961 Stout Street, 8th Floor
Byron Rogers Federal Building
Denver, CO 80294-3538

Dear Ms. Kennerson:

As the Executive Director of the North Dakota Department of Human Services, I am pleased to present the 2020-2024 Child and Family Services Plan. The plan is the culmination of intensive collaborative planning efforts by the Children and Family Services Division and a myriad of child welfare stakeholders during the past year. These cooperative efforts will continue as North Dakota implements this comprehensive five-year plan.

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

We look forward to your review and approval of this plan.

Sincerely,



Christopher D. Jones
Executive Director

Enclosure

EXECUTIVE OFFICE

GOVERNOR
Doug Burgum

EXECUTIVE DIRECTOR
Christopher Jones

An electronic version of this document can be obtained by visiting the following website:

<http://www.nd.gov/dhs/info/pubs/family.html>

The document will be available once final approval has been received by the federal Administration for Children and Families.

For additional information regarding North Dakota's 2020-2024 Child and Family Services Plan, please contact:

(Mr.) Lauren J. Sauer, MPA, M.Ed.

Assistant Director

North Dakota Department of Human Services

Children and Family Services Division

600 E. Boulevard Avenue, Dept. 325

Bismarck, ND 58505-0250

Phone: 701-328-1709

Fax 701-328-3538

Email: lsauer@nd.gov

TABLE OF CONTENTS

1. Collaboration and Vision.....	4
2. Assessment of Current Performance in Improving Outcomes.....	7
3. Plan for Enacting the State’s Vision.....	112
4. Services.....	123
5. Consultation and Coordination Between States and Tribes.....	137
6. John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program).....	141
7. Targeted Plans within the 2020-2024 CFSP.....	168
8. Attachment A: Organizational Chart.....	215
9. Attachment B: Assurances.....	217
10. Attachment C: Financial Information.....	223

I. COLLABORATION AND VISION

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

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

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

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

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

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

Please see **ATTACHMENT A** for the organizational chart.

Collaboration: System planning and development of the 2020-2024 CFSP was a concerted effort through collaboration with a wide variety of system stakeholders engaged in several CFSP Development Workgroup meetings. The following stakeholders were a part of this effort:

Natalie Anderson	Child Welfare Supervisor Morton Human service zones		Leanne Miller	Training Coordinator University of North Dakota Children and Family Services Training Center
Brittini Auch	Program Administrator Developmental Disabilities Division ND Department of Human Services		Tracy Miller	Child Maltreatment Prevention & Family Preservation Services Administrator Children and Family Services Division ND Department of Human Services
Marlys Baker	CPS Administrator Children and Family Services Division ND Department of Human Services		Elizabeth Muralt	Youth Leadership Board Member PATH-ND
Missi Baranko	Home Visiting Coalition Coordinator Lutheran Social Services of North Dakota		Morgan Nerat	Adults Adopting Special Kids (AASK)
Tina Bay	Director Developmental Disabilities Division ND Department of Human Services		Genelle Olson	Regional Director PATH-ND
Kelsey Bless	Permanency Administrator Children and Family Services Division ND Department of Human Services		Amy Oelke	Training Coordinator University of North Dakota Children and Family Services Training Center
Rachel Behm	Training Coordinator University of North Dakota Children and Family Services Training Center		Dawn Pearson	Independent Living, Facility Licensing, Sub- Guardianship Administrator Children and Family Services Division ND Department of Human Services
Connie Cleveland	State's Attorney Cass Human service zones		Cory Pedersen	Juvenile Court Director ND Court
Kara Eastlund	Director ND AASK		Janell Regimbal	Vice President Lutheran Social Services of North Dakota
Jayden Eggleston	Youth Leadership Board Member PATH-ND		Pam Sagness	Director Behavioral Health Division ND Department of Human Services
Rosalie Etherington	Chief Clinics Officer Field Services Division ND Department of Human Services		Lauren Sauer	Assistant Director Children and Family Services Division ND Department of Human Services
Cathy Ferderer	Family Law Mediation Program Administrator ND Supreme Court		Dean Sturn	Foster Care Administrator Children and Family Services Division ND Department of Human Services
Travis Finck	Attorney ND Commission on Legal Counsel for Indigents		Lexi Swonger	Youth Leadership Board Member PATH-ND
Krista Fremming	Assistant Director Medical Services Division ND Department of Human Services		Diane Szudera	Business Administration Director Home On The Range
Anna Frissell	Executive Director Red River Children's Advocacy Center		Sandra Tibke	Director Prevent Child Abuse ND
Debora Flowers	Child Welfare Program Specialist Children's Bureau		Heather Traynor	Court Improvement Program Administrator ND Supreme Court
Tasha Gardner	Youth Leadership Board Member PATH-ND		Casey Traynor	Quality Assurance Administrator Division of Juvenile Services

Lisa Giese	Guardian Ad Litem Youthworks		Pete Tunseth	Director University of North Dakota Children and Family Services Training Center
Jenn Grabar	Assistant CPS Administrator Children and Family Services Division ND Department of Human Services		Jim Vetter	Director Dakota Boys and Girls Ranch-Western Plains
Kirsten Hansen	Regional Supervisor Badlands Human Service Center		Diana Weber	Well-Being Administrator Children and Family Services Division ND Department of Human Services
Kristen Hasbargen	Director Richland Human service zones		Michelle Westbrock	Inner Groundwork/Parent
Julie Hoffman	Adoption Services Administrator Children and Family Services Division ND Department of Human Services		Carl Young	Parent Advocate
Luke Klefstad	Division Director of BH & Family Services The Village Family Services Center		Matthew McCleary	Child Advocate ND Fed of Families for Children's MH
INVITED				
Anne Linden	Assistant Director Educational Equity and Support ND Department of Public Instruction		Ina Olson	Director Turtle Mountain Band of Chippewa Tribal Social Services
Stephanie DeCoteau	Director Native American Training Center		Adam Martin	CEO F-5 Project
Liz Larson	Parent Educator North Dakota State University Extension		Anthony Kozojed	Assistant Director Division of Juvenile Services

During the Development Workgroup meetings, stakeholders:

- Reviewed the purpose and structure of the Children and Family Services Plan;
- Reviewed pertinent system data that would be used to drive the 5-year plan;
- Reviewed the draft 3rd Round CFSR Performance Improvement Plan;
- Reviewed the 2015-2019 CFSP goals, objectives, and action steps;
- Discussed where stakeholders would like to see the child welfare system go in the next 5-years;
- Drafted a vision statement articulating the state's philosophy in providing child and family services and developing/improving a coordinated service-delivery system; and
- Drafted four goals with accompanying objects, action steps, and timelines.

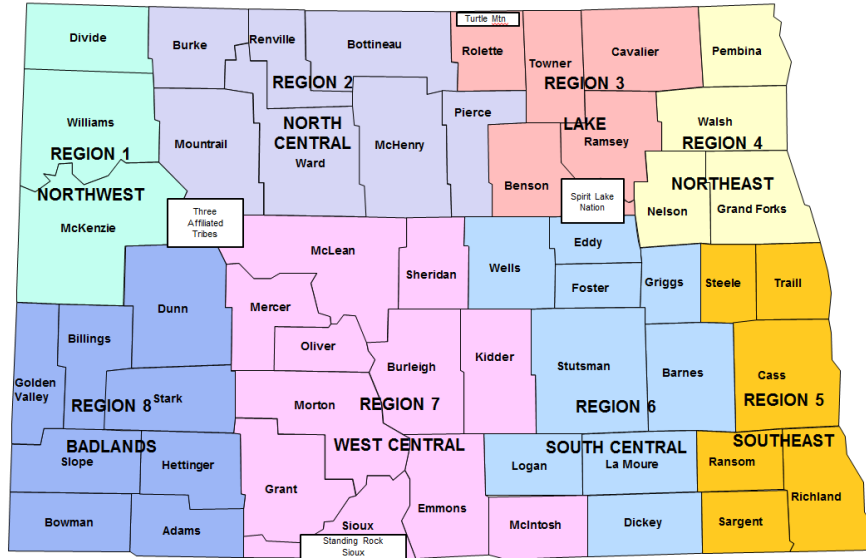
It is planned that this workgroup will remain active through the life of the 2020-2024 CFSP to guide implementation and refinement of the plan.

Vision Statement: Redesign and realign the North Dakota services delivery system to engage and empower families using prevention strategies to improve safety, permanency and wellbeing outcomes and inform practice.

2. ASSESSMENT OF CURRENT PERFORMANCE IN IMPROVING OUTCOMES

The North Dakota Department of Human Services' (ND DHS) Children and Family Service Division (CFS) has administrative responsibility for programmatic supervision and technical assistance for the delivery of public child welfare services.

North Dakota is currently a state supervised, county administered child welfare system divided into eight regions with 53 counties (map below). During the 2019 Legislative Assembly, a new law was adopted that will convert the state into human service zones (NDCC 50-35), which are defined as *“a county or consolidated group of counties administering human services within a designated area.”* At the time of this writing, the number of human service zones has not been determined; however, they must be initially approved or established by January 1, 2020. The purposes for this systemwide change are state property tax reform, and consistency in social service processes and programming.



North Dakota has four federally recognized tribes with Tribal Title IV-E agreements with the state. ND DHS has a Memorandum of Understanding with the Division of Juvenile Services (DJS) for Title IV-E foster care services. In-home case management and alternative response assessments for substance exposed newborns are part of the service array within the county social service agencies.

In 2017 ND DHS entered into a contract with the Children and Family Services Training Center at UND (CFSTC) to manage the newly revised Onsite Case Review (ND OCR) process. During CY 2018 OCRs were held in each of the eight human service center regions of the state, providing a comprehensive assessment of child welfare practice in North Dakota. The federal Onsite Review Instrument (OSRI) was utilized as the review instrument to capture information on child and family outcomes for foster care and in-home services cases.

ND ONSITE REVIEW INSTRUMENT (OSRI) OUTCOMES

A specified period under review (PUR) was identified for each case reviewed and represents the window of time for which practice was assessed. Case files and key case participant interviews were utilized for the case review portion of the Onsite Review week and feedback from seven Stakeholder groups was received at each regional review. The following report provides a description of the OSRI items and systemic factors, the results for the outcomes and items, and a summary of the state’s performance. Comparison data from North Dakota’s September 2016 Federal CFSR will serve as a point of reference for the CY 2018 findings.

The CY 2018 case reviews were held in accordance with the following schedule:

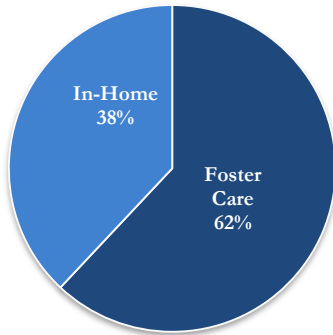
REGION	DATE	PERIOD UNDER REVIEW (PUR)	NUMBER OF CASES
Northeast – 4 Grand Forks	January 22-26, 2018	1/17/17 – Date case reviewed	10 (8 FC; 2 IH)
Lake Region – 3 Devils Lake	February 12-16, 2018	1/1/17-Date case reviewed	9 (7 FC; 2 IH)
Northwest – 1 Williston	April 16-20, 2018	4/1/17 – Date case reviewed	6 (4 FC; 2 IH)
West Central – 7 Bismarck	May 14-18, 2018	4/1/17 – Date case reviewed	12 (7 FC; 5 IH)
South Central – 6 Jamestown	August 13-17, 2018	7/1/17 – Date case reviewed	5 (3 FC; 2 IH)
Southeast – 5 Fargo	September 17-21, 2018	7/1/17 – Date case reviewed	12 (10 FC; 2 IH)
Badlands – 8 Dickinson	October 22-26, 2018	10/1/17 – Date case reviewed	4 (2 FC; 2 IH)
North Central – 2 Minot	November 5-9, 2018	10/1/17 – Date case reviewed	6 (3 FC; 3 IH)
Total Cases Reviewed			64 (44 FC; 20 IH)

CASE DEMOGRAPHICS

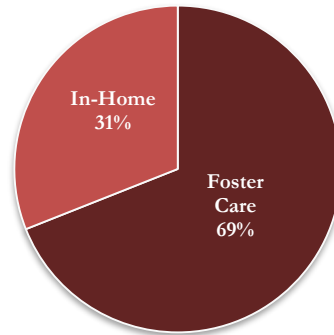
Cases were randomly selected to represent both foster care and in-home services cases. The review focused on the activity in a case that occurred during the PUR, and a rolling quarterly case sampling process was employed. Foster care cases involved a target child in substitute care for over 24 hours or more. Foster care services were provided by county social services, the Division of Juvenile Services, or, if applicable, the tribal child welfare agency(ies) operating within a region. 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 cases subject to this review process were those served through county social services agencies within each 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 cumulative review sample of forty-four (44) foster care and twenty (20) in-home services cases were identified out of an overall sample of 1,994 foster care cases and 611 in-home services cases. In the event a case was eliminated during the review week, each review site prepared alternate cases. Four sites experienced the need to move to an alternate case in five situations. The primary reason for the elimination was due to the inability to secure an interview with a key case participant. The findings in this report represent data on all 64 cases reviewed.

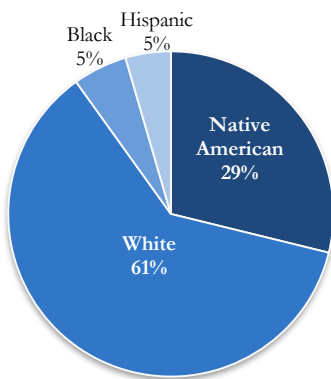
ND R3 CFSR Case Type



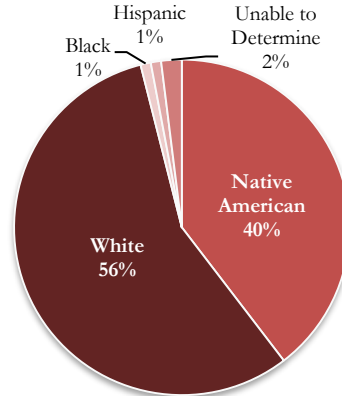
CY 2018 ND OCR Case Type



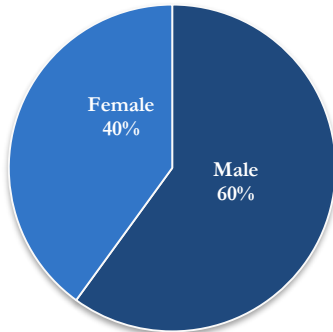
ND R3 CFSR Child Race/Ethnicity



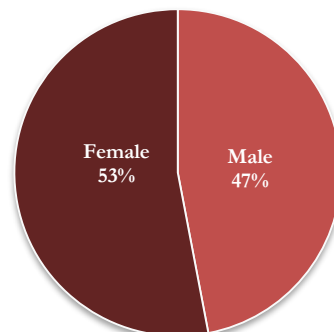
CY 2018 ND OCR Child Race/Ethnicity



ND R3 CFSR Child Gender

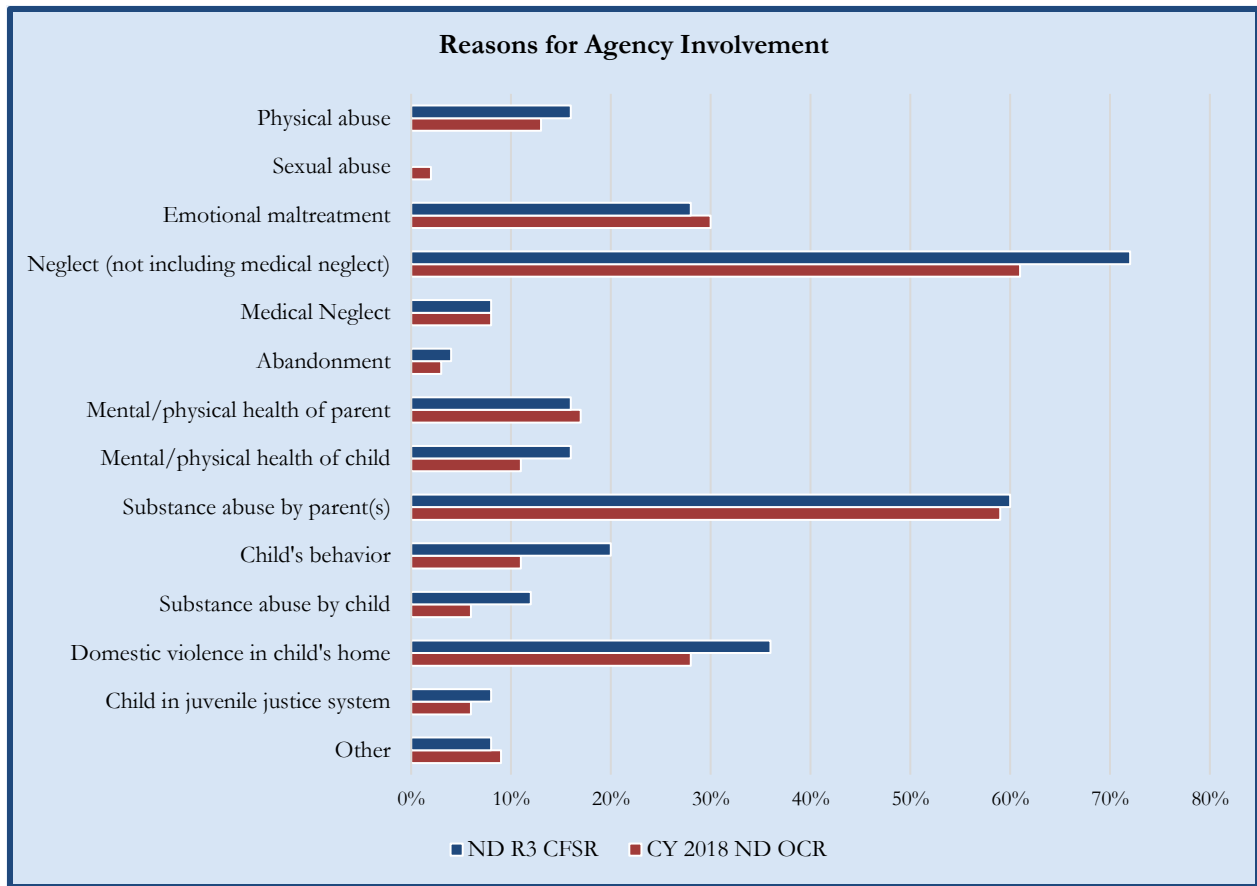


CY 2018 ND OCR Child Gender



REASONS 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. Data from the CY 2018 OCR show the top three reasons for agency involvement as: 1) Neglect (not including medical neglect), 2) Substance abuse by parent(s), and 3) Emotional maltreatment. “Other” includes inadequate supervision, housing needs, and parental incarceration.



Percentages exceed 100% because more than one reason can be selected

CASE RELATED INTERVIEWS

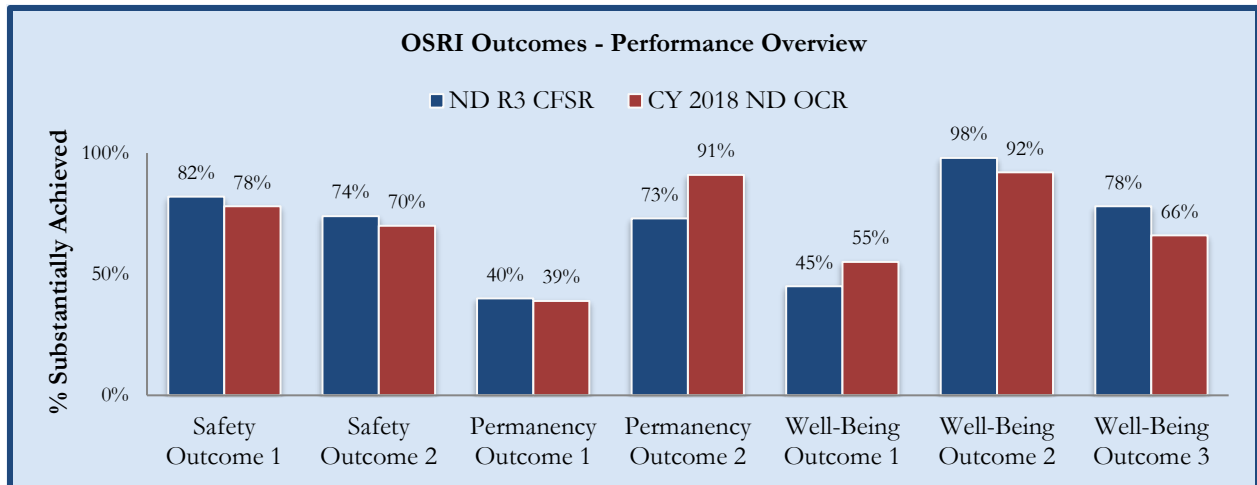
Case related interviews were conducted with key case participants, (i.e. those directly involved in the provision or receipt of services in each case reviewed). Interviews were held either in person at the review site or by telephone. During the CY 2018 Onsite Reviews, 313 interviews were held for the 64 cases including:

- 32 children
- 71 parents
 - 41 mothers
 - 30 fathers
- 95 case managers (foster care [County, DJS, Tribal], in-home services, child protection services)
- 11 agency supervisors
- 10 Adults Adopting Special Kids (AASK) adoption staff (9 workers; 1 supervisor)
- 50 foster parents (21 relatives & 29 non-relatives)
- 44 “other” providers (alternate caregivers, guardians ad litem, therapists, regional representatives, residential facility staff, ICWA representatives, relatives speaking to key case participants’ perspectives, etc.)

PERFORMANCE OVERVIEW

As noted in the graph below, in both the ND R3 CFSR and the CY 2018 ND OCR, Well-being Outcome 2 – *Educational Needs* was the highest performing OSRI outcome, and Permanency

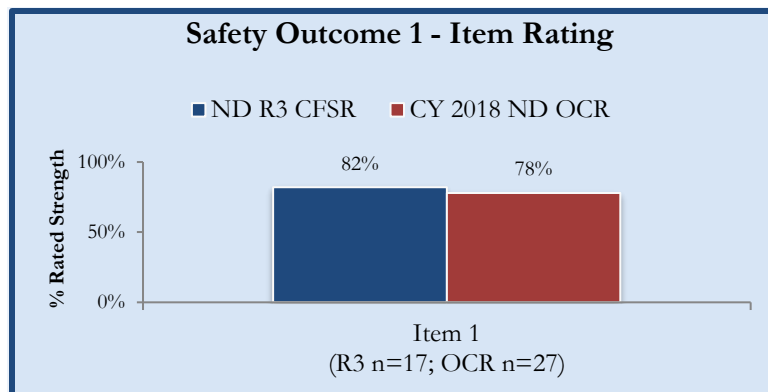
Outcome 1 – *Children have stability and permanency in their living situations* was the lowest performing outcome. Each of the 18 OSRI items will now be discussed in depth, including key strengths and areas needing further exploration. Please note that while the OSRI instrument uses the term, “Area Needing Improvement,” North Dakota has adopted the term, “Area Needing Further Exploration,” to align with our developing CQI process. This is because we cannot be certain at the conclusion of an OCR whether a need for improvement exists, absent a thorough review of all available data and regionwide discussion.



SAFETY OUTCOME 1

Children are, first and foremost, protected from abuse and neglect

CY 2018: FC – 85% of 13 cases Substantially Achieved; IH – 71% of 14 cases Substantially Achieved



Item 1

Timeliness of initiating investigations of reports of child maltreatment

CY 2018: FC – 85% of 13 cases rated a Strength; IH - 71% of 14 cases rated a Strength

Twenty-one (21) cases 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 applicable cases.

- **Key strengths related to performance on Item 1**
 - When rated a Strength, the agency initiated their response timely in all reports received and

the face-to-face contact with alleged victims occurred within the timeframes required in state regulations.

- In many situations, the agency's response exceeded state standards for face-to-face contact occurring within the timeframes set forth in state law.
- Strong collaboration between county agencies to address children's safety was noted in many regions.
- **Key areas needing further examination related to performance on Item 1**
 - The agency's efforts to initiate their response to a report of child maltreatment was not timely in four separate situations.
 - There were also six situations in which face-to-face contact with all alleged victims occurred outside the state's established timeframes.
 - In most situations, workload and workforce challenges were identified as a contributing factor.

Assessment on Progress to Date

Statewide efforts to redesign CPS service delivery has been underway (see below). Early indicators are that the new process has expedited time to a determination and has not compromised quality work.

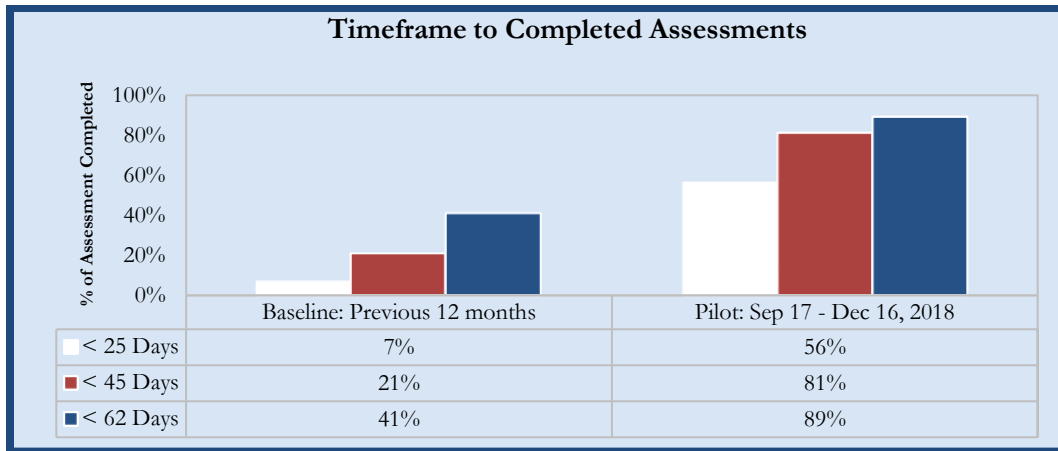
Activities Targeted at Improving Performance

- **CPS redesign**

The first child welfare program to undergo the Theory of Constraints (TOC) redesign process was CPS. The TOC kick-off began June 2018 with participation from CFS administrators, regional representatives, and 14 county social service agencies from two ND regions – Southeast and Badlands.

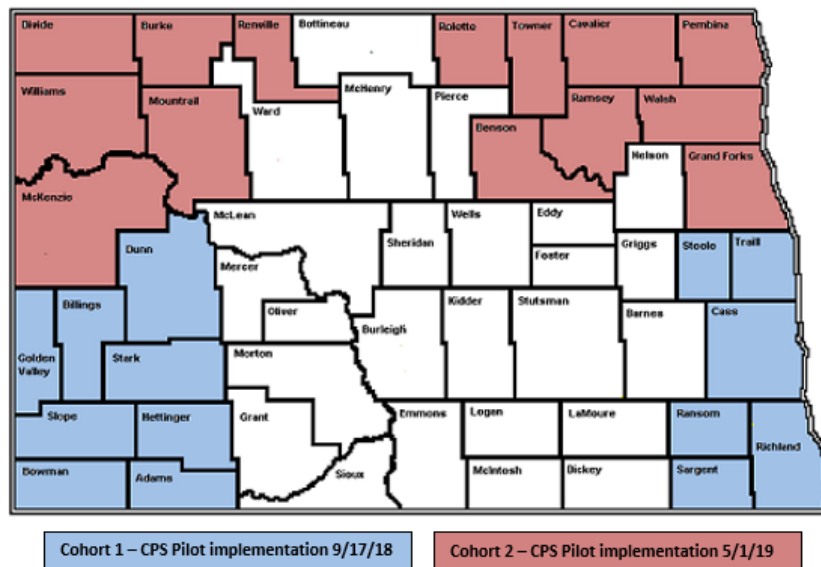
- Core elements of the pilot include:
 - A designated intake worker is assigned to the pilot region:
 - Gathers information for the “Full Kit” intake (i.e. everything the caseworker needs to initiate the assessment) and enters the report of suspected maltreatment into the data system.
 - A supervisor to CPS caseworker ratio of 1:6
 - CPS supervisor assigns cases to CPS caseworkers and monitors progress:
 - The assigned CPS caseworker sees the children (alleged victims) within 3 days of receiving the report;
 - CPS caseworkers receive active supervision through “huddles” multiple times per week as well as routine staffing; and
 - CPS supervisors and caseworkers use a Task Analysis Board (TAB) to monitor case progress to timely closure.

Traditional CPS practice allows for 62-day assessments (current Administrative Code), with approved extensions to complete the assessments for appropriate reasons. The goal of the redesign was to shorten the timeframe to completed assessments from 62 days to the ambitious target of completing 50% of CPS assessments in 25 days, 75% of CPS assessments in 35 days and 95% of CPS assessments completed by 62 days, without compromising quality. The Phase 1 pilot period was 9/17/18-1/17/19, and the data is as follows:



Within the pilot counties, 89% of the closed cases were closed within 62 days, versus a baseline for 12 months of CPS cases in the pilot of just 41%. Additionally, 56% of the 499 closed cases were closed within 25 days, versus a baseline for 12 months of CPS cases in the pilot regions of only 7%.

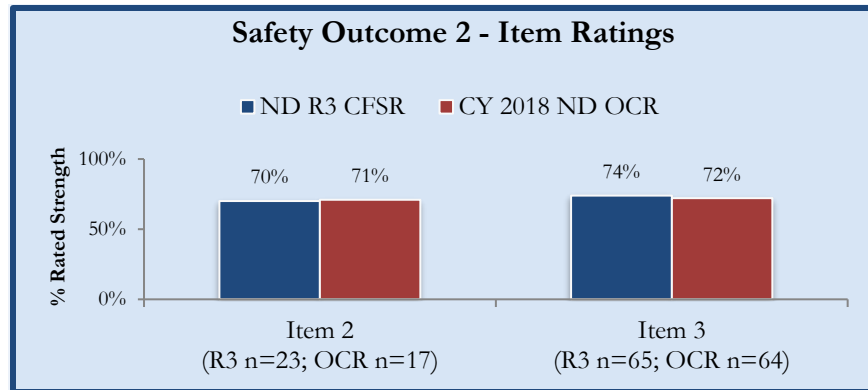
- o Additional benefits noted by the TOC team as a result of the CPS pilot include that it:
 - Ensures child safety remains paramount in importance;
 - Improves outcomes through effective collaboration and maintaining integrity to the process; and
 - Unlocks hidden capacities (i.e. transferring staff from administrative work to direct client services), which increases family access to needed services.
- o A second cohort of 15 additional counties rolled out on May 1, 2019 and the plan is to expand the CPS pilot to statewide implementation by the end of 2019.



SAFETY OUTCOME 2

Children are safely maintained in their homes whenever possible and appropriate

CY 2018: FC – 77% of 44 cases Substantially achieved; IH – 55% of 20 cases Substantially Achieved



CFSR 3 Data Profile

Recurrence of Maltreatment

Of all ND children who were victims of a substantiated or indicated maltreatment report during a 12-month period, **14.7%** were victims of another substantiated or indicated maltreatment report within 12 months of the initial victimization. North Dakota's performance on this indicator is **statistically worse** than national performance, which is 9.5%.

(January 2019 CFSR Data Profile, risk standardized performance, NCANDS FFY 16-17)

Maltreatment in Care

Of all ND children in foster care during a 12-month period, the rate of victimization per 100,000 days in care was **5.68 days**. North Dakota's performance on this indicator is **statistically better** than national performance, which is 9.67 days.

(January 2019 CFSR Data Profile, risk standardized performance, AFCARS 16A-16B)

Item 2

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

CY 2018: FC – 70% of 10 cases rated a Strength; IH – 71% of 7 cases rated a Strength

Twelve (12) cases 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 related to performance on Item 2**

- Agencies made concerted efforts to provide or arrange for the family to protect the children and prevent their entry into foster care. Example of services provided included: immediate substance abuse assessments and treatments (including random UA testing and hair follicle testing for the children), parent aide, intensive in-home family therapy and intensive in-home case management services.
- In five applicable situations, the agency was unable to make concerted efforts to prevent the child's removal and placement into foster care because immediate removal was necessary to ensure the child's safety.

- **Key areas needing further examination related to performance on Item 2**
 - Concerted efforts were not made to provide appropriate safety-related services to children remaining in the home despite safety concerns being present.
 - In some cases, there were concerns that all safety issues were not fully assessed or that all available safety services were fully considered.
 - Delays in service delivery were also noted in some affected cases.

Item 3

Risk and safety assessment and management

CY 2018: FC – 80% of 44 cases rated a Strength; IH – 55% of 20 cases rated a Strength

Forty-six (46) cases were rated 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 related to performance on Item 3**
 - The agency conducted an initial assessment that accurately assessed all the risk and safety concerns in 19 applicable cases and ongoing assessments that accurately assessed all risk and safety concerns at critical case junctures occurred in 48 of the cases.
 - When rated a Strength, assessments were completed using formal and informal assessment efforts, including completion of the Family Assessment Instrument, vigilant monitoring of safety during monthly caseworker visits, and discussion of safety concerns at Child and Family Team Meetings.
 - 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 13 applicable cases.
 - All safety concerns pertaining to children in the family home were adequately or appropriately addressed by the agency in 22 of 27 applicable cases.
 - Other practice Strengths noted was that the safety of the target child in foster care during visitation with parent/family that was adequately or appropriately addressed by the agency in 32 of 33 foster care cases.
 - Any concerns for the target child’s safety in the foster home or placement facility were adequately or appropriately addressed by the agency in 42 of 44 foster care cases.
- **Key areas needing further examination related to performance on Item 3**
 - Evidence not found that a thorough and comprehensive assessment of all safety and risk was conducted either initially or on an ongoing basis.
 - For five situations in which safety concerns were present, it was not evident that the agency developed an appropriate safety plan with the family or continually monitored the safety plan.
 - Evidence that safety concerns for children in the family home was adequately addressed by the agency was not found for one situation.
 - Systemic challenges potentially impacting performance in this outcome were agency challenges with staff turnover and transferring cases from one worker to another.

Assessment on Progress to Date

No additional information is available. PIP Quarter 1 ends 6/30/19 and any progress will be

reported within the quarterly update.

Activities Targeted at Improving Performance

- **CPS redesign pilot**

The CPS pilot project aims to create efficiencies across the child welfare system by decreasing the time involved in completing quality CPS assessments, while also getting services to families earlier to prevent deeper involvement in the child welfare system. Pilot data shows that families are engaging with the agency earlier and are more open to receiving services to address their needs.

- **In-Home Services Redesign**

In-Home Services TOC was begun in March 2019. A significant focus of redesign is sustaining safety for children in their own homes so that removal isn't necessary. Technical assistance was sought from Casey Family Programs to support these efforts with the goal being a safety assessment and safety management process that is used statewide. It is anticipated the in-home services pilot will be rolled out in FFY 2020.

- **Safety Services**

Universal access to safety services are is not a reality in North Dakota. However, the 2019 Legislative Assembly targeted unprecedented additional resources to DHS that will support progress in this area. It is believed that once this work is well underway, performance outcomes will be positively impacted.

- **PIP Activities**

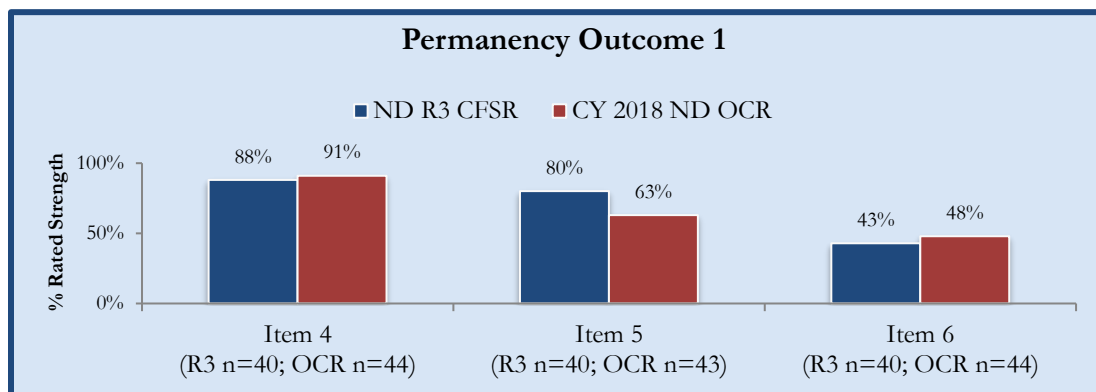
Safety Outcome 2 was a key area requiring practice improvement and is addressed in the ND R3 PIP. Refer to the following strategies:

- 2.1 Supervisor Training Program
- 2.2 Joint Collaboration Between Counties and Juvenile Court
- 2.3 CPS to In-Home Services Timeliness
- 3.1 Family Centered Engagement Implementation

PERMANENCY OUTCOME 1

Children have safety and stability in their living situations

CY 2018: FC – 39% of 44 cases Substantially Achieved



Placement Stability

Of all ND children in foster care during a 12-month period, the rate of victimization per 100,000 days in care was **5.68 days**. North Dakota's performance on this indicator is **statistically better** than national performance, which is 9.67 days.

(January 2019 CFSR Data Profile, risk standardized performance, AFCARS 16A-16B)

Re-entry to Foster Care

Of all ND children who entered foster care in a 12-month period, who discharged within 12 months to reunification, live with a relative, or guardianship, **6.6%** re-entered care within 12 months of their discharge. North Dakota's performance on this indicator is **statistically better** than national performance, which is 8.1%.

(January 2019 CFSR Data Profile, risk standardized performance, AFCARS 16A-16B)

Permanency in 12 Months (entries)

Of all ND children who enter care in a 12-month period, **39.8%**. North Dakota's performance on this indicator is **statistically no different** than national performance, which is 42.7%.

(January 2019 CFSR Data Profile, risk standardized performance, AFCARS 16A-16B)

Permanency in 12 Months (12-23 months)

Of all ND children in care on the first day of a 12-month period who had been in care continuously between 12 and 23 months, **32.5%** discharged to permanency within 12 months of the first day. North Dakota's performance on this indicator is **statistically worse** than national performance, which is 45.9%.

(January 2019 CFSR Data Profile, risk standardized performance, AFCARS 18A-18B)

Permanency in 12 Months (24+ months)

Of all ND children in care on the first day of a 12-month period who had been in care continuously for 24 months or more, **27.6%** discharged to permanency within 12 months of the first day. North Dakota's performance on this indicator is **statistically worse** than national performance, which is 31.8%.

(January 2019 CFSR Data Profile, risk standardized performance, AFCARS 18A-18B)

Item 4

Stability of foster care placement

CY 2018: FC – 90% of 44 cases rated a Strength

Forty (40) cases received a Strength rating for Item 4 because the child remained in a stable placement throughout the PUR (or discharged from foster care), or the child moved into another placement that advanced accomplishment of his/her permanency goal.

- **Key strengths related to performance on Item 4**
 - Of all foster care cases reviewed, 80% of children experienced one placement setting during the PUR.
 - Of those children who experienced placement moves during the PUR, 55% of these moves

were planned by the agency in an effort to achieve the child's case goals or meet the needs of the child.

- The current or most recent placement setting for 98% of children was stable at the time of the review.
- Results indicate the agency made concerted efforts to provide appropriate services and resources to facilitate placement stability in most situations throughout the state.
- **Key areas needing further examination related to performance on Item 4**
 - Four children in foster care experienced placement moves that were not specifically planned by the agency.
 - One child's placement was not stable at the time of the review.
 - A contributing factor was the agency's inability to assess the needs of the caregiver and children in unplanned or emergency placements.

Item 5

Permanency goal for child

CY 2018: FC – 63% of 43 cases rated a Strength

Twenty-seven (27) cases received a Strength rating for Item 5, indicating that the permanency goal for the child was appropriate to his/her needs and established in a timely manner.

- **Key strengths related to performance on Item 5**
 - Permanency goals in effect during the PUR were established timely in 74% of cases.
 - Permanency goals were appropriate to the child's needs and circumstances in 79% of cases.
 - Throughout the PUR, 59 permanency goals were assessed:
 - Reunification (26);
 - Guardianship (5);
 - Adoption (25); and
 - Other Planned Permanent Living Arrangement (3).
- **Key areas needing further examination related to performance on Item 5**
 - Lack of timely establishment of permanency goals based on the circumstances of the case.
 - While many cases involved the adoption permanency goal not being established in a timely manner, there were also several cases in which the goal of reunification remained an active goal in the case despite no active plans or indication reunification was likely.

Item 6

Achieving reunification, guardianship, adoption, or other planned permanent living arrangement

CY 2018: FC – 48% of 44 cases rated a Strength

Twenty-one (21) cases received a Strength rating for Item 6 indicating the agency and courts made concerted efforts to achieve the permanency goal in a timely manner.

- **Key strengths related to performance on Item 6**
 - Concerted efforts by the agencies and courts towards timely achievement of permanency goals were seen in:
 - 79% of cases with a plan of reunification;
 - 50% of cases with a plan of guardianship;

- 20% of cases with a plan of adoption; and
 - 100% of the children with a goal of OPPLA who were placed in a permanent living arrangement.
- **Key areas needing further examination related to performance on Item 6**
 - Lack of concerted efforts to achieve the goal of adoption for children in a timely manner. Contributing factors include:
 - Delays in filing for termination of parental rights in a timely manner;
 - Court related delays (e.g., hearings and decisions); and most notably
 - Delays related to adoption services provision (e.g., adoption agency staffing resources, adoption paperwork process, time to completed adoption home study, etc.).
 - Lack of effective concurrent planning was also noted as a contributing factor in cases where more than one permanency goal was identified.

Assessment on Progress to Date

Permanency Outcome 1 remains the state’s most challenged area of practice, particularly Item 6 related to delays in achieving timely permanency. PIP Quarter 1 ends 6/30/19 and any progress will be reported within the quarterly update.

Activities Targeted at Improving Performance

➤ **Permanency Redesign**

Foster care and adoption are slated for TOC in late 2019 or early 2020. Appropriate permanency goals and timely achievement of the permanency plan will be addressed within the context of program redesign. Key partners from the service system will join with state administrators in this effort.

➤ **PIP Activities**

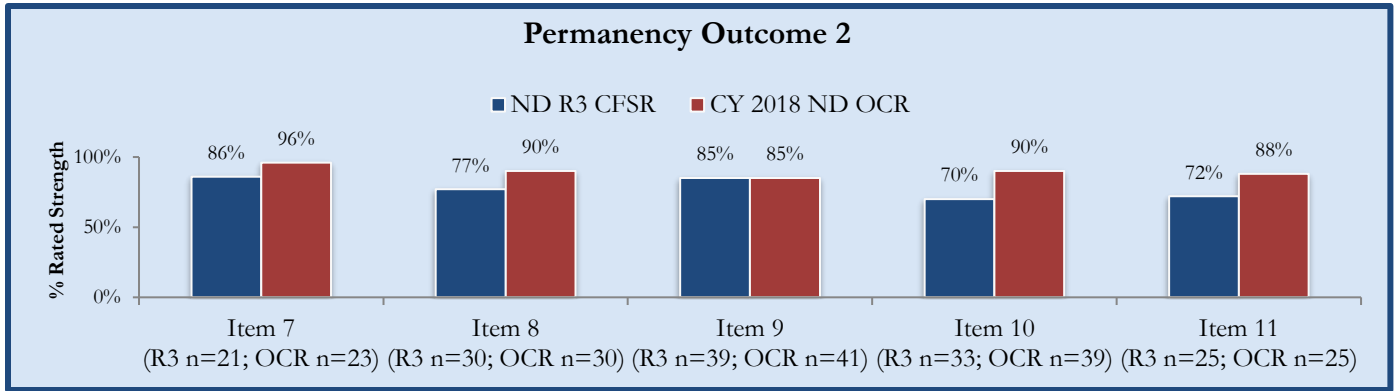
Because this was North Dakota’s poorest performing outcome, several strategies were dedicated to improving this practice area:

- 4.1 TPR and Timely Permanency
- 4.2 Institute a Collaborative Consultation Structure
- 4.4 Subsidized Guardianship Program Expansion
- 5.1 Recruitment and Retention
- 5.2 Increase Adoption Timeliness

PERMANENCY OUTCOME 2

The continuity of family relationships and connections is preserved for children

CY 2018: FC – 91% of 44 cases Substantially Achieved



Item 7

Placement with siblings

CY 2018: FC – 96% of 23 cases rated a strength

Twenty-two (22) cases received a Strength rating indicating the agency made concerted efforts to place siblings together, or separated siblings due to specific needs within the sibling group.

- **Key strengths related to performance on Item 7**
 - The target child was placed with all siblings in 52% of the applicable cases.
 - When all siblings could not be placed together, a valid reason for the sibling separation existed in 91% of the applicable cases (10 of 11).
 - Agencies ensured siblings were placed together in foster care whenever possible.
- **Key areas needing further examination related to performance on Item 7**
 - Foster homes that provide care for large sibling groups are lacking in the state.

Item 8

Visiting with parents and siblings in foster care

CY 2018: FC – 90% of 30 cases rated a strength

Twenty-seven (27) cases were rated a Strength for Item 8 because 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.

- **Key strengths related to performance on Item 8**
 - The agency made concerted efforts to ensure frequency and quality of visits sufficient to maintain and support continuity of the relationship with each group of applicable cases as follows:
 - Mothers: 91%;
 - Fathers: 79%; and
 - Siblings in foster care, not placed together: 100%.
 - Evidence of creativity in the location and frequency of visits occurring in the target child’s home and community were noted.
- **Key areas needing further examination related to performance on Item 8**
 - Insufficient efforts to engage parents (mothers and fathers).
 - Scheduling challenges for parents when the agency utilized a community visitation center.

Item 9

Preserving connections

CY 2018: FC – 85% of 41 cases rated a strength

Thirty-five (35) cases received a Strength rating for Item 9 because the agency made concerted efforts to maintain the child's significant connections (i.e. extended family members, school, culture, neighborhood, tribe, and faith).

- **Key strengths related to performance on Item 9**
 - Concerted efforts were made to maintain the child's important connections in 88% of all applicable cases.
 - Maintaining the target child in the same school.
 - Arranging visits with siblings not in foster care and extended family.
 - 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 95% of the cases.
 - In 100% of the applicable cases (n=10), Tribes were provided timely notification concerning court proceedings.
 - In 90% of the applicable cases, children were placed in foster care in accordance with ICWA placement preferences or concerted efforts were made to do so.
- **Key areas needing further examination related to performance on Item 9**
 - Lack of concerted efforts to maintain the child's important connections to extended family (maternal, paternal, siblings not in care, etc.).
 - In one situation, evidence that concerted efforts to place in accordance with ICWA placement preferences was not found.

Item 10

Relative placement

CY 2018: FC – 90% of 39 cases rated a strength

Thirty-five (35) cases were rated a Strength for Item 10. In these cases, the agency made concerted efforts to identify and place the child with relatives, when appropriate.

- **Key strengths related to performance on Item 10**
 - The target child's current, or most recent, placement was with a relative in 41% of applicable cases.
 - In 100% of relative placement cases, the child's placement with a relative was considered stable and appropriate to his/her needs.
- **Key areas needing further examination related to performance on Item 10**
 - The agency did not make concerted efforts to identify, locate, inform, and/or evaluate relatives. This was especially evident in situations where the target child entered foster care at a very young age.
 - In 50% of the cases that received an ANI, concerted efforts were not made to identify, locate, information and/or evaluate maternal relatives. One situation did not reflect similar efforts to consider paternal relatives and another situation did not reflect efforts to consider either maternal or paternal relatives.

Item 11

Relationship of child in care with parents

CY 2018: FC – 88% of cases rated a strength

Twenty-two (22) cases were rated a Strength for item 11 indicating the agency made concerted efforts to strengthen the parent/child relationship through activities beyond arranging visits.

- **Key strengths related to performance on Item 11**

- Concerted efforts were made to promote, support, and otherwise maintain a positive, nurturing relationship between the child in foster care and his/her mother in 91% of 23 applicable cases.
- Concerted efforts were made to support a positive, nurturing relationship between the child in foster care and his/her father in 79% of 14 applicable cases.
- Examples of efforts noted include the agency engaging parent’s participation in:
 - Medical appointments,
 - School activities,
 - FaceTime/Skype contacts,
 - Family therapy, and/or
 - Mentoring by the foster caregiver.

- **Key areas needing further examination related to performance on Item 11**

- Lack of concerted efforts to engage parents or provide opportunities to participate in activities intended to strengthen the parent/child relationship through efforts other than visitation.
- An isolated situation involved the lack of clear documentation in the case record indicating contact between the child in foster care and their parents was not in the child’s best interest.

Assessment on Progress to Date

No additional information is available. PIP activities pertaining to this practice outcome area are not scheduled for completion until Quarter 3 (12/31/19) at the earliest and any progress will be reported within the quarterly update.

Activities Targeted at Improving Performance

- **Permanency Redesign**

It is anticipated that the continuity of family relationships/strengthening the child’s connections will be addressed through the redesign process.

- **ND ICWA Implementation Partnership Grant**

The North Dakota ICWA Implementation Partnership Grant has set forth strategies to increase the accurate implementation of the Indian Child Welfare Act with an ultimate goal of reducing the number of out-of-home placements for North Dakota's Native American children and families. The plan through this grant is to *“build model intergovernmental partnerships between North Dakota Courts, North Dakota Department of Human Services - Children and Family Services Division, and all North Dakota Tribal Nations to improve ICWA implementation, with collaboration from various stakeholders across the state of North Dakota including but not limited to the University of North Dakota (UND) - Department of Social Work, Native American Training Institute (NATI), Children and Family Services Training Center (CFSTC), North Dakota Supreme Court, and the North Dakota Indian Affairs Commission (NDIAC).”* ND ICWA activities can be accessed through this link:

<https://www1.und.edu/centers/children-and-family-services-training-center/icwa/index.cfm>.

The grant manager publishes a quarterly newsletter available to the field which provides pertinent ICWA-related information, grant updates, and notification of upcoming relevant training as well as links to key partners. The latest newsletter can be found via this link: <https://www.smore.com/stgcn>.

➤ PIP Activities

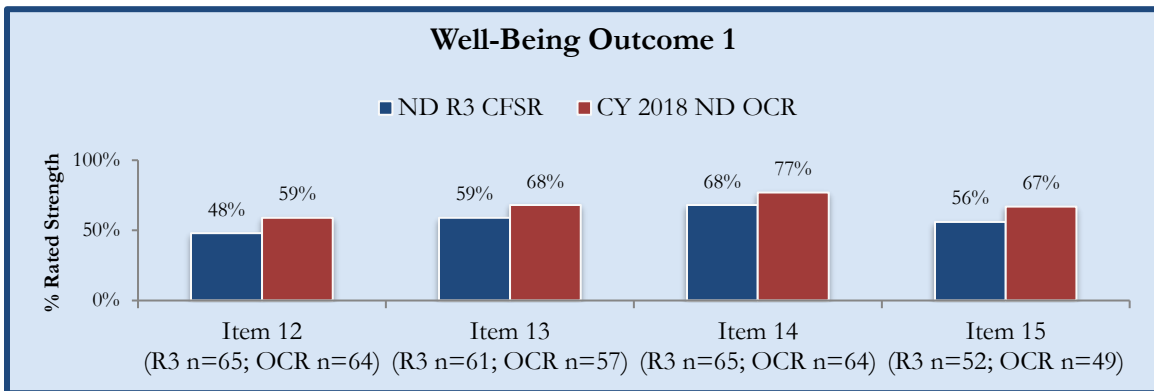
One practice challenge identified through the R3 CFSR and ND OCRs is lack of engagement with parents (in particular fathers) initially and ongoing throughout the case so that the permanency plan can be achieved timely. The PIP strategy developed to address this challenge is:

- 3.2 Absent (Nonresident) Parent Engagement in Services

WELL-BEING OUTCOME 1

Families have enhanced capacity to provide for their children's needs

CY 2018: FC – 61% of 44 cases Substantially Achieved; IH – 40% of 20 cases Substantially Achieved



Item 12

Needs and services of child, parents, and foster parents

CY 2018: FC – 68% of 44 cases rated a Strength; IH – 40% of 20 cases rated a Strength

Thirty-eight (38) cases were rated 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 their identified needs.

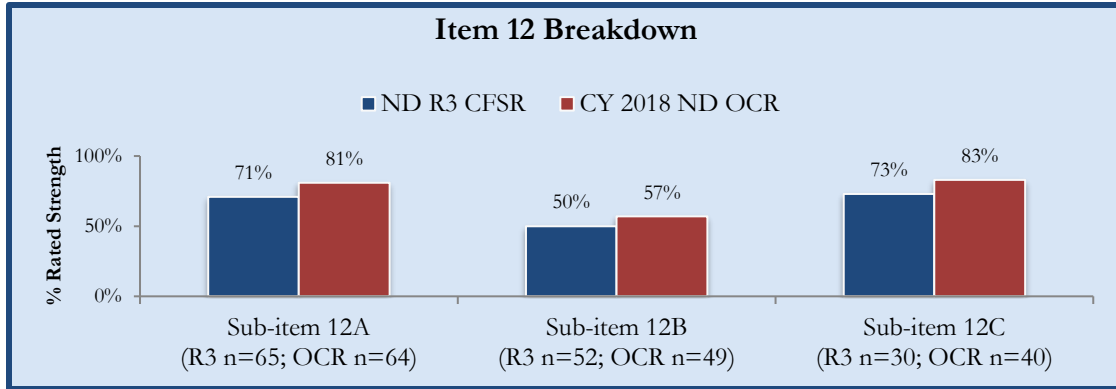
• Key strengths related to performance on Item 12

- Concerted efforts noted regarding the use of ongoing formal and informal assessments, including use of the Family Assessment Instrument, regular Child and Family Team meetings and caseworker visits.

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

- Lack of agency efforts to accurately and comprehensively assess the needs on an ongoing basis.
- Lack of agency efforts to ensure the child and family were provided appropriate services to meet the identified needs.

- These challenges were noted in both foster care and in-home services.



Sub-item 12A

Needs and services of child

CY 2018: FC – 89% of 44 cases rated a Strength; IH – 65% of 20 cases rated a Strength

Fifty-two (52) cases were rated a Strength for Sub-item 12A because the agency properly assessed and addressed the needs for the applicable children during the PUR.

- **Key strengths related to performance on Sub-item 12A**
 - The agency conducted formal or informal initial and/or ongoing comprehensive assessments that accurately assessed the child’s needs in 84% of 64 cases.
 - Appropriate services were provided to meet the child’s needs in 86% of the applicable cases.
- **Key areas needing further examination related to performance on Sub-item 12A**
 - Indication that the agency conducted a comprehensive and accurate ongoing assessment of the children’s needs was not evident.
 - For some in-home case situations, evidence was not found that the agency assessed the needs of all alternate care givers or considered the needs of all children in the home.
 - For some foster care cases in which there were target youth over age 16, the Independent Living Plan was not contained in the case files.

Sub-item 12B

Needs and services of parents

CY 2018: FC – 69% of 29 cases rated as a Strength; 40% of 20 cases rated as a Strength

Twenty-eight (28) cases received a Strength rating for Sub-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 Sub-item 12B**
 - Concerted efforts were made both to assess and address the needs of mothers in 71% of applicable cases (76% of foster care cases and 63% of in-home services cases).
 - Concerted efforts were made to both assess and address the needs of fathers in 55% of 38 cases (70% of foster care cases and 33% of in-home services cases).
- **Key areas needing further examination related to performance on Sub-item 12B**

- The agency did not conduct a formal or informal initial and/or ongoing comprehensive assessment that accurately assessed the mother’s needs in 15% of applicable cases (14% of foster care cases and 16% of in-home services cases).
- The agency did not conduct a formal or informal initial and/or ongoing comprehensive assessment that accurately assessed the father’s needs in 39% of applicable cases (26% of foster care cases and 60% of in-home services cases).
- Appropriate services were not provided to meet the mother’s needs in 29% of applicable cases (24% of foster care cases and 37% of in-home services cases).
- Appropriate services were not provided to meet the father’s needs in 43% of 37 cases (30% of foster care cases and 64% of in-home services cases).
- A general pattern of concern within all case types about the quality of assessments to inform/identify service provision emerged.
- At times, systemic service array barriers impacted an agency’s ability to ensure appropriate services were provided, particularly when a parent was dealing with substance abuse issues.

Sub-item 12C

Needs and services of foster parents

CY 2018: FC – 83% of cases rated a Strength

Thirty-three (33) foster care 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 provide appropriate services for the identified needs.

- **Key strengths related to performance on Sub-item 12C**
 - The agency adequately assessed the needs of the foster or pre-adoptive parents related to caring for the children in their care on an ongoing basis in 85% of applicable cases.
 - The agency provided appropriate services to foster and pre-adoptive parents related to caring for the children in their care in 82% of applicable cases.
- **Key areas needing further examination related to performance on Sub-item 12C**
 - A central theme within cases rated an Area Needing improvement did not emerge. Observed challenges included foster parents:
 - Not being given initial support or necessary information at the onset of a placement;
 - Not having their needs assessed on a regular basis following initial placement; or
 - Not receiving appropriate services to meet identified needs, such as in the case of transportation assistance.

Item 13

Child and family involvement in case planning

CY 2018: FC – 76% of 37 cases rated a Strength; IH – 55% of 20 cases rated a Strength

Thirty-nine (39) cases were rated 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 following in the case planning process:
 - Children – 75% of 36 cases (84% of foster care cases and 55% of in-home services cases);
 - Mothers – 90% of 48 cases (97% of foster care cases and 79% of in-home services cases)

- cases); and
 - Fathers – 65% of 37 cases (74% of foster care cases and 50% of in-home services cases).
- **Key areas needing further examination related to performance on Item 13**
 - Lack of concerted efforts made to involve fathers in case planning, particularly for non-custodial fathers and for in-home services cases.
 - Lack of concerted efforts to involve all children in the case planning process, particularly for in-home services cases.
 - In a few of the cases reviewed, no member of the family appeared to be adequately involved in the case planning process.

Item 14

Caseworker visits with child

CY 2018: FC – 84% of 44 cases rated a Strength; IH – 60% of 20 cases rated a Strength

Forty-nine (49) cases were rated 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**
 - 67% of the visits between the case manager and child(ren) occurred at least one times per month and 19% of the visits occurred at least twice a month.
 - The typical pattern of visit frequency between the caseworker and the child(ren) was sufficient to meet their needs in 86% of the cases (98% of foster care cases and 60% of in-home services cases).
 - Quality visitation occurred in 83% of the cases (84% of the foster care cases and 80% of the in-home services cases).
- **Key areas needing further examination related to performance on Item 14**
 - Concerns noted in IH cases primarily involved caseworkers not having face-to-face contact with all the children in the home.
 - Concerns about the quality of caseworker visits with children across foster care and in-home services cases were associated with the following factors:
 - Not visiting with children individually/alone/apart from caretakers; and
 - Not conducting face-to-face visits with children in the home environment.

Item 15

Caseworker visits with parents

CY 2018: FC – 72% of 29 cases rated a Strength; IH – 60% of 20 cases rated a Strength

Thirty-three (33) cases were rated a Strength for Item 15 because the agency conducted visits with the parents that were of sufficient frequency and quality to promote achievement of the case goals.

- **Key strengths related to performance on Item 15**
 - The typical pattern of visits occurring at least once a month between:
 - Caseworker and mother was 68% of the 48 applicable cases; and
 - Caseworker and father was 49% of the 37 applicable cases.

- Strong practice to ensure both the frequency and quality of caseworker visitation was sufficient to meet the needs of the case occurred with:
 - Mothers in 77% of 48 cases (79% of foster care cases and 74% of in-home services cases); and
 - Fathers in 62% of the 37 cases (65% of foster care cases and 57% of in-home services cases).
- **Key areas needing further examination related to performance on Item 15**
 - Challenges generally involved parents whose whereabouts were known, yet they were not engaged with services.
 - Lack of developing appropriate visitation patterns and ways to ensure visits promote achievement of case goals.
 - Lack of engagement with absent/non-custodial parents or incarcerated parents.

Assessment on Progress to Date

No additional information is available. PIP Quarter 1 ends 6/30/19 and any progress will be reported within the quarterly update.

Activities Targeted at Improving Performance

➤ **PIP Activities**

Well-Being Outcome 1 has been a longstanding area of practice challenge and is the second-poorest performing outcome, per the R3 CFSR and CY 2018 OCR. Specific practice challenges are noted within each item above and these exist for both foster care and in-home cases. PIP strategies constructed to address this practice area include:

- 3.1 Family Centered Engagement Implementation
- 3.2 Absent (Nonresident) Parent Engagement in Services

➤ **2019 ND Legislative Assembly**

DHS – Behavioral Health Division (BHD) has planned activities to address mental/behavioral health and addiction service shortages across the state. During the 2019 legislative session multiple bills were passed to support expansion of service accessibility for ND citizens. These bills include the following (for a comprehensive list please go to <http://www.nd.gov/dhs/info/pubs/docs/cfs/family-first-meeting-resources-2019-4-17-qa.pdf>):

- **1915(i) (Home and Community-Based State Plan Option) Medicaid Plan Amendment:** This amendment will provide additional services to adults with a serious mental illness, substance use disorder, or brain injury (i.e. employment, education, transitions out of homelessness/institutional living, housing, peer supports, etc.). The amendment also includes a 1915(i) for children with a serious mental illness, substance use disorder, or brain injury (i.e. respite, peer supports, transitional supports, supported education, housing, transportation for non-medical purposes, family training/supports, etc.).
- **Substance Use Disorder (SUD) Treatment Voucher Expansion:** Provides reimbursement to providers for services where we have gaps (i.e. ND Medicaid doesn't reimburse for methadone, so the voucher provides reimbursement), reimbursement for transportation, and recovery supports.
- **Crisis Response Services:** In NDCC 50-06 DHS is required to provide crisis response

services across the state through field services (i.e. regional human service centers). All regional human service centers currently have 24/7 crisis on-call but only 2 regions have been funded to offer more robust crisis services through mobile crisis response units. Thus, this change will make this service available in every region of the state.

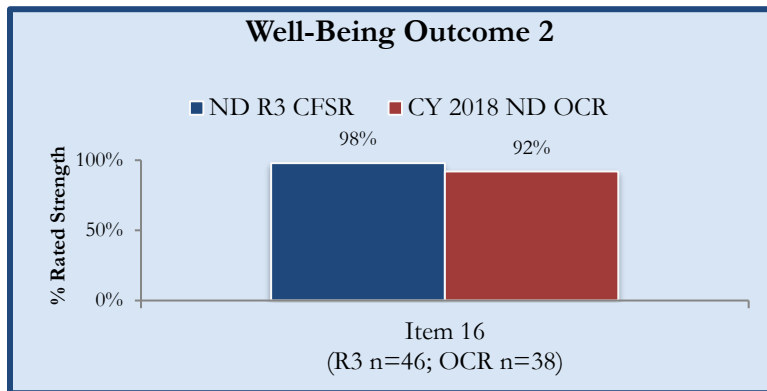
➤ **FFPSA Prevention Plan**

CFS has initiated collaboration with BHD to develop a comprehensive prevention plan, per the FFPSA legislation. Work on this plan has recently begun and is expected to be completed in FFY 2020. It is expected the results of this work will assist parents and children in accessing services timely in their own communities.

WELL-BEING OUTCOME 2

Children receive appropriate services to meet their educational needs

CY 2018: FC – 92% of 35 cases Substantially Achieved; IH – 100% of 3 cases Substantially Achieved



Item 16

Educational needs of the child

CY 2018: FC – 91% of 35 cases rated a Strength; IH – 100% of 3 cases rated a Strength

Thirty-five (35) cases were rated a Strength for Item 16. In these cases, the agency assessed and provided appropriate services to meet the educational needs of the children during the course of case planning, throughout the PUR.

• **Key strengths related to performance on Item 16**

- Efforts of the agency to address the educational needs of children included regular contact and coordination between the agency, school, foster parent, and when age-appropriate, the youth.
- Some of the children were involved in Early Childhood or Head Start services, while others had needs met through a 504B Plan or an Individual Education Plan (IEP).
- For foster youth who did not have identified needs, the agency monitored school progress through case planning efforts. Review of grades and attendance at school conferences were efforts noted in these cases.

• **Key areas needing further examination related to performance on Item 16**

- In some foster care situations, evidence was not found that the agency made concerted efforts to assess the target child’s educational needs.

- Agency reliance on foster parents and the foster parent agency to assume much of this responsibility during the PUR was noted as a common concern.

Assessment on Progress to Date

No additional information is available.

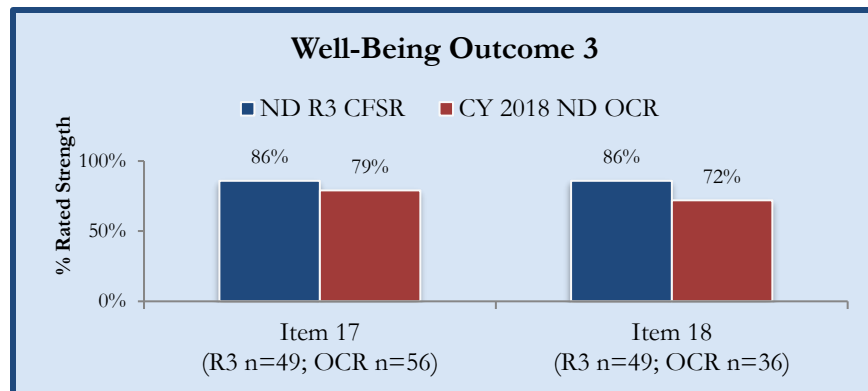
Activities Targeted at Improving Performance

Well-Being Outcome 2 was the highest performing outcome during the R3 CFSR and CY 2018 OCR, exceeding the national standard of 95%. No activities are being planned at this time.

WELL-BEING OUTCOME 3

Children receive appropriate services to meet their physical and mental/behavioral health needs

CY 2018: FC – 64% of 44 cases Substantially Achieved; IH – 71% of 17 cases Substantially Achieved



Item 17

Physical health of the child

CY 2018: FC – 75% of 44 cases rated a Strength; IH – 92% of 12 cases rated a Strength

Forty-four (44) cases were rated a Strength for Item 17 indicating the agency addressed the physical health needs, including dental health needs, of the children.

- **Key strengths noted related to performance on Item 17**
 - The agency accurately assessed the children’s physical health needs in 93% of applicable cases and accurately assessed the children’s dental health needs in 94% of applicable cases.
 - Agencies ensured that appropriate and timely services were provided to the children to address all identified physical health needs in 83% of applicable cases. Services often included (but not limited to):
 - Health Tracks screenings;
 - Immunizations;
 - Early Intervention services;
 - Medical procedures; and
 - Physical and occupational therapies.
 - Agencies ensured appropriate services were provided to the children to address all identified dental health needs in 88% of applicable cases. Dental services provided primarily involved regular dental examinations along with some orthodontia services.

- Agencies provided appropriate oversight of prescription medications for the physical health issues of the target child in foster care for 77% of the applicable cases.
- **Key areas needing further examination related to performance on Item 17**
 - Noted challenges included:
 - Delays in dental examinations;
 - Lack of providers able to provide dental services for children under the age of 3;
 - Lack of documentation regarding the agency’s efforts to assess and monitor a foster child’s medical condition; and
 - Agency reliance on foster parents to monitor the child’s physical health needs, including any prescribed medications for diagnosed medical conditions.

Item 18

Mental/behavioral health of the child

CY 2018: FC – 78% of 27 cases rated a Strength; IH – 56% of 9 cases rated a Strength

- **Key strengths noted related to performance on Item 18**
 - The agency accurately assessed the children’s mental/behavioral health needs in 83% of applicable cases.
 - Appropriate services were provided to the children to address all identified mental/behavioral health needs in 72% of applicable cases.
 - Appropriate oversight of prescription medications for the mental/behavioral health issues of the target child in foster care was provided in 78% of applicable cases.
- **Key areas needing further examination related to performance on Item 18**
 - Challenges were noted regarding accessibility of specialized mental/behavioral health services and supports to children who have significant mental/behavioral health needs.
 - Lack of focus related to trauma screenings or other efforts to assess children’s behavioral/mental health needs.

Assessment on Progress to Date

No additional information is available.

Activities Targeted at Improving Performance

Well-Being Outcome 3 was the second-highest performing outcome during the R3 CFSR and CY 2018 OCR. Nonetheless, challenges were noted and while no PIP strategies were implemented for this outcome, CFS has partnered with the DHS – Behavioral Health Division regarding planned activities to address children’s mental health.

➤ **2019 ND Legislative Assembly**

During the 2019 legislative session multiple bills were passed to support the mental/behavioral health of ND children. These bills include the following:

- **School Behavioral Health Program Pilot:** A school-based pilot specific to mental health promotion, mental illness prevention, and early intervention efforts. The money is allocated will be targeted for prevention/early intervention work such as: 1) How can we provide an

early intervention and connection to services that are needed? and 2) How can we address the ‘silent symptoms’ in children that are not necessarily identified, or those who don’t exhibit externalized symptoms (i.e. the high-achieving child who is suicidal)?

- **School District Behavioral Health Grants:** Funds grants to school districts to address student behavioral health needs. A one-year delayed implementation was built into this bill so that schools can be notified of the availability, start utilizing Medicaid, and build the program. The intent is to reimburse school districts for behavioral health services NOT covered through Medicaid or otherwise billable through 3rd party payers.
- **Children’s Behavioral Health Infrastructure:** Includes representation from all 3 branches of government, Tribes, and consumers/family members. The goal is to create a true, cross-government focus on children. Another section of the bill creates a Juvenile Justice Commission brought forward through the justice reinvestment work, to also include children. The Juvenile Justice Commission will be in place for the next 6 years to review the uniform juvenile court act.

ND SYSTEMIC FACTOR OUTCOMES

North Dakota continues to monitor the entire statewide system effectiveness across the seven systemic factors. A key source of qualitative data comes from Stakeholder feedback gathered during regional OCRs. Stakeholder feedback provides critical information regarding statewide functioning of social service agencies with respect to the seven systemic factors. In accordance with state policy 605-05-30-25, Stakeholder feedback is sought from seven broad categories of child welfare partners and recipients of child welfare services:

- Agency administrators (county, tribal, DJS directors and supervisors)
- Agency caseworkers (county, tribal, DJS)
- Legal (judges and referees, state’s attorneys, defense attorneys, guardians ad litem, juvenile court)
- Community (public and private service providers)
- Parents of children in foster care
- Foster caregivers (county and tribal foster parents, therapeutic foster care parents, adoption providers, relative caregivers)
- Youth in foster care/foster care alumni

For each 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 (Foster Caregivers and Youth).

The collection of Stakeholder feedback questions was guided by the Stakeholder Interview Guide (SIG). 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. Cumulative response rates for the surveys are as follows:

STAKEHOLDER GROUP	SURVEY RECIPIENTS	COMPLETED RESPONSES	RESPONSE RATE
Agency Administrators	221	66	30%
Agency Caseworkers	257	105	41%
Legal Community	289	62	21%
Community Partners	833	137	16%
Parents	Unable to determine	21	Unable to determine

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

STAKEHOLDER GROUP	# ATTENDEES
Youth in foster care/foster care alumni	32
Foster caregivers	60

Additional data was accessed from a variety of sources which are noted under each item heading.

STATEWIDE INFORMATION SYSTEM

Item 19

Statewide Information System

Data source: FRAME, CCWIPS

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

North Dakota continues to utilize the FRAME and CCWIPS applications. Together these two systems represent the state’s child welfare information system. The systems are available to caseworkers, supervisors, directors, administrators, and others statewide as a means to document information related to CPS, in-home services, foster care, and pre-adoptive placement. The systems are fully operational and available at all times, except during brief periods of routine maintenance.

FRAME collects extensive information on each child in foster care including, but not limited to the following:

- **Status**
 - FRAME is able to track the child’s foster care status from the entry into foster care through discharge from care. Once a child is discharged from foster care, their foster care program in FRAME is closed.
- **Demographics**
 - Demographic characteristics, placement and permanency goal information is entered into

the FRAME system upon a child's entry into foster care. This begins the tracking of the child's status while in foster care.

- Demographic information is required in order to register a client.
 - Protocols are in place for client identification in the registration process and how to address a duplicate record, if one is inadvertently created.
- **Location and type of placement**
- FRAME is the primary system to capture placement-related information for children in foster care.
 - The system has the ability to enter primary and secondary placements. However, in practice, most secondary placements as defined in AFCARS are not entered into the placement section of FRAME. Information in this section has direct link to the payments system (CCWIPS). Therefore, in order for a provider to get paid, accurate and update-to-date information is required.
 - Primary non-paid placements are reflected in this section.
 - Because North Dakota does not pay for respite settings, or other temporary absences from the placement setting (e.g. summer camps, etc.), these events are most often captured in a caseworker's case notes, not in the log of placements.
- **Permanency goals**
- Permanency goals for children in foster care are captured in FRAME and can be updated at any time.
 - FRAME requires an active permanency goal be present before the caseworker can approve (finalize) the child's care plan. This typically occurs after each child and family team meeting, which are required every three months. Thus, a child's permanency goal is reviewed at least four times a year.
 - FRAME is able to track the accomplishment of case goals. This information is updated following each child and family team meeting.
- North Dakota continues to utilize the CCWIPS (Comprehensive Child Welfare Information and Payment System) as the legacy system used for licensing providers, tracking incoming ICPC foster care requests, and as the payment system for foster care and subsidized adoption.
- Case managers and supervisors can enter information only on cases for which they are assigned. All security roles can view statewide information unless a case is locked to the county, region or state office. Regional supervisors have access to view information for all children in their service area and State Office personnel have access to view statewide information on all children.
- FRAME and CCWIPS information generates the required information for AFCARS and NYTD. While challenges exist for some of data elements within each of these federal reports, information related to demographics, location and goals for the placement of every child who is (or within the immediately preceding 12 months) in foster care is accessible and available.
- Pursuant to the State/Tribal Title IV-E agreements and established policies, county social services staff or human service center personnel enter information into FRAME/CCWIPS on behalf of children in the Tribe's custody deemed eligible for Title IV-E.

Assessment on Progress to Date

No additional information is available.

Activities Targeted at Improving Performance

In preparation for the 2019 Legislative Assembly, CFS worked closely with Information Technology to develop and submit an optional adjustment request (OAR) for funds to support development of a new management information system that is compliant with the federal CCWIS provisions. This OAR was not adopted within the governor’s budget request.

CASE REVIEW SYSTEM

Item 20

Written Case Plan

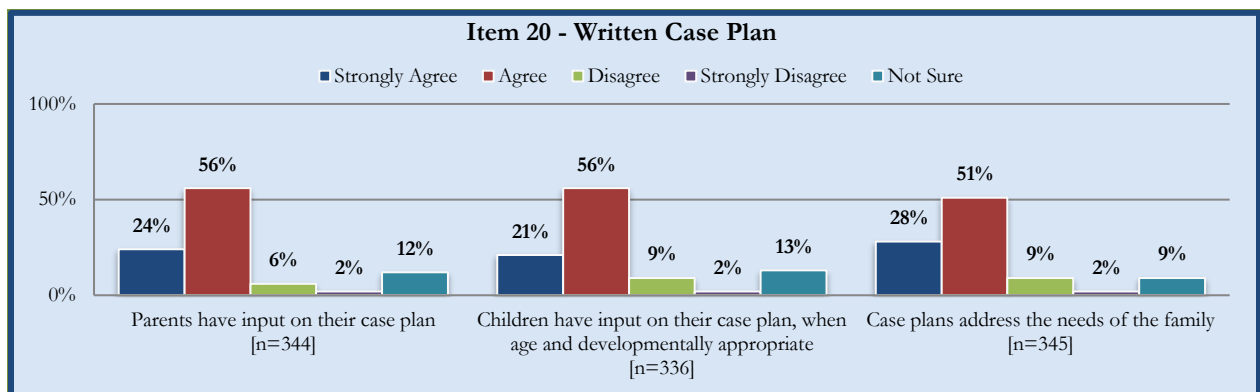
Data Sources: CY 2018 OCR Stakeholder feedback from Agency Administrators, Agency Caseworkers, Parents, Youth, Foster Caregivers, Legal/Court, Community Providers; OSRI Item 13

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?

Pursuant to policy 600-05 -20-25, once the family’s safety and risk concerns are addressed, a written case plan is developed and recorded in the Family Assessment Instrument section in FRAME. The case plan is a working document that includes the goals and tasks developed at child and family team (CFT) meetings. Policy requires parents and children participate as active members on their child and family team. CFT meetings are to be held at a time and location convenient for the family. If a family member cannot attend, the agency is to ensure he/she has opportunity to provide input and receives updated information following the meeting.

Feedback regarding written case plans was sought from all seven Stakeholder groups during the CY 2018 OCRs.

- Information from OCR 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 had input on the case plan most of the time and that case plans addressed the needs of the family.

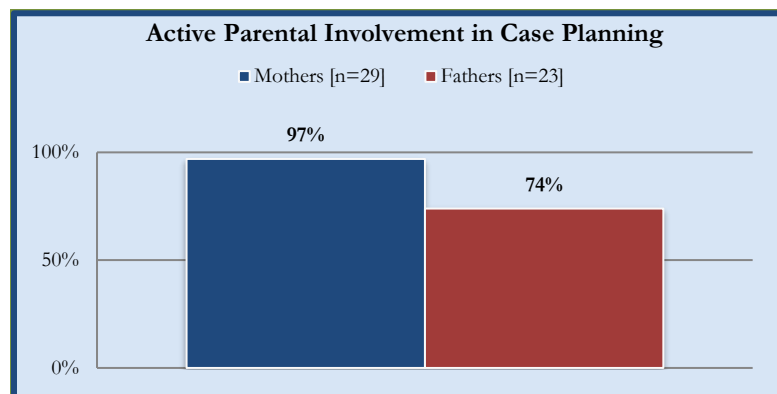


Note: Parents were afforded a “Does not apply” option and one (1) parent chose that option for the first question and (9) parents chose that option for the second question.

- Questions asked of the Parents included the following (options were Strongly Agree, Agree, Disagree, Strongly Disagree, Does Not Apply) [n=21]:
 - **I have a clear understanding of what my family needs to accomplish before my case can be closed**
SA 29% A 33% D 24% SD 14% DNA 0%
 - **My family's case plan has information about the following items:**
 - **My child's placement:**
SA 33% A 38% D 10% SD 14% DNA 5%
 - **My child's school progress:**
SA 23% A 38% D 10% SD 19% DNA 10%
 - **My child's health progress:**
SA 33% A 43% D 5% SD 19% DNA 0%
 - **Please comment on anything else you'd like to share about your family's case plan (optional):**
 - Seven (7) comments were received, ranging from frustration with the case planning process (*"very disappointing"*) to appreciation (*"I appreciate the help I have been getting so far"*).
- Questions asked of the Foster Caregivers during in-person Stakeholder meetings included the following:
 - **Do you, in your role as caregiver for the foster child, participate in meetings where case plans are created?**
 - *Yes* – consensus among groups that they generally attend Child and Family Team meetings.
 - **If so, from your perspective, are case plans developed jointly with the children's parents?**
 - *Yes* – consensus that case plans are developed jointly with the children's parents from their perspective.
 - Additional comments that it may depend on case manager or agency.
 - At times, comments were made reflective that some case plans were developed by the agency and then shared with the parents at the meeting.
 - **Describe examples of how you have observed the agency try to involve the parents in the development of the plan.**
 - *"The parent is involved at every meeting, even by phone, if not able to be there in person."*
 - *"The parent was aware of all that was going on until the TPR occurred; efforts made by the agency to make sure everybody was included – bio parents, tribe, etc. and that they knew what the plan was."*
 - *"[The agency sends out] letters to parents, not sure what the agency gets back in return."*
 - **As an observer and participant in these meetings, do you think the parents have opportunity to participate equally in the process?**
 - *Yes* – consensus among groups that parents are as involved as they want to be.
 - Specific comments included:
 - *"The parents have more rights than the kids. I get frustrated with their non-participation. They may say they want their kids, but will they do what they need to do?"*
 - *"Sometimes, parents are intimidated and don't want to speak but they [caseworkers] make efforts to*

pull them in.”

- Questions asked of the Youth during in-person Stakeholder meetings included the following:
 - **What is your understanding of how the agency involved your parent(s) in the development of the plan?**
 - Consensus among most participants that the agency involved parents through team meetings in person or on the phone. Some parents were no longer involved as parental rights had been terminated.
 - Specific comments included:
 - *“My caseworker let us know what my parent needs to do to stabilize. My parent was involved in making these decisions, too.”*
 - *“One of my parents was involved, got letters and when in jail could participate by phone, gave input, but couldn’t get to choose what happened to me, the whole team did. One of my parents wasn’t involved.”*
 - **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.?**
 - Participants indicated they were invited to the CFT meetings and involved in some way.
 - Specific comments included:
 - *“My caseworker is really flexible with her time - she works around schedules and has been successful to be part of a phone call meeting – I always feel a part of the development of the plan.”*
 - *“I usually attend in person, sometimes by phone during the school day. My school are willing to participate too.”*
 - *“I was able to give input and talk about what I wanted.”*
 - *“[The meetings were] held at times I could attend.”*
 - *“In the beginning when in placement I didn’t have much choice, but I do now.”*
- During the CY 2018 OCRs, Item 13 – Child and family involvement in case planning was applicable for parents in 29:44 foster care cases reviewed. This item captures whether mothers and fathers are actively involved in case planning for their children, when appropriate to the circumstances of the case. The data regarding parents of children in foster care is included in the following chart.



Item 21

Periodic Reviews

Data Source: CY 2018 OCR Stakeholder feedback from Agency Administrators, Agency Caseworkers, Parents, Legal/Court, Community Providers

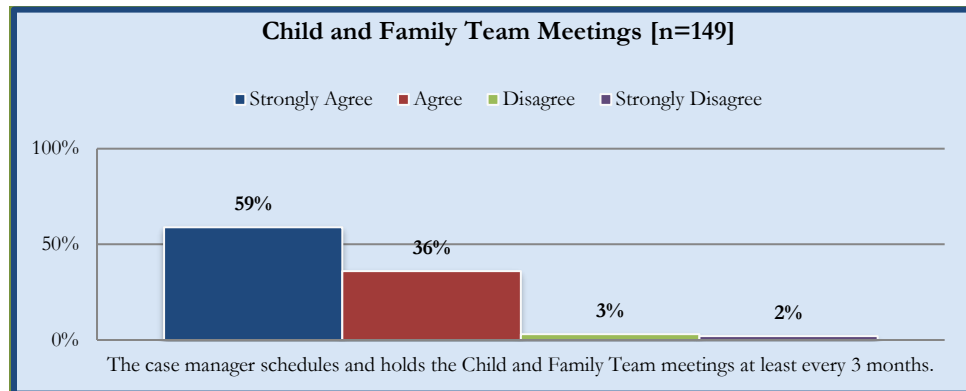
How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

North Dakota's periodic review, or administrative review, is known as the foster care "child and family team (CFT) meeting." Policy requires an initial CFT meeting within 30 days (624-05-15-20-10) and at least every three months thereafter (624-05-15-20-15) until case closing. In addition, pursuant to ND policy 624-05-15-20-20 every child in foster care must have a permanency hearing within 12 months of the child's entry to foster care or continuing in foster care following a previous permanency hearing. These combined policies support the state's efforts in complying with this systemic factor. When the term 'periodic review' is used in the state, it most frequently refers to the CFT meeting date. It is this date that is reported to the state's AFCARS file under the current report logic.

Feedback regarding written case plans was sought from five Stakeholder groups during the CY 2018 OCRs.

Agency Administrators, Agency Case Managers and Parents were asked to respond to the following statement:

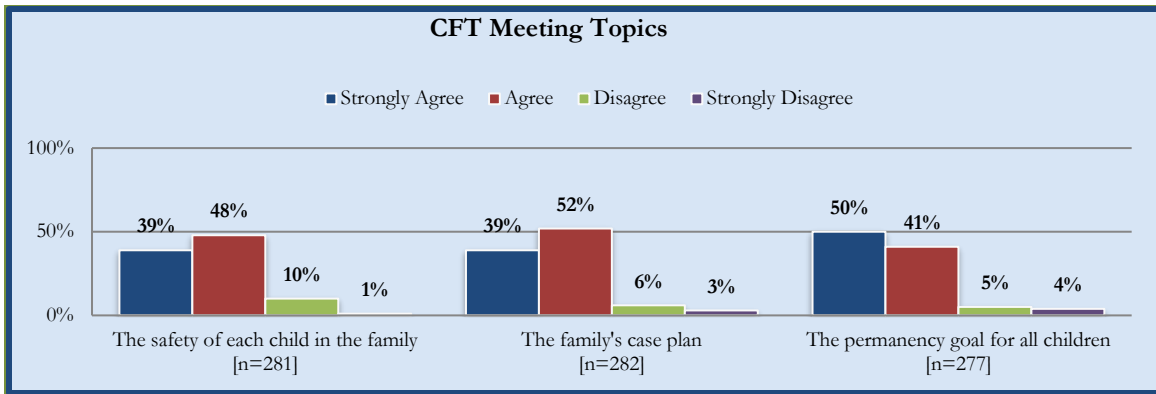
- **The case manager schedules and holds Child and Family Team meetings at least every 3 months.**



All 5 Stakeholder groups identified above were asked to respond to the following statement:

- **At CFT meetings, the following topics are addressed:**
 - **The safety of each child in the family;**
 - **The family's case plan; and**
 - **The permanency goal for all children**

Note: Parents and Community members were afforded a *Do not Recall* option and three (3) respondents chose that response for the first statement, two (2) respondents chose that response for the second statement and seven (7) respondents chose that response for the third statement.



Respondents who did not respond “*Strongly Agree*” were then given the opportunity to comment on the following:

- **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 comments represent statewide themes regarding reported barriers:

- *“If a foster child is adjudicated unruly, the safety of children in the home who are not in foster care may not be discussed.”*
- *“Lack of parental involvement and difficulties engaging parents.”*
- *“Safety issues aren’t addressed in detail – mainly reviewing goals, tasks.”*
- *“Time constraints can be a barrier, as well as topics of discussion getting off track.”*
- *“Focus is on child in foster care but maybe sibling is still in home.”*

Parent respondents were asked:

- **Briefly comment about your responses to the questions above (optional).**

The following represent statewide themes from received comments:

- *“Again, I was almost completely excluded from the meeting, so I have no clue.”*
- *“They understood my current situation and are willing to work with me.”*
- *“Children are considered, but support of resources for a mother are not. I have done all I've done without support from them.”*

Item 22

Permanency Hearings

Data Source: CY 2018 OCR Stakeholder feedback from Agency Administrators, Agency Caseworkers, Legal/Court

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?

In accordance with NDCC 27-20-36(2)(b), permanency hearings are conducted by the court. The hearing must be held in a juvenile court or tribal court of competent jurisdiction, or as an option, by DJS for youth under its custody. The agency must obtain a judicial determination that it made

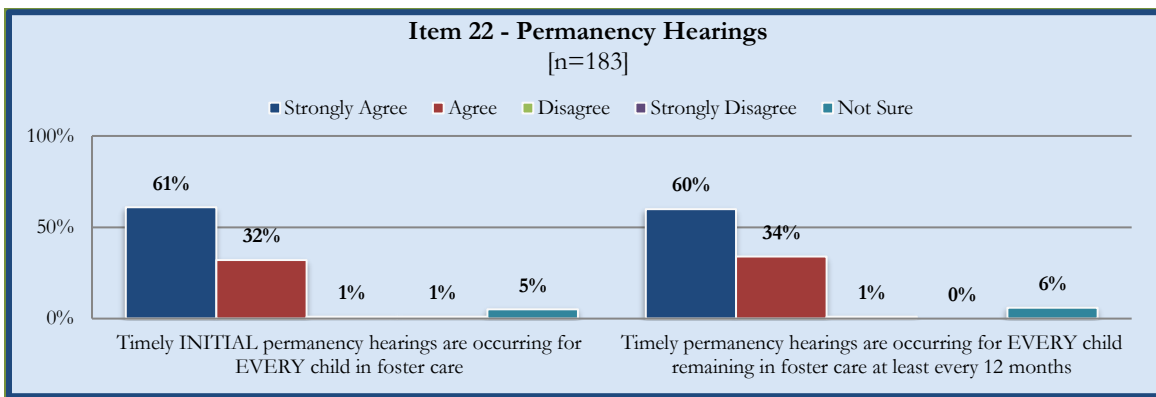
reasonable efforts to finalize the permanency plan that is in effect (whether the plan is reunification, adoption, legal guardianship, placement with a fit and willing relative, or placement in another planned permanent living arrangement) within twelve months of the date the child is considered to have entered foster care, and at least once every twelve months thereafter while the child is in foster care. The requirement for subsequent permanency hearings applies to all children, including children placed in a permanent foster home or a pre-adoptive home.

Feedback regarding permanency hearings was sought from three Stakeholder groups during the CY 2018 OCRs.

Stakeholders were asked to respond to the following statement:

➤ **Please indicate your level of agreement with the following statement:**

Note: Participants in the Legal group were afforded a “Not Sure” option.



If the response to the above statement was anything other than ‘*Strongly Agree*,’ Stakeholders were asked to select up to 3 options from a list of potential barriers. The total responses received for each category are as follows:

POTENTIAL BARRIER (up to 3 options were selected by survey respondents)	TOP RATED BARRIERS TO INITIAL PERMANENCY HEARINGS [n=62]	TOP-RATED BARRIERS TO SUBSEQUENT PERMANENCY HEARINGS [n=68]
A continuance was needed	45	44
The court’s calendar was full	32	29
The state’s attorney office was not able to submit the request in a timely fashion	24	23
Case management staff were not able to submit the necessary paperwork to request the hearing	18	18
Other themes	7 “Respondent not served” “Court scheduling conflicts” “Not following the rules”	1 “ICWA requirements such as needing a QEW to testify”

Item 23

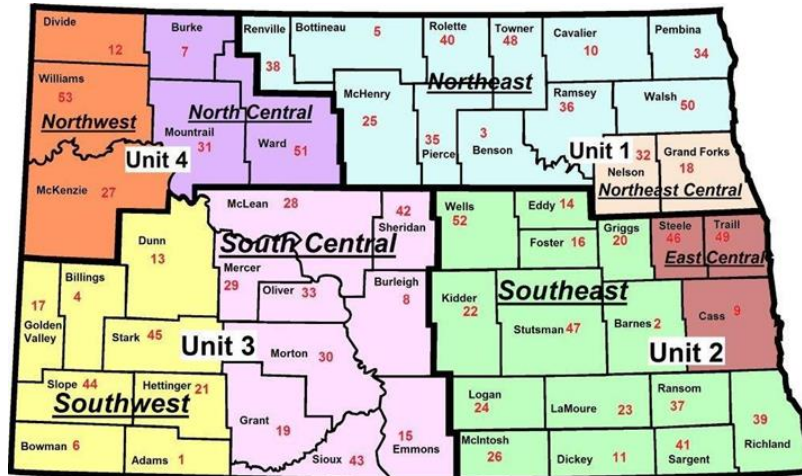
Termination of Parental Rights

Data Sources: CY 2018 OCR Stakeholder feedback from Agency Administrators, Agency Caseworkers, Legal/Court, Community Providers; Court Improvement Program; ND Court Case Management System (CCMS)

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?

State law (NDCC 27-20-20.1) and policy provide for the TPR legal process in accordance with the provisions in ASFA. Concurrent planning is used statewide on a case-by-case basis to build plans for children that emphasize the recognition of early identification of cases that may move to TPR. At the time of the TPR, and/or when adoption is identified as a goal of the concurrent plan, adoption partners are invited to the table to participate in refining a plan(s) for the child.

North Dakota’s court system is divided into four judicial units. Please see map below as the data is reported by unit.



A review of data provided by North Dakota’s Supreme Court’s Court Improvement Program (CIP) indicates that the median number of days from deprivation petition to TPR petition statewide is **441 days** for CY 2018. This timeliness measure was gathered by reviewing TPR cases in the Court Case Management System (CCMS) that reached final resolution in CY 2018 and manually calculating the time from the file date of the deprivation petition to the file date of the TPR petition. Data for the median days to filing and the percentage of cases where the filing occurred within 660 days are presented below. In North Dakota, a TPR petition must be filed when a child is in out of home, custodial placement for at least 450 of the previous 660 nights. The petition is not required if the child is in approved relative care, compelling reasons not to file exist, or reasonable efforts were required and not provided pursuant to NDCC 27-20-20.1(3)(c). The CY 2018 regional judicial unit data reflects the following median days to TPR petition:

MEDIAN DAYS TO TPR PETITION	UNIT 1	UNIT 2	UNIT 3	UNIT 4
-----------------------------	--------	--------	--------	--------

CY 2018 [N=141]	576	337	463	516
-----------------	-----	-----	-----	-----

Statewide data for the percentage of cases filed within 660 days for CY 2018 was 73% (n=103). The CY 2018 data reflects dates for petitions that reached final resolution. For the purposes of assessing performance relative to this systemic factor, the CIP data analyst provided data for TPR petitions filed within 450 days, which for CY 2018 was 47% (n=141).

Another factor contributing to timely filing of TPRs is State’s Attorneys waiting to file affidavits after they’ve been received from the custodial agency. The reasons for delays vary, but are most prevalent in Unit 1 where delays can exceed 5 months. Below is the CY 2018 data.

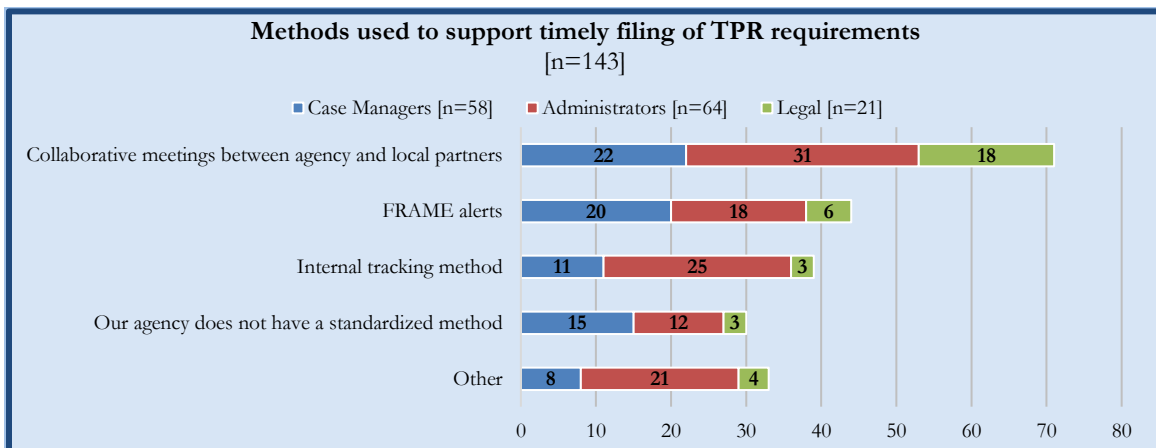
MEDIAN DAYS FROM TPR AFFIDAVIT GIVEN TO STATE’S ATTORNEY TO THE ACTUAL FILING	UNIT 1	UNIT 2	UNIT 3	UNIT 4
CY 2018 [N=141]	154	1	1	32

*Unit numbers exceed the number of filings due to cases with multiple children in the family.

During the ND OCRs, feedback regarding Termination of Parental Rights was sought from four Stakeholder groups. Please note that Community and Legal Stakeholders were only asked the third question below, regarding TPR filing requirements.

Stakeholders were asked to respond to the following questions:

- **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:**

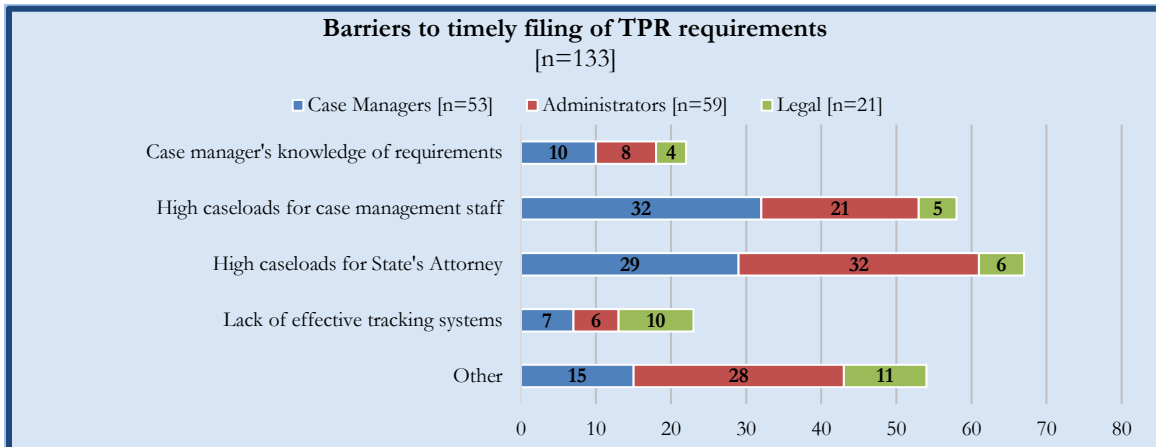


- The following represent themes from those who selected “Other”:

 - “Discussion at CFTM.”
 - “Discussion during supervision meetings.”

- “DJS does not often discuss TPR due to child’s age and wishes when under our custody.”
- “Tribe is using Suspension of Parental Rights, not Termination of Parental Rights.”
- “Combination of the above is used.”

➤ **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:**



- The following represent themes from those who selected “Other”:
- “The parents may decide to work services in a last-ditch effort to get their children back. This may extend efforts of the caseworker beyond the suggested time frame for filing a TPR.”
- “Lack of services and the travel involved in a rural area hinder reunification.”
- “Court date availability.”
- “Judge’s feelings toward TPR extend the process.”
- “We don’t do TPR’s.”
- “They are filed too often and too fast in my opinion.”
- “Not a priority in our county.”

➤ **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. 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.**

- Sixty-four (64) responses were received statewide and the themes are represented by the following statements:
- “Social services work hard to give a parent every chance they can before termination. Sometimes it carries out to long. Sometimes caseload management don’t have time to get it done.”
- “This is usually due to the worker not filing the affidavit in a timely manner.”
- “ICWA.”
- “County workers fear of filling for TPR.”
- “Large caseloads, complicated family situations.”
- “Petitions aren’t filed timely and then when filed court dates are too far out.”

Item 24

Notice of Hearings and Reviews to Caregivers

CY 2018 Data Source: OCR Stakeholder feedback from Agency Administrators, Agency Caseworkers, Foster Caregivers, Legal/Court

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?

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

Neither North Dakota's child welfare case record system (FRAME), nor the court case management system, collect data related to this item. Therefore, feedback was sought from four Stakeholder groups during Onsite Reviews.

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?**
 - Most participants said the notice primarily comes from the caseworker but there was great variance among participants on how soon they received the notice. Specific comments include:
 - *"Usually from our county worker we get a heads-up even before the actual notice comes out – we're well looped-in."*
 - *"The county worker keeps in good contact with us and in addition we get notice from the court directly as to what's happening."*
 - *"What are you talking about? We don't receive paper notices anymore."*
 - *"It depends on the worker; some do, and some do not."*
- **Does your experience match the experiences of other foster caregivers you know?**
 - Many participants stated, *"Yes, I think it's the same as with other foster parents."* A few participants weren't sure if their own experience was similar to others.
- **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?**
 - Many participants did not have experience being heard during a review/hearing. Some had experience in providing written feedback. The following comments were often heard throughout the state:
 - *"Mixed bag as to whether we're recognized by the Court, aren't often invited to provide input."*
 - *"I've been subpoenaed before."*
 - *"I asked the caseworker about my right to be heard and the caseworker told me not to go, but that I could send something in writing."*

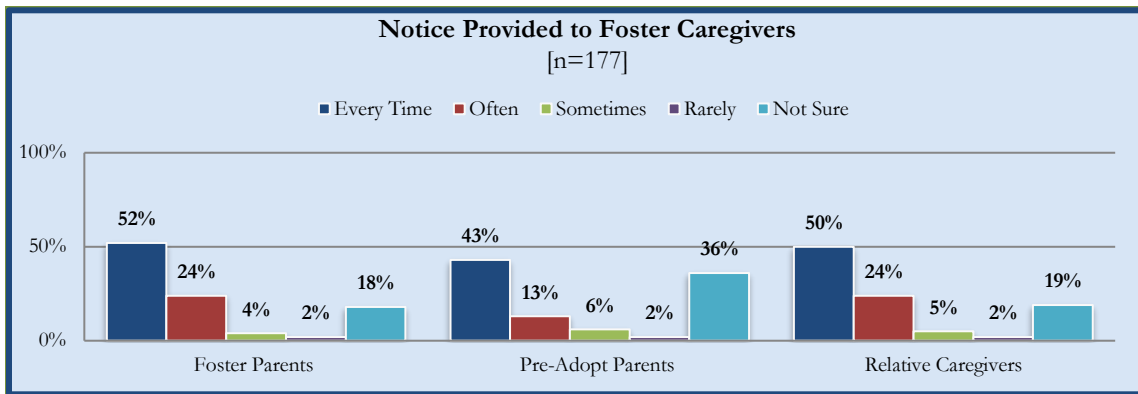
- *“I’ve been invited to attend but never to provide input.”*

➤ **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?**

- Common themes expressed in the meetings include:
 - *“I was told it’s not the caseworker but an administrative person who sends out the notice.”*
 - *“The caseworkers are so overworked they don’t have time.”*
 - *“State’s attorneys shut it down.”*
 - *“Not sure.”*

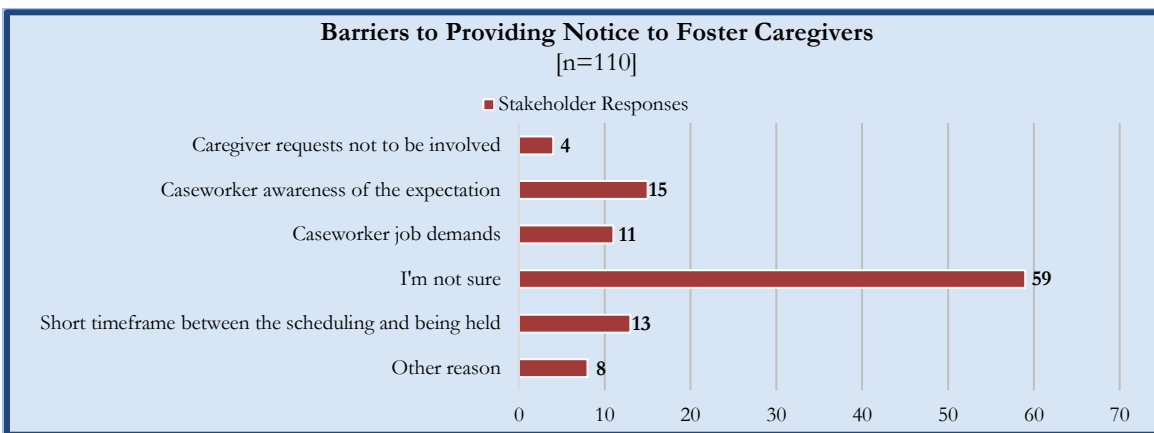
The remaining Stakeholder groups were asked the following questions in the OCR online survey:

➤ **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?**



Note: Judges and Judicial Referees were not asked questions in this section.

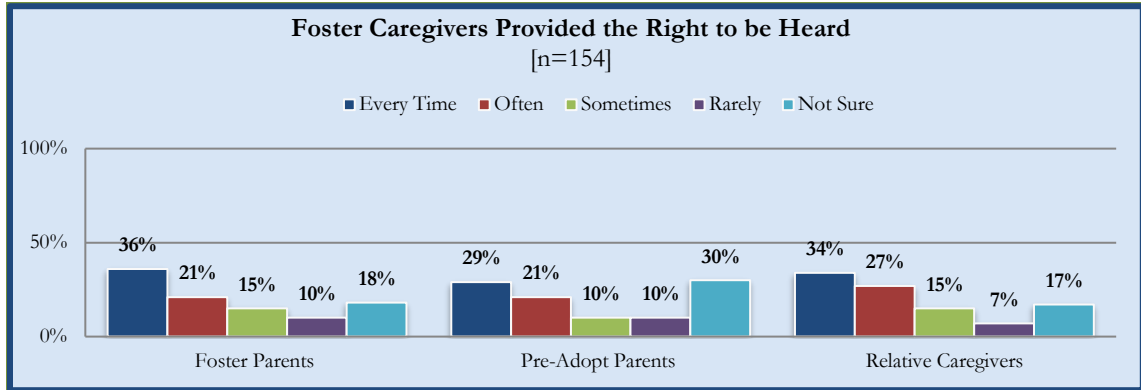
Respondents who did not answer “Every Time” to the above questions were asked to indicate the most important barrier, in their opinion.



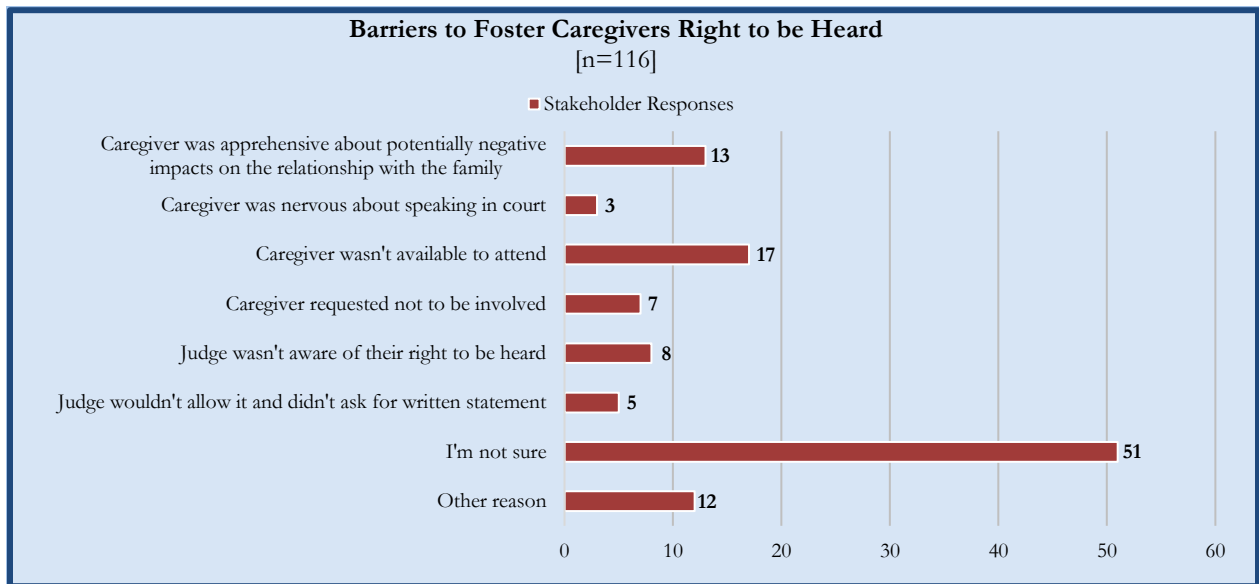
The following represent themes from those who selected “Other”:

- *“I am not aware of any of the NOTICES not being given to foster caregivers in our county.”*
- *“Not always clear who has the responsibility to provide notice.”*

- 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?



Respondents who did not answer “Every Time” to the above questions were asked to indicate the most important barrier, in their opinion.

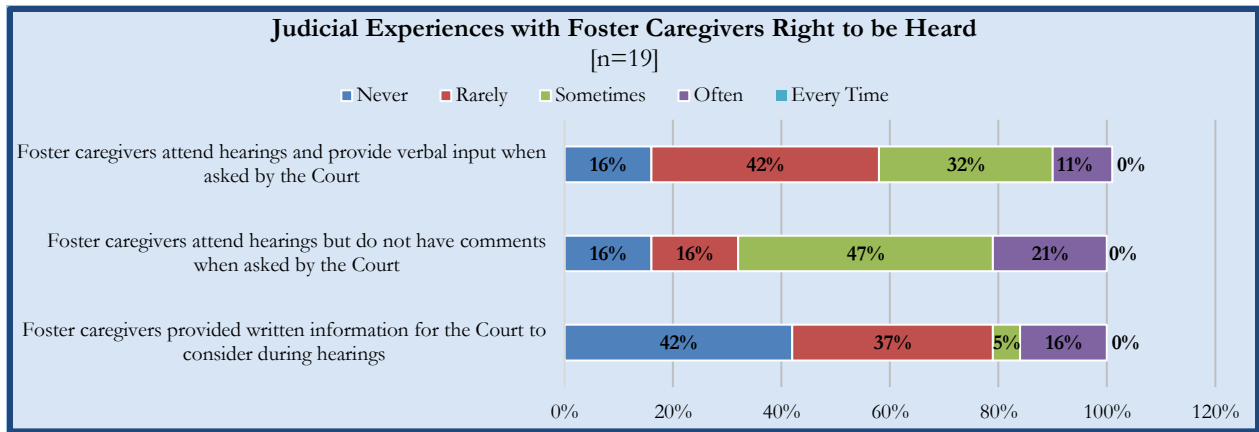


The following represent themes from those who selected “Other”:

- “The county has a recent history of telling foster and adoptive parents not to attend hearings - the judge says thanks for being foster parents and at hearing, but no one else usually addresses them.”
- “Judge rarely asks them questions.”

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:



➤ **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:**

- One response to this optional question was received: *“Caregivers attend the hearing but rarely comment.”*

Assessment on Progress to Date

No additional information is available. PIP progress will be reported within the assigned quarterly update.

Activities Targeted at Improving Performance

➤ **PIP Activities**

The ND R3 PIP incorporates a strategy (4.1 – TPR and Timely Permanency) to improve the TPR process in identified areas of the state where delays have been evident.

QUALITY ASSURANCE SYSTEM

Item 25

Quality Assurance System

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

➤ **Statewide Case Reviews**

Following the 2016 CFSR, North Dakota embarked on a redesign of the case review process, named the Onsite Case Review (OCR). This effort was accomplished through a contract between DHS-CFS and the University of North Dakota-CFS Training Center. Policies and procedures were finalized in 2017 and the state began convening onsite case reviews and Stakeholder surveys/meetings in January 2018. This continued throughout 2018, and each of the eight ND regions participated in an Onsite Review. Following each Onsite Review, the

OCR manager sent a final report to regional agencies to highlight the findings from reviewed cases and feedback received from Stakeholders. The vision of the OCR developers was that a post-review CQI process would occur with regional agencies to review the final report findings, along with other regional data, so that each region had sufficient information to identify practice improvement opportunities. However, due to lack of staff resources at CFS, this follow-up regional CQI process was not implemented. As a result, the OCRs were received as a ‘compliance audit’ by state, regional, and local agencies because the OCR was not perceived as informing or positively impacting practice. UND-CFSTC opted to terminate the contract in early 2019. Due to the above factors, the OCRs have been suspended indefinitely.

During the 2019 ND Legislative Assembly, Senate Bill 2124 – “social services redesign bill” – was passed. SB 2124 enacts new sections of the NDCC relating to the creation of up to 19 human service zones that will allow citizens to access services anywhere in the state, not just the county in which they reside. The intent of the bill is to address and eliminate barriers (in particular structural barriers) that currently exist. Statewide program improvement themes include:

- Specializing work so that dedicated staff are assigned to focused program areas;
- Collaborating to effectively share resources and capacity; and
- Improving ways of working and aligning best practices.

SB 2124 intends to redesign child welfare programs so that quality, efficient, and effective services are delivered. Of note, SB 2124 will impact how CFS provides quality assurance for child welfare programs. The bill includes 7 FTEs transferred from county to state employment (with 3 additional, contingent upon available positions) whose responsibility will be **quality control**.

In 2018 DHS adopted the Theory of Constraints (TOC) as its CQI process departmentwide. Theory of Constraints (TOC) is a methodology for identifying the most important limiting factor (i.e. constraint) that stands in the way of achieving a goal and then systematically improving that constraint until it is no longer the limiting factor. The primary focus of TOC is to identify the constraints, believe there is hidden capacity, and apply the “rules of flow” to measure the work output and the quality of work. TOC has been, and will continue to be, applied to all child welfare programs so that holistic change can occur in each area of service. The eight tenets of TOC are:

THEORY OF CONSTRAINTS	
1 Have the Right MINDSET	Set ambitious targets
	Believe there is hidden capacity in operations
	Commit time and attention to the goal
2 Always have a compelling and measurable GOAL	Reinforce why the system exists
	The outcome or end result we want to achieve
	Focus of staff time and attention
3 Manage the SYSTEM and not its parts	How resources are allocated
	Identify improvement opportunities
	Focus on key leverage points
	Increase system throughput and managing costs
	Measure system performance
	Focus on mindset and thought processes

	Require leadership focus
4 Focus on the core PROBLEM that is blocking the goal	Cause of all other problems (root cause)
	Usually under our direct control
	Not easily fixed or resolved – requires proactive thinking
	Often ‘invisible’ to Stakeholders
	Resolving it eliminates the vicious cycle (<i>i.e. self-repeating pattern of challenges and problems that keep a system stuck and inhibit improvements</i>)
5 Achieve the goal by managing the FLOW of work	Implement the ‘rules of flow’ to generate capacity
	Reduce interferences at the critical activity
	Develop management of information to have better visibility into progress (<i>or lack of progress</i>)
	Synchronize services within and across programs
6 Use the right PERFORMANCE measures	Throughput (<i>what we do</i>)
	Quality (<i>how well we do it</i>)
	Cost (<i>for the best possible price</i>)
7 Create SOLUTIONS that meet all Stakeholder needs	Start by stopping what isn’t currently working or adding value
	Identify what ‘good’ looks like
	Determine task priority
	Assign individuals responsible to complete each task
8 CHANGE how the work gets done	“Task Analysis Board” to track tasks and assignments
	‘Interference Diagram’ to identify improvement opportunities that can be done quickly

The ND OCR will be reviewed and redesigned through the TOC process. As of this writing, the commencing of OCR redesign has not occurred, but is tentatively scheduled to be completed during 2019. Once social services redesign has been completed (projection is by the end of 2020), the TOC process will be the method used by DHS for continuous quality improvement.

➤ Quality at the Source

The social service redesign process has employed program pilots to address culture, process, and structure. The pilots support decision making at the lowest possible level, thus building quality at the source. Real-time quality assurance will be built into each child welfare program pilot so that monitoring, evaluation, and practice improvement occurs as a natural component of the service delivery continuum. As the pilots expand and become statewide practice, quality assurance for each child welfare program area will become part of the continuum as well.

➤ Additional Quality Assurance Processes

Each child welfare program completes separate QA processes and procedures. These include the following:

- **Child Protection Services:** A distinct quality assurance process also occurs with the Child Protection Services cases on a regional level, involving all county social service agencies, per CPS Policy 640-20-35. On an annual basis the Regional Supervisor reviews 10%, or a total of five completed CPS cases (whichever is greater), from each county in the region. The child protection law, administrative rules, policies and procedures provide the framework for the case reviews.
- **In-Home Services:** Supervisory staff members are responsible for ongoing case reviews to monitor service effectiveness and agency success in providing time-limited services. The

supervisor conducts a formal case review on all closed cases.

- **Foster Care:** Regional Supervisors meet regularly with CFS staff to discuss state and federal law changes; federal rules and regulations; provide policy input; and discuss trends and pertinent programmatic issues.
 - **Adoption:** A full team staff meeting of the AASK program occurs monthly. Cases are staffed, program improvements and plans are discussed, and policies are reviewed and revised. A QA Peer Review of open and closed case files is conducted on a quarterly basis.
 - **Chafee Program:** The State Chafee Administrator continues to complete an annual quality assurance review of the contracted provider. In addition, DHS Fiscal and Contracting complete required audits. The State Chafee Administrator attends quarterly meetings with PATH and is available for ongoing consultation. Weekly, if not daily, correspondence between DHS and the PATH Chafee Program supervisor and Transition Coordinators is typical. Children and Family Services has formed a strong partnership with PATH over the years which is an asset to the quality assurance process.
 - **Licensure Reviews:** CFS staff direct and/or participate in the following licensure reviews: Human Service Centers, Residential Child Care Facilities (RCCF's), and Licensed Child Placing Agencies (LCPA's). Each review provides an opportunity for Children and Family Services Division staff to examine the quality of services provided by these entities, review program and policy improvements and assess overall compliance with established laws, rules and policies which guide practice. These licensing reviews also establish an avenue to enhance collaborative relationships.
 - **Local County Social Service efforts:** Within county social services, the county supervisor has the primary responsibility for quality assurance for child welfare programs, including the integrity of the Wraparound process and quality of work performance of the case managers. It is important the case manager and supervisor discuss specific cases on an ongoing basis. At a minimum, the supervisor is involved in the decision-making process at critical points in the life of each case. Regional representatives have responsibility for administrative supervision of child welfare programs and work collaboratively with county staff.
 - **Supervision:** Effective methods of supervision are individualized for each case manager and to the group as a whole. Thus, county supervisors identify an individual's learning needs in relation to the job requirements and professional experience. They use this information to develop training materials and appropriate teaching methods relative to the specific needs of the case managers.
- **Federal Reports**
- **National Child Abuse and Neglect Data System (NCANDS):** North Dakota submits NCANDS data per the required federal timeframes. The data for this report is derived from FRAME. The NCANDS workgroup meets on a consistent basis to address state challenges with NCANDS reporting. A CFS staff has been assigned the task of reviewing data entry regularly and notifying counties of needed corrections in a timely manner. This consistent monitoring has been well received both internally at CFS and by the county social service

agencies.

- **Adoption and Foster Care Analysis and Reporting System (AFCARS):** North Dakota submits AFCARS reports every six months per the required federal timeframes. Data for the Foster Care (FC) file is extracted primarily from FRAME. Data for the Adoption (AD) file is extracted primarily from CCWIPS. The state remains on an AFCARS PIP as of this writing. The AFCARS workgroup continues to meet regularly to strategize and plan for continued progress on the PIP.
- **National Youth in Transition Database (NYTD):** North Dakota's NYTD group continues work to improve compliance with the data collection and reporting requirements by addressing the identified prioritized action items contained in NYTD plan developed in response to the July 2013 NYTD Federal Site Visit. The State Chafee Administrator has direct oversight of the NYTD process, including survey collection, manual input of survey data into the FRAME system, and report submission, which helps to ensure accurate and quality data. See the Chafee Program component of this report for additional information.

Assessment on Progress to Date

No additional information is available. PIP progress will be reported within the assigned quarterly update.

Activities Targeted at Improving Performance

➤ **PIP Activities**

The ND R3 PIP, Overarching Goal 1 addresses this Strategic Factor, It is planned that North Dakota will develop and maintain a consistent and reliable quality assurance process.

STAFF AND PROVIDER TRAINING

Item 26

Initial Staff Training

CY 2018 Data Sources: OCR Stakeholder feedback from Agency Administrators and Agency Caseworkers, CFSTC

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 CFSP that includes the basic skills and knowledge required for their positions?

- **Child Welfare Certification Training** is provided through a contract with the UND Department of Social Work to operate the Children Family Services Training Center (CFSTC). The Child Welfare Certification Training Program faculty members are selected on the basis of their knowledge, experience and training abilities. The core training staff is from UND-CFSTC. They are supplemented by other trainers who have special topic expertise. CFSTC provides a competency-based training curriculum, referred to as "The Child Welfare Certification Training Program," to meet child welfare initial training requirements. The training consists of in-class, online and video conferencing events as well as take-home assignments designed to address specific competencies necessary for child welfare practice.

The training is delivered as a four-week curriculum (over 100 hours of training), one week per

month, with sessions offered in both the spring and fall. During each of the training weeks, assignments and tests are completed by trainees that assess their level of knowledge and skill on several of the training topics. Successful completion of these tasks is required for certification. Child welfare case workers are required to complete this training within their first year of employment. During FFY 2018, 55 individuals completed Child Welfare Certification training in its entirety. Each week provides special emphases as follows:

- o **Week 1:** Philosophical, ethical, and legal mandates of child welfare with a special emphasis on the assessment of child abuse and neglect. FFY 2018 participants anonymously responded to post-training survey questions including the following:

WEEK 1 SURVEY CHILD WELFARE CERTIFICATION TRAINING	% STRONGLY AGREE/AGREE
I understand the Child Abuse and Neglect law, CPS administrative rules and policies as they apply to CPS. [n=55]	95%
I understand the influence of trauma on my work in child welfare. [n=54]	85%
I understand the steps in the CPS assessment process, the activities that must be performed, and the outcomes that are sought. [n=55]	92%
I am able to gather information and ask relevant questions during the intake process in order to determine if the information falls within the guidelines of the Child Abuse and Neglect law and policies. [n=55]	93%
I am able to plan for the safety of the child. [n=55]	96%

- o **Week 2:** Wraparound strength-based case management services (this week also fulfills the requirement for initial Wraparound Certification). FFY 2018 participants anonymously responded to post-training survey questions including the following:

WEEK 2 SURVEY CHILD WELFARE CERTIFICATION TRAINING	% STRONGLY AGREE/AGREE
I understand the ND Wraparound Practice Model and can integrate what I've learned into practice. [n=89]	98%
I understand the wraparound/strengths-based planning process and how it applies to the service delivery system. [n=89]	100%
I understand the importance of developing a strong working relationship with the family in order to conduct a complete assessment. [n=89]	100%
I understand the importance of the "team" in developing the plan with families. [n=89]	99%

- o **Week 3:** Knowledge and skills in working with the legal system, including understanding the role of the Indian Child Welfare Act and providing testimony in court. FFY 2018 participants anonymously responded to post-training survey questions including the following:

WEEK 3 SURVEY CHILD WELFARE CERTIFICATION TRAINING	% STRONGLY AGREE/AGREE
I understand the juvenile court process and how it applies to the child welfare system. [n=37]	97%
I understand how to write affidavits and what information they need to contain. [n=37]	97%
I understand the testimony procedures, suggestions for dress decorum in the courtroom, and am able to deliver testimony in a court hearing. [n=37]	94%
I understand Indian Child Welfare Act and how it applies to child welfare cases. [n=37]	89%
I understand the requirements of ASFA and am able to apply them to practice. [n=37]	95%

- o **Week 4:** Understanding and working with children and families in out-of-home care with emphases on attachment and separation issues, concurrent and permanency planning, visitation, reunification and providing support to the foster family. FFY 2018 participants anonymously responded to post-training survey questions including the following:

WEEK 4 SURVEY CHILD WELFARE CERTIFICATION TRAINING	% STRONGLY AGREE/AGREE
I understand the PRIDE foster/adopt home assessment process. [n=39]	92%
I understand the impact of secondary trauma on my work. [n=39]	92%
I understand the impact of attachment, separation, and loss issues on foster children and their families. [n=37]	93%
I can implement the permanency planning/concurrent permanency planning process [n=38]	93%

Attendance is required at all sessions. Trainees are also required to complete all assignments in order to become certified. Regardless of the specific duties in their individual job descriptions, all child protection, in-home services, and foster care caseworkers are required to complete all four weeks. In addition to the county child welfare workforce, case managers with PATH of ND and the AASK program are also required to complete the initial training weeks. Tribal child welfare personnel are invited and encouraged to attend.

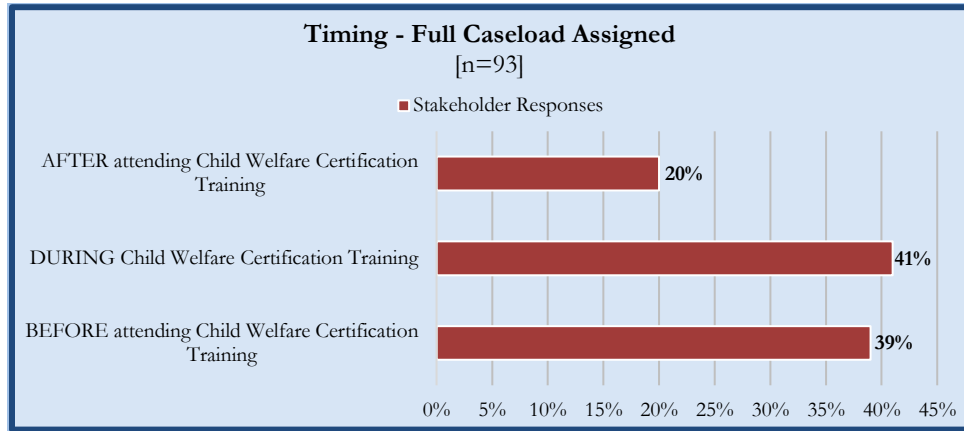
At the completion of each week of training, participants evaluate their specific competencies and skills. They rate themselves on their understanding of the concepts or their skill acquisition. Feedback is also elicited from the training group on any additional training needs they identify. For example,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

OCR Stakeholder Feedback

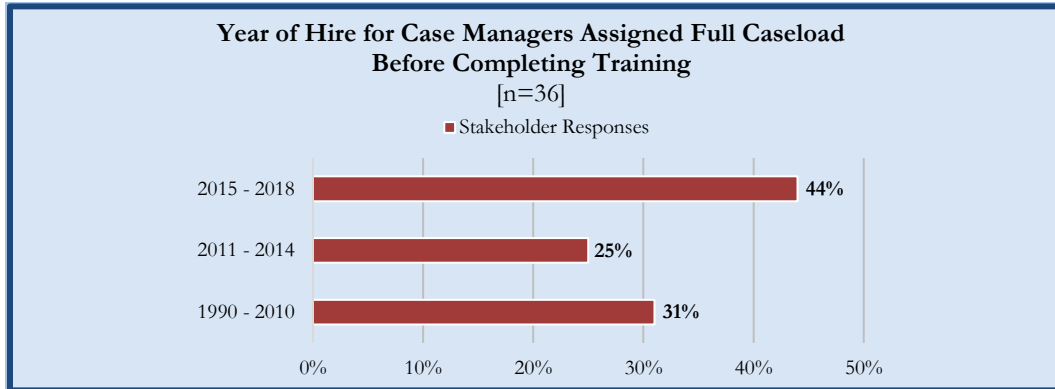
Feedback for this systemic factor item was received from Agency Administrators and Agency Case Managers through the OCR online survey.

Agency Case Managers were asked the following questions:

- **When you were first hired as child welfare workers, at what point were you assigned the responsibility of a full caseload?**



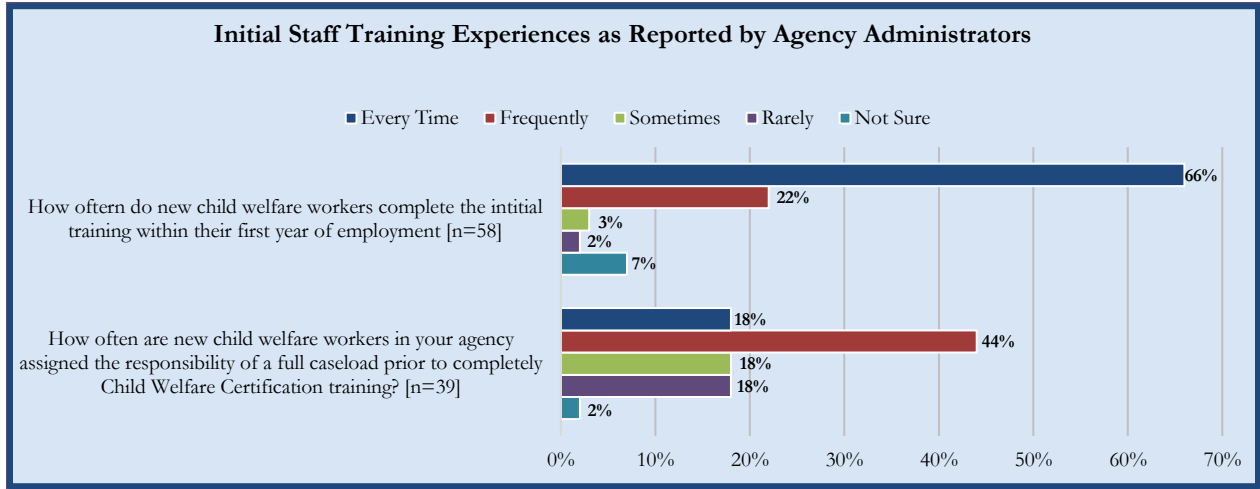
- **If you were assigned the responsibility of a full caseload BEFORE attending Child Welfare Certification Training, in what year were you hired as a child welfare worker?**



- **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.**
 - Thirty comments were received, and the following statements reflect the general themes:
 - *“I have received very limited training and the training that I have received was from my coworkers not a supervisor.”*
 - *“Most of the training that was helpful was provided by co-workers.”*
 - *“Training information is not consistent across staff and nearly not enough is provided.”*
 - *“The supervision I received was “it’s in your manual” or more current a supervisor who doesn’t know policy at all.”*
 - *“I have an incredible supervisor-she is just super busy.”*

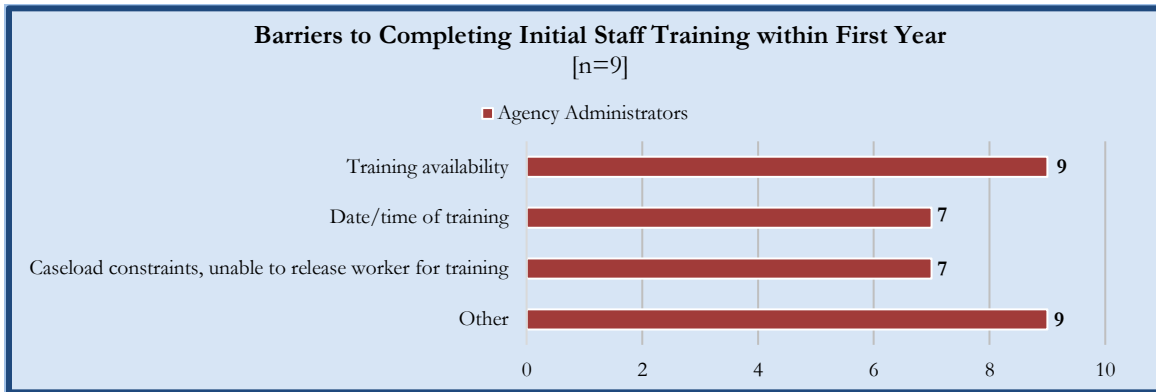
Agency Administrators were asked the following questions:

- **To the best of your knowledge:**



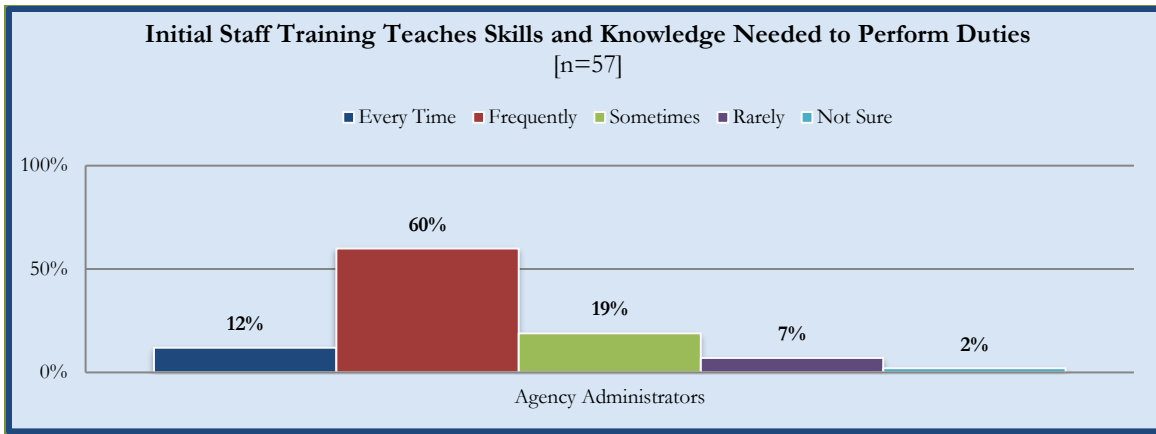
Respondents who did not answer “Every Time” to the question of new child welfare workers completing training in the first year of employment were asked the following question:

- **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.**



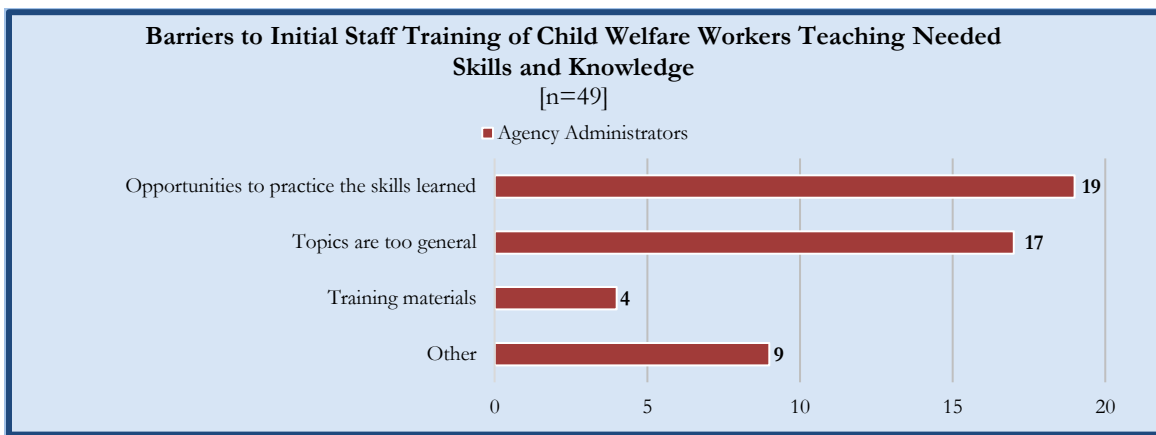
Due to an error in the survey logic, respondents were unable to provide comments.

- **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?**



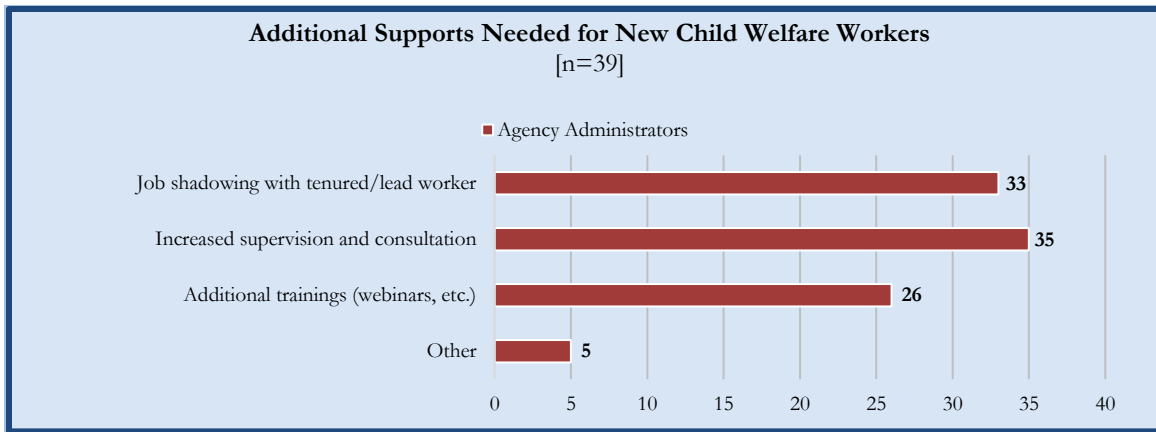
Respondents who did not answer “Every Time” to this question were asked the following question:

- 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.



- The following represent themes from those who selected “Other”:
 - *“Too many things/requirements of the job to learn. It takes year of experience.”*
 - *“Lack of proper oversight and expectations, lack of accountability for outcomes.”*
 - *“Location, time and distance to be in Grand Forks... some technology needs to be considered.”*

- 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).



- “Other” supports mentioned by agency administrators included:
 - “DJS has a training module in place for all new hires that offer a wide array of training in the first year, including the Child Welfare training.”
 - “We have implemented an onboarding process.”
 - “Prior to child welfare training, Social Workers are typically given ‘easier’ cases, starting with in-home cases to learn the basics and progressing to foster care. Typically, new workers have fewer cases as well while they are learning.”

- **Adoption Competency Training** is required of AASK adoption case managers within their first year of employment, in addition to the 4-week child welfare certification training, additional trainings on the PRIDE family assessment model, and Train the Trainers. During FFY 2018, 8 participants completed the Adoption Competency training.
- **FRAME Case Record System Training** is included in the Child Welfare Certification Training Program. For new employees not attending that session, training occurs at the local social service agency. During FFY 2018, 39 participants completed FRAME training.
- **Title IV-Eligibility Training** for new eligibility workers is offered by CFS personnel. During FFY 2018, 36 participants completed this training.
- **Initial Parent Aide Training** is provided per the contract with CFSTC, to newly or recently hired parent aides to give them an understanding the child welfare system and their role within the system. Training topics include an overview of parent aide services, the Wraparound practice model, understanding the influence of culture when working with families, an overview of child abuse and neglect, child development overview, building relationships with parents, supervising visits between children and parents, and secondary trauma. Parent aides and their supervisors are invited to complete this training. During FFY 2018, 9 participants completed parent aide training.
- **Initial Training for Partner Agencies** is provided to children’s behavioral health case managers (Partnerships Program), DJS case workers, and family preservation staff from the Village Family Services Center and Lutheran Social Services of North Dakota complete Week 2 of the Child Welfare Certification Training Program as required in policy and to satisfy the initial Wraparound Certification requirement.

- **PRIDE Trainings** are offered to support statewide use of the PRIDE model in foster parent licensing and adoptive family assessments. “PRIDE Train-the-Trainer” is a course for any case manager or foster/adoptive parent wanting to become a PRIDE trainer in their local area. “PRIDE Model – Conducting a Mutual Family Assessment” is a course designed for the licensor/adoption worker in applying the PRIDE competencies to the family study process.
- **Non-Violent Crisis Intervention Training** is required of all PATH foster parents and staff, presented by certified trainers in the CPI model. In addition, it is a PATH requirement that all treatment foster parents attend an annual refresher course reviewing the major elements of the CPI model. During FFY 2018, 54 participants completed this training.

Item 27

Ongoing Staff Training

CY 2018 Data Sources: OCR Stakeholder feedback from Agency Administrators and Agency Caseworkers; CFSTC

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?

Wraparound Certification and Recertification: Licensed Social Workers are required to complete 30 Continuing Education Credits every two years to retain their license. In addition, child welfare staff working in the service continuum are required to be certified in the Wraparound Practice Model and must be recertified every two years through attendance at an approved ongoing training event. Such events include:

- ND Family Based Services Conference
- Indian Child Welfare & Wellness Conference
- Children & Family Services Conference
- Variety of other training events as approved by CFS

During FFY 2018, 93 child welfare agency staff completed initial Wraparound Certification training and 382 child welfare agency staff completed ongoing training approved for Wraparound recertification. As of this writing, 99% of agency child welfare staff are current with recertification.

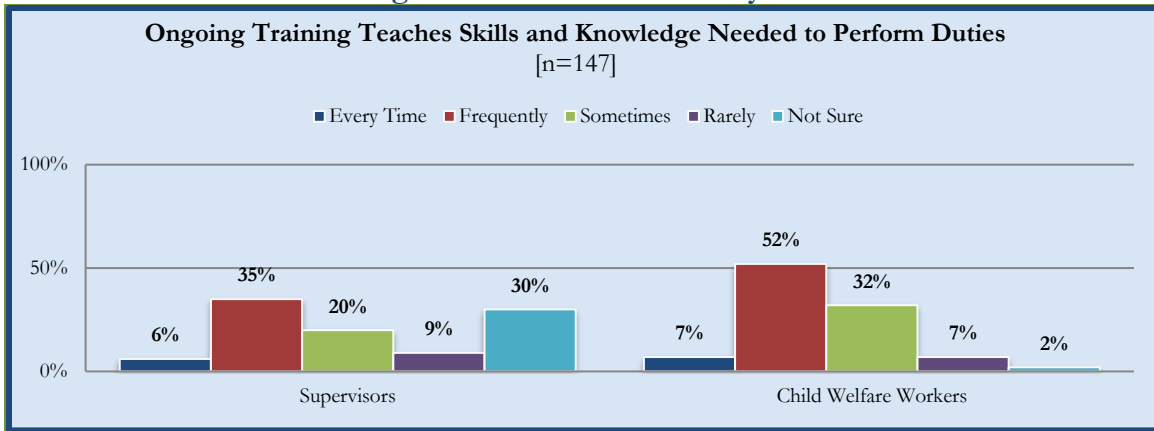
PROVIDER TYPE	NUMBER OF STAFF WRAPAROUND RECERTIFIED
Adults Adopting Special Kids (AASK)	12
CFS Program Administrators	6
County Social Services	189
Division of Juvenile Services (DJS)	14
Professional Association of Treatment Homes (PATH ND)	49

Private Mental Health Providers	15
Public Mental Health Providers	30
RCCF/PRTF	30
Regional Representatives of County Social Services	20
Tribal Social Services	13
CFS Training Center at UND	2
Other	2
TOTAL	382

OCR Stakeholder Feedback

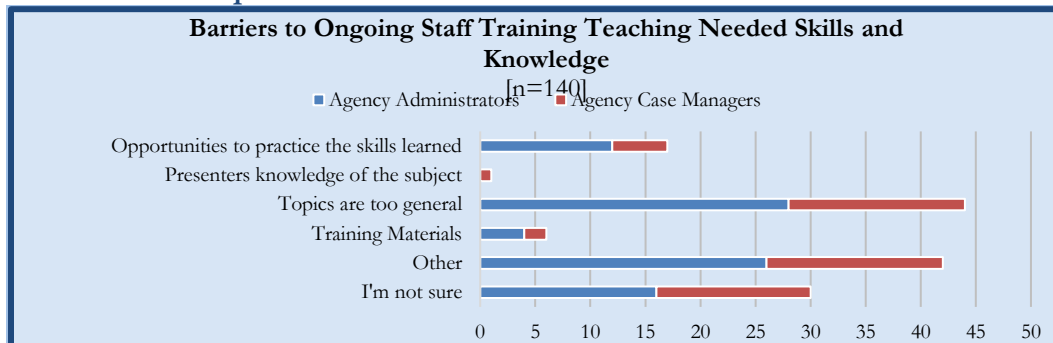
Feedback for this systemic factor item was received from Agency Administrators and Agency Case Managers through the OCR online survey. Both Stakeholder groups were asked the following questions:

- **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?**



Respondents who did not answer “Every Time” to the above 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.**



- The following represent themes from those who selected “Other”:
 - *“Caseloads are high and trying to plan to take off while attending a conference is tough. If they can attend, many times they are still having to step out and take phone calls. Budget cuts across the state have limited travel budgets for County and State workers.”*
 - *“The trainings are the same over and over again.”*
 - *“No training available for supervisors to get what is needed for good supervision.”*
 - *“Every area in the state do things differently and have different philosophies.”*

Item 28

Foster & Adoptive Parent Training

CY 2018 Data Sources: OCR Stakeholder feedback from Agency Administrators, Agency Caseworkers, Foster Caregivers, Community Providers; CFSTC

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 North Dakota foster care and adoption programs follow the PRIDE Model for the training and assessment of all individuals interested in becoming foster or adoptive families. PRIDE is an acronym for Parents Resource for Information Development and Education. This program offers a competency-based, integrated approach to recruitment, family assessment, and pre-service training. Through a series of at-home consultations and competency-based training sessions, prospective families have an opportunity to learn and practice the knowledge and skills they will need as new foster parents and adoptive parents.

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

Initial Training for Foster and Adoptive Parents

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

➤ **PRIDE Pre-Service Training**

The PRIDE Pre-Service training curriculum is a nine-session course, with each session being three hours in length. This course of training is considered an introduction to issues related to fostering and adopting. In the state of North Dakota, it is a requirement that all licensed foster and adoptive parents complete the PRIDE Pre-service Training program. All nine modules of this training relate directly to the one of the five (5) PRIDE competencies. Those competencies are:

1. Protecting and Nurturing Children
2. Meeting Children's Developmental Needs and Addressing Developmental Delays
3. Supporting Relationships between Children and their Families
4. Connecting Children to Safe, Nurturing Relationships Intended to Last a Lifetime

5. Working as a Member of a Professional Team

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

PRIDE Pre-Service Training Teams consist of case managers and foster/adoptive parents who have successfully completed a Train-the-Trainer program delivered annually by CFSTC. The primary method of training is live delivery to a group of prospective foster and adoptive parents. Foster and adoptive parents attending the training have commented that close connections can be formed with other foster parents during the training experience.

Per state policy, each new prospective foster parent or adoptive parent must complete the training before accepting a child into their home. This requirement can be waived with the approval of the regional representative on a case-specific basis. However, all foster/adopt parents must complete the training within their first year of licensure. If a foster or adoptive family is a two-parent household, both parents are required to attend the training. Since the curriculum is written and designed to train both foster and adoptive parents, a foster family preparing to adopt are not required to complete the training again unless the adoption agency has a specific reason to make this request. During FFY 2018, 587 foster and adoptive parents completed the PRIDE Pre-Service training. An additional 141 individuals attended portions of this training but did not complete it.

➤ **Additional Initial Training Requirements**

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

Ongoing Training for Foster and Adoptive Parents

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

➤ **PRIDE Core Training**

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

➤ **PRIDE Advanced and Specialized Training**

PRIDE Advanced Modules build upon core competencies and Foster PRIDE Specialized Modules address competencies designed to prepare foster parents for a certain area of expertise. Like Core Modules, the Advanced and Specialized Modules are comprised of one or more sessions and the sessions are three hours in length. Because of the manner in which this training is administered, data on the number completing this training is not available.

➤ **Additional Ongoing Training for Foster, Adoptive and Kinship Parents**

CFSTC conducts annual surveys of foster, adoptive and kinship parents, as well as, professional child welfare staff on an annual basis. This is completed through an online survey and regional meetings. Information gained from this feedback is used to plan various regional trainings for foster, adoptive and kinship parents. CFSTC maintains a calendar of training opportunities on their website including both sponsored training and relevant training opportunities in the community. Below is a list of ongoing trainings offered during FFY 2018.

TRAINING TOPIC	LOCATION	NUMBER OF PARTICIPANTS
<i>Foster Parent Training Festival</i>		
Parenting Through Attunements & Regulation	Minot	24
Generate, Create: Make and Take		
Moving on After Goodbye	Minot	15
Non-Violent Crisis Intervention	Bismarck, Fargo, Grand Forks, Minot	192
Foster and Adoptive Parents as Mind Readers	Webinar	123
Problem Behavior: Why and How	Fargo	24
Why Are Your T's on a Dry Erase Board?	Grand Forks	19
Sensible Training	Bismarck	17
Treatment Foster Care	Bismarck, Fargo, Grand Forks	163
Foster Care Confidentiality	Webinar	119
<i>Foster Parent Training Festival</i>		
Human Trafficking 101	Grand Forks	41
Addiction: Causes, Warning Signs and Interventions		37
Trauma Toolkit		35
<i>Foster Parent Training Festival</i>		
Trauma Toolkit	Bismarck	48
Recovery Coaching: One of the Many Paths to Recovery		55
Finding a New Normal		53
Fostering Supportive Relationships Workshop	Grand Forks	9

➤ **Newsletters**

- CFSTC continues to issue a regular online newsletter, *Fostering Communications*, for foster and adoptive parents. The newsletter routinely includes educational topics and information to support their work. A recent version of this newsletter can be found at <https://www1.und.edu/centers/children-and-family-services-training-center/march2019newsletter.pdf>.
- The AASK Program issues a regular electronic newsletter, *The Heart Times*, which features an educational component to supplement the recruitment opportunities provided by such a publication. The Heart Times is made available to all current foster families and families who have adopted through the AASK program. A recent

newsletter can be viewed at
https://docs.wixstatic.com/ugd/d3fc4f_7548e0d63eaa48589303e28a58511095.pdf.

Facility and Institution Training – Initial & Ongoing

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

➤ **Residential Child Care Facilities**

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

REQUIRED TRAINING TOPICS FOR RCCF STAFF
Certified First Aid Training
Certified CPR and Automated External Defibrillator Training
Certified Nonviolent Crisis Intervention Training
Child Abuse and Neglect Mandated Reporter Training
Children’s Emotional Needs Training
Suicide Prevention Training

In addition to above, each RCCF chooses their own training curriculum components based on the individualized needs of the facility, along with input from staff, within the requirements of NDAC 75-03-16. As of this writing, North Dakota has eleven licensed RCCFs. DHS, as the licensing agent, schedules one licensing visit annually at each of the RCCFs. DHS completes additional “random-site visits” as needed. Approximately 80 RCCF employee files are randomly selected for review each year. Documentation of initial and ongoing training received by facility employees is evaluated during the licensing review process. If any training areas are found to be out of compliance at the time of the licensing review, it is noted and the facility is required to make the correction within 30 days.

Since 2014, North Dakota has utilized Performance Based Standards (formerly Community Based Standards), a national model using evidence-based principles and best practices through data, to support better outcomes for youth. PbS builds performance improvement and accountability into agency, facility and program operations using a three-part cycle of activities: 1) Collecting data, 2) Analyzing the performance outcomes and summary data reports, and 3) The heart of PbS: using the data to create improvement and reforms. PbS includes an employee survey component, and one of the questions within this survey asks the employee what training

they need.

PbS data continues to indicate ongoing training for facility staff is needed, and DHS addressed the need by budgeting \$71,000 in state general funds to support ongoing facility training needs for the 2017-2019 biennium. Training topics are based on the individualized needs of the facilities.

➤ **Psychiatric Residential Treatment Facilities**

The Behavioral Health Division (BHD) of ND DHS is responsible for licensing the six Psychiatric Treatment Facilities for Children (PRTFs) in North Dakota. The licensing responsibility and authority to adopt rules for PRTFs is provided in North Dakota law (NDCC 25-03.2-10). Licensing rules require that all employees on duty must have satisfactorily completed annual training on the following:

REQUIRED TRAINING TOPICS FOR PRTF STAFF
Certified First Aid Training
Therapeutic Crisis Intervention/Prevention Intervention Training*
Suicide Awareness and Prevention Training
Standard Precautions as used by the Center for Disease Control and Prevention
Institutional Child Abuse and Neglect
CPR Training*

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

Licensing rules require that the facility maintain an individual file on each employee with current certificates for CPR, First Aid, and Nonviolent Crisis Intervention. The file must also contain evidence of the employee having read the law requiring reporting of suspected child abuse and neglect and having read and received a copy of the facility’s written child abuse and neglect procedures. Licensing rules also specify the core components that must be included in that procedure. Additionally, licensing rules require that the facility provide quarterly training to employees which is relevant to address the changing needs of the milieu and according to the requirements of the facility’s accrediting body.

In addition to state licensure, each PRTF is also required to be accredited by a nationally recognized accrediting organization. BHD conducts licensure visits every two years and technical assistance site visits in the interim year. Technical assistance site visits include feedback from the providers regarding indicated training needs for all levels of staff. Employee files are reviewed during the licensure visits and facility providers are identifying specific training planned during the technical assistance site visits.

BHD has sponsored *Trauma Focused Cognitive Behavioral Therapy* training on an annual basis. BHD has also ensured that critical topics for training for facility staff are part of the semi-annual 3-day Behavioral Health Conference.

OCR Stakeholder Feedback

Feedback related to **foster and adoptive parent initial training** was received from four Stakeholder groups, either through the OCR online survey or in-person meetings.

Foster Caregivers were asked the following questions during the Stakeholder meeting:

- **What training was initially available to you when you began providing foster/relative care/pre-adoptive care?**
 - All groups commented that PRIDE was the initial training available. A few specific responses include:
 - *“PRIDE, First Aid/CPR. After we had placements we got trauma-centered care training through the private provider. Wish we could’ve gotten it sooner. I can see huge value in any foster parent getting that training. PRIDE gave me a gist of what I was in for but didn’t really prepare me for what foster parenting would be like.”*
 - *“First placement was relative care and I was provided absolutely nothing – no training, no support from the case worker, and it was a meth baby. There was no respite care, there was no one to contact with questions. We had to find help on our own.”*
- **Was the initial training of high quality to prepare you for your role as a foster caregiver?**
 - There was a range of response. A sample of the comments include:
 - *“Yes, it was.”*
 - *“It’s a lot of fluff – they don’t tell you all you need to know, like what not to do.”*
 - *“PRIDE was ok – gave me the basics but didn’t prep me for the child behaviors I would encounter and if I hadn’t had other resources available I probably wouldn’t have been able to stick with it.”*
 - *“There is a lot of training on ‘This is what happened to get your kids to this place’ but nothing on ‘What do we do now?’.”*

Feedback related to **foster and adoptive parent ongoing training and childcare facility ongoing training** was received from four Stakeholder groups, either through the OCR online survey or in-person meetings.

Foster Caregivers were asked the following questions during the Stakeholder meeting:

- **What ongoing training is available?**
 - There was a range of responses. A sample of the comments include:
 - *“CFSTC training festivals.”*
 - *“Monthly Share and Support with other foster families which sometimes provides training.”*
 - *“Webinars available all the time.”*
 - *“Standard required ongoing training regarding fire safety/ medication safety.”*
 - *“We like that we get credit for applicable training available through a private therapeutic foster care agency that’s pertinent to the needs of our foster children.”*
 - *“We get notice of a lot of trainings available which is very helpful – some awesome opportunities to attend conferences, too.”*
 - *“We don’t get notice of any trainings in our area.”*
- **Is there ongoing training of high quality and does it support you in your role as a foster caregiver?**
 - There was a range of responses. A sample of the comments include:
 - *“Festivals of training are helpful.”*

- “We get a lot of training.”
- “I’m not told about trainings, just found out about one in our area that would be helpful, and heard that there are scholarships available, but wasn’t told about it by the agency.”

➤ **Have you participated in, or are you aware of specialized training for adoption in your area? If so, is that training of high quality?**

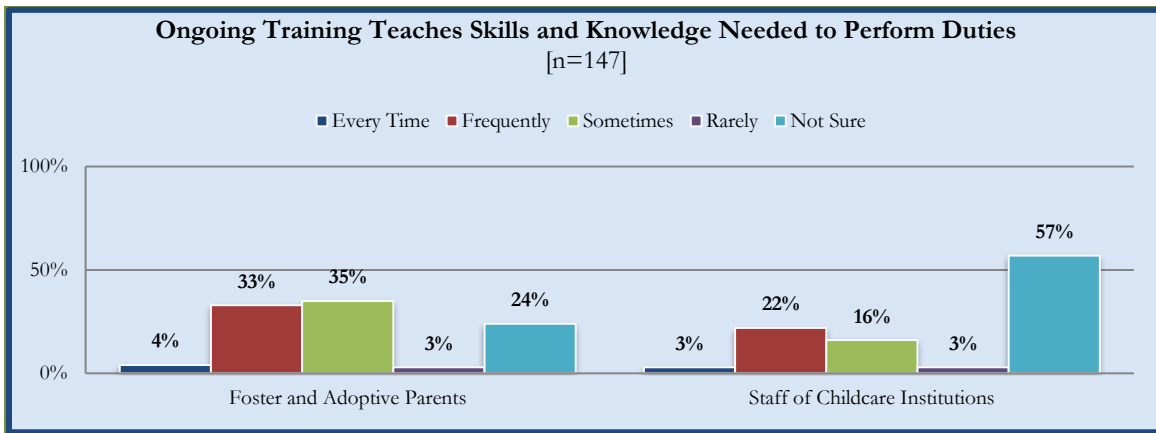
- Most participants responded with a “No.” Several commented “If there is, I haven’t seen it yet. But it might just be where we are in the adoption process” or “I don’t recall hearing about any available.”

➤ **What are the barriers, or what gets in the way, of receiving necessary training?**

- There was a range of responses. A sample of the comments include:
 - “Lack of childcare.”
 - “The time of day/week training is offered.”
 - “Who is my support?”
 - “Some required trainings only available once annually and some may not be able to get to them, which is an obstacle for some people. I think if there were some opportunities for online training that would be helpful.”
 - “There are trainings available in the larger community, but not so much in rural areas. I’ve been told they are trying to train additional staff to provide more trainers available to us.”

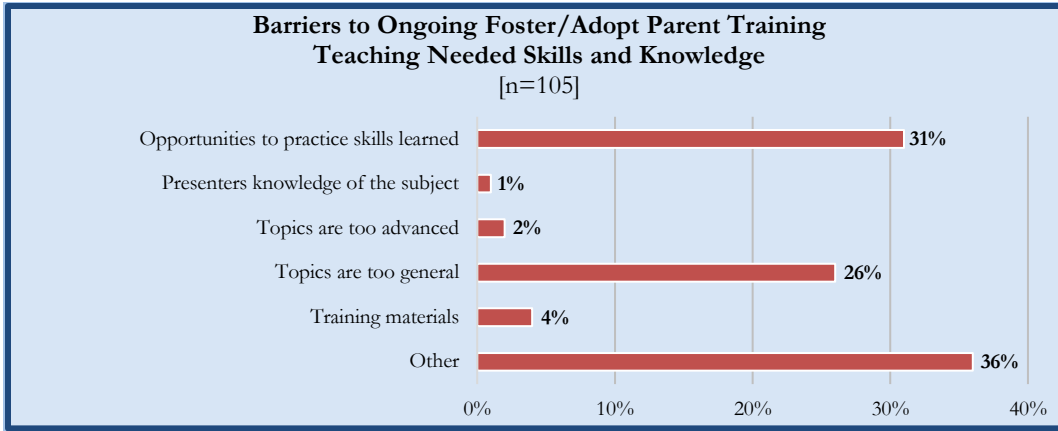
Agency Case Managers and Agency Administrators were asked the following questions through the OCR online survey:

➤ **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?**

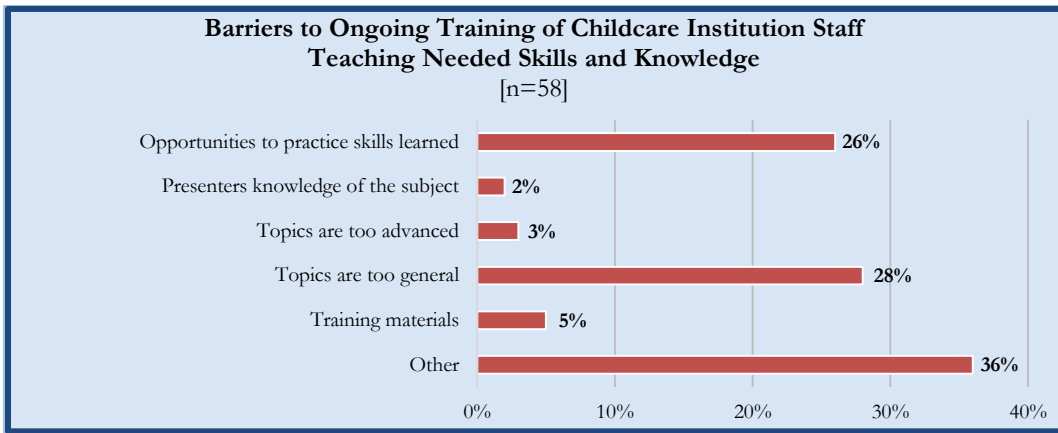


Respondents who did not answer “Every Time” to this question were asked:

➤ **In your opinion, what gets in the way of trainings to foster and adoptive parents or staff of childcare institutions getting all the needed skills and training needed to perform their duties from ONGOING trainings? Choose the most important reason.**



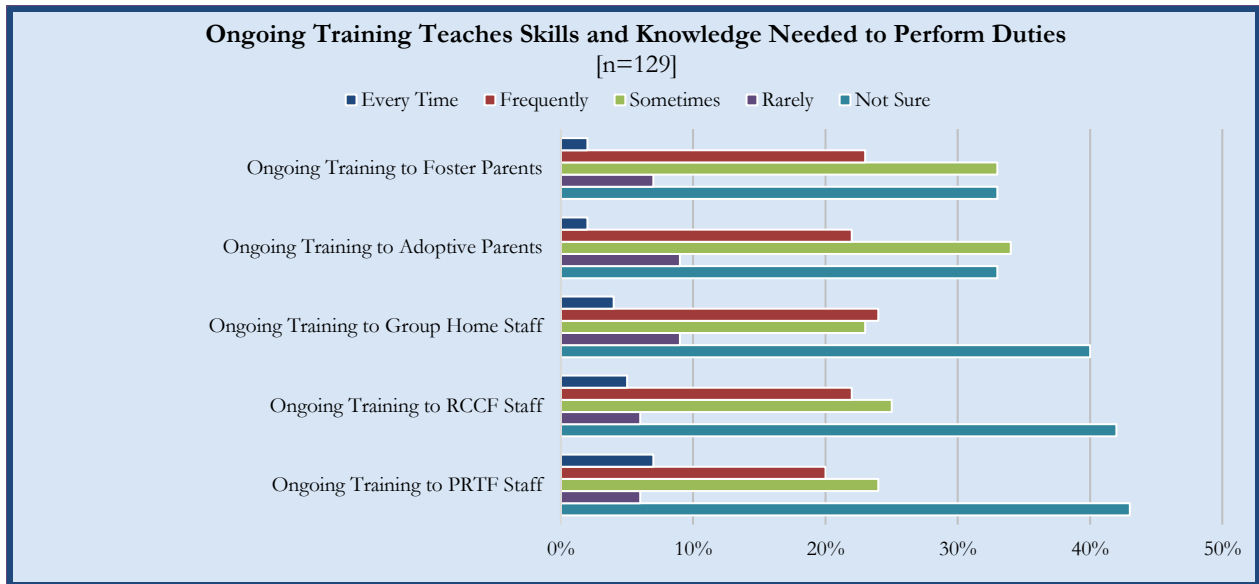
- The following represent themes from those who selected “Other”:
 - *“Scheduling conflicts, childcare arrangements.”*
 - *“Distance and travel, lack of training.”*
 - *“Not enough trainings in our area.”*
 - *“More opportunities and web-based opportunities I believe would be beneficial.”*
 - *“Increasingly difficult behaviors/ needs of the children. Much like training for the case managers, training often focuses mostly on defining issues and understanding their origins and far too little time on how to manage them with limited resources and supports.”*



- The following represent themes from those who selected “Other”:
 - *“Retention of workforce leading to consistent re-training.”*
 - *“Funding.”*
 - *“Training not provided frequent enough.”*

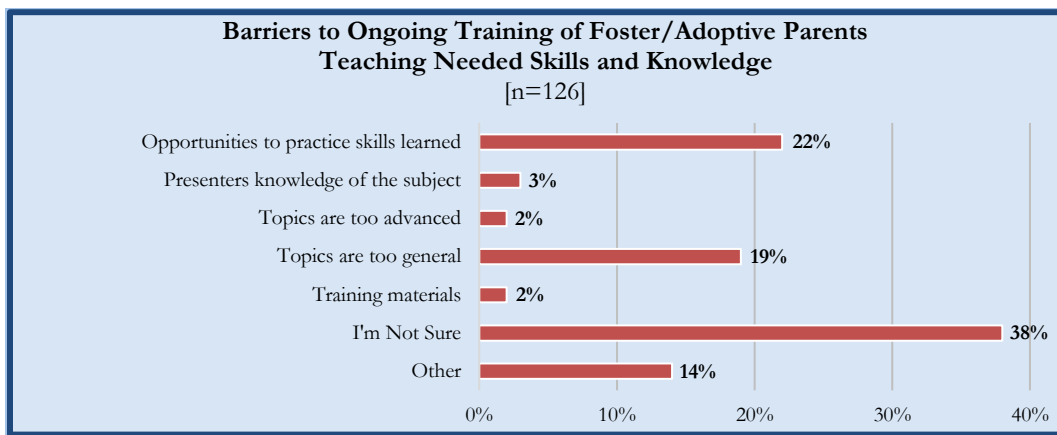
Community Stakeholders were asked the following questions through the OCR online survey:

- **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?**

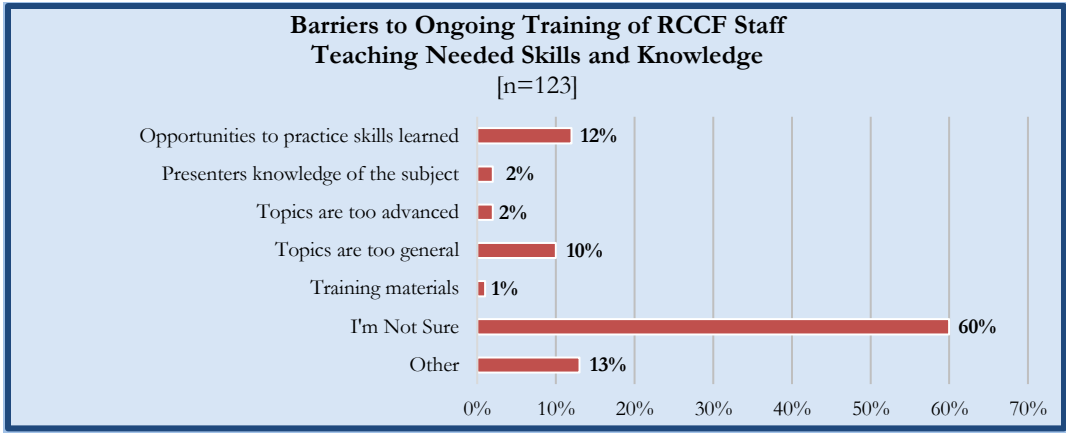


Respondents who did not answer “Every Time” to this question were asked:

- In your opinion, what gets in the way of trainings to foster and adoptive parents or RCCF staff getting all the needed skills and training needed to perform their duties from ONGOING trainings? Choose the most important reason.



- The following represent themes from those who selected “Other”:
 - *“Foster parents’ time commitments with other children in the home and other activities required of them.”*
 - *“Barriers of physical time or mental space to attend a training, process the information, and apply the strategies.”*



- The following represent themes from those who selected “Other”:
 - *“Turnover of staff and not being trained before working.”*
 - *“Time. It is very difficult to get direct care staff to training sessions. Most places provide significant training in-house and via online training courses. While this training is good and can be extensive, being able to go off-site and attend training with others that perform similar work is very difficult because the facility needs to be staffed 24/7. Speaking specifically about PRTF's it would be great if we could find or develop a baseline competency curriculum that all staff would need to complete within a certain timeframe.”*
 - *“Funding.”*

Assessment on Progress to Date

No additional information is available.

Activities Targeted at Improving Performance

Through discussions at social services redesign meetings, it has been noted that initial/ongoing training to the workforce as well as foster caregivers and prospective adoptive parents needs to be redesigned as well. The CFS Training Center staff participate in these meetings.

SERVICE ARRAY

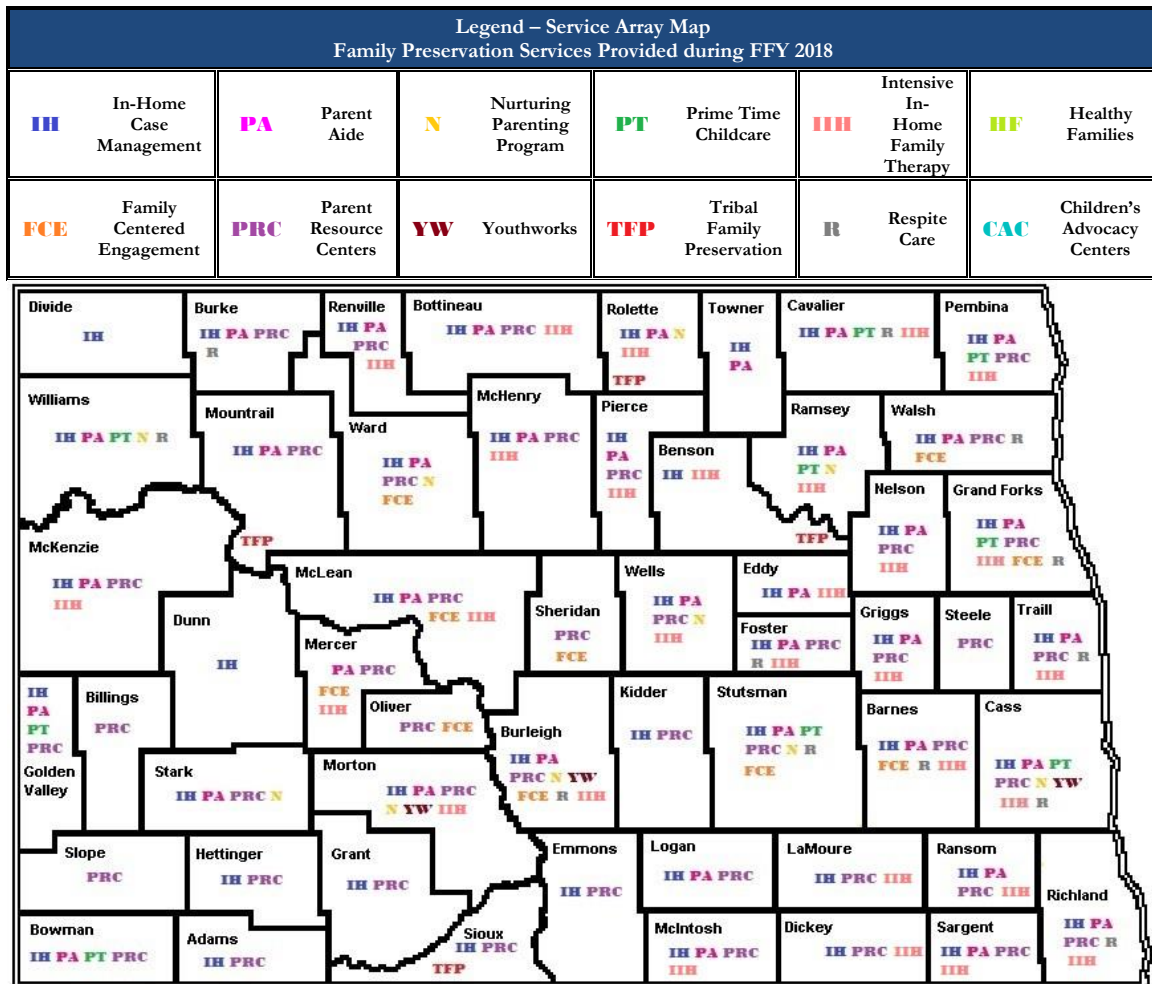
Item 29

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 CFSP?

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

North Dakota provides a comprehensive array of services to benefit children and parents served through the child welfare system. These services are offered throughout the continuum of care and a summary of available services follow. NOTE: Per the legend for the service array map, the counties are documented by services provided during FFY 2018. Counties may have had additional services available to their citizens but there were no documented recipients of those services during this timeframe.



- **Services that assess the strengths and needs of children and families and determine other service needs**
 - **Child Protection Services** are available in every ND county social service agency. CPS is tasked with protecting the health and welfare of children by encouraging the reporting of children who are known to be or suspected of being abused or neglected. CPS provides services for the protection and treatment of abused and neglected children, as well protecting them from further harm. As a county-administered state-supervised system, direct CPS services are provided by county social service agencies. Tribal child welfare agencies provide CPS independent from the state system.

- **Institutional CPS** addresses situations of known or suspected child abuse or neglect that occur within state institutions responsible for the child's welfare such as a residential child care facility, a public or private residential educational facility, a maternity home, or any residential facility owned or managed by the state or a political subdivision of the state. Regional representatives are responsible for conducting assessments in the region where the institution is located. The regional representative provides a summary of all ICPS assessments to the State Child Protection Team, who reviews the assessments and determines if child abuse or neglect is indicated or not indicated. The team may issue reports or recommendations on any aspect of child abuse or neglect, when deemed appropriate.
 - **Assessment** of strengths and need occurs throughout service delivery. All caseworkers are responsible to assess children and families initially and ongoing. In doing so, caseworkers collaborate with public and private educators, medical professionals, dentists, mental health and substance abuse providers, and other providers to address identified needs. Documentation of assessments are in FRAME under the Family Assessment Instrument tab.
 - **Children's Advocacy Centers (CAC)** provide child and adolescent victims of abuse access to a multidisciplinary team approach of investigation, treatment, and care in a safe, family focused environment. The multidisciplinary team includes victim protection, social services, law enforcement, prosecution, victim advocacy, the medical and mental health communities, who work together to provide comprehensive, coordinated and compassionate investigation and intervention of victim abuse allegations. assist in the assessment of child physical and sexual abuse. The CACs are located in three communities in North Dakota, with outreach to four additional communities. All county social service agencies have access to, and have used, the CAC in their area. The CACs are accredited through the National Children's Alliance. The Center directors are members of the Alliance for Children's Justice and meet with this state-facilitated multidisciplinary team quarterly.
- **Services that address the needs of families in addition to individual children in order to create a safe home environment & those that enable children to remain safely with their parents when reasonable**
- **Prevent Child Abuse North Dakota** is not a direct service provider yet is a key primary prevention organization. Prevention Networks, Public Awareness & Community Development and Outreach services are available statewide. Prevention Networks are provided through PCAND's efforts to build on existing networks and connect new partners, as well as forming new networks for prevention of child abuse and neglect, including the North Dakota Home Visitation Network.

Programing known as "*Authentic Voices*" networks survivors of childhood maltreatment and others to advocate on behalf of children. This effort began with the publication of "*Authentic Voices: North Dakota Child Sexual Assault Survivors*" publication. It has grown as a public awareness project utilizing a facilitators guide and theater adaptations of the work. They also coordinate the "*Period of Purple Crying*" initiative, an evidence-based infant abusive head trauma prevention program.

Public Awareness efforts include coordination of statewide Child Abuse Prevention Month activities. Community Development and Outreach efforts include the Nurturing Healthy

Sexual Development (NDSD), an engaging, interactive discussion-based training program developed to help adults better understand the sexual development of children and learn how to respond to children's sexuality in ways that promote healthy development.

- **Healthy Families (HFF)** is a home visitation program which often begins prenatally or early in a child's life and may continue for three years. All services with families are free and voluntary. Family Support Specialists offer education, support and assistance on topics such as parenting, child development and ways to reduce family stressors.
- **Alternative Response for Substance Exposed Newborns** is provided to mothers of substance exposed babies to support the babies remaining safely in the home through the development and implementation of a Plan of Safe Care. The goal is to build a support system around the infant/family for safety and continued support after the CPS assessment is closed. This service is available in all counties.
- **Nurturing Parenting Program (N)** is a group-based program in which both parents and their children participate. This field-tested and nationally recognized program provides a common learning experience and enhances positive interactions for parents and children. Nurturing Parenting programs offer, "*The Nurturing Program for Parents and Children Ages 5-12,*" and "*The Nurturing Parent Program for ages Birth to 5 Years.*" The Nurturing Parenting Program is recognized by the SAMHSA National Registry of Evidence-Based Programs and Practices (NREPP) and by OJJDP's Model Programs Guide as a Promising Program.
- **Parent Resource Centers (PRC)** provide parenting education and in doing so they offer the following:
 - Parenting education designed to assist parents or primary caregivers to strengthen their knowledge and skills and enhance understanding and performance of positive parenting practices, which prevent child abuse and neglect and reduce primary risk factors: caregiver problems with mental health, substance abuse, family and community violence, and other negative conditions in the child and family's life situation;
 - Meaningful involvement of parents in the development, operation, evaluation, and oversight of the funded programs;
 - Collaborative community activities specific to Child Abuse Prevention Month;
 - Identification and community needs for parent education and support, and strategies to address the identified needs; and
 - Parent education outreach activities which include referrals to social services and community supports and participation in the Family Resource Center Network.

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

- **In-Home Case Management Services (IHM)** are provided to families who have come to the attention of the child welfare agency through a child protection report or self-referral. In-home case management services are designed to ensure the safety and well-being of

children and youth in their homes, prevent their initial placement or re-entry into foster care, and preserve, support, and stabilize their families. While in-home case management is available in every county, not all counties had a caseload during FFY 2018.

- **Parent Aide Services (PA)** are designed to improve parenting skills with parents who are at risk of abusing or neglecting their children by reinforcing parents' confidence in their strengths and helping them to identify where improvement is needed. This service uses the relationship between the parent and the parent aide as a tool to encourage, teach, and assist parents.
- **Prime Time Childcare (PT)** provides payment for temporary childcare to assist children of families where child abuse and/or neglect has occurred or is at risk of occurring. Parents can attend counseling, addiction treatment, or other needed services while their children are cared for in a licensed childcare facility.
- **Respite Care (R)** provides the caregiver temporary relief of duties for the child whose mental or physical conditions require special or intensive supervision or care. Respite funds are used to reimburse the approved provider, support the placement, and reduce burnout. Respite Care is available through both foster care and in-home case management.
- **Intensive In-Home Family Therapy (IIH)** provides families who have one or more children at risk of being placed outside their home with intense crisis intervention services. Licensed therapists work with families in their homes and make every effort to work around the family's schedule.
- **Family Centered Engagement (FCE)** is a facilitated team process that includes participation from parents/caregivers, extended family members, children, service providers, child welfare professionals, juvenile court staff, community partners, and others involved in a child's life. The meetings have only one purpose and that is to make critical decisions with families regarding the removal of children from their homes to the least restrictive and safest placements that are in the best interest of the children.

FCE was implemented in a select number of counties in 2018 and CFS intends to continue this phased implementation. The initial counties were selected by analyzing multiple county specific data reports including: the number of services required determinations, the number of youth entering foster care (per capita), the number of CPS reports received and by category, dual status youth, and provider capacity. It is believed the phased-in approach will increase the likelihood of a larger impact and provide sufficient experiences and data to modify FCE before expanding into additional counties. The intent is to have the service available statewide, resources permitting.

- **Tribal Family Preservation (TFP)** services are available in all four federally recognized ND Tribes through contracted general fund dollars with DHS. The tribal agencies are given the option to provide any or all of the Family Preservation services which include Wraparound case management, parent aide and/or intensive in-home family therapy.

- **Services that help children in foster and adoptive placements achieve permanency**
 - **Foster Care** is 24-hour out-of-home care for children whose parents are unable, neglect, or refuse to provide for their children’s needs. This includes food, clothing, shelter, security, safety, guidance and comfort. In nearly all cases, the child in care has been removed from the home by a court order with custody given to a public agency such as the Division of Juvenile Services, county social services, or Tribal social services. CFS is responsible for rules for licensure of foster care homes and facilities to maintain a standard for the safety and well-being of the children in care. CFS is also responsible for the review of all license assessments prior to issuing a license to provide foster care.
 - **Therapeutic Foster Care** is available through two private non-profit providers, PATH ND and Lutheran Social Services.
 - PATH also provides in-home family support, respite, reunification services, assessment homes, and adoption services collaboratively with Catholic Charities ND (collaboration occurs through CFSR inclusion, ongoing meetings for discussion of issues, licensure through ND DHS, case reviews for licensure and audits, policy issuances from the department).
 - Lutheran Social Services also provides an array of services to promote the well-being of at-risk youth in ND communities such as attendant care, restorative justice, youth court, restorative practices in schools, and the youth cultural achievement program.
 - **Youthworks (YW)** is a private non-profit agency that directs services to youth who are:
 - Homeless and living on the street;
 - Trafficked;
 - Juvenile offenders;
 - Failing, suspended, or expelled from school;
 - Young parents or pregnant moms (under age 22);
 - Arrested and unable to immediately return home;
 - Needing emergency care;
 - Needing peer support or cross-age mentoring; and
 - Struggling with anger issues.

They provide many services including family counseling, shelter for youth, street outreach services, intensive case management for human trafficking survivors, day treatment for education, coordination of youth community service at various local sites, and guardian ad litem advocacy for children.

- **Residential Child Care Facilities (RCCFs) and Psychiatric Residential Treatment Facilities (PRTFs)** work as closely as they can with families to include biological, foster, extended family members in the process of creating and building an individual plan of care for the child placed in the facility. Families are encouraged to visit, engage in family activities, write letters, maintain phone contact, etc. RCCF and PRTF programming does vary throughout North Dakota, however some facilities provide family therapy, offer a family engagement and strengths building classes, pay for travel expenses to get families to and from the facility, as well as house the families in separate apartment units to accommodate the distance in travel.

- o **Adoption Services** are provided by private providers within the state. Pursuant to statute, CFS is served notice of all adoptions that occur in the state of North Dakota. CFS facilitates a contract with a private provider to provide adoption services to children in foster care and the families who adopt them. DHS has long contracted with private vendors to provide adoption services in North Dakota (Adults Adopting Special Kids – AASK). Catholic Charities North Dakota (CCND), in collaboration with PATH ND, is the current contracted vendor to provide adoption services to children in foster care and the families who adopt them. Services provided by the vendor include child preparation and assessment, family preparation and assessment, general recruitment functions, technical assistance to the public agency on adoption matters, placement and placement supervision, services to finalize the adoption, assistance with application for adoption subsidy, and post adoption information and support. Under this contract, payment for services relates to adoption placement, finalization and timeliness in adoption (consistent with the national standard). An additional payment is made for those adoption finalizations where specialized recruitment was necessary to facilitate placement (degree of difficulty payment). This performance based contracting system has been in place since July 1, 2005.

The contracted adoption provider, AASK, works collaboratively with the North Dakota tribes when placing Native American children for adoption. AASK places children within the ICWA order of preference unless “good cause” has been established by the court to do otherwise, or the child’s tribe has approved placement outside the ICWA order of preference. Adoptive families, with support from the adoption worker, develop a cultural plan for all Native children being placed for adoption with non-Native families that is forwarded to the child’s tribe when requesting their approval to place outside the order of preference. At the request of the North Dakota Tribal Social Service agencies and with prior approval of the Administrator of Adoption Services, the AASK program will provide adoption services to children in the custody of North Dakota tribes where the tribe has a plan for adoption. The ND DHS services will provide adoption assistance in the form of Medical Assistance for families who are adopting child through a North Dakota tribe and the tribe is providing the monthly adoption subsidy (a 638 funded subsidy).

- o **TANF Kinship Care Program** became a statewide program available to county social service agencies and the Division of Juvenile Services in 2005. TANF currently does not include tribal social service agencies in the Kinship Care program due to lack of funding. This program offers a modest monthly financial payment to kin providers who chose not to become licensed as foster parents. This service is available in all counties.
- o **Chafee Foster Care Independence Program (CFCIP) and Education & Training Voucher (ETV)** program operations are administered by CFS. North Dakota ensures that all political subdivisions in the eight regions and 53 counties are served by CFCIP, including tribal youth and youth in custody of the Division of Juvenile Services.
- o **OPPLA:** Foster youth with a goal of Other Planned Permanent Living Arrangement are assessed for available community services during the child and family team meeting process and within the context of foster care case management services. Eligible youth are referred to CFCIP as appropriate while all youth with this goal receive Independent Living and other supportive services through case management.

- **Subsidized Guardianship** offers state-funded financial support for youth who are not able to return to their parent(s). Eligibility for this program includes:
 - Youth age 12 and above (sibling groups will also be included if one member of the sibling group is 12+);
 - Adoption and reunification have been ruled out;
 - Youth legally free for adoption who do not wish to or cannot be adopted;
 - Youth in temporary custody whose parents are incapacitated or unwilling to participate with planning for the child and whose parental rights will not be terminated; and
 - The youth has been in the state foster care system for at least 6 months and the state has responsibility for maintenance payments.

OCR Stakeholder Feedback

Feedback on this systemic factor was sought from all seven Stakeholder groups.

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?**

Responses were mixed with “yes” and “no”. Themes from the responses received are reflected in the following comments:

- *“Therapeutic foster care workers - We definitely had the right people involved right away to support us with the children – a supportive case worker and involved supervisor too – great services! Couldn’t have been more blessed with the support I received. They’re available 24-7 for us.”*
- *“The county caseworker has been helpful too, but the daily support comes from the therapeutic foster care worker.”*
- *“It’s really hard to get the kids into services. As a foster parent you’re constantly pushing to get them help but it takes a long time.”*
- *“For what’s available – yes, but there isn’t a lot available.”*
- *“I think finding respite is a barrier for some kids because they don’t know the family and they become anxious in another home; I think our family should be able to watch the kids, but they can’t anymore.”*
- *“If I have a behavior issue with a kid in care, can’t we help each other figure it out and share our experiences?”*
- *“Mental health services – depends on the agency as to the communication/feedback loop.”*

➤ **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.**

Themes from the responses received are reflected in the following comments:

- *“Respite”* [There was a resounding consensus among most groups that a significant service that is needed/not available is the need for respite services for families, especially addressing the needs of large sibling groups.]
- *“Lack of childcare for children in foster care.”* [Many participants shared the significant out-of-pocket costs families must expend for day care and the delays in which often accompany their reimbursements.]
- *“Experts in drug-exposed babies to help us understand what to expect or how to provide care.”*
- *“I believe we need a mentorship program for foster parents.”*

➤ **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?**

- Some participants expressed significant challenges with transportation services while the majority of participants did not express transportation concerns for their county.

➤ **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?**

Themes from the responses received are reflected in the following comments:

- Helpful:
 - *“Services for education concerns we’re seeing gains in the children because of those educational services.”* [Several others agreed that school personnel are providing individual supports to their foster child which has resulted in academic success]
 - *“Great dental, vision, medical care who take time to understand the kids and talk to them.”*
 - *“Parent Aide – ours works with the parents and has been fantastic with them.”*
 - *“Generalized medical care for foster children.”*
- Missing (not working well):
 - *“Difficult to find medical doctors, and therapists who take Medicaid – huge issue.”*
 - *“Difficult to find dentists willing to take Medicaid or serve young children.”*
 - *“Some therapists won’t let MA clients preschedule, which is difficult, too. We’re delaying some services until we switch to our insurance providers.”*
 - *“Everything is catered to the parents.”*
 - *“Supportive services to foster parents to work through challenges with their foster child, and timely reimbursements.”*
 - *“We need a Mentor/Natural Support program for foster parents.”*

Questions asked of Youth:

➤ **Did you receive all the services you needed to meet your goals (i.e. mental / behavioral health needs, physical, dental, etc.)?**

Themes from the responses received are reflected in the following comments:

- *“My caseworker keeps us up to date on appointments as needed. Physical health/dental health yearly, counseling monthly.”*
- *“I’m getting the services I need – the foster home is stable, clean, structured how I need to function. They keep it under control.”*
- Although not a statewide theme, there were pockets of comments reflecting not as strong performance for this question. (i.e. *“Not really, but my caseworker doesn’t do anything about it.”*)

➤ **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?**

Themes from the responses received are reflected in the following comments:

- *“No”* [consensus throughout all groups]
- *“Most kids will hang out with their friends and sometimes we can’t do that because they need to talk to the worker about that.”*
- *“I believe we should be able to get your driver’s license, at least, because it’s hard to get around. The bus doesn’t go everywhere we need to go.”*
- *“Having to know where you’re at, at all times; knowing all our friends; who we have contact with; less freedom which can keep us safer than other kids.”*

- *“If we aren’t allowed to do anything how are we supposed to learn from our mistakes?”*
 - *“In foster kids you have more availability to get help – you’re more independent.”*
- **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.)?**
- Most participants said “yes” while some stated they were just starting to receive IL services. School personnel, IL Coordinators, social workers, and foster parents were the providers most identified by the participants.
- **What was most helpful (IL service) and what would have made the service more beneficial?**
- The most helpful services reported:
 - *“Getting a driver’s license so I could get to work.”*
 - *“How to apply for college and scholarships.”*
 - *“Budgeting.”*
 - The least helpful services reported:
 - Participants did not identify a service which was not helpful. One comment summed it up as: *“IL services are one of the most reliable things about foster care.”*
- **Have you had an opportunity to talk to a counselor? If no, would you have liked to? If yes, was this helpful?**
- All participants acknowledged they have had the opportunity to talk to a counselor. However, there was a range of feedback received regarding how beneficial therapy is or is not. The following comments reflect the sentiments expressed:
 - *“Yes, I have the best therapist in the world.”*
 - *“Yes, I guess it’s been helpful. I’m not a big fan of therapy.”*
 - *“It wasn’t helpful at all, didn’t help one little bit -was forced to go.”*
- **What would help the agency’s ability to ensure that services children and family need are provided?**
- Themes from the responses received are reflected in the following comments:
 - *“I live in a small community, so I think we need to have a center where you can get counseling, rehabilitation services.”*
 - *“Better foster parent screening and training.”*
 - *“Make sure we have a good social worker (always there for you, talk about anything, tell things you don’t feel like telling foster parents, really cool).”*
 - *“Communication is a big thing – there was such a lack of communication between agencies, and my parents – it was really a struggle.”*
 - *“My county should have more time together with the kids they’re taking care of, instead of like 10 minutes a month.”*
 - *“If there is something bad going on, there should be a way to fix the problem instead of just keep moving me and moving me and moving me. They should quit moving people because it does affect you in the long run.”*

- **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?**
 - Responses to this question ranged across the state. A few on each end of the spectrum (“1” or “10”) whereas the majority of the responses fell somewhere in the middle (“5” to “8”). Many youth commented that it would be dependent on what time period of their involvement with the agency as many have had a range of experiences and not always reflective of their current situation.
- **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?**
 - *“I thought you were going to ask how many case managers I’ve ever had. I’ve had 4.”* [Others also talked about currently having multiple case managers now, from various agencies, for various reasons.]
 - *“When there’s something wrong and the child does everything they don’t take care of it because the child didn’t say it verbally because they’re scared. Need to pay more attention to the child. Instead of just saying they’re being bad and need to go into treatment, understand what’s behind the behavior.”*
 - *“I don’t think there should be a money limit on the clothes that we need because we grow so much.”*

Questions asked of Parents (Options for response included: Strongly Agree, Agree, Disagree, Strongly Disagree, Not Sure or Does Not Apply) [n=21]:

- **My child/ren and family’s situation is considered by the agency when deciding what services are provided:**
4 SA 10 A 2 D 4 SD 1 DNA
- **There are many services available in my area that can help families safely care for their children:**
3 SA 13 A 1 D 3 SD 1 NS
- **My family has access to services that address our needs and help me meet the case plan goals:**
2 SA 13 A 2 D 3 SD 1 NS

Themes from the comments received:

- *“The services are all non-specific to completely made up of lies.”*
 - *“A step by step plan on paper would be helpful.”*
 - *“My worker was not very helpful. I at one time asked to case workers due to her rudeness.”*
 - *“Children are considered, but support of resources for a mother are not. I have done all I’ve done without support from them.”*
 - *“Case manager and team are always available.”*
- **Are there specific types of services you or your family need, or needed, but are not available in your area? 9 Yes 12 No**
 - **Briefly comment on your responses to the statements above (Optional):**
 Themes from the comments received are reflected in the following comments:
 - *“More assistance with parenting evals.”*
 - *“Felon friendly housing. Low-income child care.”*

- *“Help with transportation.”*

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 series of three questions (results below).

	Was this a service you felt you or a family member needed?			Was this a service offered to you or a family member?		If you participated in the service, do you feel it is helping, or helped, improve your parenting?		
	Yes	No	I don't know about this service	Yes	No	Yes	No	Does Not Apply
Case Management Services	15	2	4	16	5	9	5	7
Intensive In-Home Therapy	4	10	7	3	18	2	5	14
Parent Aide	5	9	7	7	14	6	3	12
Parenting Classes	9	10	2	10	11	6	3	12
Addiction Services	12	6	3	9	12	8	2	11
Mental Health Services	14	3	4	10	11	6	5	10
Domestic Violence Treatment	4	12	5	5	16	4	2	15
Anger Management Treatment	7	9	5	6	15	6	2	13
Prime Time Child Care	5	7	9	3	18	3	2	16
Transportation Assistance	10	5	6	5	16	5	3	13

➤ **Briefly comment about your responses to the services in the table above (optional):**

Themes from the responses received are reflected in the following comments:

- *“Services were too broad, and the agency couldn't hit the broad side of a barn.”*
- *“They tell you what's required but do not direct or assist you to those services and some counties don't have the option of certain 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?**

Yes **9** No **12**

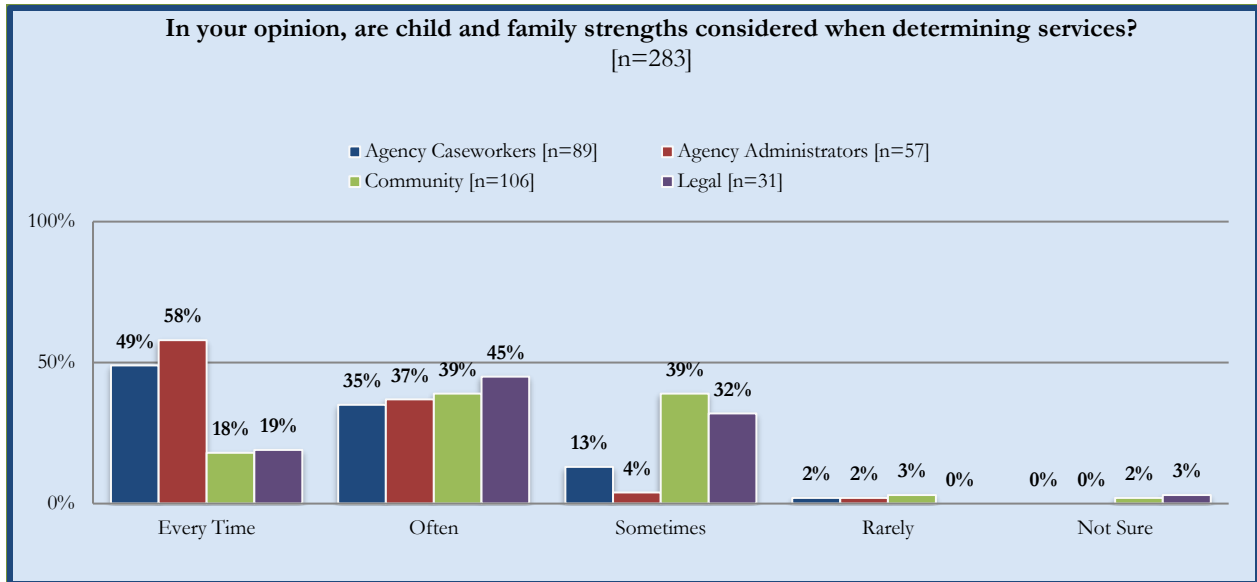
➤ **Briefly comment on your responses to the statements above (optional)**

Themes from the responses received are reflected in the following comments:

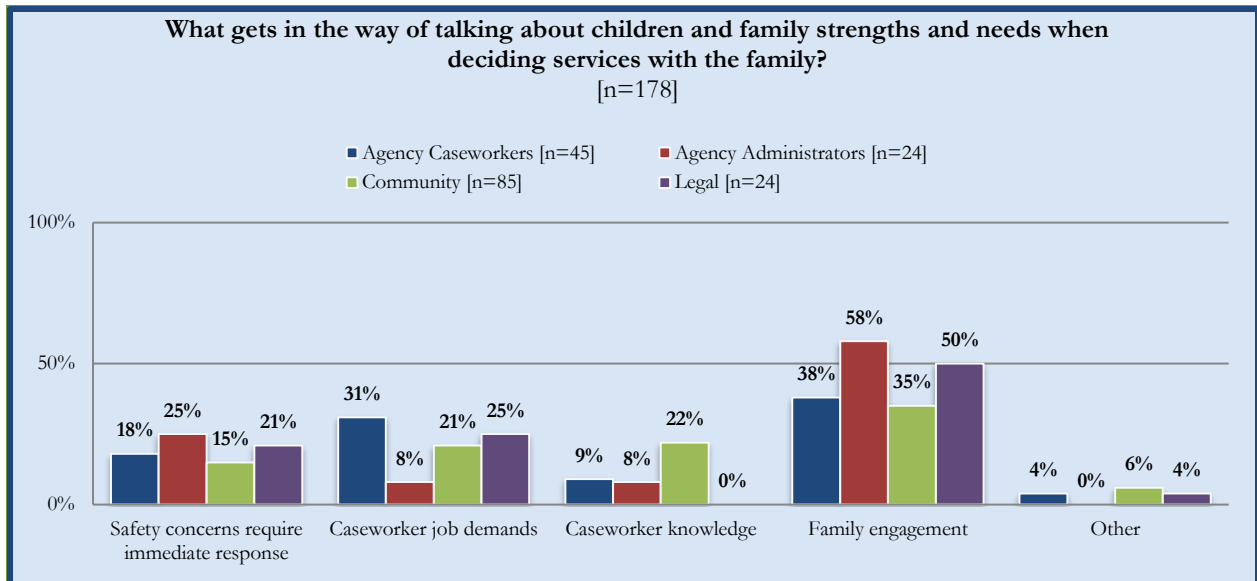
- *“Make sure that the case worker is not working against the parents and they aren't rude to parents that are slower to learn.”*

- "I think they should treat inmates with respect. No one is willing to treat me as an equal. How am I supposed to do better?"
- "I think as each individual of families should put in what they think they especially need."

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



The respondents who did not answer “Every Time” or “Not Sure” to the above question were then asked the follow up question:

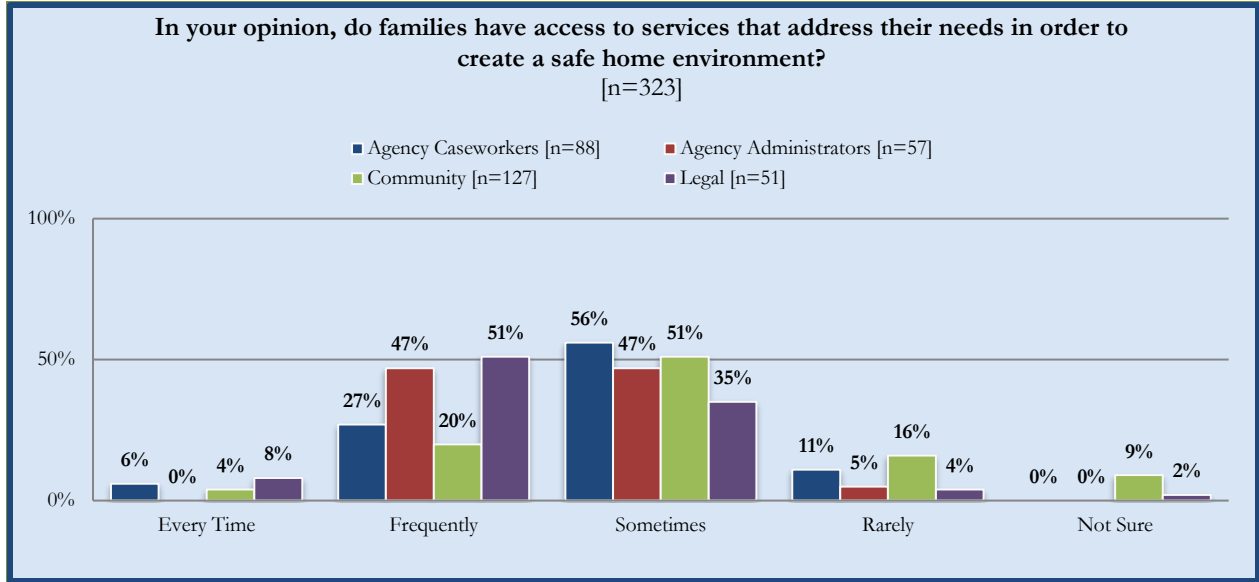


Themes of the ‘other reasons’ received are reflected in the following comments:

- “Conflict between philosophy of regional representatives and local agencies.”
- “It’s a combination of all.”

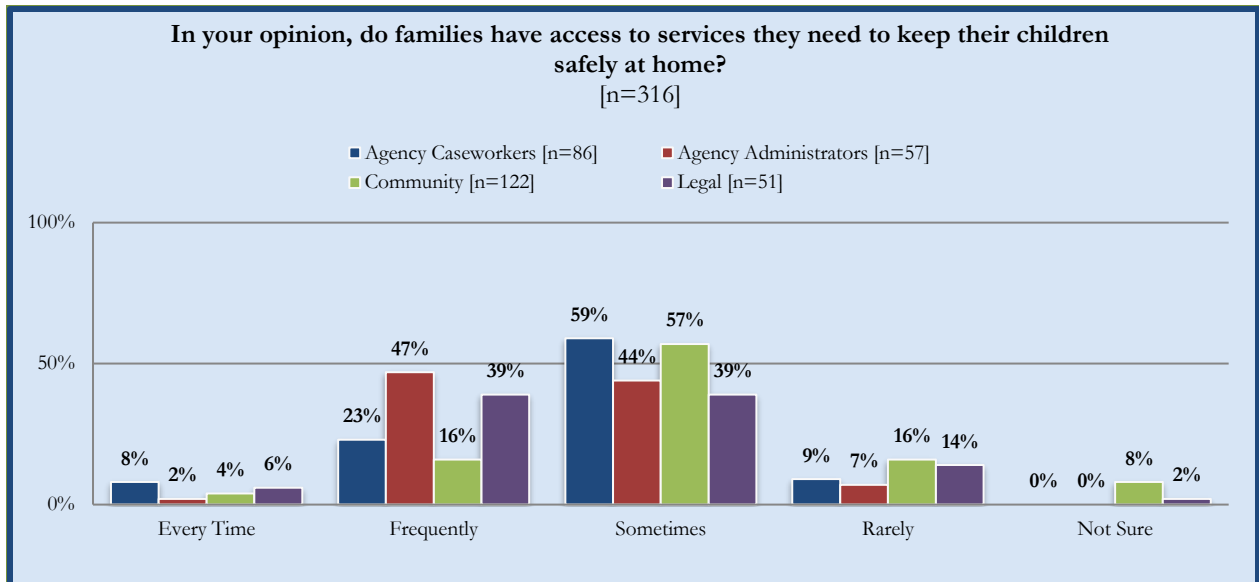
- *“Inconsistent family involvement.”*

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=291] The top three issues identified were the following:

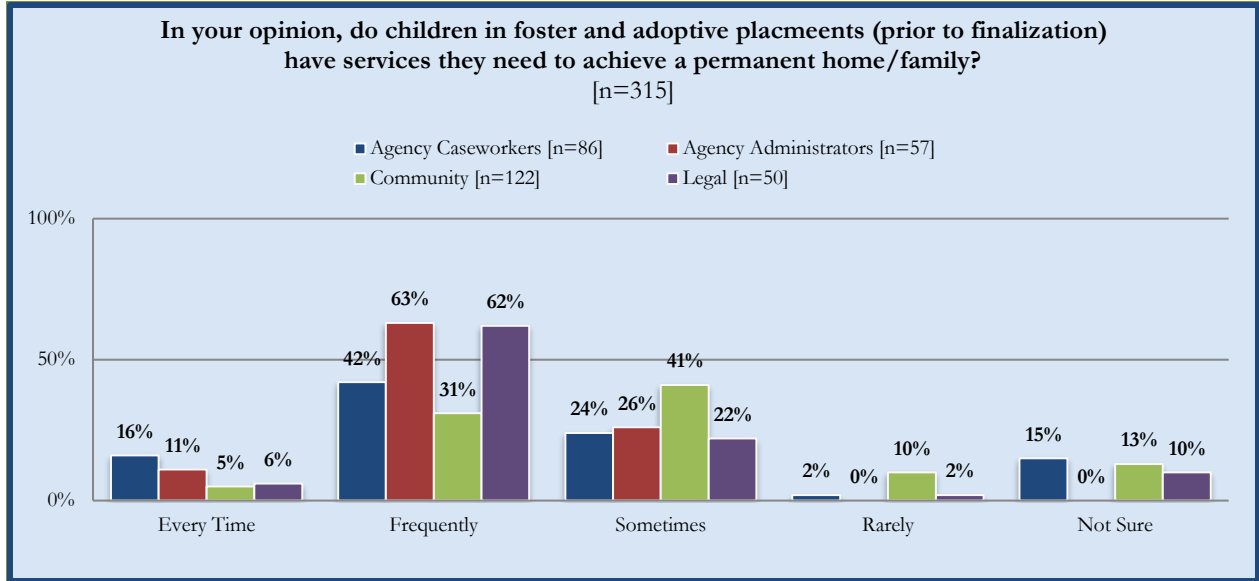
- *Lack of mental health services* [137 responses]
- *Lack of addiction services* [123 responses]
- *Lack of family engagement* [120 responses]



The respondents who did not answer “Every Time” or “Not Sure” to the above question were then

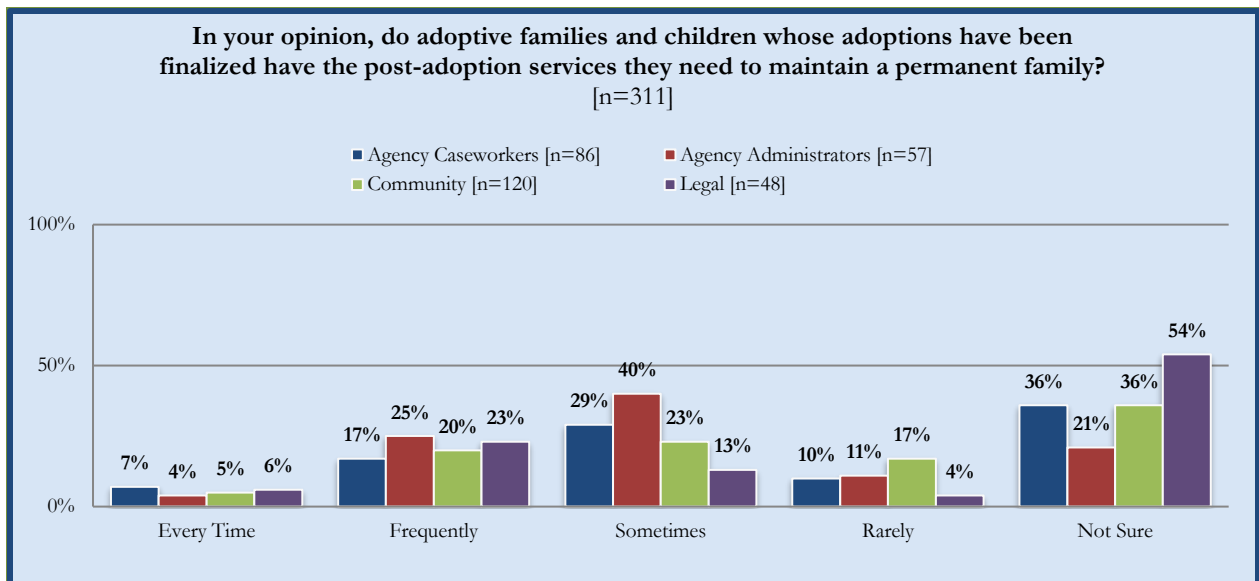
asked the follow up question, **What gets in the way of families receiving services they need to keep their children safely at home?** [n=291] The top three issues identified were the following:

- *Lack of family engagement* [135 responses]
- *Lack of mental health services* [121 responses]
- *Lack of addiction services* [114 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=220] The top three issues identified were the following:

- *Lack of mental health services* [125 responses]
- *Waiting list for services* [113 responses]
- *Lack of supportive services* (i.e. respite care, parent aide) [98 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 home/family?** (n=182) The top three issues identified were the following:

- *Lack of support services* (i.e. respite care, parent aide) [115 responses]
- *Waiting lists for services* [76 responses]
- *Lack of mental health services* [70 responses]

Numerous additional comments were expressed by all Stakeholders surveyed. Themes are represented in the comments listed below:

- *"Services are available to families in rural areas. However, with time off from work and school and inclement weather it is difficult to access the appropriate services. If more services were available in the small communities it would greatly increase participation."*
- *"Intensive In-Home is a very valuable service for families in crisis. The families I serve are a large distance from in-office mental health services and often have unreliable transportation, no driver's license, or cannot afford the cost. There has been quite a wait list for intensive in-home and families get assigned sometimes months after the initial crisis and then have less motivation to participate in the service."*
- *"Work schedules of parents, foster parents etc. should be an option that prevents services from occurring. Oil field workers as are other workers unable to access many services due to their schedules."*
- *"Not requiring county workers to be social workers has resulted in a lowering of quality of services."*
- *"It is unfortunate that the caseload of social services per social worker makes a difference in some of the more timely cases. The purpose of the system is sometimes lost in time as time goes by. I don't work with anyone that does this intentionally it is not enough hours in the day of a social worker. Unfortunate situation."*
- *"The case workers seem slow at getting things done. They state a lack of time as their reasoning. However, it seems that they try to make families tailor to their work schedules of M-F 8-430 and have no ability to adjust their schedules to fit the needs of the family."*
- *"GAL's – I've seen mine only one in nine years."*
- *"Our region lacks supports for addiction and mental health, which makes it very difficult to be able to reduce risk in those categories ESPECIALLY in the rural areas."*
- The following comment received is most appropriate to Item 25 (Quality Assurance System), but that item is not detailed separately for Stakeholder feedback. Therefore, the comment is in this section:
"Overall, this survey did not allow the opportunity to appropriately give feedback regarding the OCR process. It rather reviewed my current knowledge and barriers to providing services. I was disappointed in the lack of organization throughout this review. Instructions were often unclear and not appropriately communicated to case workers. There was a small window for me to prepare my case for the OCR review due to the lack of communication and lack of clarity in the instructions given to us. In the future, I hope these issues are addressed as I feel it affected the outcome of the OCR review. In addition, all documents that were sent to case

managers were sent in PDF form causing us to take up more of our time to retype the information sent to us that needed to be forwarded to the families. In addition, the pre-drafted documents sent to us did not include language that was not intelligible to many of our clients. Also, going forward with future reviews, I believe it should be the responsibility of the OCR team to contact families regarding the review to clarify details and remove the worker bias from the equation of the interview process. Overall, I hope to see improvements in the OCR process in the future."

Item 30

Individualizing Services

CY 2018 Data Source: OCR Stakeholder feedback from Agency Administrators, Agency Caseworkers, Parents, Youth, Foster Caregivers, Legal, Community; OCR Item 12

How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

The ND Wraparound Practice Model values speak to ensuring that services are individualized to meet the child and family needs. However, no quantifiable data is currently available.

OCR Stakeholder Feedback

Feedback on this systemic factor item was sought from all seven Stakeholder groups.

Questions asked of Foster Caregivers:

➤ **Are the case plans individualized for the children?**

Themes from the received feedback are reflected in the following comments:

- *"No, I don't think so. They're individualized to what the parent needs, not the kids."*
- *"Very much tailored to all the children in foster care – unique needs addressed for each child – everybody did their best to meet the needs, but not getting more than what they need so they wouldn't feel overinvolved in services."*
- *"The care plans are way too long – 40-50 objectives and the mom is lower functioning and they expect her to do it all. I'm overwhelmed for them – where do you start? Now I know why the parents give up."*

➤ **Are the children's needs being met with the services provided?**

Themes from the received feedback are reflected in the following comments:

- *"Yes, we work the plans heavily – team members share ideas for services to support the children and being creative/willing to try new things. We are down to practically no services because the children are doing so well now."*
- *"Need for permanency isn't being met timely – falls back on the state, not the county – the state's attorney is backed up, judges are backed up too."*
- *"As much as they possibly can to assess and address the needs with appropriate services."*

➤ **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.)?**

Some of the examples shared are reflected in the following comments:

- *"Trauma-focused therapy, horseback riding/therapy."*

- *“It’s nice that the parents can FaceTime with their children – mom can read stories or sing songs so that helps.”*
- *“For Native American children, the social worker took the kids to pow wows, so they could experience their culture.”*

Questions asked of Youth:

➤ **Do you feel the services you and your family receive(d) are (have been) the right services for your family?**

- Most in attendance responded “Yes” but this was not universal. See below for more details.

➤ **Did you think these services were culturally appropriate and addressed any special needs of you or your family?**

Themes received from the feedback are reflected in the following comments:

- *“My foster parent lets me participate in Native American ceremonies – foster parent is Native American also, and teaches me about lots of cultural things – both Native American and white”*
- *“Yes and no, they really tried to push faith on us, but I didn’t have a preference and it was against my family upbringing,”*
- *“More like every single kid gets the same services and if they don’t respond to what’s given they get thrown into placement.”*

➤ **How did your worker help you understand what services you were going to receive?**

Themes from received feedback are reflected in the following comments:

- *“The team meetings – she broke it down at every meeting, so we wouldn’t be overwhelmed, so we’d feel better about it.”*
- *“My worker didn’t do that for me – they helped me try to understand, but every time I went to a meeting I didn’t really put myself into the meetings because I’d get upset or emotional; but this agency [treatment foster care] is helping me understand better now.”*
- *“She didn’t.”*
- *“Usually through visits with the caseworker.”*

➤ **Did any of the decisions about services change after talking with your worker?**

There were mixed experiences shared. A few of the specific comments include:

- *“Things got progressively better – partly due to me changing and they [my team] grew as well.”*
- *“Communication is bad – things change, and I’m not told.”*
- *“No, I did get to talk about it, but it didn’t change the decision.”*

➤ **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.**

Various responses are shared below:

- Good experiences:
 - *“My foster parent and I are really close and say ‘I love you’ to each other.”*
 - *“My therapist checks in with foster parents which has been good.”*
 - *“I really think the services really help because without them I wouldn’t be who I am right now” [others agreed – “I wouldn’t be here right now”; “I wouldn’t be as successful as I am now.”]*
- Experiences that need to be improved:
 - *“CPS workers were rude and I hated how they talked to me – I cried when they took me from my”*

parent because she told me I wasn't going to be with my parent anymore, could have been more respectful and sympathetic and explained things to me [another agreed]; we're told not to get into cars with strangers but we had to go with them; more information being passed along between workers, foster families, and us - better communication." [Others agreed]

- "Confusion with workers and not knowing or understanding policy."
- "Communication between me and the team – they know what's going on but I'm the last to know and it's my life they are talking about."

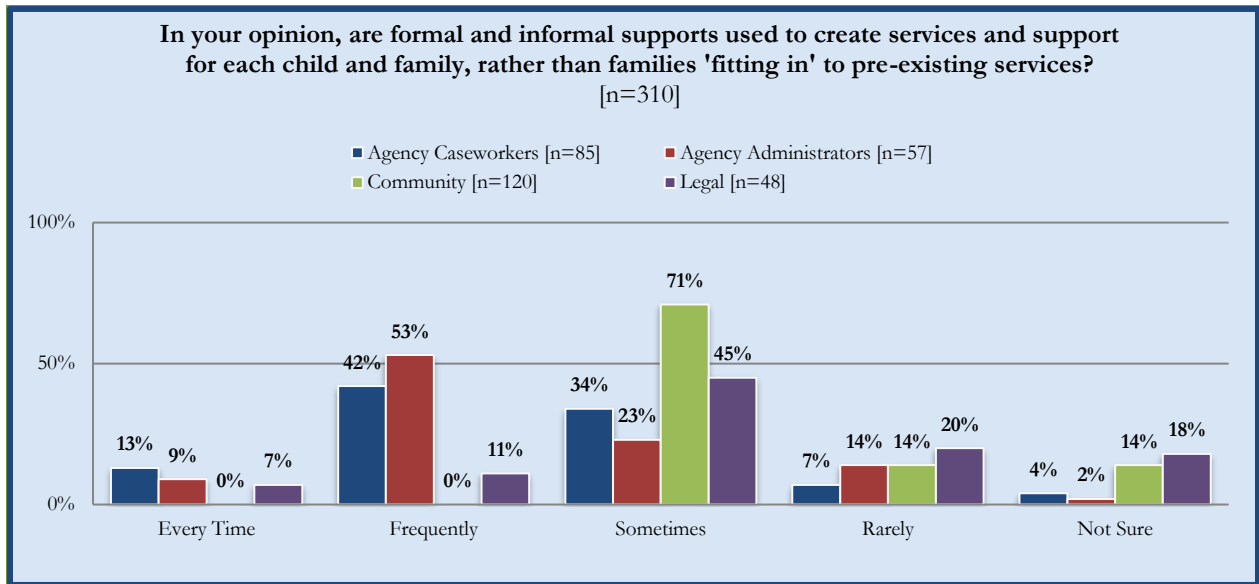
- **Were services available at times when you were able to attend? For example, did you have to miss school if you wanted to participate in a service, or were accommodations made whenever possible to meet your needs?**
 - The most common response heard was "Yes, most of the time. But, I didn't mind missing school when I had to."

Questions asked of Parents (Options for response included Strongly Agree, Agree, Disagree, Strongly Disagree, Not Sure or Does Not Apply) [n=21]:

- **The agency works with me to identify and offer services to help the unique needs of my family.**
 3 SA 8 A 5 D 5 SD 0 NS

- **The case managers I have worked with were available and respectful.**
 8 SA 5 A 4 D 4 SD 0 DNA

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



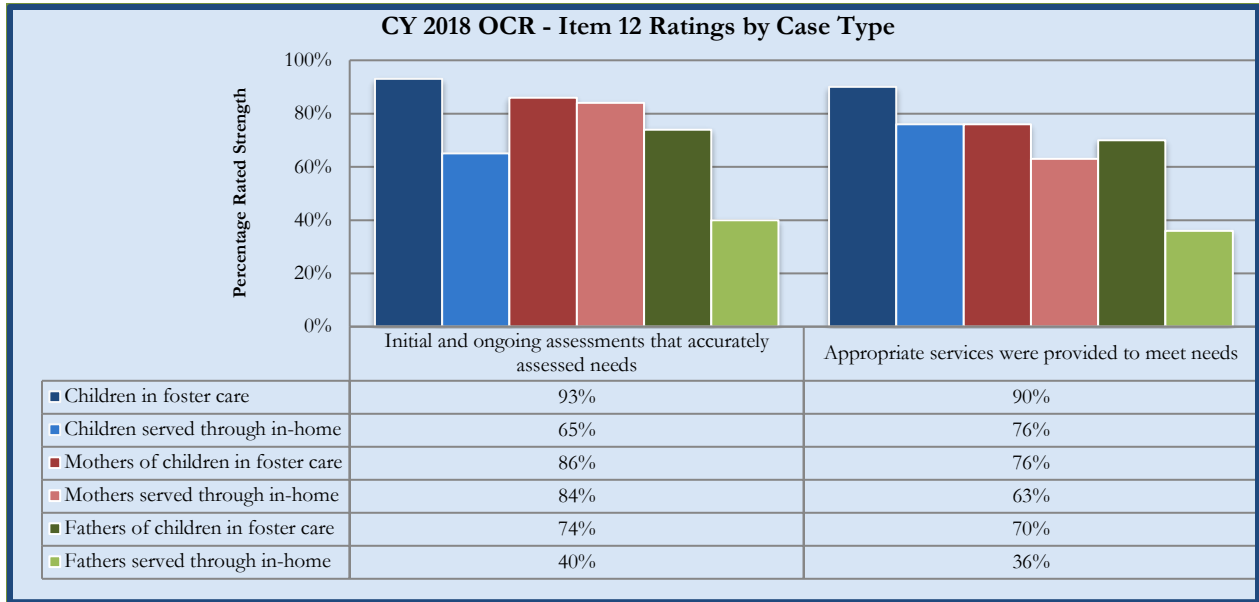
The respondents who did not answer "Every Time" to the above question were then asked the follow up question, **What gets in the way of formal and informal supports being used to create services and supports that are developmentally and culturally appropriate?** [n=246]

The top five issues identified were the following:

- Lack of Native American foster homes, elders/mentors, caseworkers [117 responses]

- o Lack of services tailored to meet the needs of parents [97 responses]
- o Collaboration between Child Welfare, Behavioral Health, Developmental Disability [89 responses]
- o Lack of culturally appropriate services [69 responses]
- o Lack of residential services for dually diagnosed children [65 responses]

Item 12 data (*Needs and Services of Children, Parents, and Foster Parents*) from the CY 2018 OCRs reflects that Strength ratings were 68% for foster care cases and 40% for in-home cases. It becomes clear by reviewing the data below that the primary practice challenge was related to assessment and service provision to children and families receiving in-home case management.



Interdisciplinary Teams

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

Assessment on Progress to Date

No additional information is available.

Activities Targeted at Improving Performance

Please refer to the comparable sections of Safety Outcome 2 and Well-Being Outcomes 1 & 3.

AGENCY RESPONSIVENESS TO COMMUNITY

Item 31

State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

CY 2018 Data Source: OCR Stakeholder feedback from Agency Administrators, Agency Caseworkers, Youth, Foster Caregivers, Legal, Community

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related 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?

CFS engaged and consulted with the following Stakeholders in the development of the 2020-2024 CFSP:

- Behavioral Health Division
- County Social Services
 - Morton County Social Services
 - Richland County Social Services
- Community service providers (private and public)
 - Adults Adopting Special Kids
 - Dakota Boys and Girls Ranch (RCCF & PRTF)
 - Developmental Disabilities Division
 - Home On The Range (RCCF)
 - Inner Groundwork
 - Lutheran Social Services – Home Visiting Coalition
 - Medical Services Division
 - ND Federation of Families for Children’s Mental Health
 - ND Supreme Court
 - PATH ND
 - Red River Children’s Advocacy Center
 - The Village Family Services Center
- Court Improvement Program
- Division of Juvenile Services
- Juvenile Court
- State’s Attorneys
- ND Commission on Legal Counsel for Indigents
- ND State Hospital/Clinics
- Parents
- UND - CFS Training Center
- Youth Leadership Board

CFS program administrators actively participate in several regularly scheduled meetings of the following:

- County Supervisors Committee
- CFS Committee (subcommittee of the county directors association)

- Court Improvement Project
- Dual Status Youth Initiative
- ND County Social Services Directors Association
- Regional Representatives of County Social Services
- State and Tribes Enhancing Partnership Strategies (STEPS)

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

CFS utilizes the feedback received from the above meetings to develop the state’s CFSP 5-year goals, objectives, and annual updates. Furthermore, the state makes these documents available to stakeholders, tribes, and the public on the Department’s website at the following link: <http://www.nd.gov/dhs/info/pubs/family.html>.

OCR Stakeholder Feedback

Feedback on this systemic factor item was sought from all seven Stakeholder groups.

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. Some participants indicated they could probably search the internet to find it.

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?**
 - Examples of “Good” things happening are reflected in the following comments:
 - *“Families getting better after being in therapy, getting smarter and knowing things they didn’t know before.”*
 - *“I like my caseworker.”*
 - *“Stuff like this where we actually have a chance to talk about how things are going.”*
 - Examples of things youth believe need to be changed are reflected in the following comments:
 - *“We don’t have enough foster homes – wanted to sign myself in to foster care after age 18, but there wasn’t a home available for me.”*

- *“Better communication - still am not able to get my driver’s license – just as strict.”*
- *“I think there should be a support group for foster care kids like foster parents have share and support.”*

➤ **Are you aware of any opportunities for foster youth to be involved in statewide efforts to provide child welfare services?**

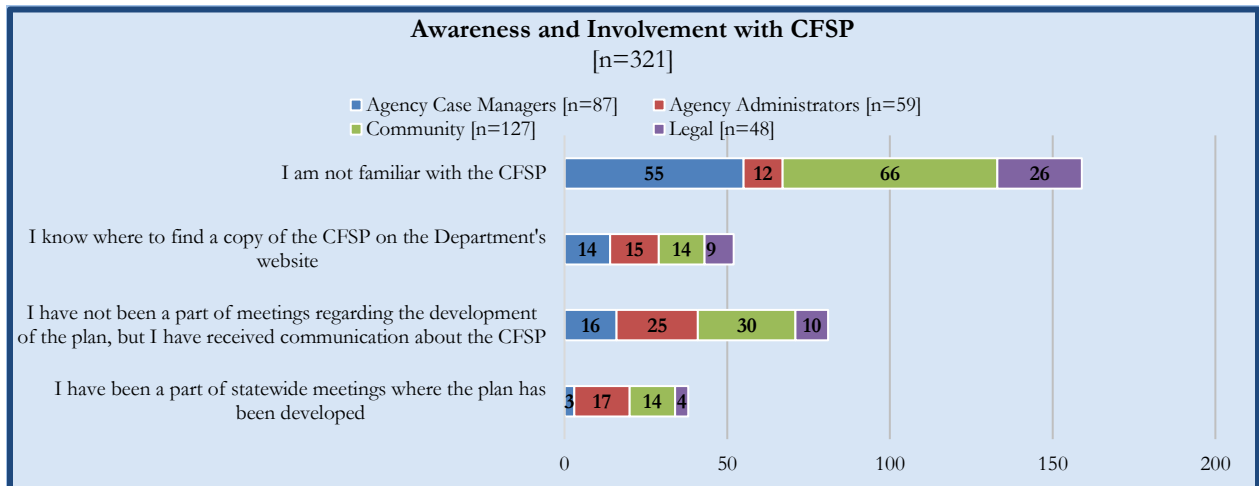
- Most participants were unaware of opportunities. In a few locations, however, youth mentioned awareness of the ND Youth Board.

➤ **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?**

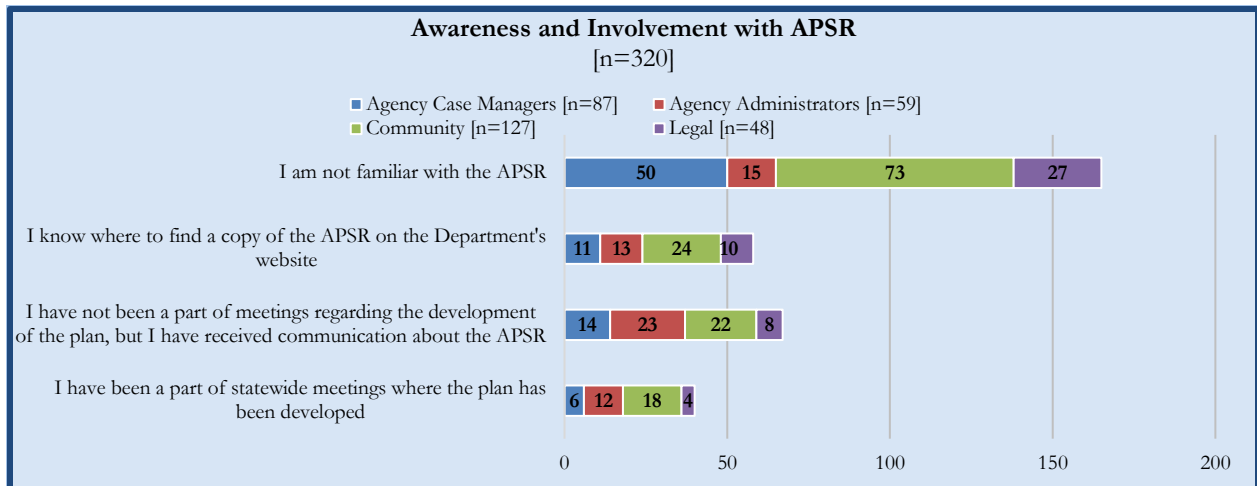
- Themes from feedback received are reflected in the comments below:
 - *“We need more groups like this. I don’t think some know about this and don’t have the chance to participate in groups like this.”* [Referring to the Stakeholder meeting]
 - *“Groups for kids in foster care who can do activities together, and even with those who aren’t in foster care, so they can succeed too – so we can save them, too. Help them out so they don’t have to go to foster care.”*
 - *“Listen.”*

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”?**



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



The above qualitative information indicates that the active collaborative efforts previously described are not noticed or understood by Stakeholders. It points to challenges CFS experiences in developing a fully functioning CQI process.

Item 32

Coordination of CFSP Services with Other Federal Programs

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

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

For example:

- CFS coordinates eligibility for most federal assistance program (Medicaid, TANF, Food Stamps, Title IV-E Foster Care Eligibility) with local county social service agencies and the Medical Assistance or Economic Assistance divisions of ND DHS.
- Medicaid has been used to finance Wraparound Targeted Case Management Services for multiple systems. Private and public health providers complete the Health Track/EPSTD Screenings with Medicaid funds.
- The TANF Kinship Care Program was developed in collaboration with the Economic Assistance Division in 2005. Child welfare program share information with TANF in accordance with IM 5267.
- ND DHS relies on a Master Client Index (MCI) to compare client records from various systems

and links them together, creating a Master Demographic Record for each client receiving state services. The MCI utilizes IBM's Initiate Master Data Service to score, match, and consolidate data into a single record. Additional network interfaces are in place between CFS and Medical Assistance, Economic Assistance and Child Support Divisions which aid in the reporting of financial elements for the AFCARS report.

Collaborative efforts continue with CFS and the Child Support Division. The Department of Human Services maintains an automated system (FACES) to transmit and receive child support referrals. The referral information sent to the Child Support Division is used to establish paternity, locate the absent parent(s), and establish and enforce a support order. The referral may be transmitted by the County Social Service agency to Child Support at any time following placement but is required to be transmitted at the time of initial payment authorization. Once a child support referral is in an open status, child support collected on behalf of the child will automatically be allocated to the North Dakota Department of Human Services to offset the amount expended for foster care while the child is in a paid placement. When a child's placement is closed, the child support referral will revert to "close pending" and remain in a monitor status until the child's foster care program is closed or a new placement is entered. This coordination assists the agencies to meet the needs of children. In some cases, the local agency is able to locate a prospective placement option or reunite a child with their biological family because of information obtained from the Child Support Division. Additionally, child support is to help children get the financial support they need when it is not otherwise received from one or both parents. To accomplish this, CFS works directly with the Child Support Division, who works with the families to carry out critical steps in the child support process to ensure proper payments are applied to child accounts.

- Federal Parent Locator is a beneficial resource available to the state's child welfare community hosted by the ND Child Support Division. Child Support works closely with CFS to ensure that county case managers have access to obtaining necessary contact information on all children in foster care. The process is simple; the case manager provides basic demographics to the regional representative and the regional representative in turn works directly with the Child Support Division to obtain contact information on family with hopes to locate and secure relative placement options. Child Support has provided CFS with a form to use when requesting information on NYTD survey youth via Federal Parent Locator. Every reporting period, CFS has relied on this coordinated effort to receive information from the FPLS to contact youth directly.
- Early Childhood Services administration falls under the umbrella of Child and Family Well-Being, and this position is supervised by the CFS Well-Being Administrator. The Early Childhood Administrator serves as the administrator for the Child Care Development Fund (CCDF) Plan. This plan is co-administered by the Economic Assistance Division of the Department. There is a strong partnership between these two divisions and the co-administrator is responsible for the development and supervision of eligibility policy and eligibility determination process for the Child Care Assistance Program. Other responsibilities include the development and monitoring of technical aspects for the subsidy payment system, conducting the market rate survey, and serve as a resource in the improper payment review process.

- CFS collaborates with Head Start Collaboration Office in order to support the coordination of services to families with low income and young children. The Head Start Collaboration Office regularly meets with the Early Childhood Services Administrator to discuss coordination and collaboration of services. The local Head Start programs work closely with caseworkers and foster parents to inform them that foster children are automatically eligible for Head Start.
- The Department of Human Services, and specifically the CFS Division, is the agency designated by the Governor to administer the Unaccompanied Refugee Minor (URM) program and collaborate with the ND Medical Services Division for Refugee Medical Assistance programming for refugees arriving in the United States and into North Dakota. Under a Memorandum of Understanding between ND DHS and Lutheran Social Services of North Dakota (LSS), LSS administers the Refugee Cash Assistance through a Wilson/Fish Alternative Project. In addition, LSS is the grantee for other Office of Refugee Resettlement (ORR), Administration for Children and Families, US Department of Health and Human Services federal funding. These include: Refugee Social Service Grants, Targeted Assistance Grants, Preventative Health Grants, and Refugee School impact Grants. These grants are available to meet the needs of newly arriving refugee families and unaccompanied refugee minor youth. Refugee related grants assist in paying for interpretive services, transportation, foster care costs, job placement activities/trainings, extraordinary medical needs, economic assistance to refugee families, educational and job training classes and ELL and resource rooms in schools, to name a few. Primary resettlement sites are in Cass County (Fargo and West Fargo), Grand Forks County (city of Grand Forks), and Burleigh County (Bismarck), North Dakota.
- Six parenting and family resource centers receive CBCAP dollars to fund specific parent support and education activities for the prevention of child abuse and neglect. These centers are local, collaborative efforts providing opportunities for evidence-based parent education for parents and caregivers. The Parent Resource Centers participate in a Family Life Education Program, a partnership with North Dakota State University Extension Service.
- CFS partners with the North Dakota Department of Health - Division of Maternal and Child Health Parenting to publish and distribute the First Year Newsletter. This newsletter provides new parents with age paced information regarding infant care and safety. A copy of the newsletter is offered to parents of newborns in the birthing hospitals across the state. The CBCAP grant award supports costs for preparing, printing and distributing the Parenting the First Year Newsletter.
- Three Children's Advocacy Centers contract with CFS to conduct forensic interview and physical exams in child physical abuse and sexual abuse cases (all are fully accredited).
- CFS coordinates with the ND Supreme Court Improvement Program (CIP) to improve communication with judges, court administrators, State's Attorneys, Juvenile Court Staff, and tribal staff to address systemic issues.
- CFS has contracts with the four North Dakota tribal social service agencies to provide family preservation services. These contracts are funded with state general funds, appropriated for this specific purpose by the ND legislature, to support front-end supportive services to families living on the four reservations in North Dakota. The tribal social services agencies are given the

flexibility to choose which family preservation programs to provide, with the understanding that they must follow ND policy regarding these programs. A challenge with these contracts is the inconsistent usage of the appropriated funding, largely due to almost constant workforce turnover in leadership and fiscal positions.

- The State Child Protection Team is made up of members from the following agencies: Department of Public Instruction, Department of Corrections, Developmental Disabilities Division, Residential Facility Licensors, Office of the Attorney General, Children and Family Services-Child Protection, and the Behavioral Health Division. Its purpose is to review all cases of alleged institutional child abuse and neglect and make a determination if child abuse or neglect has occurred. Recommendations for follow up are provided when warranted. Activities to enhance outcomes for shared populations have developed as a result of this coordination.
- Local county agencies coordinate housing services available within their communities.
- CFS contracts with Prevent Child Abuse North Dakota (PCAND) to strengthen and build community child abuse prevention efforts as well coordinating the Children’s Justice Act Task Force. PCAND administers the MIECHV federal grant for home visitation programs.

Assessment on Progress to Date

No additional information is available.

Activities Targeted at Improving Performance

DHS is currently restructuring and the impact this will have on these systemic factor items is yet to be determined.

FOSTER AND ADOPTIVE PARENT LICENSING

Item 33

Standards Applied Equally

CY 2018 Data Source: OCR Stakeholder feedback from Agency Administrators, Agency Caseworkers, Parents, Youth, Foster Caregivers, Legal, Community

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?

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

In cases where the home of a Native American family (not subject to the jurisdiction of the State of North Dakota for licensing purposes) is located on a recognized Indian reservation in North Dakota, an affidavit from an agent of the Tribal Child Welfare Agency, or an appropriate tribal

officer, is accepted in lieu of a licensing procedure. The affiant states that an investigation of the home was completed by the tribe's child welfare agency or tribal council, and that the prospective home is in compliance with the standards required by NDCC 50-11-02. North Dakota tribes have not adopted standards through tribal resolution that differ from State licensing requirements. The 2019 ND Legislative Assembly passed a new law that allows Tribes to license Native American homes on or near the reservation. "Near" will be defined by each individual Tribe.

North Dakota has eleven Residential Child Care Facilities (RCCF) licensed under North Dakota Administrative Code (NDAC) 75-03-16 Residential Child Care Facilities/Group Homes and are considered the state's child care institutions. All facilities are held to the same standards as required by NDAC 75-03-16. DHS as the licensing agent, accompanied by a team of reviewers, completes 1 licensing visit per year to each of the RCCFs. DHS also completes "random-site" visits to facilities as necessary.

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

Following the identification of condition, NDAC 75-03-16 determines the response DHS must take regarding a facility found to be out of compliance with NDAC 75-03-16. NDAC may require DHS to issue a provisional license, correction order, fiscal sanction, or revocation of license. NDAC 75-03-16-30 also gives the department authority to grant a variance from the provision of the licensing chapter upon such terms as the department may prescribe, except in those cases a variance may permit or authorize a danger to the health or safety of any child cared for by the facility. For the licensing period cumulating on June 30, 2018, all facilities were granted a one- or two-year license.

CFS licenses child-placing agencies that in turn may either license homes for foster care and/ or approve homes for adoption. The LCPA licensing process includes a comprehensive checklist documenting all the safety requirements for family foster homes and adoptive resources. Additional specific requirements related to administration, administrative and staff training, and programmatic

content and activities are included in the licensing review process. The Licensing Review Team described above is used for this purpose. LCPA's are issued either a one year or two-year license, depending upon the agency's status.

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

In FFY 2018, one on-site licensing visit was made to PATH. During this visit, the licensing review team reviewed a total of 6 foster care youth files and the corresponding foster home files. The selected files were pulled randomly after CFS received a master list of all youth. CFS further stratified the sample in order to review different workers and locations through the state. The corresponding foster family files were also reviewed at this time. At any given time, PATH reports maintaining approximately 260 licensed homes which serve approximately 240 foster children. CFS recognizes the number of files reviewed does not provide for a significant sample, yet the number of cases reviewed is limited by available resources. All files were found to be in compliance with state standards and no concerns were noted regarding the licensing standards being applied inequitably.

Catholic Charities North Dakota (CCND) received one on-site licensing visit in FFY 2018. CCND has two distinct adoption programs, one serving the foster care population and the other serving private domestic and international adoptions. Program policies for each program were reviewed. The six case files reviewed during this visit were not specific to the AASK program, although a comprehensive review of the agency's administrative policy manuals and employee files was conducted. AASK files were not a part of this licensing visit because individual foster child files (inclusive of the adoptive family's approved adoption assessment) are reviewed no less than five times during the adoption service period by the state adoption administrator as she processes various adoption documents. There have been no concerns noted or brought forth regarding equal application of the state's licensing standards for adoptive families.

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

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

OCR Stakeholder Feedback

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

Foster Caregivers were asked the following question:

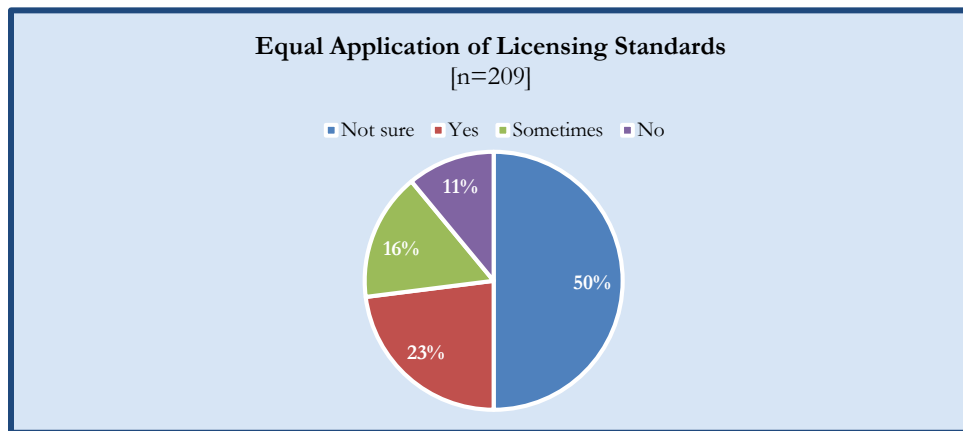
➤ **Are the state's standards applied equally to all licensed foster home or child care institutions?**

Most participants spoke primarily to licensing of foster homes, as most commented they were unfamiliar with the licensing process for child care institutions. Themes from the feedback received is reflected in the following comments:

- *"I think we're very consistent for foster parent licensing."*
- *"There's no way to gauge that."*
- *"I don't know."*

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)?**



Stakeholders surveyed were asked to comment on their responses. A range of answers were given. A sampling of comments included:

- *"Not consistent."*
- *"Some residential facilities are there for the money not the children."*
- *"Some licensors ask more in-depth questions than what is required, to gain a better understanding of a family's dynamics, strengths, weaknesses, etc."*
- *"There are issues in group/residential facilities that are not addressed that are not tolerated in foster home placements."*
- *"Personally, observed multiple instances of bias in the process."*
- *"No appeal process for RCCF - PRTF 960's."*
- *"This is hard to say as one generally isn't greatly aware of the licensing issues/process of other entities. Significant staff turnover at the state level related to PRTF licensure has made consistency and general knowledge of licensure issues and accreditation issues difficult to maintain from one person to the next. Consistency of knowledgeable state level personnel is required if providers are to reach their full potential"*

as trust is critical when looking for guidance, etc.”

Item 34

Requirements for Criminal Background Checks

Data Sources: CBCU, Title IV-E Eligibility reviews, FRAME, AASK, NCANDS, OCR Stakeholder feedback from Legal and Community

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?

North Dakota’s Criminal Background Check Unit (CBCU) completes all criminal background checks for all ND foster and adoptive families, licensed child placing agency employees, residential child care staff, and early childhood providers. During FFY 2018, the following numbers of background checks were completed:

ND Criminal Background Check Unit FFY 2018 Data	
PROVIDER LEVEL	TOTAL CHECKS COMPLETED
Foster Care – Family Home (including Kinship)	1,072
Foster Care – PRTF/RCCF/Group	339
Adoption – Domestic	143
Adoption – Special Needs	258
Adoption – International	23
Adoption – Home Assessment Update	46
LCPA Employees	92
Fingerprint Check Totals	2,050
Child Abuse & Neglect Index Checks CY 2018	10,467
	1,043 Monthly Average

North Dakota participated in a title IV-E foster care eligibility review June 12-16, 2017. According to the report issued by the U. S. Department of Health and Human Services: *“The North Dakota title IV-E Review encompassed a sample of the state’s foster care cases in which a title IV-E maintenance payment was made for an activity that occurred in the six-month period under review (PUR) of April 1, 2016 – September 30, 2016. A computerized statistical sample of eighty (80) cases plus twenty (20) oversample cases was drawn from data the state submitted to the Adoption and Foster Care Analysis and Reporting System (AFCARS) for the above period. The sample included cases from three of the four tribes that participate in title IV-E agreements with the state. Prior to the onsite review, one case from the original sample was eliminated and during the onsite case review, another case was eliminated from the original sample after it was determined that title IV-E payments were not made for a period during the PUR.”*

The report states that: *“In accordance with federal provisions at 45 CFR § 1356.71, the state was reviewed against the requirements of title IV-E of the Act and federal regulations regarding [among several others] “safety requirements for the child’s foster care placement as required at 45 CFR §1356.30.”* The requirements in 45 CFR 1356.30 include: *“(a) The title IV-E agency must provide documentation that criminal records checks have been conducted with respect to prospective foster and adoptive parents.”* North Dakota was found to be in substantial compliance. All 80 of the reviewed cases were found to have a criminal background check in full compliance with federal requirements.

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

During FFY 2018, three foster care eligibility quality assurance reviews were completed involving a statewide sample when the collective results are analyzed. In all, 227 files were reviewed, and results indicated 84% of files were in compliance with the required criminal background checks. Results further revealed that 84% of the files contained the necessary documentation in the files and 16% of the files received a corrective action finding requiring copies of the completed background checks be placed in the eligibility case file. As of October 1, 2018, all corrective action verification sheets have been received confirming the eligibility case file contains copies of the BCI/FBI verifications. In each of the cases requiring corrective action, documentation was received that the actual criminal background check had been completed in accordance with federal and state laws based on documentation in the case management file, thus for the purposes of this systemic factor, the state deemed these files to be in overall compliance. Results for individual reviews are as follows:

REVIEW DATE	PERIOD UNDER REVIEW	COUNTIES IN WHICH HUMAN SERVICE CENTER REPRESENTED	NUMBER OF FILES REVIEWED	NUMBER (%) OF FILES WITH COMPLETED BCI/FBI CHECKS	NUMBER (%) OF FILES MISSING BCI/FBI VERIFICATIONS IN ELIGIBILITY FILE
October 16-19, 2017	2/1/17-7/31/17	7 WCHSC 4 SEHSC 3 NEHSC	75	63 (84%)	12 (16%)
March 12-15, 2018	3/1/17-8/31/17	5 SCHSC 4 SEHSC 2 NWHSC	76	65 (86%)	11 (14%)
June 11-14, 2018	9/1/17-2/28/18	5 BLHSC 5 LRHSC 6 NCHSC	76	62 (82%)	14 (18%)
TOTALS			227	190 (84%)	37 (16%)

The State Adoptions Administrator ensures the required criminal background checks are completed for adoptive families prior to the adoptive placement for any foster youth. North Dakota has state law and administrative rule which require a clear fingerprint based criminal background check for all adults in the home in order for a licensed child placing agency (LCPA) to approve an adoption assessment. The AASK Program includes a copy of the family's approved adoption assessment with the paperwork seeking approval for the proposed adoptive placement. The family's adoption assessment and supporting documentation of the required background check are further required when negotiating a new adoption assistance agreement, which occurs prior to an adoptive placement in the state. Adoptive placements of children are approved only when assessments indicate compliance with this requirement and adoption subsidies are not approved unless there are copies of criminal clearances in the adoption subsidy file. During review and response preparations for this item, the State Adoption Administrator reported that there have been no problems noted regarding the required criminal background checks for adoptive placement. The last audit conducted by the North Dakota State Auditor's Office was in 2018 and there were no findings related to criminal background check clearances.

The state's child and family team meeting process provides for a case planning process that includes an opportunity for the team to discuss and address the safety of foster care and adoptive placements for children. Every child and family team meeting provides an opportunity for members to address the appropriateness of each child's placement, including the discussion of any safety concerns and to assess and address any unmet needs of the provider. The "Child and Family Team Meeting Outline" is addressed in the Wraparound Practice Model (600-05) and Permanency Planning (624-05) policy manuals and a copy of the outline is available on the FRAME system for all users' easy access. In addition, all foster care case workers are required to complete a monthly face-to-face visit with foster children. During that visit, the worker is required to assess the youth for safety, well-being and permanence. (ND Policy 624-05-15-50-30). During FFY 2018, North Dakota achieved a face-to-face visitation rate of 89% with the youth in care and 78% of those occurred in the primary residence of the youth.

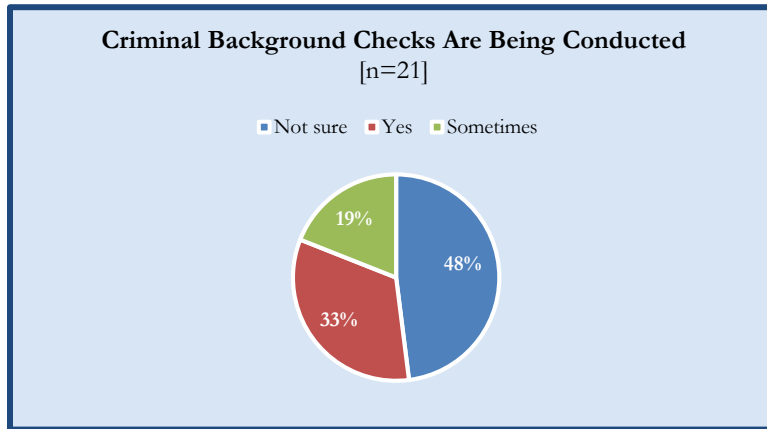
North Dakota's 2018 NCANDS submission reflects there were four substantiated non-relative foster parent perpetrators. This was an increase from the 2017 NCANDS submission where zero substantiated non-relative foster parent perpetrators were reported. The state's Child Protection Administrator and Foster Care Administrator were consulted and affirmed that when a report of abuse or neglect is filed involving a foster parent as a subject there is a notification made to the state office. The local regional supervisor informs the CPS and Foster Care Administrators in writing whether or not there is a foster child in that current foster care setting, if the foster child(ren) are being left in the home during the assessment, and what the safety plan is while the assessment is being completed. There is no quantifiable data available on this step of the case planning process. Continued safety monitoring occurs through the foster care child and family team meeting process described in the above paragraph.

OCR Stakeholder Feedback

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.

Question asked of Legal Stakeholders:

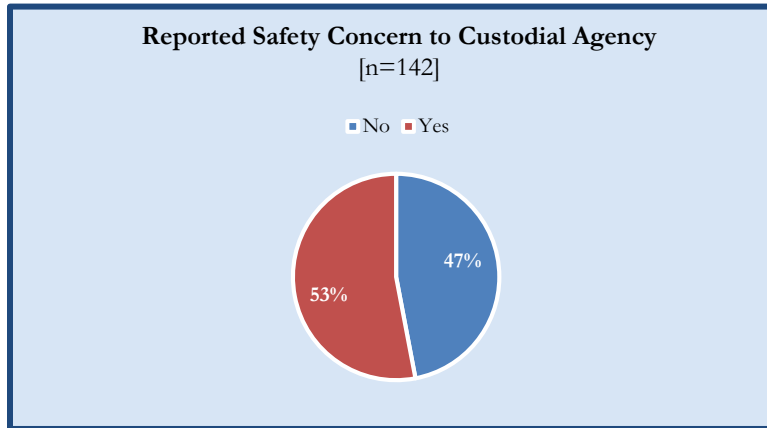
- From your experience, are the required criminal background checks being conducted for foster parents, adoptive parents, and staff in child care facilities?



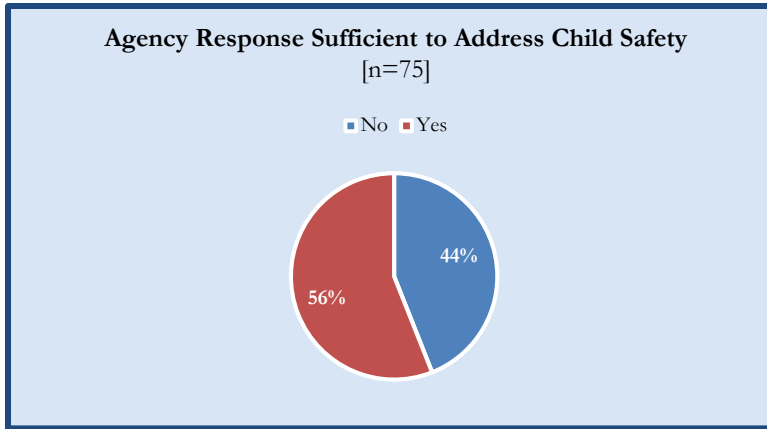
- Please comment on your response above. [n=2]
 - “Unfortunately, I see situations where a home is necessary, and the criminal check is not done right away and then with the caseload of a social worker the criminal check gets delayed.”
 - “No involvement with this.”

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?



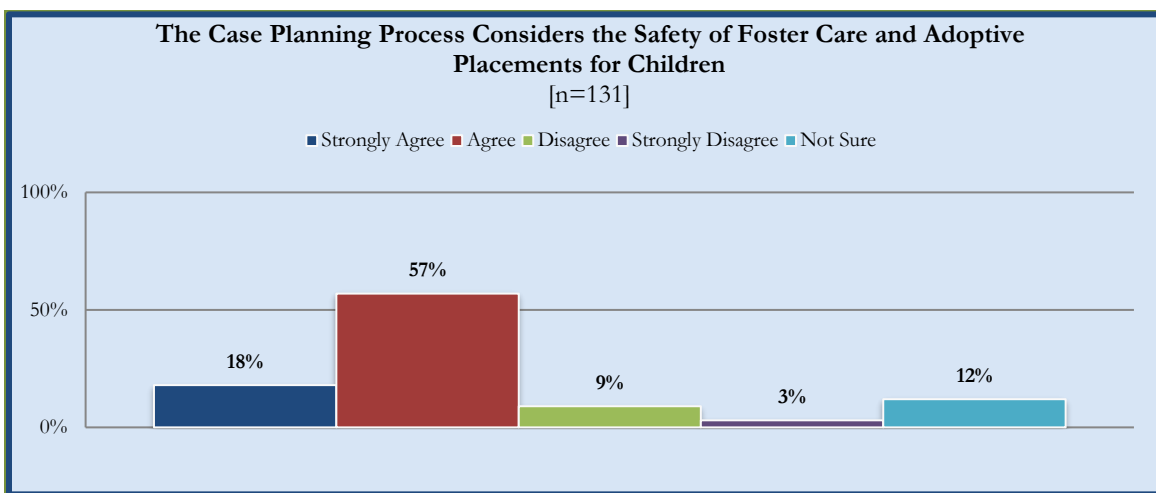
➤ **Please comment on your response above.**

Several comments were received. Themes from the feedback received is reflected in the following comments:

- *“Custodial agency completely disregarded the concerns and returned children to an unsafe condition. They are now back in foster care and their parents have voluntarily terminated under the work of a competent custodian in another region.”*
- *“Sometimes we have different information and I encourage Social Services to review that information. Again, caseloads can delay this.”*
- *“I do think that the custodial agency's hands are tied in some cases. Removing a child from a "bad" home and placing them in a "questionable" foster care setting is not unheard of.”*
- *“The situation was addressed and corrected.”*
- *“There are times when the response was sufficient, times when it was not. It depends on their view/ bias of the family.”*

Question asked of Community Stakeholders:

➤ **Please indicate your level of agreement with the following statement regarding child welfare agencies in your region.**



➤ **Please comment on your response above.**

Several comments were received. Themes from the feedback received is reflected in the

following comments:

- “Not all the time.”
- “I believe every effort is made to be sure that children will be safe when placed with family or in foster care.”
- “I think this is true for the most part but a lot of times the placement is chosen because it is the only option.”

Item 35

Diligent Recruitment of Foster and Adoptive Homes

Data Sources: FRAME; AASK annual report; CFS Administrators; Foster & Adopt Recruitment and Retention Task Force; OCR Stakeholder feedback from Agency Case Managers, Foster Caregivers, and Community

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?

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

The ND Statewide Foster and Adopt Recruitment and Retention Task Force gathers each fall to provide an overview of regional recruitment and retention activities as well as receive training. Task force members represent all eight regions of the state and include individuals from counties, regions, tribal social services, licensed child placing agencies, the UND Training Center, Children & Family Services and foster parents. Each coalition shares the efforts that were successful and brainstorm solutions for the challenges faced in their region. Regional coalitions are able to learn from one another and bring back fresh innovative ideas from these presentations.

North Dakota has a reporting tool in FRAME to provide a quick glance at foster care demographics. The “Foster Care Demographics Report” is available to all FRAME users and allows access of up-to-date data related to foster youth (i.e. # foster children in each county, region, age, race, etc.). Coalitions can view demographics as specific to their local county or as globally as needed to determine their needs. The only data that is not readily available is the identification of sibling groups and special needs children. Results of the ‘moment in time’ report run on 6/13/19 reveal the following data regarding the racial, ethnic, and age diversity of the foster care population:

Region	Ages																						
	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
I - Northwest	139	9	12	6	12	7	11	14	5	7	7	2	8	2	8	14	7	5	2	1			
II - North Central	177	8	14	10	18	10	10	10	12	7	11	9	8	6	10	11	7	8	7	1			
III - Lake Region	290	30	19	18	19	24	19	21	20	23	11	13	13	10	18	7	11	8	5	1			
IV - Northeast	285	17	19	32	21	23	10	15	8	19	14	18	13	15	11	14	16	12	5	1	2		
V - Southeast	316	18	31	26	15	23	18	15	18	15	15	9	15	18	7	12	18	22	12	4	4	1	
VI - South Central	98	3	4	7	5	6	4	4	5	6	5	3	9	5	4	9	8	6	4		1		
VII - West Central	227	14	22	17	12	12	12	13	6	10	13	10	6	15	14	13	11	10	9	6	2		
VIII - Badlands	74	3	5	3	5	5	7	2	1	6	3	1	2	4	3	6	4	10	2	2			
Age Totals	1606		102	126	119	107	110		91	94	75	93	79	65	74	75	86	82	81	46	16	9	1

Race	Total
American Indian or Alaskan Native	701
Asian	6
African American	150
Native Hawaiian or Pacific Islander	14
White	834
Unable to Determine	47
Refusal by Client	0
Total	1752

Gender	Total
Male	826
Female	780
Total	1606

North Dakota continues to have data constraints that limit the data collection to bolster the systemic factor for North Dakota in that there is not an efficient reporting process to report on the racial and ethnic diversity regarding the number of licensed foster and approved adoptive homes. Furthermore, CFS acknowledges the current manual data collection process is not meeting the state’s immediate needs. It is important to note that demographic information is captured in the data management system (CCWIPS) yet reporting features foster parent demographic data has not been readily available. CFS plans to engage in the Theory of Constraint process specific to recruitment and retention efforts as a means to review the statewide efforts more efficiently and effectively.

Quarter 7 data (January-March 2019) regarding the number of licensed foster homes is as follows:

- Started with **1,014** homes and ended with **1,027** homes licensed
- 303 inquiries about becoming a foster parent occurred (drop from Q6)
- 74 new families were licensed (24% inquired and became licensed)
- 61 families ended/terminated their license with primary reasons for closure as:
 - No longer interested
 - Moved
 - Revocation
 - Adoption
 - Personal family struggles

The state’s Foster and Adoptive Parent Diligent Recruitment and Retention Plan contains an outcome specific to the recruitment of resource families representing the racial, cultural and ethnic characteristics of the state’s foster care population. Native American families continue to be a need; ND legislative session embraced the need to change the NDCC 50-11 to include a more robust inclusion of licensing foster homes “on or near” the reservation. This change to NDCC will allow for the Tribes to license families who no longer live on the reservation, but who would be willing to offer foster care for the Tribe or Native American children under public custody of the county or DJS, as well. This will enhance our ability to recruit additional Native American families to best serve our foster children. The following observations was noted by the various regional recruitment and retention coalitions:

- Majority of ND foster homes are of Caucasian race which mirrors ND census of racial population;
- Trainings are provided to homes to assist in their cultural awareness;
- Relative recruitment is a priority and many relatives do not choose to get a foster care license; and
- Increased ability to recruit and retain Native American homes, working collaboratively with Tribal licensing.

Native American family home recruitment and retention remains a priority to accommodate Native Heightened partnership has occurred with Tribal partners and the ICWA State Partnership Grant State Design Team. The community embraces Recruitment and Retention Coalitions as having the same purpose and mission to best meet the needs of children and to identify qualified families to help. Foster families receive ongoing support from the ND Team and professional staff are aware of the training foster parents are required to take as well as work in collaboration to share training opportunities ongoing.

AASK, the adoption service provider for North Dakota, provides an annual report containing data on the racial and ethnic diversity of families who had a completed adoption assessment during each state fiscal year. The information for FFY 2018 follows:

FAMILY ADOPTION ASSESSMENT INFORMATION	
ASSESSMENT TYPE	FFY 2018 TOTAL
New	81
Denial	2
Subsequent	19
TOTAL	102
Black / African American	2
Multi-racial	1
Total	3

RACIAL BREAKDOWN FOR ALL NEW / SUBSEQUENT ADOPTIVE APPLICANTS	
African American	2
Asian	0
Caucasian	149
Hispanic	1
Native American	28
Bi-racial	2
Multi-racial	1
Other	1

North Dakota recognizes the ongoing need to recruit and retain additional homes to support racial and ethnic diversity for children in public custody. Recruitment and retention efforts continue in each region statewide; regions with larger urban communities tend to have a larger pool of inquiries. Strategies to engage potential foster or adoptive homes are considered and adaptations made at the

local level to ensure modern recruitment efforts remain in motion to catch the attention of new prospects ongoing.

- AASK data reveals that as of May 31, 2019, the program was working with 151 children on an active basis and of these children, 31 were receiving recruitment services. Additionally, AASK was working with an additional 414 children on a concurrent planning basis. Of this number, it is estimated that 50 youth may need recruitment services.

Per AASK, not all recruitment resources are appropriate for all children, thus the program will tailor the resources to the individual circumstances of each child. The program gauges compliance to ensure utilization of cross-jurisdictional recruitment resources through three internal processes:

1. During the program's ongoing internal quality assurance process of peer reviews for randomly selected files;
2. Monthly supervision of status and progress of each active case; and
3. Quarterly supervisory file reviews.

OCR Stakeholder Feedback

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.

Foster Caregivers were asked the following questions:

- **Are there diligent efforts to recruit foster parents in this region?**

Themes from the feedback received are represented in the following comments:

- *"From an agency standpoint, yes (therapeutic foster care agency), but I think we as foster parents can better educate others, mentor others, etc. which would cause a lot more people to step up to be foster parents, and also help with retention of foster parents, too."*
- *"They have posters up" and "I hear it on the radio."*
- *"How about retain?"*

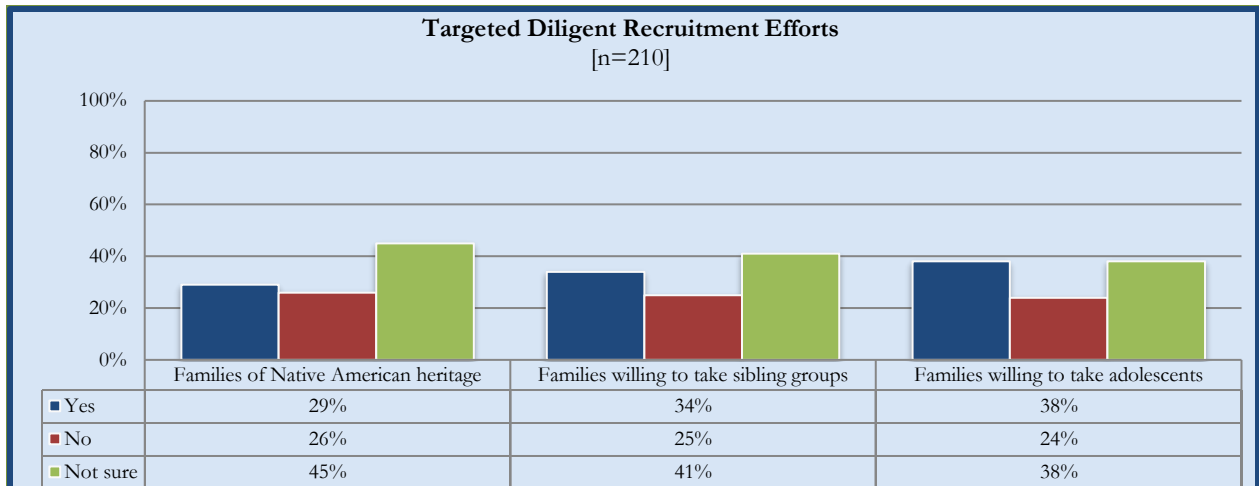
- **Do efforts focus on the need for homes to parent older children? Sibling Groups? Families with Native American heritage?**

Themes from the feedback received are represented in the following comments:

- *"Not really." [many participants did not see that there were many recruitment efforts focused on these specific populations]*
- *"First think people hear is the negativity about having Native American kids and ICWA – that stuff turns people off."*
- *"People want little kids they can adopt. Nobody wants teenagers."*

Questions asked of Agency Case Managers (reporting job responsibilities in Foster Care or CPS), Legal, and Community:

- **Is there diligent recruitment of foster and adoptive families in your area for the following groups?**



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



- **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?**

Themes from the feedback received are represented in the following comments:

- *“Regional Coalitions are just not enough.”*
- *“We need more active efforts in all recruiting and retention activities. More information needs to be disseminated and should be done through several different types of media. There should be more incentives to becoming foster and adoptive homes. There needs to be more education in regard to what homes do, provide and the types of children that will be in the homes.”*
- *“It is very difficult for workers to recruit and license homes when they have license day cares, and do case management etc.”*
- *“Our area has very few foster homes. In the case of emergency removal, I would not even have anywhere to take a child. We desperately need recruitment in our area. We need information to go out to potential families that makes this sound like a reasonable undertaking.”*
- *“One license to accommodate foster care and adoption, too many steps for foster parents or Kinship parents to become adoptive parents.”*
- *“Need more homes and places to put children temporarily.”*
- *“More funding to get information out in rural areas about foster care.”*

- “Higher incentives for foster homes and more support to them.”
- “More training to work with kids who have experienced trauma and helping parents understand how these kids are going to behave.”
- “Treat the current foster parents better.”

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.** [n=1]
 - One response was received: “Unsure.”

Item 36

State Use of Cross-Jurisdictional Resources for Permanent Placements

Data Sources: AASK annual report; ICPC Administrator; Adoptions Administrator; AFCARS; OCR Stakeholder feedback from Agency Case Managers, Agency Administrators, and those indicating a role with AASK in the Community survey

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

North Dakota has a statewide process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children. North Dakota contracts with the Catholic Charities North Dakota for the AASK Program to provide recruitment and adoption services to children in the foster care system and the families adopting these children. Working in concert with the child’s team, the AASK worker completes a thorough child adoption assessment at the onset of services for all children served. AASK Program contract data reveals that on average between July 1, 2018 to June 25, 2019, an estimated 12.8% of the children referred for adoption services were in need of recruitment services as there was not a potential adoptive resource identified at the time of referral.

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

- Extensive efforts are made in conjunction with the county case manager to complete an exhaustive relative search for children. USSEARCH and the Federal Parent Locator Service are two available tools to aid these efforts. Should a relative living in another state be identified as a possible resource, the AASK worker will complete the Interstate Compact for the Placement of Children (ICPC) paperwork.
- The “Waiting Kids” packet – This is monthly mailing featuring all waiting children. This packet is distributed to all approved waiting families who do not have identified children within the state, approved out of state waiting adoptive families for whom the program has secured a copy of their approved adoption study and release to coordinate with their local agency, all county social service agencies and regional human service centers. On average throughout SFY 2018,

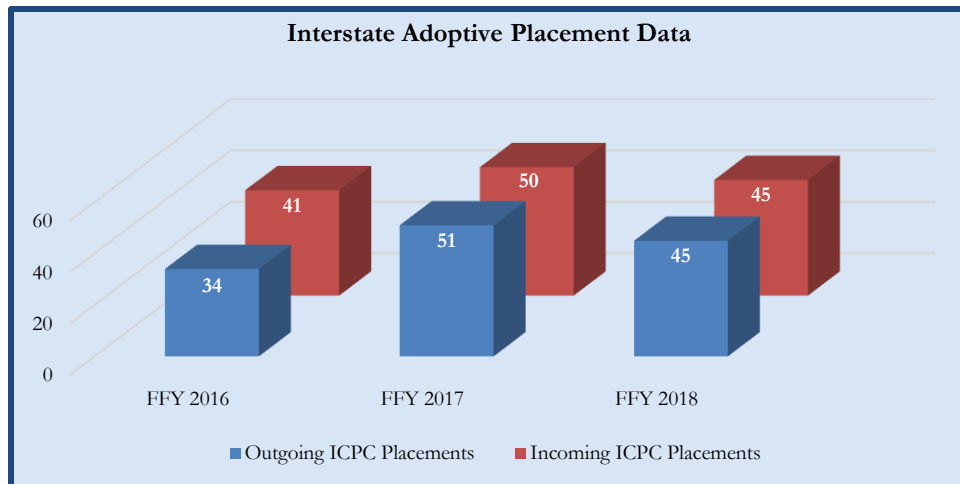
there was an average of 21 North Dakota ‘waiting families’ and 5 approved-out-of-state ‘waiting families’ receiving this packet.

- The “Heart Times” newsletter – this is the quarterly newsletter of the AASK Program. Each issue contains a section featuring a waiting child/sibling group, along with recruitment summaries for each child for whom the program is recruiting a family. The distribution list for this publication is all licensed foster families in North Dakota, all former AASK families, all county and regional human service center agencies, partner agencies, as well as being published on the program’s website: <http://www.aasknd.org/>. Waiting Children are also featured directly on this website.
- AdoptUsKids (www.adoptuskids.org) Eight children were registered on AdoptUsKids between July 1, 2018 and June 25, 2019. Of those eight, 3 children are still available for adoption and three have been placed on hold, with finalization scheduled for next month. As of June 25, 2019, 9 children are listed as ‘active’ on the website.
- ND Heart Gallery (www.ndheartgallery.org) At the 2018 One Hope, Many Hearts Gala held in November 2018, there were 14 children featured and 10 “Heart Connections” made as a direct result of the gallery’s efforts. There are currently 8 children being recruited for in the 2018-2019 ND Heart Gallery, and potential families have been identified for 19 of the children.
- Wendy’s Wonderful Kids (WWK) – two full-time recruiters serve North Dakota and this program is managed through the AASK Program with recruiters located in Fargo (eastern ND) and Bismarck (western ND). During SFY 2019, WWK served 48 youth. Of this number, 6 children were matched with their adoptive family, and 14 children achieved permanency through an adoption finalization. In North Dakota, a youth must reside with an adoptive family for a minimum of six months before proceeding to finalization.
- AASK will coordinate with other national websites, such as A Family For Every Child (www.afamilyforeverychild.org) as new information and opportunities are discovered.

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

ND CHILDREN WAITING FOR ADOPTION			
	FFY 2015	FFY 2016	FFY 2017
Number of Waiting Children	296	355	396
Number of Waiting Children Whose Parents’ Rights Have Been Terminated	172	242	284

- The following data also demonstrates the use of cross-jurisdictional resources for adoption.
 - In FFY 2018, North Dakota’s ICPC unit tracked 45 outgoing adoption ICPC requests.
 - Incoming and outgoing ICPC-involved adoptive placements:

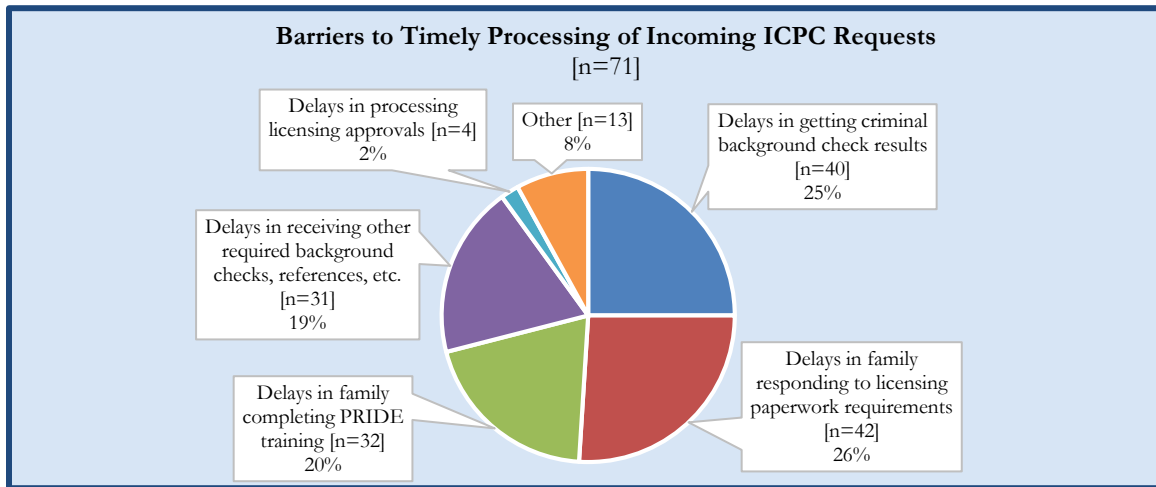


- AASK indicated utilization of interjurisdictional recruitment resources has been evident for all children. Direction from the Dave Thomas Foundation is to solely focus initial efforts on child-specific recruitment efforts (SENECA relative searches, case record reviews, diligent search for connections to a child, etc.) and not utilizing general recruitment techniques (national websites, Heart Gallery, etc.) that may bring about “stranger family” inquiries. The idea is to focus all time and efforts on finding connections to a child that could potentially be an adoptive option.
- A limitation of the data for North Dakota is that the AASK contract data informs for all children referred to the program. There is not a statewide report to track if there are children in need of referrals to the AASK program that have not been made. Regional monitoring processes vary and the primary method of ensuring timely referrals to the AASK program so interjurisdictional resources can be access is through the CFT meetings. Timeliness of a referral to attend CFT’s and timeliness of the referral paperwork packet can still be a limitation at times.
- The Safe and Timely Interstate Placement of Foster Children Act of 2006 encourages timely home studies. A home study is considered timely if within sixty days of receiving a request to conduct a study “of a home environment for purposes of assessing the safety and suitability of placing a child in the home,” the state completes the study and sends the other state a report, addressing “the extent to which placement in the home would meet the child’s needs.” North Dakota received 166 foster care and 43 adoption ICPC requests for a home study of a North Dakota family as a potential placement resource in FFY 2018. 69% of the foster are related home studies were responded to within the 60-day timeframe. 86% of the adoption related home studies were responded to within the 60-day timeframe. The state’s ICPC Administrator noted that despite requests being routed to the local agency in a timely manner, the most frequent reasons provided to his office when requests are not timely include delays related to securing the criminal background check requests in a timely fashion and difficulties in scheduling or hearing back from the family.

OCR Stakeholder Feedback

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, Agency Administrators, and those indicating a role with AASK in the Community Survey.

- **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.**



Themes from the ‘Other reason’ provided are reflected the following statements:

- *“Caseload numbers and staff turnover.”*
- *“Lack of communication between counties and families.”*
- *“Delays from the other states children are coming into North Dakota from.”*
- *“Background checks are major sources of delay and PRIDE is only offered twice a year in our region.”*

Assessment on Progress to Date

No additional information is available.

Activities Targeted at Improving Performance

➤ **PIP Activities**

- 5.1 Recruitment and Retention
- 5.2 Increase Adoption Timeliness
- 5.3 ICWA Placement Preference

➤ **Court Improvement Program**

The North Dakota CIP is actively partnering with CFS, juvenile courts, judges, state’s attorneys, and defense attorneys as it relates to these systemic factor items. The CIP state plan will be submitted by the ND Supreme Court. Once published, the state plan activities will be underway, and will involve collaboration with multiple state and private agencies.

3. PLAN FOR ENACTING THE STATE'S VISION

2020-2024

Child and Family Services Plan Goals and Objectives

Children and Family Services Division
Lauren J. Sauer, Assistant Director

GOAL 1 – PREVENTION: *Utilize primary, secondary, and tertiary prevention strategies to address child abuse and neglect, promote family preservation, and divert children from foster care by supporting and engaging families early during service delivery.*

OBJECTIVES	ACTION STEPS	RESPONSIBLE	DUE
<p>1A: Develop and implement requirements of the FFPSA and the Title IV-E Prevention Plan</p>	<p>1A1. Implement the Kinship Navigator Program.</p> <p>1A2. Co-lead with the Behavioral Health Division administrators to:</p> <ul style="list-style-type: none"> • Research and select approved evidence-based practices of substance use disorder treatment, mental health treatment, and in-home skill-based parenting programs. • Implement Title IV-E prevention plan. <p>1A3. Include statewide partners in the development and implementation of the Child Abuse and Neglect Fatality Prevention Plan.</p>	<p>1A1. Children and Family Services Division</p> <p>1A2. Children and Family Services Division, Behavioral Health Division</p> <p>1A3. Children and Family Services Division, Prevent Child Abuse North Dakota</p>	<p>1A1. Year One</p> <p>1A2. Year Two</p> <p>1A3. Year Two</p>
<p>1B: Implement Family Centered Engagement (FCE) in collaboration with Dual Status Youth Initiative (DSYI) statewide to engage families in the development of case plans, facilitate the sharing of information and resources, and reduce foster care placement rates.</p>	<p>1B1. Fully implement FCE to include:</p> <ul style="list-style-type: none"> • Implement the model of practice in the identified counties. • Ongoing monitoring and evaluation to measure fidelity, outcomes and trends. • Continue staged rollout to additional counties. <p>1B2. Engage in the work of the DSYI by implementing standardized, cross-system practices to include:</p> <ul style="list-style-type: none"> • Identification of dual status youth • Information sharing to inform decision-making processes (i.e. services required disposition) • Implementation of multi-disciplinary team processes (MDT) to assess, plan, and manage multi-system cases • Evaluation of DSYI protocol to monitor effectiveness in improving outcomes for dual status youth 	<p>1B1. Children and Family Services Division, Juvenile Court, Human service zones, The Village Family Services Center</p> <p>1B2. Children and Family Services Division, Juvenile Court, Human service zones, The Village Family Services Center</p>	<p>1B1. Year One</p> <p>1B2. Year One</p>
<p>1C: Redesign the delivery of in-home case management and family preservation services.</p>	<p>1C1. Implement redesigned in-home/family preservation programs in selected pilot counties.</p> <p>1C2. Monitor implementation, review data, expand to additional counties with the goal of statewide implementation.</p>	<p>1C1. Children and Family Services Division, Human service zones, Behavioral Health Division</p> <p>1C2. Children and Family Services Division, Human service</p>	<p>1C1. Year One</p> <p>1C2. Year Three</p>

		zones, Behavioral Health Division	
IMPLEMENTATION SUPPORTS			
<ul style="list-style-type: none"> • Collaboration with Behavioral Health Division, PCAND, NDDHS Fiscal Division, CIP, Private Providers, Human service zone Agencies, DJS, Tribes, UNDCFSTC, Juvenile Court • Technical Assistance from Casey Family Programs and Capacity Building Center for States, Epiphany Associates • Analyze the legislatively approved budget • Data system support through IT • Maintain Data sharing agreement with ND Courts 			
MEASURES OF PROGRESS			
		Baseline	Progress
1. Develop a Title IV-E Prevention Plan		1. No Prevention Plan	1.
2. Number of children entering foster care will decrease each year.		2. 1220 entries into foster care during FFY 2018	2.
3. Number of families receiving in home case management will increase each year		3. 1319 unduplicated in-home case management families during FFY 18	3.

GOAL 2 – TIMELY PERMANENCY: *Increase achievement of timely permanency by engaging with the family to meet identified needs through individualized service plans, by implementing a formal level of care assessment to improve placement stability, and by supporting kinship caregivers.*

OBJECTIVES	ACTION STEPS	RESPONSIBLE	DUE
<p>2A: Implement a Level of Care (LOC) assessment for children in foster care to be completed initially and ongoing.</p>	<p>2A1. Identify a Qualified Individual to complete LOC assessments.</p> <p>2A2. Select an evidence-based assessment instrument and assure the Qualified Individual is trained on the use of the instrument.</p> <p>2A3. Implement the LOC assessment process.</p> <p>2A4. Ensure the juvenile court system is trained in the LOC assessment process so that judicial review determinations are consistent with the child’s level of need.</p>	<p>2A1. Children and Family Services Division, Field Services, Behavioral Health Division, DHS Executive Office</p> <p>2A2. Children and Family Services Division, Field Services, Behavioral Health Division, DHS Executive Office</p> <p>2A3. Children and Family Services Division, Field Services, DHS Executive Office</p> <p>2A4. Children and Family Services Division, Field Services, DHS Executive Office</p>	<p>2A1. Year One</p> <p>2A2. Year One</p> <p>2A3. Year Three</p> <p>2A4. Year One</p>
<p>2B: Strengthen the foster and adopt diligent recruitment and retention plan.</p>	<p>2B1. Refine policy to implement new state law to allow licensing or approval of foster homes on or near the reservation by tribal child welfare agencies.</p> <p>2B2. Redesign the foster and adopt diligent recruitment and retention plan using the Theory of Constraints process to identify hidden capacities and maximize efficiencies to increase the number of specific and specialized family foster and adoptive homes.</p>	<p>2B1. Children and Family Services Division</p> <p>2B2. Children and Family Services Division, Child Welfare Partners</p>	<p>2B1. Year One</p> <p>2B2. Year Three</p>
<p>2C: Reduce timeframe to achieve timely permanency.</p>	<p>2C1. Utilize the Theory of Constraints process to identify hidden capacities and maximize efficiencies to support timely permanency.</p>	<p>2C1. Children and Family Services Division, DHS Executive Office, Human service zones</p>	<p>2C1. Year Two</p>
<p>2D: Develop and disseminate kinship caregiver resources</p>	<p>2D1. Collaborate with public and private partners to develop resources for kinship caregivers including:</p>	<p>2D1. Children and Family Services</p>	<p>2D1. Year Two</p>

	<ul style="list-style-type: none"> Caregiver resource and referral guide Understanding the child welfare system Navigating the court system. <p>2D2: Disseminate resources to support and provide direction to kinship caregivers.</p>	<p>Division, DHS Executive Office, Human service zones</p> <p>2D2: Children and Family Services Division, DHS Executive Office, Human service zones</p>	<p>2D2: Year Two</p>
<p>2E: Build capacity for expanding the levels of foster care so that children are placed in a setting that best meets their needs.</p>	<p>2E1. Collaborate with placing agencies (PATH, LSS) to implement level of care expansion while enhancing support to current foster families and supervised independent living providers.</p> <p>2E2. Work together with child welfare partners and University of North Dakota Children and Family Services Training Center (UNDCFSTC) to provide specialized training to foster parents and other providers to assist in skill development to accommodate children with:</p> <ul style="list-style-type: none"> Aggressive behaviors, Sexual acting out behaviors, and Low intellectual functioning with aggressive behaviors <p>2E3. Using a phased approach, integrate the level of care assessment process for all children entering foster care</p> <ul style="list-style-type: none"> Phase 1: Entering a qualified residential treatment program. Phase 2: Entering all levels of foster care. <p>2E4: Develop a utilization review process to evaluate the level of care assessment process is working as designed.</p>	<p>2E1. Children and Family Services Division</p> <p>2E2. Children and Family Services Division</p> <p>2E3. Children and Family Services Division</p> <p>2E4: Children and Family Services Division, Field Services, DHS Executive Office, Behavioral Health Division</p>	<p>2E1. Year One</p> <p>2E2. Year Three</p> <p>2E3. Year Four</p> <p>2E4. Year Three</p>
IMPLEMENTATIONG SUPPORTS			
<ul style="list-style-type: none"> Contract with vendor to be qualified individual Collaboration with Behavioral Health Division, DHS Fiscal Division, Court Improvement Program, Private Providers, Human Service Zone Agencies, Division of Juvenile Services, Tribes, UND Children and Family Services Training Center, DHS Field Services, DHS Executive Office, ND Juvenile Court, Technical Assistance from Casey Family Programs and Capacity Building Center for States, Chapin Hall, Epiphany Associates. 			

- Analyze the legislatively approved budget.
- Data system support through IT.
- Maintain data sharing agreement with ND Courts.

MEASURES OF PROGRESS

	Baseline	Progress
1. Of all children (< age 18) in foster care, the Average Length of Stay (days) in foster care will decrease each year.	1. 547 Days (9-30-18)	1.
2. Increase the number of Level of Care Assessments each year	2. None Exist	2.
3. Of all children who enter foster care in a 12-month period, there will be an Increase in Placement Stability (placement moves per day of foster care will decrease).	3. 5.9 Days	3.
4. Increase the number of licensed or approved tribal affidavit foster homes	4. 121 Affidavit Homes (9-30-18)	4.
5. The number of resources developed for kinship caregivers will increase	5. None	5.

GOAL 3 – LEGAL COMMUNITY TRAINING AND EDUCATION: *Collaborate with the North Dakota Court Improvement Project (CIP) to support, engage, and educate the child welfare and legal communities to develop knowledge, skills, and expertise to support best practice.*

OBJECTIVES	ACTION STEPS	RESPONSIBLE	DUE
<p>3A: Develop and train on the trauma-informed interdisciplinary understanding of “safety.”</p>	<p>3A1: Convene a core group of legal and child welfare stakeholders to agree upon a consistent definition of safety.</p> <p>3A2: Provide training to the legal and child welfare community on the agreed-upon definition of safety and the tool used to determine level of concern.</p>	<p>3A1: CFS</p> <p>3A2: CIP/CFS</p>	<p>3A1: Year Two</p> <p>3A2: Year Two</p>
<p>3B: Provide training to North Dakota legal community including State’s Attorneys, Judicial Officers, Juvenile Court, Indigent Defense, and child welfare case managers and supervisors to better understand the importance of timely permanency and roles of all parties by offering training specific to:</p> <ul style="list-style-type: none"> ○ The process of ND Child welfare court proceedings; ○ The impact of delayed permanency; ○ Best practice and strategies to improve outcomes; ○ Trauma informed child welfare practice; ○ Engaging in active and reasonable efforts; ○ ND ICWA compliance; and ○ Youth and families. 	<p>3B1: Provide training to indigent defense council at the Fall 2019 Continuing Legal Education Training regarding child welfare court proceedings.</p> <p>3B2: Select a group of individuals annually from the legal community/judicial districts to attend the annual Child Welfare Law Conference and work with the with the National Association of Counsel for Children post-conference to review policies and procedures to identify best practices in child welfare court proceedings.</p> <p>3B3: Support 2 attorneys per year to obtain child welfare law specialist certification through the NACC.</p> <p>3B4: Provide training to child welfare stakeholders through Live at Lunch training sessions.</p> <p>3B5: Provide multidisciplinary judicial district training using NACC Conference attendees to train on the topics they were educated on.</p>	<p>3B1: CIP/CFS</p> <p>3B2: CIP/CFS</p> <p>3B3: CIP</p> <p>3B4: CIP/CFS</p> <p>3B5: CIP</p>	<p>3B1: Year One</p> <p>3B2: Year One and Annually</p> <p>3B3: Year One and Annually</p> <p>3B4: Year One and Monthly</p> <p>3B5: Year One and Annually</p>
<p>3C: Access Title IV-E funding for parental legal representation programming.</p>	<p>3C1: Complete data collection to analyze the impact a parental legal representation program could have.</p> <p>3C2: CIP to reach out to NACC and ABA for technical assistance regarding accessing Title IV-E and CIP funding for parental legal representation program.</p> <p>3C3: Convene a workgroup of legal and child welfare stakeholders to identify or develop a program for providing legal services to parents using Title IV-E and CIP funding.</p> <p>3C4: Identify/secure funding sources to support</p>	<p>3C1: CIP</p> <p>3C2: CIP</p> <p>3C3: CIP/CFS</p> <p>3C4: CIP/CFS</p>	<p>3C1: Year Two</p> <p>3C2: Year One</p> <p>3C3: Year Two</p> <p>3C4: Year Two</p>

	implementation of the chosen parental legal representation program.		
	3C5: Implement a statewide parental legal representation program utilizing Title IV-E and CIP funding.	3C5: CIP/CFS	3C5: Year Three

IMPLEMENTATION SUPPORTS

- Collaboration with Legal community, Court Improvement Program, Human service zone Agencies, DJS, Tribes, UNDCFSTC, ND Juvenile Court, ICWA State Partnership Grantee, DHS Fiscal Division, Parents and Foster Care Alumni, DHS Legal Advisory Unit
- Technical Assistance from Casey Family Programs, Capacity Building Center for Courts, American Bar Association, National Association for Counsel for Children
- Maintain Data sharing agreement with ND Courts

MEASURES OF PROGRESS

	Baseline	Progress
1. Number of individuals trained by discipline.	1. None Exist	1.
2. Increase the number of parents represented at legal proceedings through the use of IV-E funding.	2. None Exist	2.
3. Increase legal and child welfare community knowledge of importance of timely permanency in child welfare cases.	3. None Exist	3.

GOAL 4 – QUALITY ASSURANCE: *Design and implement a practice improvement process using Theory of Constraint (TOC) to identify the efficiencies and hidden capacity of the service delivery system; monitor and evaluate the system changes to positively impact outcomes for children and families.*

OBJECTIVES	ACTION STEPS	RESPONSIBLE	DUE
<p>4A: Utilize TOC to develop a fully functional quality assurance process for the child welfare system.</p>	<p>4A: Convene a workgroup to use the Theory of Constraints process to identify hidden capacities and maximize efficiencies to redesign the quality assurance process for child welfare.</p>	<p>4A: DHS Executive Office</p>	<p>4A: Year One</p>
<p>4B: In collaboration with the human service zones, TOC Administrative Team will:</p> <ul style="list-style-type: none"> • Review data, • Research issues, • Provide recommendations • Monitor and measure achievement of practice improvements 	<p>4B1: Use data and researched issues to implement recommended practice improvements.</p> <p>4B2: CFS administrators will use the TOC Administrative Team recommendations to report out on PIP measurements and progress towards CFSP goals.</p> <p>4B3: Build a data dashboard to report on key metrics identified in each TOC project and the PIP.</p> <p>4B4: Identify the process measures, quality measures and client outcomes in each TOC project.</p> <p>4B5: Report on the metrics quarterly to the TOC Administrative Team and CFS administrators.</p>	<p>4B1: DHS Executive Office, Children and Family Services Division, Human Service Zones</p> <p>4B2: Children and Family Services Division</p> <p>4B3: DHS Executive Office, Children and Family Services Division, Information Technology Services</p> <p>4B4: DHS Executive Office, Children and Family Services Division, Human Service Zones</p> <p>4B5: DHS Executive Office</p>	<p>4B1: Year Two</p> <p>4B1: Year One</p> <p>4B1: Year Three</p> <p>4B1: Year One and Ongoing</p> <p>4B1: Year Three</p>
<p>4C: A TOC instructional manual will be developed with input from the TOC Administrative Team, subcommittees and other stakeholders to institutionalize a fully functioning ND system of quality assurance, using TOC.</p>	<p>4C1: Take the 8 module TOC training and build it into an instructional manual with video-based training.</p> <p>4C2: Review the full training and manual with the TOC administrative team and all DHS leadership.</p>	<p>4C1: DHS Executive Office</p> <p>4C2: DHS Executive Office</p>	<p>4C1: Year Two</p> <p>4C2: Year Two</p>

IMPLEMENTATION SUPPORTS

- Collaboration with NDDHS Fiscal Division, Court Improvement Program, Human service zone Agencies, DJS, Tribes, UNDCFSTC, DHS Executive Office, ND Juvenile Court
- Technical Assistance from Casey Family Programs and Capacity Building Center for States, Chapin Hall, Epiphany Associates
- Analyze the legislatively approved budget
- Data system support through IT
- Online Training development and support through IT

MEASURES OF PROGRESS

	Baseline	Progress
1. A data dashboard will be implemented. 2. A fully functioning quality assurance system using TOC will be implemented. 3. A TOC instructional manual will be developed.	1. None Exist 2. None Exist 3. None Exist	1. 2. 3.

- BHD: Behavioral Health Division
- CFS: Children and Family Services Division
- CIP: Court Improvement Program
- DHS: North Dakota Department of Human Services
- PCAND: Prevent Child Abuse North Dakota

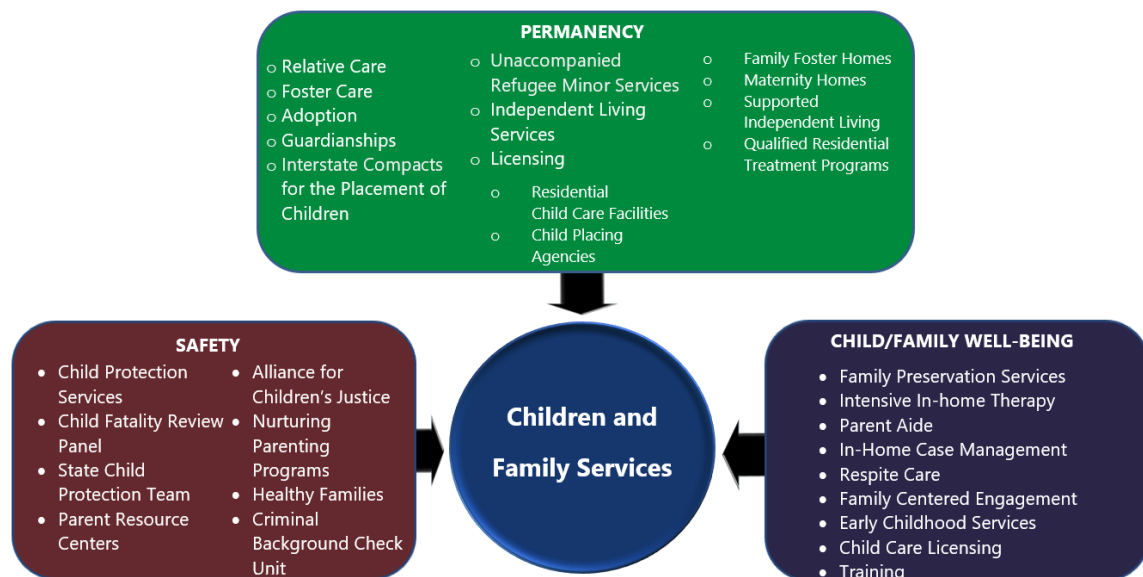
4. SERVICES

Child and Family Services Continuum: The continuum of services of the public child welfare system in North Dakota is a collaborative effort between a myriad of public and private stakeholders.

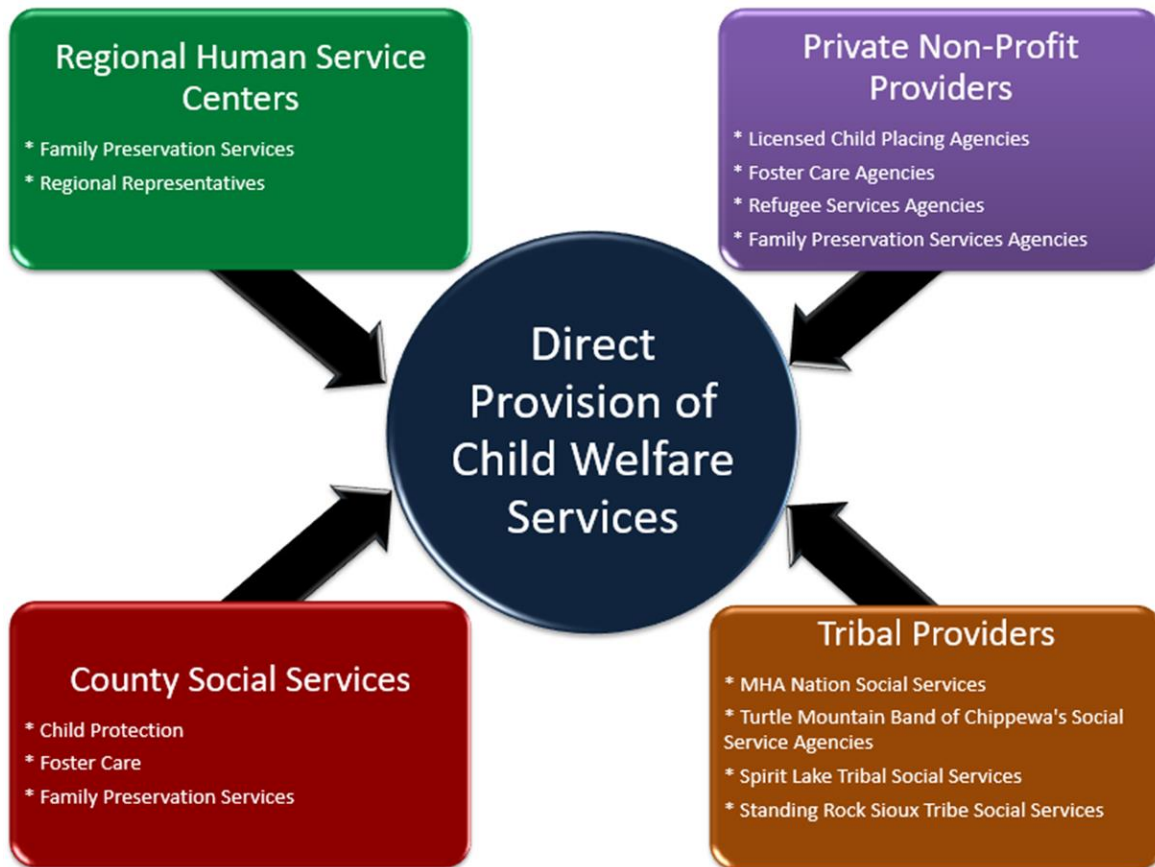
The North Dakota Department of Human Services has been designated by the Governor of North Dakota as the single state agency responsible for administering Title IV-B of the Social Security Act, Child Welfare Services, CAPTA, and the Chafee Foster Care Independence Program Plan. The Children and Family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

The Children and Family Services Division – comprised of three program areas (see below) – administers child protection, foster care, adoption, and family preservation services. These include child abuse and neglect prevention and intervention, Children’s Trust Fund, Community-Based Grants for the Prevention of Child Abuse and Neglect (CBCAP), Child Fatality Review Panel, Institutional Abuse, Interstate Compact on the Placement of Children, Refugee Services, Independent Living Services, Subsidized Guardianship, Subsidized Adoption, services to pregnant teens, Parent Aide services, Prime Time Child Care services, Respite Care services, Safety/ Permanency Funds, Intensive In-Home Family Therapy services, Family Group Decision Making (FGDM), Family Team Decision Making (FTDM), and Early Childcare Services. Through oversight of the public child welfare system in North Dakota, the Division strives to ensure that:

- 1) Children are, first and foremost, protected from abuse and neglect;
- 2) Children have permanency and stability in their living situations; and
- 3) Families have enhanced capacity to provide for their children’s needs and children receive adequate services to meet their educational, physical and mental health needs.



Direct services are provided by county social service agencies or through contracts with nonprofit and tribal providers (see below).



There are 48 local county social service boards providing child welfare services in North Dakota, with one district made up of 4 counties (Dakota Central) and two districts consisting of 2 counties each (Lakes District and Agazzi Valley). With the passage of Senate Bill 2124 during the 2019 Legislative Session, county social services will transition to human service zones. There will be no more than 19 zones established during the 2019-2021 biennium. To be consistent with this transition, “county social services” will be referred to as “human service zone” throughout the rest of this document. The child welfare delivery system is county-administered and state-supervised. The county child welfare personnel are county employees and operate child welfare programs in accordance with state policy, direction, law, regulation and contracts.

Regional Supervisors at the Department's eight regional human service centers serve as resources for the counties and as liaisons between the counties and the Children and Family Services Division. They provide direction and program supervision of child welfare services provided by the human service zone agencies. Created by the 1981 Legislative Assembly, the eight Human Service Centers are in the primary economic, medical and business centers of the state.

The Division, direct service providers, and other system partners such as the court and behavioral health systems make up the backbone of the North Dakota Child Welfare System (see below). The system wraps services around the child and the family and works towards its mission of *Safe Children ~ Strong Families*.



Service Coordination: The CFS Division coordinates and collaborates with several public and private providers in carrying out the continuum of Child Welfare Services. Coordination and collaboration occur in a variety of capacities, from day-to-day conversations, planned meetings on a regular basis, etc. For example, as we developed the Children and Family Services 2015-2019 Plan, we invited numerous public/private partners to the table. These partners included: Regional Human Service Centers, private/non-profit agencies, human service zone agencies, tribal child welfare agencies, Division of Juvenile Services, State legislators, ND court representatives, Department of Public Instruction. The collaborations listed below illustrate the importance of the public/private partnerships in North Dakota. We continue to find ways to collaborate with our state and federal partners and this list continues to grow as new relationships are developed. These partnerships include but are not limited to:

- Catholic Charities and PATH of North Dakota for special needs adoption services (collaboration takes place through monthly meetings, staff review, placement proposals, review of contract work, etc.).
- Family foster homes, therapeutic family foster homes (PATH), group homes, qualified residential treatment programs, supported independent living programs, and psychiatric

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

- PATH North Dakota, Inc. also provides in-home family support, respite, reunification services, assessment homes, and adoption services collaboratively with Catholic Charities ND (collaboration occurs through CFSR inclusion, ongoing meetings for discussion of issues, licensure through ND DHS, case reviews for licensure and audits, policy issuances from the department), and Independent Living Services.
- The Village Family Service Center for intensive in-home family services, Family Team Decision Making services, and Family Group Decision-Making services (collaboration occurs through a contract for provision of services along with regular contact by phone and supervisory meetings every other month).
- The University of North Dakota for training of foster and adoptive parents, child welfare case managers and system partners.
- Youthworks for shelter care has been developed and is utilized by the Bismarck/Mandan community as needed. Youthworks also provides recruitment and retention of sex trafficking host homes for children in need of specialized care upon knowledge of knowing or determine risk of sex trafficking while placed in foster care.
- Division of Juvenile Services, PATH and Mental Health and Substance Abuse Division for collaboration and implementation of the Wraparound process across systems.
- Prevent Child Abuse North Dakota for coordination and implementation of child abuse and neglect prevention activities (collaboration takes place through a contract to provide child abuse and neglect prevention activities, including Child Abuse Prevention Month activities each April, along with regular meetings of the Alliance for Children’s Justice Task Force and Steering Committee, and regular contact by phone, e-mail and face-to-face meetings).
- Parent and Family Resource Centers for parenting education and parent mutual self-help groups for child abuse and neglect prevention (collaboration takes place through a contract with North Dakota State University Extension Service, regular meetings of the Parent Education Network and annual CBCAP grantees meeting, as well as through informal contacts with the Network Coordinator).
- Child Advocacy Centers (CACs) to assist in the assessments of child physical and sexual abuse. The Centers are located in three communities in North Dakota (soon to be four communities). The CAC Directors are member of the Children Justice Alliance and meet with this multi-disciplinary team quarterly.
- State Treatment Collaborative for Traumatized Youth (TCTY) Project that includes physical participation for the education and support of parents/foster parents who care for traumatized children.
- Native American Training Institute (NATI) for training of child welfare case managers.
- North Dakota State University (NDSU) Extension offices throughout the state for parent resource centers and parenting classes.
- Collaboration Workgroup – a group whose mission is to increase collaboration at the local level among the Child Support Enforcement, TANF, Medical Services, Children and Family Services, and Job Service programs in order to improve services to individuals served by those programs, and to increase performance within the state (monthly meetings of administrators, seminars are offered to the field as well as annual reviews/reports on progress towards identified Action Plans).

- North Dakota Children’s Social Emotional Development Alliance (NDSEDA) - collaborative effort with system partners to promote awareness and understanding of health social and emotional well-being of individuals birth to 21 and their families (meet quarterly to make progress towards achieving priorities outlined on Strategic Plan).
- The CFS Division collaborates with the North Dakota Foster Adopt Parent Association on foster and adopt parent issues including programming and training. The CFS Director sits as a board member of the association, representing the state child welfare agency.
- A Constituent Stakeholder group is on the roster of the full CFSR review process. This gives our constituents a specific time and place to appear to deliver comments regarding the child welfare services provided in the region.

Additional Collaborations

- **State and Tribes Enhancing Partnership Strategies (STEPS):** CFS continues collaboration and partnership with the Native American Training Institute (NATI) and the tribal social service agencies through STEPS quarterly meetings. Tribal social service directors are regular attendees at STEPS meetings and actively engage in sharing information on tribal concerns/issues. In addition, the CFS Management Team has direct communication with tribal social service directors on a regular basis regarding a variety of tribal/state issues. CFS continues to have regular conversations with the North Dakota Indian Affairs Commissioner’s office regarding Native issues.
- **ND Supreme Court on the Children’s Justice Symposium for North Dakota:** CFS Division staff and the ND Supreme Court staff have begun planning and work on a biennial Symposium. Emphasis will be on outreach to the law enforcement community and for those in the newly created role of parent coordinators in divorce and custody cases. Topics will include diversity issues, engaging families, and enhancing connections for children in care. This training event is planned semiannually; it will share the “flip” year of the semiannual CFS conference, a smaller conference with a long history planned for the child welfare community and hosted by the CFS Division. CFSTC is also involved in both of these events – they coordinate all the contracts and work with the trainers/presenters on the agenda.
- **Human service zone Agency Director Involvement:** The CFS Division will continue to meet with a sub-group of County Directors on a quarterly basis to discuss issues related to services for children and families. The County Directors as a whole meet monthly. The CFS Director and other administrators will meet with this larger group as needed. Quarterly meetings with the Child Welfare supervisors of Wraparound Case Management will be scheduled. These meetings will continue to occur quarterly to discuss child welfare topics as appropriate. CFS Division staff are invited to attend these meetings upon request to provide technical assistance and policy updates.
- **Regional Representatives:** The CFS Division staff will continue to meet with the Regional Representatives of Human service zone Programs, who provide technical assistance to the field, every other month to discuss program and policy issues and changes. On the off month, an Interactive Video Conferencing is scheduled. Information shared at the meetings have included, but are not limited to, CPS Manual, Wraparound Manual, FGDM, Kinship Care, Relative Search, Subsidized Guardianship, Background Checks, CFSR, Adoption, among others.
- **County Supervisors:** The CFS Division staff will continue to meet with the County Supervisors upon invitation to provide policy updates and technical assistance related to all of the child welfare programs as well as SPOC and the new FRAME system. Per the North Dakota PIP, the

CFS Division plans to convene a group of county supervisors to function as an advisory group in the development of a supervisory practice model in a concerted effort to implement a clear model of supervision that supports the Wraparound case management practice model.

- **Court System:** The CFS Division staff will continue to work closely with the Court Improvement Project (the Director of the Division has a seat on the Court Improvement Committee) through the Supreme Court to improve communication with Judges, Court Administrators, State’s Attorneys, Juvenile Court staff and tribal staff and to address systemic issues across the various systems. As indicated in many of the CFSR stakeholder meetings in the regional CFSR reviews, foster parents and social workers in some regions are concerned about the delay in the legal process or defects in the legal process for children who are in the custody of the County and or Department. The North Dakota Supreme Court has a long history of consultation and coordination with the Department of Human Services and the tribes. The Court Improvement Committee/Project (CIP) was formed in 1998 and in 1999 was integrated with the ASFA Implementation Committee from CFS. Currently, the CFS Director serves as a member of the Training and ICWA Subcommittees. The Child Welfare Infrastructure Administrator serves on the Data Subcommittee.
- **Casey Family Programs:** The CFS Division engaged with Casey Family Programs in a formal contract to accept dollars and technical assistance to address identified needs in the child welfare system in North Dakota. Specifically, the engagement will focus on building data-driven decision-making capacity. Casey funding will be used to contract for the design, implementation and analysis of FTDM outcomes from all sites. FTDM outcome data will be used to evaluate the ND projects effectiveness regarding foster care diversion, shorter foster care stays and family engagement.
- Specific to the Chafee Foster Care Independence Program/ETV program, the following highlights coordination opportunities within this service population:
 - Regional Coordination: CFCIP Chafee IL Coordinators coordinate services with the public agency case managers by attending the quarterly Child and Family Team Meetings. Chafee IL Coordinators work collaboratively with case managers and community partners to support youth in becoming self-sufficient young adults. Chafee IL community partners include, but are not limited to: Job Service, Job Corps, Adult Learning Centers, Housing Authorities, Community Action, Vocational Rehabilitation Services, Salvation Army, Youthworks and many other private organizations who provide resources for young adults.
 - State Coordination: The ND Chafee IL Administrator collaborates with transition programming partners regularly through presentations, trainings and ongoing email communications to assist agencies in understanding CFCIP programming, youth eligibility, and service needs in North Dakota.
 - Tribal Involvement: The ND Chafee IL Administrator works with statewide Chafee IL Coordinators to ensure that CFCIP and ETV benefits are made available to Native American youth (Title IV-E or 638) on the same basis as non-native foster care youth in North Dakota. In addition, the Chafee IL Administrator and Chafee IL Coordinators email program and contact information to the Tribal Directors as needed to ensure adequate referral opportunities are available. Children & Family Services utilizes the STEP meetings to collaboratively work with tribal partners to update and retrieve necessary information to maximize resources and ensure opportunity for foster children statewide. The 18+ Continued Care program allows for Tribal Title IV-E youth to remain in or return to foster care if desired.

- **Youth Involvement:** Children & Family Services administers the operation of the ND Youth Leadership Board. The board involves participation from current foster youth and Foster Care Alumni. This group of young people work to build leadership skills, engages in conference panels, and facilitates local and state efforts to better the child welfare system. North Dakota replicates the Federal CFSR process in reviewing regional foster care services. Youth Stakeholder meetings are conducted during full CFSRs in ND; two locations per year. Youth Stakeholder participants can share with state staff their perspective of what has gone well in foster care and what areas could be improved. Children & Family Services will look to the ND Youth Leadership Board members when an opportunity for planning, organizing, or brainstorming child welfare improvements arises.

Service Descriptions:

North Dakota provides the following services under Title IV-B, Subpart 1:

- **Family Group Decision Making (FGDM):** FGDM is a strength based decision making process bringing together family members, friends, community specialists and other interested people. The primary purpose is to create a care and protection plan for children who are at imminent risk of placement outside the home or to create a plan for permanency and reunification of children. FGDM is provided through a contract with The Village Family Services Center. During FFY 2018, 99 families received FGDM services through this contract. It is planned that title IV-B, subpart 1 funds will be reallocated to support the Family Centered Engagement (FCE) initiative in the coming year. Therefore, North Dakota will no longer provide FGDM services once the FCE initiative is launched (projected date of 10/1/18).
- **Intensive In-Home Family Therapy Services**
A combination of subpart 1 and 2 funds, in addition to other funding streams, are used to support this service area. Intensive In-Home Family Therapy Services are provided to families who are at risk of one or more children being placed in out-of-home care with intensive in-home crisis intervention, family education, and therapy. Intensive in-home family therapy can also be provided to support and sustain reunification following an out-of-home placement. The families who receive this service are typically experiencing difficulties due to many factors including: physical, sexual, or emotional abuse or a combination of all three; neglect; delinquency; status offense; substance abuse of parents or child, or both; and emotional or behavioral concerns of parents or child, or both. Intensive in-home family therapy services are provided through a contract with The Village Family Services Center. During FFY 2018, 259 families received intensive in-home family therapy services in seven of the eight regions in the state through this contract. The eighth region has this particular service available through their regional human service center. It is planned that title IV-B, subpart 1 funds will continue to be used to support this service in the coming year.
- **Safety/Permanency Funds**
Safety/Permanency Funds are flexible funding available to local county social service agencies to families who are having difficulty and are at risk of their children being placed out of their homes. Due legislation passed in 2017, as of January 1, 2018 the state discontinued funding Family Preservation Services through memoranda of agreement with the counties. Per this new law, the county social service agencies are expected to provide family preservation services as part of their

service array, and this includes safety permanency funds. Costs are covered by the state using a caseload formula developed by the legislature.

Subsidized Guardianship Program

The subsidized guardianship program provides a monthly cash payment for the child's maintenance needs to an eligible guardian who provides care to an eligible child. During FFY 2017 an average of 65 families received subsidized guardianship payments each month. It is planned that title IV-B, subpart 1 funds will continue to be used to support this service in the coming year.

Title IV-B, Subpart 2 Services:

North Dakota provides the following:

Kinship Navigator: North Dakota applied for FFY19 funding to develop a Kinship Navigator program in July 2018. In September 2018 North Dakota received notice of the grant award. North Dakota with assistance from a contracted provider will develop a kinship navigator program that would be integrated within the Family Centered Engagement (FCE) initiative. The developed program will place a kinship navigator at FCE meetings held to assist kinship caregivers in learning about, finding and using programs and services to meet the needs of the children they are raising and their own needs, and to promote effective partnerships among public and private agencies to ensure kinship caregiver families are served. The designed program will be developed to fulfill the requirements of Families First Prevention Services Act 427(a)(1).

Family Preservation Services: Due to ND legislative law passed in 2017, as of January 1, 2018 the state discontinued funding Family Preservation Services through memoranda of agreement with the counties. Per this new law, the county social service agencies provide family preservation services as part of their service array. Costs are covered by the state using a caseload formula developed by the legislature.

- **In-Home Case Management:** In-home case managers provide supportive case planning services for families and children living in the home at risk of foster care placement, and for children returning to the home following reunification to prevent re-entry into foster care. In FFY 2018, 1,319 unduplicated families received in-home case management services. It is planned that title IV-B, subpart 2 funds will continue to be used to support this service in the coming year.
- **Parent Aide:** Parent Aide services are designed to improve parenting skills with parents who are at risk of abusing or neglecting their children, by reinforcing parents' confidence in their strengths and helping them to identify where improvement is needed and to obtain assistance in improving those skills. It uses the relationship between the parent and the parent aide as a tool to encourage, teach, and assist parents. In FFY 2018, 428 unduplicated families received parent aide services.
- **Prime Time Child Care:** Prime Time Child Care provides temporary childcare to children of families where child abuse and/or neglect have occurred or there is a risk of it occurring. It gives parents an opportunity to attend counseling, addiction treatment, or other needed services

while their children are cared for in a licensed facility. In FFY 2018, 29 unduplicated families received Prime Time Child Care services. It is planned that title IV-B, subpart 2 funds will continue to be used to support this service in the coming year.

- **Safety Permanency Funds:** Safety/Permanency Funds are flexible funding available to local county social service agencies to families who are having difficulty and are at risk of their children being placed out of their homes. Safety/Permanency Funds are dispersed to the eight North Dakota regions in proportion to child population rates. The funds are managed by the Regional Supervisors with oversight by the Family Preservation Administrator. During FFY 2018, Safety/Permanency Funds requests totaled 1,091 for the eight North Dakota Regions.

Time Limited Family Reunification

- **Intensive In-Home Family Therapy Services:** Intensive In-Home Family Therapy Services are provided to families who are at risk of one or more children being placed in out-of-home care with intensive in-home crisis intervention, family education, and therapy. Intensive in-home family therapy can also be provided to support and sustain reunification following an out-of-home placement. The families who receive this service are typically experiencing difficulties due to many factors including: physical, sexual, or emotional abuse or a combination of all three; neglect; delinquency; status offense; substance abuse of parents or child, or both; and emotional or behavioral concerns of parents or child, or both. Intensive in-home family therapy services are provided through a contract with The Village Family Services Center. During FFY 2017, 304 families received intensive in-home family therapy services through this contract.

Family Support Services: Prevention Networks, Public Awareness & Community Development and Outreach Services: These services are provided through a contract with Prevent Child Abuse North Dakota (PCAND) and are available statewide. PCAND is not a direct service provider under this contract yet is a key primary prevention organization. Prevention Networks are provided through PCAND's efforts to build on existing networks and connect new partners, as well as forming new networks for prevention of child abuse and neglect, including the North Dakota Home Visitation Network. Programming known as "Authentic Voices" networks survivors of childhood maltreatment and others to advocate on behalf of children. PCAND also coordinates the "Period of Purple Crying" initiative, an evidence-based infant abusive head trauma prevention program. Educational DVDs and Apps were distributed through nine birthing hospitals throughout the state, reaching 3,128 of 12,842 births (24%).

Public awareness efforts include coordination of statewide Child Abuse Prevention Month activities:

Child Abuse Prevention Month 2018 Grant Summary Snapshot:

Number of grantees – 16

Counties reached – 42

Total population outreach estimate – 582,325

Amount Requested in Grant Proposals: \$19,627

Amount Spent/Reimbursed: \$12,025

Percent Spent: 61.3%

Materials Provided by PCAND

Magnets: 757
Pinwheels: 1,100
Yard Signs: 95
Period of PURPLE Crying DVD/app Packages: 150
Pamphlets: 1,091
Lapel Pins: 160

It is planned that title IV-B, subpart 2 funds will continue to be used to support this service in the coming year.

Time Limited Family Reunification

- **Intensive In-home Family Therapy Services** A combination of subpart 1 and 2 funds are used to support this particular service area. See description and data in the subpart 1 section above. It is planned that title IV-B, subpart 2 funds will continue to be used to support this service in the coming year.

Adoption Promotion and Support

- **Foster and Adoptive Recruitment & Retention Coalitions:** The eight regional Recruitment & Retention coalitions apply for funding each biennium. The approved regional “Request for Funding” proposals identify both general and targeted recruitment activities to remain consistent with the Recruitment and Retention State Plan (ATTACHMENT B).
- **Adoption Services:** The CFS Division facilitates a contract with a private provider to provide adoption services to children in foster care and the families who adopt them: the Adults Adopting Special Kids (AASK) program. The contracted agency accepts referrals from the human service zone agency when the plan for a specific child is adoption (or there is a concurrent plan for adoption). The private agency then provides all adoption related services including child preparation and assessment, child specific recruitment, general family recruitment, family assessment and preparation, placement and post-placement services. The agency also assists families in applying for adoption assistance. For SFY 18 through May 31, 2018, there have been 167 placements of North Dakota children made by AASK (of which 17 were Tribal custody children), with an additional 13 incoming Interstate Compact for the Placement of Children (ICPC) placements, for a total of 179 placements through AASK. There have been 173 finalizations of adoptions for North Dakota children during that time period which included nine Tribal children finalized during this time period. AASK has completed 72 new home studies for adopting families with an additional 28 subsequent and updated assessments. AASK has also completed 169 child adoption assessments during this period.

The department has recently authorized funding for a new position with the AASK program that will focus on providing adoption services for tribal custody children. This new worker’s efforts will concentrate on those referrals from the Spirit Lake and Turtle Mountain Tribes where there is a significant backlog of adoption work to be done at the request of the Tribes. This position is being funded by adoption incentive funds.

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

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

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

Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, Subpart 1):

Services for Children Under the Age of Five

North Dakota continues to have an accelerated permanency planning practice for all children in foster care, including those children under the age of five. Child and Family Team meetings provide the opportunity to review a child's permanency plan and status of reaching that goal every three months, as opposed to the federally required period review minimum of six months. In addition, the following steps will continue during the 2020-2024 CFSP:

- Health Tracks, the Early and Periodic Screening, Diagnosis, and Treatment (EPDST) program, screenings for all youth in foster care within 30 days of entry, which include developmental and mental health assessments,
- A Qualified Individual will assess all youth entering foster care to ensure placement at the appropriate level of care.
- Training provided to foster and adoptive parents regarding the needs of this population in foster care, as well as an assessment and eventual development of these types of trainings available for parents of all children in this age group,
- Continued work with the Head Start Collaboration Office to maintain awareness of the availability of Head Start and Early Head Start to all young children, including those in foster care,
- Continued referrals to early childhood intervention services pursuant to CAPTA requirements for all children under age 3 determined to be a victim of abuse or neglect, and
- Continued work with the regional human service centers (HSC), which provides services to all young children with developmental delays, to assess their capacity to serve all children needing assessment and services to assure developmental progress.
- Regional human service centers (HSC) have an array of services available including developmental assessments and therapy for all children in this age range.

Steps to Track and Prevent Child Maltreatment Deaths

North Dakota uses Child Fatality Review Panel (CFRP) data to compile and report child fatalities, in addition to the child welfare system (NCANDS) data. The North Dakota Child Fatality Review Panel is a state level multidisciplinary panel organized under state statute and supported through the state child welfare agency. Child Fatality Review Panel data is based on data from Vital Records death certificates issued by the state for deaths of all children from birth to age 18. All child death certificates are reviewed by the CFRP coordinator with assistance as requested from the medical

Examiner's Office and other Panel members as requested . Any death in which the manner of death is indicated as "Accident", "Suicide", "Homicide", "Undetermined" or "Pending Investigation" is selected for in-depth review by the Panel. Death certificates in which the manner of death is indicated as "Natural" are reviewed to determine whether the "Cause of Death" listed on the death certificate qualifies as "sudden, unexpected, or unexplained". These deaths, then, are also selected for in-depth review by the Panel and include all deaths where the cause of death is SIDS or SUID. Additionally the Child Fatality Review Panel coordinates with the state Medical Examiner's Office, law enforcement agencies and medical facilities, statewide to accomplish these reviews.

In North Dakota, child fatality reviews are a retrospective record review. Case level records are requested and received (in most cases) from the Medical Examiner's offices, law enforcement agencies and medical facilities. Both of the state's Medical Examiners serve on the Panel. The data from these sources is incorporated at the case review level rather than at a "data extraction level". Additionally, Medical, law enforcement and Medical Examiner records are reviewed in order to identify additional sources of information, such as mental health, developmental disability programs, Emergency Medical Services, etc. These records are then requested, compiled into a stand-alone database, and incorporated into the death review.

Child Protection Services is the entity that labels a child death as to whether the death is the result of "child maltreatment". There is no corresponding "child maltreatment" label used by the State Medical Examiner's Office, law enforcement agencies or medical facilities. Medical Examiners label the manner of deaths as "Homicide, Suicide, Accident, Natural and Undetermined". Law enforcement may label the death as a criminal charge such as: "murder, manslaughter, negligent homicide", etc. and medical doctors label deaths with medical diagnoses such as "cardiac arrest" or "blunt head injury", none of which indicate whether child maltreatment was the cause or manner of death. While it is a certainty that a homicide or murder is an intentional act, there are no data elements contained in medical, law enforcement or forensic records to indicate the relationship of the individual responsible for the act upon the child in order to determine whether a child death is a "maltreatment death" at the hands of a caregiver, under the state Child Abuse and Neglect law, or an act of violence committed by a stranger. A "blunt head injury" may or may not be intentional, such as vehicle crash or fall injuries. Since NCANDS data is extracted from the child welfare database, there is no practical application to import or enter datasets from outside sources. None of the listed sources in the Program Instruction are excluded from the analysis. Data extracted for submission to NCANDS is first compared to the deaths reviewed by the Child Fatality Review Panel for any variation in reporting. Another safeguard in data reporting is that the child welfare agency is also the entity that convenes the Child Fatality Review Panel, reviews the records for each death, compiles that data following the reviews and publishes the annual Child Fatality Review Panel Data report as well as being responsible for NCANDS reporting.

Steps the state is taking to develop and implement a comprehensive, statewide plan to prevent child maltreatment fatalities

The state will develop and implement a comprehensive, statewide plan to prevent child maltreatment fatalities utilizing the following steps:

- Develop a contract with Prevent Child Abuse North Dakota to coordinate development of the plan

- Review child abuse and neglect fatalities in the state over the past 5 years in order to gather data about commonalities in case presentations, demographics, maltreatment types, cause & manner of death, etc. to inform prevention planning
- Using existing groups with members representative of the public health community, law enforcement, Courts, (ACJ, CFRP, CPSTF) and other relevant public and private agency partners, begin to map out a prevention plan which addresses the issues identified by the data review
- Consider surveying additional staff of partner agencies, including the public health community, law enforcement and the Courts as to preferred prevention strategies to inform preferred prevention methods
- Implement the plan with support and collaboration from system partners

Populations at Greatest Risk of Maltreatment: The National Child Abuse and Neglect Data System (NCANDS) data reveals that for FFY 16, 44.5% of all child victims were children age 5 and younger, representing a 0.5% decline from the data reported in the 2015-2019 CFSP. Infants under the age of one comprised nearly 30 percent of the victims under age 5 and were 12.1% of all victims, a higher percentage than any other age. Services targeted to this population continue through referrals to Early Intervention programs for all children under age three identified as victims of child maltreatment, Health Track Screening for all children entering foster care, and referral to county case management services for individualized child and family service plans.

Services for Children Adopted from Other Countries

Post adoption services through the ND Post Adopt Network are available to families who have adopted from other countries. Adoption specialists provide information and referral services to families who inquire or present with a need. Family preservation services are available to families who are at risk for out of home placement and may be accessed through the local county child welfare agency.

Post adoption services

In January 2016 North Dakota has implemented its post adoption service program through the AASK Program, the ND Post Adopt Network. This is a service supporting adoptive families and families providing guardianships for youth in North Dakota and is funded by adoption savings identified through the delinking provisions of Public Law 110-351. Outreach to private agencies has encouraged their referral of families in need of service who have adopted internationally, as well as other private adoptive families. The Post Adopt Network provides training opportunities, information and referral, mentorship, triage and support for families, training for professionals and other supportive services, including a summer family camp and winter family retreat. Information regarding this service can be obtained at <http://www.ndpostadopt.org/>.

The post adopt program is working on a mentor curriculum and on curriculum for pre- adoption training. AASK families who finalize receive a welcome packet, and follow up contacts for one year, or beyond if necessary. Adoptive families through other agencies receive these services also. Guardianship families, families who have adopted internationally and other private adoptive families can also request the supports of the ND Post Adopt Network.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

Monthly case worker visitation formula grants have continued to be utilized to assist the University of North Dakota Children and Family Services Training Center (UND CFSTC). During the 5-year plan period, the required four-week Child Welfare Certification program will continue to focus on case worker training surrounding assessment and decision making concerning the safety, permanence and well-being of foster youth, and visitation. Funds will also be utilized to offset the costs of child welfare professionals to attend the annual four-day CFS Conference in July of each year. These conferences contain many sessions that are useful to workers to assist in providing effective case worker visitation to ensure the safety, well-being and permanence of youth in placement. Providing these types of trainings will continue to help to recruit, and more thoroughly train and prepare case workers, leading to increased retention of well trained and effective case workers. These trainings will also better enable the case workers to make informed decisions about directionality of the cases to achieve better and more timely outcomes.

As in past years, North Dakota will also utilize the visitation formula grants to help update technology for the case workers, as possible within the funding allotted to use. This will assist them in carrying out case worker visitation in a more effective and efficient way.

Foster care policy will continue to be updated regularly during the 5-year plan period. Within that policy are sections devoted to case worker visitation. Areas that are addressed include; the need to meet in person at least monthly and spend some time privately speaking with child, reminders that there are three areas (safety/permanence/well-being) that need to be addressed at every meeting and examples of topics that could and should be covered in each of those three areas, and suggestions of how to handle case worker visitation when it is difficult for the custodial agency to make the monthly face to face visits. All youth in foster care are required to have a monthly face-to-face visit, with the majority of those visits taking place in the primary residence of the foster youth. During that monthly, face-to-face visitation the youth's well-being, safety and permanency must be addressed with the youth by the case worker. The visits are documented in FRAME. The monthly "Foster Care Case Load Visitation Report" continues to be distributed state-wide at least on a quarterly basis. Individual workers and agencies do have access to these reports/statistics within FRAME at any time.

The single biggest challenge with meeting this the monthly case worker visit standard is that tribal IV-E cases are not being seen regularly. This is due to staff turnover, and excessively high caseloads. North Dakota recently updated the State/Tribal IV-E agreements and is waiting for the final documents from the Tribes to finalize the agreements. Within those updated agreements is a section that requires the Tribes to complete the monthly case worker face to face visitations and report those visitations to the central office. It is again noted that Tribal partners can contact to have the visitations completed by the tribes. The state will enter the visitations into the FRAME system for the Tribal partners.

The updated agreements will also create an opportunity to have an increased return of administrative funds to the tribes due to an increased FMAP. Tribal partners have noted that they may utilize this money to hire and train more staff, which would assist in completing quality case worker visitations.

Tribal partners are invited to all case worker trainings including those that surround the quality of visitations. They are also invited to the 4-week-long child welfare certification trainings. Tribal partners have agreed to follow all state policy surrounding IV-E procedures in the updated The

case worker visitation frequency and quality for all agencies is reviewed at the quarterly Child and Family Team Meetings and entered in the notes from those meetings.

The CFSR/case reviews process that is in place also looks at the quality and quantity of the case agreement.

Adoption and Legal Guardianship Incentive Payments

North Dakota has thus far not opted into the federal IV-E GAP program so has not received Guardianship Assistance Incentive Payments. North Dakota has received adoption assistance incentive payments and traditionally these funds have been used to fund North Dakota's special needs adoption collaborative, the AASK Program. Recently these funds have also been used to support two new positions with the AASK program that are addressing the backlog of work referred to the program. Services provided by this program include recruitment, training and assessment of families, child preparation and placement, child-specific recruitment, and post placement follow up services. North Dakota's post adoption service program has been implemented through the AASK program to provide specific post adoption supports to adoptive and guardianship families at their request.

Congregate Care Beds

Licensed Congregate Care Beds have decreased from 288 beds in 2012 to 157 in June 2019 for a total decrease of 131 beds. The conversion from Residential Child Care Facilities to Qualified Residential Treatment Centers on October 1, 2019, as a result of FFPSA legislation, is expected to further reduce to number of beds to 122. This decrease of congregate care beds will require further recruitment of specialized family foster homes.

5. CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

North Dakota has a long history of support and coordination with the four federally recognized Tribal Nations of North Dakota: Mandan, Hidatsa & Arikara Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa. State/Tribal Title IV-E Agreements date back to the early 1980's and consultation coordination efforts with the tribes are active and ongoing. North Dakota is unique in that it has a Tribal Service Unit, which is the only one in the United States: the Trenton Indian Service area in Trenton, ND. There is trust land, tribal organization, services, Indian Health Services, etc. They are affiliated with Turtle Mountain Band of Chippewa.

CFS continues a partnership with the Native American Training Institute (NATI) and the tribal social service agencies through State and Tribes Enhancing Partnership Strategies (STEPS) quarterly meetings. Tribal social service directors are regular attendees at STEPS meetings and actively engage in sharing information on tribal concerns/issues. In addition, the CFS Management Team has direct communication with tribal social service directors on a regular basis regarding a variety of tribal/state issues. CFS continues to have regular conversations with the North Dakota Indian Affairs Commissioner's office regarding Native issues.

System planning and development of the 2020-2024 CFSP was a concerted effort through collaboration with a wide variety of system stakeholders engaged in several CFSP Development Workgroup meetings. Invitees included NATI and representation from Tribal Social Service Directors. The draft goals and objectives were shared and discussed with attendees at the Spring 2019 STEPS meeting and all participants were encouraged to attend future CFSP Development Workgroup meetings.

Ongoing coordination and collaboration with the tribes in the implementation and assessment of the 2020-2024 CFSP will occur through a variety of methods:

- CFS will continue the partnership with NATI and the tribal social service agencies with the quarterly STEPS meetings. STEPS meetings provide an opportunity for CFS and tribes to discuss various issues including IV-E requirements, service array planning, caseworker visits, CFSP progress and ICWA compliance.
- CFS will continue to request tribal participation in Children and Family Services Plan strategic planning meetings and annual reviews. CFS will participate in tribal planning meetings, as requested.

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

- State policies and practice guides require:
 - Notification of Indian parents and tribes of state proceedings involving Indian children and their right to intervene
 - Placement preference of Indian children in foster care, pre-adoptive, and adoptive homes

- Active efforts to prevent the breakup of the Indian family when parties seek to place a child in foster care or for adoption
 - Tribal right to intervene in state proceedings or transfer proceeding to tribal jurisdiction
- ICWA compliance is reviewed in every randomly drawn CFSR case where ICWA applies in the eight regional CFSR's around the state. Beginning in May 2013, CFS began reviewing tribal social services cases as part of the CFSR – this practice will continue throughout the five year CFSP. CFS provided a day-long training on the CFSR instrument with four tribal social service agencies. Training on the CFSR instrument will be ongoing as needed. Additionally, the state has reached out to tribal partners inviting tribal representation on the North Dakota Child and Family Service Reviews as a state reviewer. Furthermore, a representative from each of the four tribal social service agencies has agreed to serve a Federal Reviewer for the upcoming Title IV-E Eligibility Review to be held in August 2014. It is hoped that tribal representation can be continued through participation in the state Title IV-E review team during the upcoming five years.
 - The CFS Division Directors will continue to serve as a Court Improvement Project Indian Child Welfare Act subcommittee member.
 - The Court Improvement Project's ICWA subcommittee commissioned an ICWA Qualitative Observations audit of court case files for ICWA compliance. This audit involves a case file review of all cases from removal through adoption from October 1, 2009 through September 30, 2010. The Court Improvement Project ICWA sub-committee met with the auditors during the ICWA Conference in February 2014. The auditors reported their findings so far and their timeline for completion. If auditors identify potential ICWA issues, they notify the Court Improvement Project staff person who then notifies the ICWA sub-committee. Solutions, both long and short term, will be discussed and implemented as appropriate. Recently, the auditors suggested a hard card of required ICWA language would likely resolve language issues identified in some findings and orders. The sub-committee approved the creation of a hard card and asked that it be distributed to all persons who may have input into findings and orders, such as attorneys, social services, court staff, etc. When the audit is completed, the CIP ICWA sub-committee will review the report with the auditors to clarify and analyze audit findings. When the CIP Committee determines the report is final, it will be presented to the North Dakota Supreme Court Administrative Council. After reviewed by the Council it will be available to the public. This audit report could be a catalyst for changes to laws, policies or procedures intended to improve compliance with ICWA.
 - CFS will continue collaborate with the Court Improvement Project, NATI and the UND Children & Family Services Training Center to arrange statewide training for child welfare workers on ICWA compliance to a wide range of participants (judges, attorneys, social workers, court administrators, etc.).
 - The University of North Dakota Children and Family Training Center includes curriculum on ICWA compliance as part of the 4 week child welfare certification process
 - The Court Improvement Project and CFS will continue to fiscally support NATI's annual "North Dakota Indian Child Welfare Conference." This conference provides a pre-session entitled "ICWA 101" as well as a variety of other ICWA-specific sessions. CFS Division Staff serve on the planning committee for the this conference

- The Children’s Justice Symposium offers an array of topics which include sessions on ICWA.

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

- A case review system in which Tribal IV-E cases are included in the state’s Children and Family Review process, on-site case file reviews are conducted periodically by CFS staff.
- Access to the general funds for preventive services for children at risk of entering foster appropriated by the North Dakota Legislature. These services include parent aide and in-home case management services.
- The state’s regional human service child welfare supervisors conduct and participate in tribal child and family team meetings to facilitate reunifications, adoptions, guardianships or other planned, permanent living arrangement.
- Fund Title IV-E foster care maintenances costs and the state match for the IV-E eligible children living on the reservations.
- Continue funding of administrative IV-E dollars to the tribes. Provide technical assistance for completing and submitting IV-E administrative claims, including establishment of time study policies.
- Contract to provide IV-E training dollars to the tribal social service agencies through to the Native American Training Institute to conduct training on cultural competency, foster parent training for Native foster parents, maintenance of cultural resource service directory and the cultural resource guide for all tribes, ICWA compliance and financial support for the Indian Child Welfare Conference.
- Provision of training and technical assistance on IV-E related tribal issues. CFS will continue efforts underway to assist the Spirit Lake Nation with outside case management assistance through collaboration with Indian Affairs Commissioner’s office and the private sector.
- CFS is continuing to work with DHS’s IT and fiscal staff to establish a method to draw down the federal Tribal IV-E FMAP reimbursement rate. Code changes are necessary to effect the change. It is expected the changes will be implemented by early 2016.
- To enhance consistency in the IV-E eligibility determination process, North Dakota is exploring the feasibility of establishing a centralized IV-E eligibility determination process. Eligibility is now determined by counties neighboring a reservation. This results in differences in communicating rules to tribal social services.
- CFS currently obtains credit reports for youth ages 16+ in public custody, including Tribal Title IV-E youth. Tribal partners were given a copy of the federal PI, the ND Children & Family Services policy issuance, and given an opportunity to discuss the process and identify ways in which their tribal offices will engage in the federal mandate. The state assumed the

responsibility of obtaining credit reports for all youth ages 16 and older in foster care, including the credit reports of tribal youth.

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

The CFS Division will provide electronic copies and links to the 2020-2024 CFSP to the Tribal child welfare workers when submission is finalized. Review of the CFSP will be an ongoing agenda item of the STEPS meetings with the four tribal child welfare directors and NATI staff. Tribal social service directors will review and discuss their CFSP during STEPS meeting and post electronically as able. Annual Progress and Services Reports will be shared in this same manner during the next five years.

6. JOHN H. CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD (THE CHAFEE PROGRAM)

The Children and Family Services Division consists of the Safety, Permanency, and Wellbeing Units, with the State Chafee Program Administrator employed with the Permanency Unit. North Dakota is fortunate to have these three closely integrated units working collaboratively on the planning and implementation stages of all aspects of child welfare. This strong relationship between the three units is a strength for the Chafee Program, youth in foster care, and their families.

The State Chafee/ETV/NYTD Program Administrator is also the Qualified Residential Treatment Program (QRTP) & Licensing Administrator, the Supervised Independent Living Program (SILP) & Licensing Administrator, and the Subsidized Guardianship Program Administrator for the state. Despite the multiple roles, this can be viewed as a strength for North Dakota as it allows for oversight of all four programs by a single entity which provides expertise across programs, and the opportunity to promote rule, policy and procedure in the best interest of children and families across all programs.

The service needs of older youth are incorporated into and supported by the overarching goals of North Dakota's 2020 – 2024 CFSP and CFSR PIP. ***North Dakota foresees implementation of the following CFSP and PIP goals, strategies and action steps having a positive impact on all of the 7 Chafee Program Purposes.*** The goals represent a form of prevention services to help youth remain in their homes or to exit quickly from foster care to permanency, both of which increase the probability of young people achieving meaningful, permanent connections with caring adults, leading to enhanced outcomes as they transition to adulthood.

- ***Redesign of In-Home Case Management and Family Preservation Services***

North Dakota's CFSP plan to expand these services state-wide will prevent youth from entering foster care, as well as assist with earlier reunification and re-entry prevention for Chafee participants.

- ***Dual Status Youth Initiative***

The implementation of multi-disciplinary team processes will have a positive impact on Chafee age youth by preventing them from entering foster care, preventing re-entry into care, and earlier reunification.

- ***Kinship Navigator Program; and Evidence Based Practices of Substance Use Disorder and Mental Health Treatment, and In-Home Skill-Based Parenting Programs.***

The implementation of these services will reduce entry into foster care, and benefit Chafee participants by leading to earlier reunification and re-entry prevention.

- ***Level of Care (LOC) Assessment by a Qualified Individual***

The LOC assessment completed by the Qualified Individual, as defined by FFPSA, will objectively identify the appropriate level of care, prevent unnecessary removal from the home, promote quicker reunification, and decrease placement moves. Stable placements provide better opportunities for youth to experience better relationships with care givers and promote permanent connections.

- ***Judicial Status Reviews***

The Juvenile Court system will be trained in the LOC assessment process and the Judicial Status Review determinations will support appropriate LOC placements consistent with the youth's level of need.

- ***Levels of Care Expansion in the ND Foster Care System***

North Dakota is implementing Supervised Independent Living Programs (SILP), as well as specialized levels of foster care homes. These new levels of care will greatly enhance opportunities for Chafee participants by providing enhanced support to foster care and SILP providers in meeting their individualized needs.

- ***Strengthening the Foster and Adopt Diligent Recruitment and Retention Plan***

Historically, age 16+ youth are more likely than younger children to be placed in congregate care rather than a family foster home. The CFSP goal of using the Theory of Constraints process to increase the number of specific and specialized family foster and adoptive homes. Increasing family foster home options will provide additional placement opportunities to Chafee-age participants, and in combination with new FFPSA legislation, decrease the number of adolescents entering congregate care placements. Placement in a family foster home setting will increase opportunities for older foster youth to form a “connection to a positive adult”.

Refining NDDHS policy to implement new state law allowing licensing or approval of foster homes on or near the reservation by tribal child welfare agency will also increase the number of available foster homes. Utilizing the Theory of Constraints process to identify hidden capacities and maximize efficiencies to support timely permanency is likely to increase timely permanency.

- ***Utilization Review Process***

The state intends to develop a utilization review process to evaluate that the Qualified Individual and Level of Care Assessments are working as intended --ensuring young people being served in the appropriate level of care.

- ***Child Welfare Collaboration with the ND Court Improvement Project (CIP)***

The collaborative plan includes training to the ND legal community including State's Attorneys, Judicial Officers, Juvenile Court, Indigent Defense, and child welfare case managers and supervisors in the following areas:

- ND Child Welfare court proceedings;
- Impact of delayed permanency;
- Best practice and strategies to improve outcomes;
- Trauma informed child welfare practice;
- Engaging in active and reasonable efforts;
- ND ICWA compliance.

Supporting, engaging, and educating the child welfare and legal communities to develop knowledge, skills, and expertise to ensure laws, policies and best practices are followed will lead to more consistent practice and application of law, which will ultimately benefit Chafee participants and their families.

- ***Continuous Quality Improvement using the Theory of Constraint (TOC)***

This process will identify the efficiencies and hidden capacity of the service delivery system; and monitor and evaluate the system changes to positively impact outcomes for children and families. A Data Dashboard will be developed to report on the identified process measures, quality measures and client outcomes in each TOC project, including measurements and

progress towards CFSP and PIP goals. Data will be used to implement identified areas of practice improvement and guide Chafee Program planning efforts.

- ***Enhanced Wraparound Model Fidelity***

A focus on quality caseworker visits with children, siblings, and parents will enhance safety, permanency, and wellbeing outcomes for children and families.

- ***Improve CPS to In-Home Services Timeliness***

Decreasing the amount of time from CPS assessment to the start of in-home services will prevent removal, prevent reentry, and lead to shorter stays in foster care enhancing permanency outcomes for all children, including Chafee participants.

- ***Family Centered Engagement***

The goals of Family Centered Engagement implementation are to:

- Reduce the number of children entering foster care
- Increase the number of children remaining safely in their own homes
- Increase the number of youth placed with relatives/kin if removed from the home

Goal attainment will lead to better outcomes for young people in foster care.

Identify the state agency or agencies that will administer, supervise, or oversee the Chafee program. Describe how the agency that administers the program provides oversight to the programs or agencies that directly provide Chafee services and supports.

The North Dakota Department of Human Services, Child & Family Service Division will continue to administer the Chafee and ETV Program grants and oversee the Regional Chafee Programs across the state during the CFSP 2020-2024 period.

PATH ND is the current Chafee program statewide provider, and an amendment for the July 1, 2019 – June 30, 2020 period is being issued to extend the contract. Required state procurement will be completed in the near future for the contract period beginning July 1, 2020. The option of using an alternate procurement process rather than issuing a Request for Proposal is being explored due to experience and expertise PATH accumulated over the past 10 years as the state's Chafee Program provider making them a strong candidate for future contract awards,

The Chafee Administrator will continue to complete an annual quality assurance review of the contracted provider. In addition, DHS Fiscal and Contracting complete required audits. The Chafee Administrator attends quarterly meetings with PATH and is available for ongoing consultation. Weekly, if not daily, correspondence between DHS and the PATH Chafee Program supervisor and Transition Coordinators is typical. Children and Family Services has formed a strong partnership with PATH over the years which is a benefit to the Chafee program participants.

Description of Program Design and Delivery

Describe how the state designed and intends to deliver and strengthen programs to achieve the purposes of the Chafee program over the next five years.

PATH ND currently employs seven Chafee Transition Coordinators located in seven of the eight regional PATH offices statewide. The seven Chafee Transition Coordinators deliver service to eligible current foster care youth and Foster Care Alumni in all eight regions of the state. DHS

intends to increase funding to the contract effective July 1, 2019 to support the hiring of an additional Transition Coordinator bring the total to 8 FTEs which will support the increase of the number of participants served by the program and enhance the quality of service provided. The additional funding will also allow for increased training opportunities for the Transition Coordinators, increased travel budget for enhanced visiting opportunities, and increased flex fund budget to allow additional youth to access flex funds.

Throughout the 5-year CFSP period, North Dakota plans to:

1. Explore the option of utilizing peer mentors to support young persons in care.
2. Expand the Youth Leadership Component
3. Implement Supervised Independent Living Programs
4. Expand the use of NYTD data to guide program decisions leading to improved outcomes for young people.

North Dakota will continue to require all youth in foster care, age 14 and older, and foster care alumni to have their independent living needs assessed and addressed. The child's custodian, in collaboration with the Child and Family/ Permanency Planning Team, is responsible for ensuring all children age 14 and older have transition/IL goals included as part of their overall child and family plan, and for ensuring the child's identified transition/IL needs are addressed. All youth age 14 years of age up to 23 years of age, who are or were in foster care after the age of 14 are eligible for components of the Chafee Program. North Dakota requires all foster youth age 16 and older to be referred to the Chafee program. The Chafee program is an option for age 14 and 15-year-old foster youth with higher level transition/IL needs not able to be met by the custodian and child and family team. The Chafee Program does not have a case load standard.

The 7 Chafee Program Purposes

This section responds to each of the 7 Chafee Program Purposes. The NYTD Cohort 2 Data FY 2014 – 2018, Ages 17, 19, and 21-year-olds, contains data for each of the program purposes and is included for reference. Cohort 2 is the most current complete cohort of data available as states are currently in the midst of collecting age 19 data as part of Cohort 3.

North Dakota

Youth Services

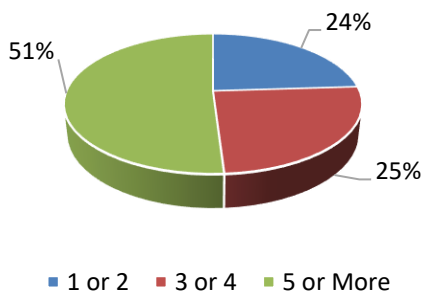
(FY 18 total served: 462 youth)

Includes information about all youth who received at least one independent living service paid for or provided by the state CFCIP agency.

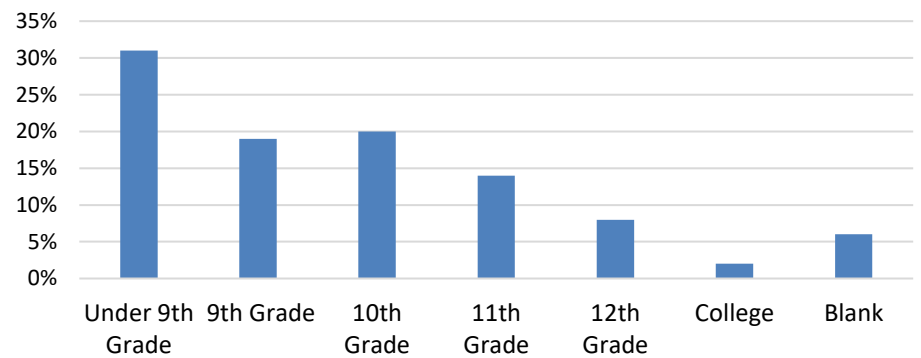
Characteristics of youth receiving services (FY 18)

Male	48%	In foster care	79%
Female	52%	In federally recognized tribe	17%
White	64%	Adjudicated delinquent	44%
Black	9%	Receiving special education	28%
American Indian	31%	Age range	13-22
Other Race	2%	Mean age	17
Hispanic	6%		

Number of services received (FY18)

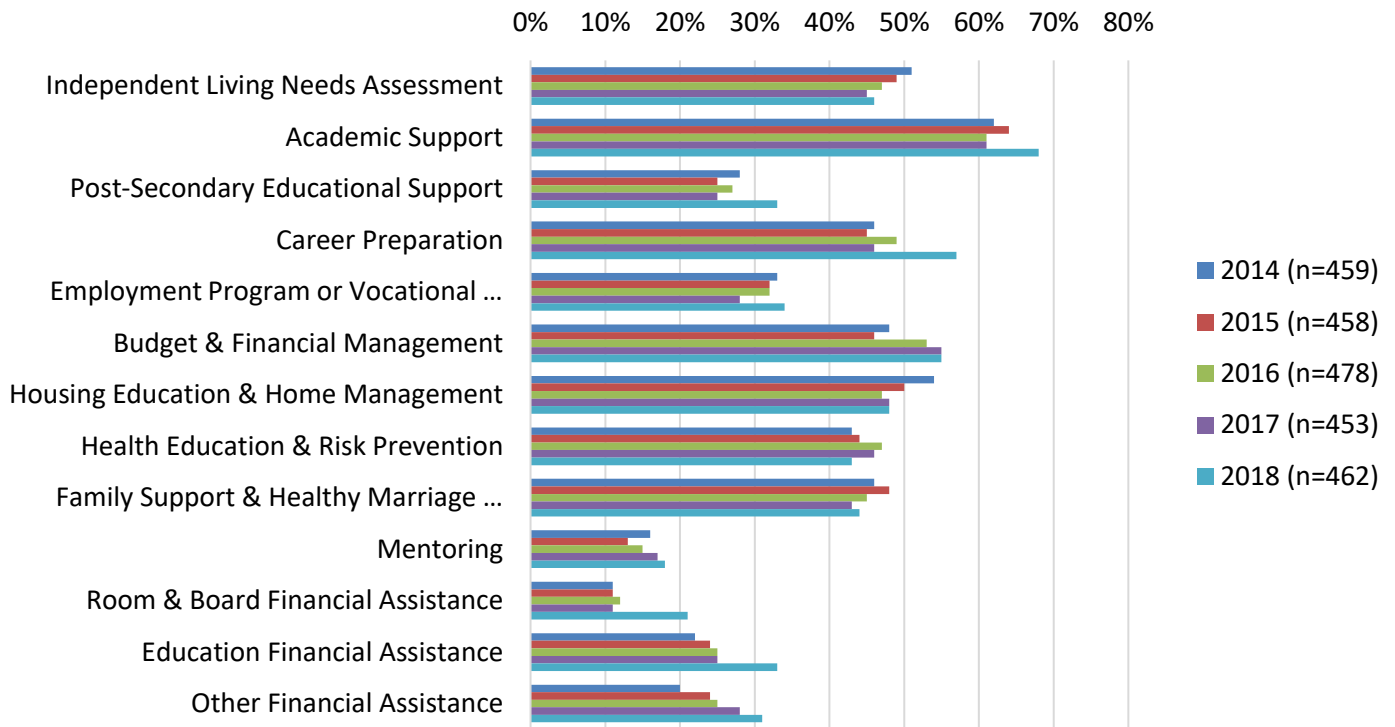


Education level of youth receiving services (FY 18)



Type of services received (FY 14-18)

Percent of youth receiving each service (of total youth served)



This snapshot was prepared by the Children's Bureau and contains a summary of highlights from NYTD data reported by states between Fiscal Year (FY) 2014 and 2018. The data are current as of December 2018. Please contact NYTDinfo@acf.hhs.gov if you have any questions about information in this data snapshot.



Youth Outcomes

Includes information about all youth who were eligible to take the NYTD survey at ages 17, 19 and 21.

Cohort 2 survey participation, FY 14-18

	Baseline Population (17 year-olds in foster care, FY 14)	Follow-Up Population (19 year-olds, FY 16)	Follow-Up Population (21 year-olds, FY 18)
	<p>114 eligible 60 surveyed</p> <p>53% surveyed</p>	<p>58 eligible 38 surveyed</p> <p>66% surveyed</p>	<p>56 eligible 36 surveyed</p> <p>64% surveyed</p>
Characteristics of survey participants			
<i>Male</i>	48%	53%	44%
<i>Female</i>	52%	47%	56%
<i>White</i>	65%	71%	72%
<i>Black</i>	5%	8%	6%
<i>American Indian</i>	33%	29%	28%
<i>Hispanic</i>	2%	3%	3%
<i>In foster care</i>	100%	16%	0%
Reasons for non-participation			
<i>Youth declined</i>	34%	0%	0%
<i>Parent declined</i>	0%	0%	0%
<i>Incapacitated</i>	2%	0%	0%
<i>Incarcerated</i>	0%	1%	3%
<i>Runaway/missing</i>	0%	0%	0%
<i>Unable to locate</i>	11%	33%	34%
<i>Invalid Participant/Missing</i>	1%	0%	0%
Outcomes reported			
<i>Employed full- or part-time</i>	28%	55%	81%
<i>Receiving public assistance</i>	N/A	31%	28%
<i>Finished high school or GED</i>	8%	47%	75%
<i>Attending school</i>	98%	55%	31%
<i>Referred for substance abuse treatment</i>	45% (in lifetime)	5% (in past 2 years)	14% (in past 2 years)
<i>Incarcerated</i>	52% (in lifetime)	26% (in past 2 years)	33% (in past 2 years)
<i>Had children</i>	5% (in lifetime)	3% (in past 2 years)	19% (in past 2 years)
<i>Homeless</i>	22% (in lifetime)	24% (in past 2 years)	19% (in past 2 years)
<i>Connection to adult</i>	98%	97%	100%
<i>Medicaid coverage</i>	90%	42%	44%

Chafee Program Purpose #1:

To support all youth who have experienced foster care at age 14 or older in their transition to adulthood through transitional services such as assistance in obtaining a high school diploma and post-secondary education, career exploration, vocational training, job placement and retention, training and opportunities to practice daily living skills (such as financial literacy training and driving instruction), substance abuse prevention, and preventive health activities (including smoking avoidance, nutrition education, and pregnancy prevention);

Describe how the state designed and intends to deliver and strengthen programs to achieve Purpose #1 of the Chafee program over the next five years.

The eight Chafee Transition Coordinators will assist youth individually and in group settings with meeting their identified needs. Required assessments will be completed and a transition plan developed for each youth. The Chafee Transition Coordinator attends the Child and Family Permanency Team meetings and collaborates with the custodian, foster parent, facility, and other team members on the implementation of the plan. The transition goals for each young person are individualized, as are the activities the Transition Coordinator may assist them with. Examples of what a Transition Coordinator may assist a young person with include, but are not limited to the following:

- Assisting youth in presenting themselves appropriately when retrieving and submitting job applications.
- Gathering information necessary for gaining employment (i.e. Social Security cards, birth certificates).
- Providing youth access to various employment resources, interviewing tips, job fairs, Job Corps contacts, etc.
- Assisting youth with reviewing and updating their education and training IL goal quarterly.
- Collaborating with and referring youth to services, such as WIA/Job Service and Job Corp.
- Assisting youth with applying for college.
- Assisting youth with completing the Free Application for Federal Student Aid (FAFSA) and seeking other grants and scholarships.
- Assisting youth with completing the ETV application process.
- Providing education to various community partners on the ETV program.
- Collaborating with representatives of regional Work Investment Act (WIA) programs offered through North Dakota Job Service and the TRIO programs.
- Assisting youth with completing the NYTD survey.
- Attending Child and Family Team Meetings with the youth and working collaboratively to support youth in becoming self-sufficient young adults.
- Making outreach efforts to county social services, tribes, and DJS to build and maintain relationships.

- Assisting custodial case managers in completing the foster care youth discharge checklist.
- Assisting with the completion of the Medicaid application process.
- Inviting Job Service representatives to present at monthly groups.
- Providing individual assistance with creating budgets and resumes.
- Inviting Wells Fargo Bank representatives to present on financial literacy.
- Assisting youth in developing a transition plan.
- Partnering with facility staff to provide services to meet the individualized needs of the young person.
- Collaborating with community partners including, but are not limited to: Job Service, Job Corps, Adult Learning Centers, Housing Authorities, Community Action, Vocational Rehabilitation Services, Salvation Army, Youthworks, Youthworks, TANF, Medicaid, and many other private organizations who provide resources for young adults.
- Engaging with foster parents to assist them with teaching IL skills in the foster home.
- Assisting youth in developing their IL educational plan. Plans included communication with secondary educational counselors and support persons, planning for successful completion of secondary education/training, required applications, tests, and financial aid forms, search for scholarships and grants, as well as planning for support during post-secondary educational attendance including needs for housing, child-care and tutoring.
- Offering one-on-one assistance with completing their high school diploma and/or GED.
- Assisting youth in paying and preparing for the ACT/SAT exams, applying for college, attending college tours, paying for college application fees, enrolling in TRIO, researching school programs and career choices, and providing awareness about the ETV Program.

North Dakota's CFSP and CFSR PIP goals, strategies, and action steps, as described in an earlier section of this report, align with and support the achievement of Chafee Program Purpose 1.

Chafee Program Purpose #2:

To help children who have experience foster care at age 14 or older achieve meaningful, permanent connections with a caring adult;

Describe how the state designed and intends to deliver and strengthen programs to achieve Purpose #2 of the Chafee program over the next five years.

Chafee Program Transition Coordinators will collaborate with the youth's Child and Family Permanency Team including custodial case managers, family, foster parents, facility staff and other team members to assist young people in foster care achieve meaningful, permanent connections with a caring adult, through various measures including:

- Promoting goals relating to permanent connections be included on Transition Plans, CFT Permanency Plans, Facility Treatment Plans, Discharge Plans, etc.
- Maintaining professional relationships with child welfare agencies.

- Providing information and training on healthy relationships.
- Offering Chafee Program monthly meetings to provide support from peers.
- Encourage application to the ND Youth Leadership Board as meetings provide a supportive environment for youth to share information as well as develop peer mentoring relationships.
- Ongoing communication with foster youth to stress the important role adult supporters play in the lives of youth aging out of the foster care system.
- Advocate for foster placements extending past the age of 18 to be utilized for young people requiring more skills and resources before aging out of care.
- Maintain contact with youth and their mentors to ensure it is an appropriate relationship that will benefit them.
- Encourage youth to become part of church or community groups.
- Work with youth on improving relationships with parents and family members.
- Connect youth with resources in the community with dedicated adults, i.e. Carrie's Kids, Big Brother, Big Sister, Partnerships, and the Transition to Independence Program (TIP).
- Continue to provide personal and emotional support to youth aging out of foster care through mentors and the promotion of interactions with dedicated adults.
- Continue to survey foster care youth through the National Youth in Transition Database (NYTD) and enhance utilization of data driven decisions for program enhancement and improved outcomes.
- Collaborate with Family Engagement Specialists* for youth placed in QRTP settings.

*The Chafee Transition Coordinators will collaborate with residential providers when a foster youth is placed in treatment. NDDHS has implemented a rule in NDAC 75-03-40, QRTP Licensing Rules, requiring the treatment center to employ a **Family Engagement Specialist**. The role of the Family Engagement Specialist is provision of family engagement and after care services and supports to best meet the needs of the resident and the resident's family. The Family Engagement Specialist shall maintain ongoing contact with the resident's family as a liaison to the resident's treatment in the facility, as well as providing or coordinating after care services and supports for the six-month period following discharge. The work of the Family Engagement Specialist is done in collaboration with the youth's Child and Family Team, inclusive of the Chafee Transition Coordinator. This practice is likely to reduce length of stay in foster care, prevent re-entry into care, and enhance the permanent connection between child and family.

If the foster youth's plan is guardianship or adoption, or if the child's needs require a step-down into a family foster home, then the Family Engagement Specialist will have direct communication with the guardian, adoptive parent, or foster parent in addition to any biological parents. If a young person has the permanency goal of APLA, the Family Engagement Specialist will focus on connections with other caring adults in the child's life. The Chafee Transition Coordinator will play a role in this after-care component in most situations.

North Dakota's CFSP and CFSR PIP goals, strategies, and action steps, as described in an earlier section of this report, align with and support the achievement of Chafee Program Purpose 2.

Chafee Program Purpose #3:

To help children who have experienced foster care at age 14 or older engage in age or developmentally appropriate activities, positive youth development, and experiential learning that reflects what their peers in intact family’s experience;

Describe how the state designed and intends to deliver and strengthen programs to achieve Purpose #3 of the Chafee program over the next five years.

North Dakota has adopted all aspects of the Preventing Sex Trafficking and Strengthening Families Act of 2014 which promotes well-being and normalcy for youth in foster care. ND DHS has implemented policy and practice to ensure county, state, and tribal child welfare agencies, DJS, contracted providers, and courts facilitate age-appropriate experiences for youth and are taking other steps to support normalcy and promote permanency, such as:

- Ensure that children who are most likely to remain in foster care until age 18 years of age engage in age- or developmentally appropriate activities.
- Institute the reasonable and prudent parent standard for youth participation in activities.
- Develop standards and training on the reasonable and prudent parent standard for foster parents and caregivers.
- Implement requirements that child-care institutions always have an individual onsite who is designated to exercise the reasonable and prudent parent standard.
- Institute liability protections that ensure protection when the reasonable and prudent parent standard is applied by foster parents.
- Mandate judicial review of normalcy for youth who have a permanency goal of Another Planned Permanent Living Arrangement (APPLA).
- Require participation of youth age 14 and older in case planning and identification of advisors/advocates.
- Mandate provision of a list of rights to youth age 14 and older.
- Mandate inclusion of youth age 14 and older in transition planning for a successful adulthood.

NDDHS has implemented the following:

- CFS has policies and procedures as defined in PL 113-183 and section 475(11) of the Act and continues to promote “normalcy”.
- North Dakota has an online training module to increase the availability of ongoing training to meet the needs of the state.
- The State QRTP Administrator has ongoing correspondence with the 10 Residential Foster Care Facilities (soon to be QRTPs as of 10/1/2019) in the state to provide technical assistance with implementing PL 113-183 and section 475(11) of the Act. All current facilities have policies and procedures in effect to ensure residents have regular, ongoing opportunities to engage in age or developmentally appropriate activities. Future QRTPs are required to meet this requirement as well.
- All Chafee Transition Coordinators have attended training on human trafficking.
- North Dakota Children and Family Services has Chafee policy regarding the Chafee Transition Coordinator’s role when a Chafee participant is a suspected victim of human trafficking.

- Foster children under the custody of DHS are now able to attain their driver's license.
- Ongoing trainings and seminars to promote the engagement in age or developmentally appropriate activities.
- The Foster Care Bill of Rights informing foster youth of their rights is given to each foster youth.
- Family First legislation encourages normalcy by restricting access to QRTP placements, which by the nature of the setting tends to limit normalcy opportunities more so than family foster home placements.

North Dakota's CFSP and CFSR PIP goals, strategies, and action steps, as described in an earlier section of this report, align with and support the achievement of Chafee Program Purpose 3.

Chafee Program Purpose #4:

To provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 23 years of age, to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition from adolescence to adulthood;

Describe how the state designed and intends to deliver and strengthen programs to achieve Purpose #4 of the Chafee program over the next five years.

North Dakota currently has an approved title IV-E plan amendment to serve youth in foster care up to age 21 (18+ Foster Care Program), and have requested and received approval to extend the maximum eligibility age and use Chafee funds to serve youth to age 23, as allowed by FFPSA.

The North Dakota Department of Human Services, Child & Family Service Division administers the Chafee Program grant and oversees the Regional Chafee and Education and Training Voucher (ETV) Programs across the state for foster care alumni in the same manner as for current foster youth Chafee participants.

PATH ND is the Chafee Program statewide provider, with Chafee Transition Coordinators currently located in seven of the eight regional PATH offices statewide. The seven Chafee Transition Coordinators deliver service to eligible current foster care youth and Foster Care Alumni in all eight regions of the state. DHS intends to increase funding to the contract effective July 1, 2019 to support the hiring of an additional Transition Coordinator bring the total to 8 FTEs which will support an increase of number of individuals served by the program and enhance the quality of service provided. The additional funding will allow for increased training opportunities for the Transition Coordinators, increased travel budget for enhanced visiting opportunities, and increased flex fund budget to allow additional alumni to access flex funds. Foster care alumni are required to have their independent living needs assessed, and an individualized transition plan developed, just as required for the current foster youth Chafee participants.

Throughout the 5-year CFSP period, North Dakota plans to:

- Explore options of utilizing peer mentors to support foster care alumni.

- Expand Youth Leadership Component
- Implement Supervised Independent Living Programs
- Expand the use of NYTD data to guide program decisions leading to improved outcomes for young people.

The eight Chafee Transition Coordinators will assist foster care alumni individually and in group settings with meeting their individualized needs. The Chafee Transition Coordinator collaborates with family members, guardian, adoptive parents, other supportive adults, and community providers on the implementation of the plan. Required assessments are completed and transition goals are individualized, as are the activities the Transition Coordinator may assist them with. Examples of what a Transition Coordinator may assist a foster care alumnus with include, but are not limited to, the following:

- Assisting young adult in presenting themselves appropriately when retrieving and submitting job applications.
- Gathering information necessary for gaining employment if not all information was available at the time of discharge from foster care. (i.e. Social Security cards, birth certificates).
- Providing young adult access to various employment resources, interviewing tips, job fairs, Job Corps contacts, etc.
- Assisting young adult with reviewing and updating their education and training goals quarterly.
- Assisting young adult with applying for college.
- Assisting young adult with completing the Free Application for Federal Student Aid (FAFSA) and seeking other grants and scholarships.
- Assisting young adult with completing the ETV application process.
- Assisting age 19 & 21 young adults with completing the NYTD survey.
- Collaborating to support young adult in becoming self-sufficient.
- Assisting with the completion of the Medicaid application process.
- Inviting Job Service representatives to present at monthly groups.
- Providing individual assistance with creating budgets and resumes.
- Inviting Wells Fargo Bank representatives to present on financial literacy.
- Collaborating with community partners including, but are not limited to: Job Service, Job Corps, Adult Learning Centers, Housing Authorities, Community Action, Vocational Rehabilitation Services, Salvation Army, Youthworks, Youthworks, TANF, Medicaid, and many other private organizations who provide resources for young adults.
- Assisting young adult with developing and implementing their educational plan. Plans included career exploration, communication with secondary educational counselors and support persons, completing their high school diploma and/or GED, successful completion of secondary education/training, applications and fees, college tours, paying and preparing for the ACT/SAT exams, financial aid forms, ETV applications, search for scholarships and grants, as well as

planning for support during post-secondary educational attendance including needs for housing, transportation, child-care and tutoring.

- Maintaining professional relationships with community agencies.
- Providing information and training on healthy relationships.
- Offering Chafee Program monthly meetings to provide support from peers.
- Encourage application to the ND Youth Leadership Board as meetings provide a supportive environment for youth to share information as well as develop peer mentoring relationships.
- Ongoing communication with young adult to stress the important role adult supporters play in their lives.
- Advocate for young to sign themselves back into care if their needs indicate a benefit of doing so.
- Maintain contact with young adult and their mentors to ensure it is an appropriate relationship that will benefit them.
- Encourage young adult to become part of church or community groups.
- Work with youth on improving relationships with parents, family members, and other supportive adults.
- Continue to provide personal and emotional support to young adults through mentors and the promotion of interactions with dedicated adults.
- Police officer representation at monthly Chafee groups to provide information on the importance of being a law-abiding citizen to avoid high risk situations.
- Discussion about safe living situations and Tenant Rights and Responsibilities.
- Assistance with rent, deposit, and utility expenses.
- Coaching and role-playing good communication skills and phone etiquette when working with professionals.
- Access to Chafee Program flex funds and various community resources such as bus tickets, drivers test assistance, mentoring services, housing voucher applications, cell phone minutes or calling cards to assist in getting employment calls, etc.
- Invitations to Chafee Program monthly meetings and youth nights providing education and training opportunities for youth to gain additional knowledge and resources for self-sufficiency.
- A congratulations gift of \$50 gift card to youth who graduate from high school or receive their GED.
- Providing support necessary for youth who have aged out of foster care including assisting them in maintaining their living arrangements.
- Holding monthly youth nights that allow youth to get support from other youth who have experienced similar circumstances. Pertinent issues/opportunities are discussed.
- Work with Housing and provide case management to IL youth who are eligible for the Family Unification Program (FUP) voucher.
- Participation on state-wide homeless coalition.

The Chafee Program provides funds to assist youth transitioning out of foster care with rental deposit, rent, and start-up costs. The Education and Training Voucher program also assists with room and board related costs for eligible youth pursuing post-secondary education.

The Chafee Program plans to continue to provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 23 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transitions into adulthood.

North will continue to collect NYTD data on homelessness and continue to analyze areas of opportunities to better support transition and minimize risk of homelessness and continue to collaborate with various agency partners who serve homeless youth. North Dakota's Chafee Administrator participates on the North Dakota Coalition for Homeless People, Inc. (NDCHP), which oversees the North Dakota Continuum of Care (NDCOC) and assists with preparing grant proposals for Housing and Urban Development (HUD) to develop a statewide plan to address youth homelessness. The North Dakota Department of Human Services signs Memorandums of Understanding in support of the projects.

Continue to survey foster care youth through the National Youth in Transition Database (NYTD), using data driven decisions to guide the program and improve outcomes for foster care alumni.

Supervised Independent Living Programs (SILP)

Dakota Boys and Girls Ranch, a Residential Child Care Facility, opened a Transitional Living/Supervised Independent Living Program in North Dakota on July 1, 2018. This four-apartment complex, located in Minot, provides additional placement options as well as transitional living supportive opportunities for 18+ participants. The program served as a pilot project and is currently licensed by NDDHS as an RCCF. As a result of the success of the pilot, NDDHS has paved the way for additional Supervised Independent Living programs to be developed across the state beginning October 1, 2019.

North Dakota Century Code legislation was passed this last session allowing for the NDDHS to license Supervised Independent Programs. NDDHS is in the process of developing North Dakota Administrative Code 75-03-41 SILP licensing rules. The State Chafee Administrator is also the State SILP Administrator and will oversee the development and licensing of new programs. NDDHS has received very positive feedback and several agencies across the state have expressed interest in developing SILP programs this next year.

NDDHS has defined SILP as “a program offered by an agency providing services and supports to eligible clients transitioning to independence. A supervised independent living *setting* is defined as “a specific setting certified in accordance with the standards set forth by the agency to operate a supervised independent living program”. The NDDHS will license the agency and the agency will certify the setting according to NDAC rule.

18+ Extended Foster Care youth are eligible, and setting options include, but are not limited to individual apartments, shared housing, and college dorm rooms.

SILPs may include the following service components: transition planning, academic support, budget financial management, career preparation, educational financial assistance, employment programs or vocational training, family support, healthy relationships, health education, risk prevention, housing education, home management, needs assessment, mentoring, other financial assistance, post-secondary educational support, access to community resources, community linkages, recreation and leisure skills, and preparation for transition to independence.

North Dakota's CFSP and CFSR PIP goals, strategies, and action steps, as described in an earlier section of this report, align with and support the achievement of Chafee Program Purpose 4.

Chafee Program Purpose #5:

To make available vouchers for education and training, including postsecondary training and education, to youths who have aged out of foster care.

Describe how the state designed and intends to deliver and strengthen programs to achieve the Purpose #5 of the Chafee program over the next five years.

The FFPSA amended the ETV program to extend eligibility to youth up until their 26th birthday, while placing a five-year limit on the total length of time a youth can receive an ETV voucher. The maximum annual amount of the voucher (\$5,000) and its purpose (to apply toward the cost of attendance at an institution of higher education) remain unchanged. North Dakota has updated policy and procedures to mirror FFPSA changes.

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

- Youth who “aged out of foster care*”, were discharged on or after their 18th birthday, or continue in 18+ Continued Care past their 18th birthday, and who have not reached their 26th birthday at the time of application. *An exception to the aging out of care requirement for the ETV allows current foster youth who graduate from high school or obtain their GED prior to age 18 to be eligible for the ETV providing their permanency plan is to remain in foster care until their 18th birthday.
- Youth who were adopted or entered kinship guardianship from foster care after age 16 but have not reached their 26th birthday.
- Youth participating in the ETV Program can remain eligible until they turn age 26, as long as they are enrolled and making satisfactory progress toward completing their post-secondary education or training program.
- Youth who are United States Citizens or qualified non-citizens.
- Youth who are, or will be, enrolled into a program at an accredited or preaccredited college, university, technical or vocational school.

- Youth who agree to be an active participant in the Chafee Program while they are receiving ETV funding.
- ETV award preference will be given to youth who were in foster care for twelve months or greater.
- In no event may a youth participate in the program for more than 5 years (whether or not the years are consecutive).

The North Dakota ETV Program provides financial assistance and ongoing support to help eligible youth make the transition to self-sufficiency and receive the education, training, and services necessary to obtain employment.

PATH Chafee Transition Coordinators assist youth with completing necessary ETV paperwork and financial aid requests. The State Chafee Administrator receives all applications and determines eligibility for ETV awards. Each youth awarded an ETV is issued an award letter and the ETV payment is sent from NDDHS directly to the educational institution for the identified semester needs.

PATH Chafee Transition Coordinators continue to provide support to the young person in reaching their educational goals throughout the student's time receiving the ETV. Support includes ongoing collaboration between the Chafee Transition Coordinator, student, educational institution, family, or other supportive adults.

See Chafee Purpose 4 above for additional activities completed by the Chafee Program to assist youth who have aged out of foster with becoming ready to attend post-secondary education and training to further their success in making the transition to self-sufficiency.

North Dakota's CFSP and CFSR PIP goals, strategies, and action steps, as described in an earlier section of this report, align with and support the achievement of Chafee Program Purpose 5.

Chafee Program Purpose #6

To provide the services referred to in this subsection to children who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption;

Describe how the state designed and intends to deliver and strengthen programs to achieve Purpose #6 of the Chafee program over the next five years.

Former foster youth in a guardianship or adoptive arrangement receive Chafee Program services from the PATH Chafee Transition Coordinators at the same level as those who remain in foster care or exit care.

The State Chafee/ETV/NYTD Program Administrator is also the State Guardianship Administrator. This can be viewed as a strength for North Dakota as it allows for oversight of both programs by a single entity, providing the opportunity to promote rule, policy and procedure in the best interest of young people across programs. This State Chafee/Guardianship Administrator position is employed

in the Permanency Unit of DHS CFS along with the State Adoption Administrator, so ongoing collaboration is occurring between Chafee and Adoption as well.

The Chafee Administrator collaborates with partnering child welfare agencies in various forums to ensure they have the eligibility guidelines for Chafee and ETV programming if adopted or in a guardianship. The ND Post Adopt Network provides services to adoptive and guardianship families and promotional materials are provide to all subsidized guardianship families.

Indicate how these activities and any identified goals align with the state’s vision and support those developed as part of the CFSP/CFSR PIP.

North Dakota’s CFSP and CFSR PIP goals, strategies, and action steps, as described in an earlier section of this report, align with and support the achievement of Chafee Program Purpose 6.

Chafee Program Purpose #7:

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

Describe how the state designed and intends to deliver and strengthen programs to achieve Purpose #7 of the Chafee program over the next five years.

Chafee Purpose #7 bears close resemblance to Purpose #3. As mentioned in the previous section on Purpose #3, North Dakota has adopted all aspects of the Preventing Sex Trafficking and Strengthening Families Act of 2014 which promotes well-being and normalcy for youth in foster care. ND DHS has implemented policy and practice to ensure county, state, and tribal child welfare agencies, DJS, contracted providers, and courts facilitate age-appropriate experiences for youth and are taking other steps to support normalcy and promote permanency, such as:

North Dakota’s CFSP and CFSR PIP goals, strategies, and action steps, as described in an earlier section of this report, align with and support the achievement of Chafee Program Purpose 7.

ND Youth Leadership Board

Describe how the state has involved youth/young adults in the development of the Chafee plan. Provide the name(s) of the youth organization(s), advisory boards, leadership councils, how they were consulted, and information on any support (financial or other) the state provides to the group or organization.

Describe how the state is incorporating principles of Positive Youth Development (PYD) in its Chafee program.

Leadership and oversight of the ND Youth Board continues to be contracted with Chafee Program provider PATH, Inc. since January 2017. The board continues to operate under similar guidelines and principles. The board involves participation from current foster youth as well as Foster Care Alumni. North Dakota is fortunate to have a very skilled youth board again this year. This group of

young people works to build leadership skills, engage in conference presentations and trainings, and facilitate local and state efforts to enhance the child welfare system. The ND Youth Board has become very sought after for conference presentations across the state.

Two of the members recently became certified as Peer Support Specialists. One member who possesses exceptional leadership and speaking skills has applied to several youth leadership opportunities at the federal level but has yet to be selected as a representative. Several members are quite skilled at radio and TV interviews and have done an excellent job assisting with Foster Care recruitment and retention efforts.

Children & Family Services looks to the ND Youth Leadership Board members when an opportunity presents itself for planning, organizing, or brainstorming child welfare developments and improvements. The Youth Board was in attendance at CFSP development meetings and offered invaluable insight. The Youth Board was very involved in Chafee Program expansion and revision efforts resulting from FFPSA legislation. The board, made up of five youth, meets in conjunction with the Chafee Administrator and the Chafee Transition Coordinators at the quarterly meetings. During meetings, youth board members are asked to provide input on foster care related topics. Youth board members recently revised the Foster Youth Rights handout and Foster Youth Handbook.

The Youth Board has presented to large groups of foster youth and foster parents this past year, and to youth in congregate care at several facilities. These presentations are very valued across the state. The Youth Board has been asked to present a plenary session at the upcoming Children and Family Services annual conference. NDDHS sees youth advocates as key to moving system change. Currently the existing youth board can't keep up with the demand for their involvement, and limited funding is preventing the program from expanding. Expanding youth involvement is a priority for North Dakota, in particular peer support services, and we will continue to explore options for additional funding for expansion.

NYTD Data Sharing and Use

Describe the state's process for sharing the results of NYTD data collection with families, children, and youth; tribes, courts and other partners; Independent Living coordinators; service providers and the public. Describe how the state, in consultation with youth and other stakeholders, is using these data and any other available data to improve service delivery.

Provide information on the state's plan to strengthen the collection of high-quality data through NYTD over the next five years.

North Dakota was one of several states who volunteered to participate in the Federal NYTD site review in 2013, thus have been informed our state will be one of the last to be reviewed. The site review process was handled very similar to the upcoming NYTD reviews so based on this experience we have some knowledge of what to expect. When North Dakota is informed of the date of the review, we will begin to inform stakeholders through a process similar to that used for the CFSR process.

Each year CFS has expanded the use of NYTD data. Stakeholders are aware of the data and have begun to request data for the purpose of applying for federal grants, or for program planning purposes. Based on NYTD homeless data showing a need for additional supports to the 18+ young adults, CFS partnered with Dakota Boys and Girls Ranch to implement a Transitional Living Program and are moving forward with implementing statewide Supervised Independent Living Programs. CFS partners annually with Youthworks to apply for a homeless grant, with a much of the supporting data coming from NYTD.

CFS utilizes NYTD data as an additional piece of information to help inform transition planning practices, service provision, extended foster care policies, and data collection procedures. CFS uses the data for legislative purposes, and federal reporting. All data must be manually extracted which limits opportunities for using the data. The ND Department of Human Services will continue to analyze NYTD data to guide continuous data quality improvements and identify areas where systems or practice change is needed. North Dakota plans to continue to engage in deeper analysis of the current data to better understand system needs and monitor and assess potential solutions to improve outcomes for youth transitioning out of foster care.

States are required to administer the NYTD survey to a selected baseline of current and former foster youth at ages 17, 19, and 21, with the goal of obtaining outcomes for youth who have transitioned out of foster care. Surveys are presented to youth by foster care case managers at age 17. Follow up surveys are presented to age 19 and 21-year-olds in partnership with the case managers, Chafee Transition Coordinators, and the state office. CFS recently worked with our IT department to place the fillable NYTD survey online which provides another option for young people to complete the survey. North Dakota provides survey incentives to youth survey participants; age 17 youth receive a \$10 gift card, age 19 receive a \$20 gift card, and at age 21 youth receive a \$50 gift card for their time when completing the NYTD Survey. Tracking young people to take the survey continues to be challenging, but North Dakota has proven to be successful in our efforts. North Dakota utilizes the snap-shot data and shares it with child welfare partners, executive management, custodial agencies, and other stakeholders. North Dakota has no additional plans to enhance the data collection process.

Serving Youth Across the State

Describe how the state has ensured and will continue to ensure that all political subdivisions in the state are served by the Chafee program, though not necessarily in a uniform manner.

PATH ND currently has Chafee Transition Coordinators located in seven of the eight regional PATH offices statewide, with the Chafee Transition Coordinators delivering service to eligible current foster care youth and Foster Care Alumni in all eight regions of the state. ND DHS plans to increase the dollar amount of the 2019 – 2020 contract with the agreement a Chafee Transition Coordinator be hired and located in the eighth region of the state. North Dakota plans to continue serving youth across the state ensuring that all political subdivisions in the eight regions and 53 counties are served by the Chafee, including tribal youth and youth in custody of the Division of Juvenile Services.

Serving Youth of Various Ages and Stages of Achieving Independence

Describe how youth of various ages and at various stages of achieving independence are to be served.

- For states that extended or plan to extend title IV-E foster care assistance to young people ages 18 – 21, address how implementation of this program option has changed or will change the way in which Chafee services are targeted to support the successful transition to adulthood. The state must provide available data on participation and discuss how it affects or may drive continuous quality improvement in the delivery of Chafee services.

This is not applicable to North Dakota.

- For states that have elected or plan to extend Chafee services to age 23, provide a description of the services offered or to be offered to youth ages 21 – 22 (up through 23rd birthday) and how the expansion of the program will be implemented, including how youth, service providers, and community partners were or will be informed of the change.

North Dakota currently has an approved title IV-E plan amendment to serve youth in foster care up to age 21 (18+ Foster Care Program), and have requested and received approval to extend the maximum eligibility age and use Chafee funds to serve youth to age 23, and ETV funds to serve young people to age 26, as allowed by FFPSA.

North Dakota's implementation of the expanded Chafee Program requirements is consistent with FFPSA legislation:

- Chafee Program Minimum Age: 14
- Chafee Program Maximum Age: 23
- Youth who have experience foster care at age 14 or older are eligible for Chafee services. This means any youth in foster care, including extended foster care, may be served starting at age 14 up through their 23rd birthday, as a priority 1 or 2 status youth in the Chafee Program.
- Youth who age out of foster care at age 18, 19, or 20 may be served up until the 23rd birthday as a priority 1 status youth in the Chafee Program.
- Youth who exited foster care to either adoption or legal guardianship after attaining age 16 may be served until their 23rd birthday, as a priority 1 status youth in the Chafee Program.
- Youth who exited foster care for reasons other than adoption, guardianship or aging out of foster care (e.g., youth who were reunified) may be served if they experienced foster care at age 14 or older until their 23rd birthday, as a priority 2 status youth in the Chafee Program.

North Dakota plans to continue the same Chafee Program service provision to age 21 and 22- year-olds as has been provided to date to 18, 19 & 20-year-olds. An increase in numbers served is expected due to the age expansion.

North Dakota plans to implement Supervised Independent Living Program in collaboration with the Chafee Program. PATH, current Chafee Program contract provider has expressed interest in expanding their program to include Supervised Independent Living. It remains to be seen if they pursue licensure as a SILP.

The State Chafee Coordinator meets with the 7 Chafee Transition Coordinators, PATH Chafee Program Supervisor, and the ND Youth Board on at least a quarterly basis, and the topic of FFPSA expansion, and the development of Chafee Program policy was discussed in detail at several of the meetings. The ND Youth Board developed the new brochures for the Chafee Program, and reviewed suggested form revisions required as a result of the changes. In addition, the ND Youth Board was present at CFSP development meetings and provided invaluable input.

During the past year, the NDDHS partnered closely with child welfare partners through FFPSA stakeholder meetings and other forums on the execution of a FFPSA – Chafee Program implementation plan to ensure all were kept apprised of changes resulting from FFPSA legislation. DHS distributed updated Chafee Program policy, forms and brochures to relevant parties.

Identify any assessments or other tools the state uses to determine the individualized needs of youth and to evaluate young peoples' stage of development and how these assessments inform the provision of services. If the state is in the process of developing or creating new assessments, please provide additional information on this process.

Current North Dakota foster care policy requires all foster care youth over the age of 14 have an independent living needs assessment completed and an independent living care plan in place addressing their needs. Custodians are responsible to complete these requirements, with access to the Chafee program as one way to help accomplish the task. All North Dakota Chafee program youth participants are given two assessments. North Dakota utilizes the Casey Life Skills Assessment <http://caseylifeskills.org> for youth ages 14 to 18, as well as the state developed North Dakota CFCIP Assessment. The North Dakota CFCIP Assessment was created by CFS and is to be administered on all youth at the age of 17 and must be repeated annually for all participating Chafee youth until age 23, or in the case of an ETV participant, until age 26. The North Dakota CFCIP Assessment collects outcomes data related to the eight purposes of Chafee Independent Living (economic resources, education/employment, connectedness, safe and stable place to live, avoid high risk behaviors, access to medical, preventing parenthood, and normalcy). This data is used as a guide to how the Chafee Program is engaging with youth participants and will continue to be used in a mirrored effort with NYTD data to analyze state successes and challenges.

There are no plans to change the assessments utilized by the Chafee Program at this time. However, with North Dakota moving towards the use of the CANS assessment as part of the Qualified Individual process/QRTP admission process, the Chafee Administrator will evaluate whether or not portions of the CANS will benefit Chafee eligible youth. If it is determined there are benefits, NDDHS is likely to move forward with implementation.

Collaboration with Other Private and Public Agencies

Discuss how the state involves the public and private sectors in helping youth in foster care achieve independence.

North Dakota's Chafee program will continue substantial and ongoing collaboration with local community providers offering meaningful service delivery to current foster youth and Foster Care Alumni. At the state level, the North Dakota Chafee Administrator participates on the state Transition Community of Practice Coalition (COP), and collaborates with state agencies, local authorities and providers, the UNDCFSTC, Division of Juvenile Services, County Social Services, Foster Parents, Residential Child Care Facilities (soon to be QRTPs), and Tribes to educate on the Chafee program and create dialogue about referrals and needed service for young people in and out of the system. North Dakota's Chafee program works closely with community partners, including, but are not limited to: Job Service, Job Corps, adult learning centers, housing authorities, Community Action, Vocational Rehabilitation, Salvation Army, Youthworks, education, transitional housing shelters, and many other private organizations that provide resources for young adults.

Other federal/state programs: As part of collaboration at the regional level; PATH ND will continue to provide quality services to eligible Chafee youth ages 14 to 23 and eligible ETV youth until age 26. Chafee Transition Coordinators will communicate regularly with County Social Services, Division of Juvenile Services and Tribal case managers to provide needed services to eligible youth. Examples of other services and partnerships likely to continue over the next 5-year CFSP period include :

- Chafee Transition Coordinators as members of local community homeless coalition monthly meetings.
- Chafee Transition Coordinators continued collaboration with local Transition to Independence committees, as well as the new Supervised Independent Living Programs.
- Chafee Program Administrator as a member of the Department of Public Instruction Community of Practice on Transition and participation in quarterly meetings.
- The Regional Chafee Programs will have ongoing contact with QRTPs statewide and extend invitations to youth to attend monthly IL groups and youth nights.
- QRTPs in the state will have independent living as part of their service array.
- The ND Youth Board will continue to provide presentations to other youth, foster parents, counties, tribes, DJS, and other child welfare partners.

Determining Eligibility for Benefits and Services

Address how the state uses objective criteria to determine eligibility for benefits and services under the programs, and for ensuring fair and equitable treatment of benefit recipients.

The Chafee Program requires an application/referral be completed including proof of foster care status, as well as date of birth, and all other eligibility verification information.

Cooperation in National Evaluations

Provide a statement that indicates that the state agency will cooperate in any national evaluations of the effects of the programs in achieving the purposes of Chafee.

The NDDHS will cooperate in any national evaluations of the effects of the programs in achieving the purposes of Chafee.

Chafee Training

Provide information on specific training planned for FYs 2020 - 2024 in support of the goals and objectives of the Chafee plan. Chafee training may be incorporated into the training information discussed in the Training Plan for the 2020-2024 CFSP but should be identified as pertaining to Chafee.

North Dakota continues to gain insight on needs from the Chafee contract provider and ND Youth Leadership Board regarding training needs. North Dakota requires that all Chafee Transition Coordinators receive the Wraparound Certification Training. Chafee Transition Coordinators are also encouraged to attend state conferences relevant to their work with culture, transition, education, employment, etc. ND Youth Leadership Board members are encouraged to attend the ND Youth Transition Conference each July. The CFS Training Center provides Child Welfare Certification training to social workers; one segment of this training is on Chafee related requirements and the importance of youth transitioning to independence. Foster parents are provided PRIDE training including information about preparing youth for transition and how to build independent living skills training while the youth is in the foster home. Relevant training is provided at each of the quarterly Chafee meetings.

ND DHS plans to increase the dollar amount of the 2019 – 2020 contract with the agreement that additional funding be adding to the “training” line item to allow for additional training opportunities for the Chafee Transition Coordinators and program supervisor.

Education and Training Vouchers (ETV) Program

Describe the methods the state uses to operate the ETV program efficiently.

Describe the methods the state will use to:

- (1) ensure that the total amount of educational assistance to a youth under this and any other federal assistance program does not exceed the total cost of attendance; and**
- (2) to avoid duplication of benefits under this and any other federal or federally assisted benefit program.**

Describe how the program is coordinated with other appropriate education and training programs, including any state tuition waiver program, state scholarship programs, or College Success Programs available in the state at colleges, universities, community colleges, or other post-secondary institutions, if applicable.

Describe how the state designed and intends to deliver and strengthen programs to achieve the Purpose #5 of the Chafee program over the next five years.

North Dakota's Chafee ETV program will continue to provide financial assistance to help eligible youth make the transition to self-sufficiency and receive the education, training, and services necessary to obtain employment. North Dakota has expanded the maximum age of eligibility for the ETV program to age 26 as allowed by FFPSA.

The FFPSA amended the ETV program to extend eligibility to youth up until their 26th birthday, while placing a five-year limit on the total length of time a youth can receive an ETV voucher. The maximum annual amount of the voucher (\$5,000) and its purpose (to apply toward the cost of attendance at an institution of higher education) remain unchanged. North Dakota has updated policy and procedures to mirror FFPSA changes.

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

- Youth who “aged out of foster care*”, were discharged on or after their 18th birthday, or continue in 18+ Continued Care past their 18th birthday, and who have not reached their 26th birthday at the time of application. *An exception to the aging out of care requirement for the ETV allows current foster youth who graduate from high school or obtain their GED prior to age 18 to be eligible for the ETV providing their permanency plan is to remain in foster care until their 18th birthday.
- Youth who were adopted or entered kinship guardianship from foster care after age 16 but have not reached their 26th birthday.
- Youth participating in the ETV Program can remain eligible until they turn age 26, as long as they are enrolled and making satisfactory progress toward completing their post-secondary education or training program.
- Youth who are United States Citizens or qualified non-citizens.
- Youth who are, or will be, enrolled into a program at an accredited or preaccredited college, university, technical or vocational school.
- Youth who agree to be an active participant in the Chafee Program while they are receiving ETV funding.
- ETV award preference will be given to youth who were in foster care for twelve months or greater.
- In no event may a youth participate in the program for more than 5 years (whether or not the years are consecutive).

The ETV Program will continue to be administered by ND Department of Human Services Child and Family Services Division directly supervised by the Chafee Administrator. The Chafee Administrator continues to review ETV applications assuring award recipients are in compliance with Chafee ETV Federal law. The ETV award amounts are determined through final review and audit of the application including the youth's Federal financial aid resources, the educational institution's Cost of Attendance, along with other documents required for complete application submission. Required documents include verified cost of attendance and verification of accepted financial aid from the college. The Chafee Administrator ensures that the Federal assistance does not exceed the total cost

of attendance as well as avoids duplication of Federal benefits. Youth are notified through a written letter from the state Chafee IL Administrator of their ETV award and the ETV voucher amount is sent directly to their educational institution.

North Dakota does not have state tuition waiver programs or College Success Programs. North Dakota does have a state scholarship offered to eligible students. ETV awards are determined based on cost of attendance after scholarships, diversity waivers, and free federal financial aid such as Pell Grants are applied.

Describe the methodology to provide to CB an unduplicated number of ETVs awarded each school year (July 1st to June 30th). If the state is currently unable to provide this number as requested, outline the steps the state will take to be able to report the data in the future. Please request technical assistance through the Regional Office, if needed.

The State Chafee Administrator manually records each award issued, which serves as the basis for providing accurate data for this report. In addition, Chafee Transition Coordinators are required to input ETV award information into FRAME, allowing for DHS Decision Support Services to run reports containing this information. Data coming from these two sources ensures accuracy.

Attachment E (ETV awards) represents the unduplicated number of ETVs awarded each academic school year July 1st to June 30th. During the past academic school year **64 ETV awards** were provided to Chafee Eligible youth, which is an increase over the previous year's 54 awards. The academic school year is defined as fall, spring, and summer semesters in that order meaning all ETV awards for this summer 2019 have been awarded and included in annual totals.

The Chafee Administrator continues to remind Chafee Transition Coordinators, custodians and regional supervisors of the availability of the ETV to qualifying youth. Chafee Transition Coordinators continue to communicate with youth regarding the benefits of furthering their education. These factors are contributing to an increase in the number of ETV awards issued. North Dakota is pleased about the age and number of years extension made possible through Family First legislation. We expect to see continued increases in the number of ETV awards.

Note: Attachment E does not include the number of Unaccompanied Refugee Minor youth awards as Chafee funding does not support the award. ND allows for the Unaccompanied Refugee Minor (URM) program to follow the Chafee and ETV policy and procedures, funding eligibility, etc. The URM program has their own funding stream but has asked NDDHS to review the awards for application compliance and funding allocation.

Consultation with Tribes

Describe the results of the state's consultation with Indian tribes as it relates to determining eligibility for Chafee/ETV benefits and services and ensuring fair and equitable treatment for Indian youth in care. Specifically:

- 1. Describe how each Indian tribe in the state has been consulted about the programs to be carried out under the Chafee.**
- 2. Describe the efforts to coordinate the programs with such tribes.**

3. **Discuss how the state ensures that benefits and services under the programs are made available to Indian children in the state on the same basis as to other children in the state.**
4. **Report the Chafee benefits and services currently available and provided for Indian children and youth.**
5. **Report on whether any tribe requested to develop an agreement to administer, supervise, or oversee the Chafee or an ETV program with respect to eligible Indian children and to receive an appropriate portion of the state's allotment for such administration or supervision. Describe the outcome of that negotiation and provide an explanation if the state and tribe were unable to come to an agreement.**

Benefits and services under the Chafee/ETV programs are made available to Indian children in the state on the same basis as to other children in the state. In FFY 2018, 114 of the 468-youth served in the Chafee program were Native American youth. Each of the regional Chafee programs collaborate with tribes located within their regions, on the same basis as other custodial agencies. No tribe in North Dakota has requested to develop an agreement to administer or supervise the Chafee or ETV programs with respect to eligible Indian children and to receive an appropriate portion of the state's allotment for such administration or supervision. No tribe in North Dakota has brought forth concerns to the state with accessing Chafee services.

The ND Chafee Program Administrator and Chafee Transition Coordinators email program and contact information to the Tribal Directors ongoing to ensure adequate referral opportunities are available to tribal youth. Children & Family Services collaboratively works with tribal partners to update and retrieve necessary information to maximize resources and ensure opportunity for foster children statewide. The 18+ Continued Care program allows for Tribal Title IV-E youth to remain in, or return to, foster care if desired. This extension of services is beneficial to youth as they transition to living independently as adults.

7. TARGETED PLANS WITHIN THE 2020-2024 CFSP

2020-2024

Foster and Adoptive Diligent Recruitment Plan

Background

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

Regional coalitions were required to submit a “Request for Funding” proposal (Attachment 2) which identified general and targeted recruitment activities. The coalitions were directed to analyze their regional data in order to identify gaps and needs in their region and submit their proposal based upon this determination. The eight regional coalitions submitted a proposal and funding was awarded accordingly. The amount available to each region was determined based on the approximate population of children by region and budget expenditures from previous biennium’s. This was the structure and schedule North Dakota will utilize throughout the five years of this CFSP. In January 2018, request for funding had to change based in the SB 2206 County Social Service Redesign efforts, which wrapped recruitment and retention funding into the legislative bill. Funds were distributed to the counties in a similar way, but most costs were embedded into the county fiscal formula.

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

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

Unique Child Totals by Age																					
Region	Ages																				
	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
I - Northwest	122	3	8	3	6	8	12	2	7	6	5	4	11	8	4	7	13	10	4	1	
II - North Central	171	15	6	14	11	7	13	5	10	10	8	10	6	6	10	14	9	16	1		
III - Lake Region	171	9	11	10	11	14	11	10	12	9	6	5	10	10	6	10	7	15	5		
IV - Northeast	261	18	12	16	23	19	20	14	20	13	13	4	12	9	4	23	20	14	6	1	
V - Southeast	218	21	14	14	12	13	8	9	3	7	7	8	8	7	17	19	22	22	6	1	
VI - South Central	94	4	6	11	10	4	3	6	7	1	7	3	3	5	5	6	6	6	1		
VII - West Central	209	12	5	6	8	16	7	10	16	12	13	12	9	7	12	20	17	22	3	1	1
VIII - Badlands	111	8	9	9	7	7	8	4	1	5	2	4	6	5	5	7	11	10	2		1
Age Totals	1357	90	71	83	88	88	82	60	76	63	61	50	65	57	63	106	105	115	28	4	2

Unique Child Totals by Race		Children by Gender	
Race	Total	Gender	Total
American Indian or Alaskan Native	509	Male	706
Asian	8	Female	651
African American	105	Total	1357
Native Hawaiian or Pacific Islander	13		
White	820		
Unable to Determine	39		
Refusal by Client	0		
Total	1494		

Foster Care Children Demographics: This report identifies the total number of children in foster care arranged by age, race and gender.

Moment in Time Foster care Data on 6/7/2016

Unique Child Totals by Age

Region	Ages																					
	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
I - Northwest	140	17	6	8	6	4	5	5	6	6	7	3	5	10	10	10	13	12	4	2	1	
II - North Central	169	12	18	6	13	9	7	7	8	9	9	5	11	5	5	9	14	15	7			
III - Lake Region	214	16	13	20	17	12	20	14	9	14	9	10	7	14	7	12	10	4	4	2		
IV - Northeast	227	20	18	11	13	15	18	12	12	19	10	7	6	10	9	10	16	17	3	1		
V - Southeast	274	22	22	18	18	16	13	15	10	12	7	15	13	11	9	21	28	14	9	1		
VI - South Central	83	5	4	4	6	7	5	1	6	4	1	8	2	4	4	7	9	5		1		
VII - West Central	206	14	10	6	6	10	12	6	8	16	12	10	10	9	12	12	22	24	7			
VIII - Badlands	98	2	8	10	9	4	6	6	2	3	2	1	4	8	6	6	7	12	2			
Age Totals	1411		108	99	83	88	77	86	66	61	83	57	59	58	71	62	87	119	103	36	7	1

Unique Child Totals by Race

Race	Total
American Indian or Alaskan Native	563
Asian	8
African American	125
Native Hawaiian or Pacific Islander	12
White	788
Unable to Determine	47
Refusal by Client	0
Total	1543

Children by Gender

Gender	Total
Male	709
Female	702
Total	1411

Foster Care Children Demographics: This report identifies the total number of children in foster care arranged by age, race and gender.

Moment in Time Foster Care Data on 6/28/2017

Unique Child Totals by Age

Region	Ages																				
	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
I - Northwest	128	6	17	5	8	8	3	4	8	6	5	4	4	10	8	12	7	11	2		
II - North Central	134	8	8	12	7	12	4	6	6	5	6	5	5	5	9	8	9	13	5	1	
III - Lake Region	248	13	24	22	18	20	20	21	11	16	15	11	10	7	13	5	12	7		2	1
IV - Northeast	281	30	22	22	19	11	15	24	15	10	22	15	9	3	13	13	15	17	4	2	
V - Southeast	285	24	18	19	21	14	15	10	10	12	14	11	8	13	20	15	26	26	6	3	
VI - South Central	88	9	8	5	4	4	3	5	1	7	1	2	8	6	3	4	9	5	4		
VII - West Central	207	13	11	12	7	7	11	9	10	6	14	16	9	12	14	15	9	21	10	1	
VIII - Badlands	92	3	6	10	10	7	4	2	4	4	4	1	2	3	6	9	8	8	1		
Age Totals	1463		106	114	107	94	83	75	81	65	81	65	55	59	86	81	95	108	32	9	1

Unique Child Totals by Race

Race	Total
American Indian or Alaskan Native	609
Asian	5
African American	121
Native Hawaiian or Pacific Islander	14
White	827
Unable to Determine	29
Refusal by Client	0
Total	1605

Children by Gender

Gender	Total
Male	747
Female	716
Total	1463

Foster Care Children Demographics: This report identifies the total number of children in foster care arranged by age, race and gender.

Moment in Time Foster Care Data on 6/26/2018

Unique Child Totals by Age

Region	Ages																						
	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
I - Northwest	150	14	9	15	11	10	15	5	3	8	6	6	6	7	10	8	6	9	2				
II - North Central	167	12	14	17	10	7	10	8	8	8	12	7	4	7	10	7	8	10	7	1			
III - Lake Region	270	16	19	19	20	16	19	21	26	10	14	17	13	10	11	10	9	10	8	2			
IV - Northeast	276	16	29	21	21	14	18	9	22	16	17	10	15	9	10	11	12	8	13	2	2	1	
V - Southeast	321	34	29	23	16	25	13	18	16	14	10	15	13	6	10	20	16	19	17	6	1		
VI - South Central	105	6	8	4	8	5	5	4	5	4	4	6	2	6	10	5	7	10	3	3			
VII - West Central	249	23	15	17	11	11	10	12	14	12	15	11	19	13	14	13	12	9	14	4			
VIII - Badlands	73	7	3	2	4	7	4	3	5	1	1	2	2		5	4	8	5	9		1		
Age Totals	1611		128	126	118	101	95	94	80	99	73	79	74	74	58	80	78	78	80	73	18	4	1

Unique Child Totals by Race

Race	Total
American Indian or Alaskan Native	679
Asian	6
African American	148
Native Hawaiian or Pacific Islander	8
White	897
Unable to Determine	38
Refusal by Client	0
Total	1776

Children by Gender

Gender	Total
Male	811
Female	800
Total	1611

Foster Care Children Demographics: This report identifies the total number of children in foster care arranged by age, race and gender.

Moment in Time Foster Care Data on 6/13/2019

Unique Child Totals by Age

Region	Ages																						
	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
I - Northwest	139	9	12	6	12	7	11	14	5	7	7	2	8	2	8	14	7	5	2	1			
II - North Central	177	8	14	10	18	10	10	10	12	7	11	9	8	6	10	11	7	8	7	1			
III - Lake Region	290	30	19	18	19	24	19	21	20	23	11	13	13	10	18	7	11	8	5	1			
IV - Northeast	285	17	19	32	21	23	10	15	8	19	14	18	13	15	11	14	16	12	5	1	2		
V - Southeast	316	18	31	26	15	23	18	15	18	15	15	9	15	18	7	12	18	22	12	4	4	1	
VI - South Central	98	3	4	7	5	6	4	4	5	6	5	3	9	5	4	9	8	6	4		1		
VII - West Central	227	14	22	17	12	12	12	13	6	10	13	10	6	15	14	13	11	10	9	6	2		
VIII - Badlands	74	3	5	3	5	5	7	2	1	6	3	1	2	4	3	6	4	10	2	2			
Age Totals	1606		102	126	119	107	110	91	94	75	93	79	65	74	75	75	86	82	81	46	16	9	1

Unique Child Totals by Race

Race	Total
American Indian or Alaskan Native	701
Asian	6
African American	150
Native Hawaiian or Pacific Islander	14
White	834
Unable to Determine	47
Refusal by Client	0
Total	1752

Children by Gender

Gender	Total
Male	826
Female	780
Total	1606

The Recruitment & Retention Coalitions can view the foster care demographics reports “moment in time” data to determine the difference from last year to this year. From June of 2016 to June 2018, with a slight decrease in children in care in 2019. The foster care cases with client’s ages 0-5 continue to be in greatest volume.

The report can be run as a statewide data report or specific to a county (chart below is from 2018). If the report were specific to Grand Forks County (Region 4) it would verify the need for homes based on the age of children specific to custody with their agency. Data below shows the demographic breakdown for Grand Forks County children in foster care.

Unique Child Totals by Age

Region	Ages																					
	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
IV - Northeast	230	14	26	18	18	11	13	6	20	14	16	10	13	9	8	7	6	8	8	2	2	1
Age Totals	230	14	26	18	18	11	13	6	20	14	16	10	13	9	8	7	6	8	8	2	2	1

Unique Child Totals by Race

Race	Total
American Indian or Alaskan Native	100
Asian	4
African American	14
Native Hawaiian or Pacific Islander	1
White	145
Unable to Determine	2
Refusal by Client	0
Total	266

Children by Gender

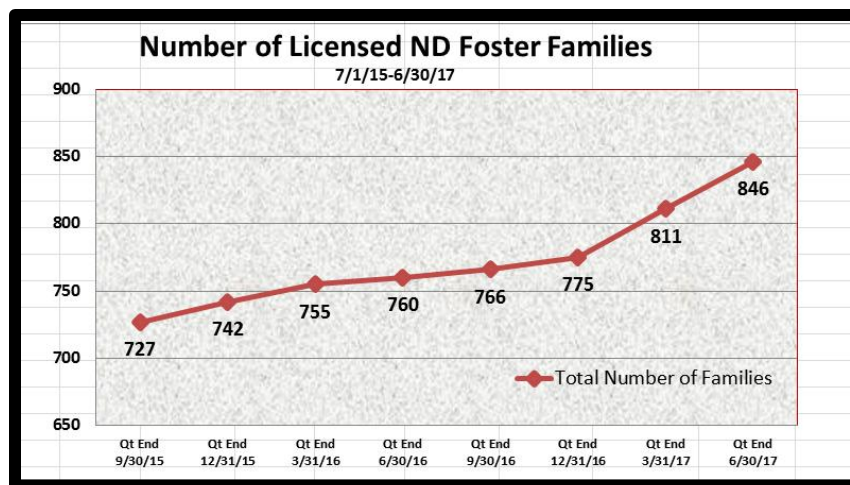
Gender	Total
Male	122
Female	108
Total	230

Foster Care Children Demographics: This report identifies the total number of children in foster care arranged by age, race and gender.

*The age 21 case indicates that child will be 21 this year. ND does not provide foster care services after age 21.

Previous State Biennium Update
July 1, 2015 to June 30, 2017

The regional coalitions submit quarterly reports indicating the number of licensed foster homes within their region.



* Data reported by the Foster Care Recruitment and Retention Coalition includes all eight ND regions. These numbers do not include Tribal Affidavit homes.

2015-2017 Statistics:

- The ND biennium began with 727 homes licensed
- The ND biennium ended with an **increase of 119** homes
- The lowest number of homes was in the first quarter.
- The highest number of homes was in the eighth quarter at 846.

2015-2017 Outcomes (Attachment 1): Regional outcomes are collected and submitted at the end of each state biennium addressing the statewide goals (Attachment 3). The last outcomes collection was received August 15, 2017. The outcomes measured regional success, identified reasons that families did not follow through with licensure after inquiry or reasons why families are no longer licensed. North Dakota is interested in adjusting the outcomes data collection process to capture more quantitative data. However, the historical approach remained after consultation with the National Resource Center for Recruitment and Retention did not offer new or additional ways to capture the data. In fact, North Dakota's approach is far further reaching than other states, so North Dakota opted to continue as is until a further analysis of data collection measures can be implemented.

Outcome 1: Children can remain in their home community.

Overall ND regions reported with consistency that children are placed close to their home community, however it is understood that local placement options are not always possible if the child has treatment needs the local community cannot support. Regions highlighted:

- Home community is a placement priority
- Majority of children remain in their home community
- Concerted efforts are made to locate a relative residing in the community
- Movement out of the area has been the result of placement with a sibling
- Successful Examples:
 - Region III: A foster family took in a sibling group of three so they did not have to leave their school of origin
 - Tribal: Affidavit home taking emergency placements to keep children close to the reservation.
 - Region IV: Foster family who took in a sibling group who entered care at staggered times in efforts to keep the children close for reunification, school, and sibling connections.
 - Region V: A teacher at a school became licensed solely for a student in need of foster care placement. Their license allowed the child to continue in their high school.

Outcome 2: Sibling groups remain together while placed in foster care/adopted.

Overall ND regions reported with consistency that children are placed with their siblings as often as possible. Regions highlighted:

- Several large sibling groups have been maintained together!
- Amending a license to accommodate sibling placements is allowable and helpful.

- If not the same home, efforts to keep them all in the same community. Families work collaboratively to facilitate sibling visits (meet at zoo, park, etc).
- When children cannot be placed together it is mostly due to a child's treatment needs out of county area or at times out of state.
- Successful Examples:
 - Region III: A new foster family was unsure of taking more than one child to begin; however took a sibling group of three to keep them together. All of them did well.
 - Region V: Family of six kids began in four placements, now all together with a plan of adoption with the family.
 - Previous adoption for a child who entered foster care later, adoptive home fostered the siblings.

Outcome 3: Resource homes are available to older children with special needs.

Overall ND regions reported with consistency that recruitment does occur to identify families willing to serve children with special needs.

- Increased use of homes for drug exposed newborns
- Recruitment is done for specific homes for 18+, infants, high needs placements International adoptions (TPR on adoptive parents) high needs of the children, now in pre-adoptive families awaiting adoption.
- LGBTQ homes to care for children who identify as LGBTQ
- Successful Examples:
 - Region I: 18+ youth had a family get licensed specific for him.
 - Region III: Therapeutic home took on two brothers with significant behavior challenges; negative behaviors have greatly decreased!
 - Region V: International adoption where the parents terminated their rights 8 years after having the child; AASK's Wendy's Wonderful Kids program found this child a forever home.
 - Region V: After several failed attempts to locate a forever family for a TPR case; the teenager was found by a single mother who is his forever home.
 - Region II: Increase in interest for 18+ placements.
 - Region IV: 18+ youth who went to college; the college experience did not go as planned and the youth chose to work fulltime and discontinue 18+ care. However, the child remained as a "family member" in the foster home post discharge.
 - Region IV: Excess maintenance payment was used to assist with additional costs to support a medically fragile child with cancer. The family adopted the child.

Outcome 4: Resource families represent the racial, cultural and ethnic characteristics of the region's population.

Overall ND regions reported with consistency that recruitment to identify families with racial and cultural needs of the community has its challenges. Regions Highlighted:

- Majority of ND foster homes are of Caucasian race, however majority (over 85%) of ND census of racial population is known to be Caucasian.
- Less than 10% of the foster parents are of diverse racial background

- Training and cultural sensitivity education is offered to all providers
- Native American family home recruitment and retention remains a priority to accommodate Native American children placed in foster care. Homes have increased as well as working relationships with the Tribal Nations to accommodate the approval of an affidavit tribal home located on the reservation.
- Relative recruitment is a priority; however, many relatives do not choose to get a foster care license.
- More homes licensed who identify themselves as LGBTQ community.

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

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

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

Regions reported the most successful sources of recruitment were:

- Word of mouth from current foster families
- Immediate responsiveness to inquiries from prospective families
- Special Events: Booths, parades, face-to-face interactions
- Community Outreach: “Extra Slice” on pizza boxes, etc.
- Faith based community outreach
- Child-specific recruitment (locating relatives/fictive family)
- County workers advocating
- Educating relatives on benefits of licensure
- Social Media FaceTime Live
- Radio/TV advertising

Regions reported the most successful approach to retain the current families

- To have good, clear and ongoing communication with licensed providers
- Offer support groups
- Provide information, tools, resources to recharge their perspective

Regions reported reasons families did not complete their initial licensing process

- Training access to 27 face-to-face hours for PRIDE (multiple regions), want online options to be part of the training. ****This is underway!**

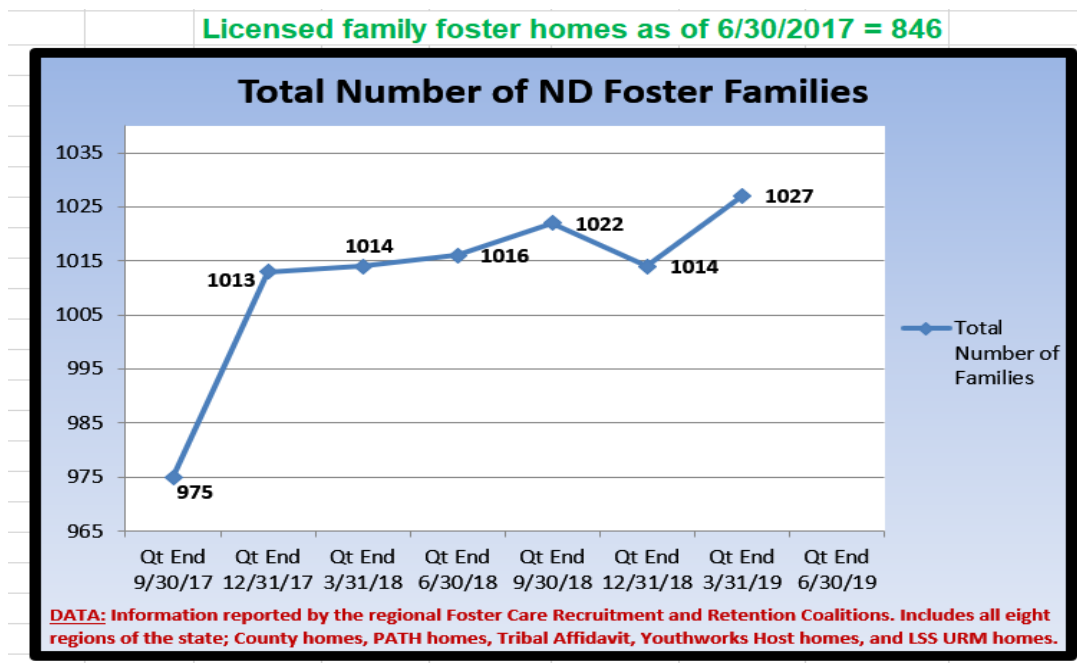
- Spouse not on board
- Cannot pass the background check
- Foster parenting is harder than they thought it would be
- Family schedule is too busy
- Family situation changed – divorce, death, birth of a baby, etc.

Reasons families discontinued their foster care license

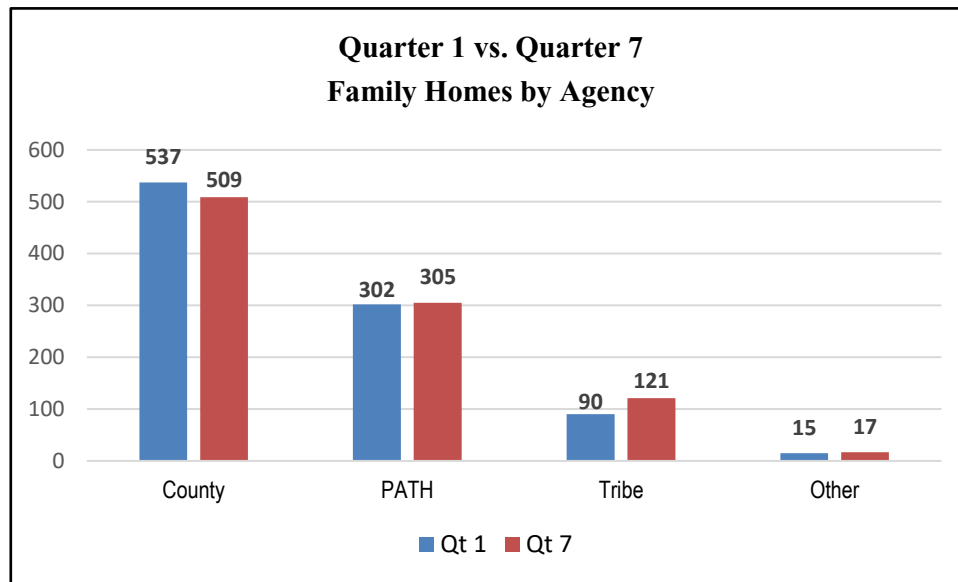
- Moved out of state
- Adopted the foster youth
- Working parents -- schedule of foster youth is too cumbersome
- Need more time to focus on current family needs
- Provider burn out
- Revocation
- CPS report on their own children in their home
- Systems issues (treatment needs, services for child, or frustrated with workers)

Current State Biennium Update July 1, 2017 to June 30, 2019

The current biennium report shows an increase in the number of recruited and licensed family foster homes; the outcomes data will not be available until August 2019.



Licensed Homes Divided By Licensing Agency



The quarter seven data ending on March 31, 2019 indicates a dip in the number of county homes from quarter one to quarter seven. There was a slight increase in Tribal homes and PATH homes.

Recruitment & Retention Statewide Task Force

Foster and Adopt Recruitment and Retention Task Force

The ND Statewide Foster and Adopt Recruitment and Retention Task Force gathers each fall to provide an overview of regional recruitment and retention activities as well as receive training. Task force members represent all eight regions of the state and include individuals from counties, regions, tribal social services, licensed child placing agencies, the UND Training Center, Children & Family Services and foster parents. Each coalition shares the efforts that were successful and brainstorm solutions for the challenges faced in their region. Regional coalitions are able to learn from one another and bring back fresh innovative ideas from these presentations.

Statewide R&R Accomplishments – Obtained October 2018

ND continues to have ongoing Regional Coalition meetings to discuss recruitment and retention efforts as well as brainstorm solutions for local needs. NDDHS does support the collaborative effort of all regional coalitions to attend the annual statewide Recruitment & Retention Task Force meeting hosted by Children & Family Services each fall. At the Task Force meeting, held October 2017 regions reported:

- Stress ball STARS given to the blood drives
- “Fishing for Foster Parents”; goldfish crackers were given out at parades

- “Find Your Super Power - Become a Foster Parent” theme community activities
- Kids Day Out event during week of the young child
- Movie Theater restored – advertising for foster parenting
- Community booth at “Rock the Leaves” musical event
- School PTA/ PTO meetings and school fliers
- Minot Fairgrounds and ND highways had billboards about foster parenting
- Foster Care month – coalition dispersed yard signs, ribbons on trees, etc.
- Hockey arena team sponsors \$5 ticket night
- Incentives purchased for families: pool passes, ball game tickets
- Birthday cards and anniversary cards were mailed to the foster parents
- Booths, fairs, radio ad, online ad, cotton candy at the rodeo
- Pizza cutters and flyers on super bowl Sunday
- Banquet for foster parent recognition
- Christmas in the Park booth
- Flamingos on the hospital lot one for each child in care
- All licensing forms are linked online makes it easy for providers to apply/ reapply
- Activities at county fairs, advertisements on bus, email on school, ad in school
- Offering trauma training and grief and loss therapy sessions
- Facebook page + Logo – Dare to Care social media
- More interest in respite and emergency care, helpful for short term assistance to current families (retention efforts)!
- Community Fun Nights – donations, games, activities, etc.
- Good Day Dakota media segment, IHeart Radio advertising and PSAs
- Educators Staff Development Days – allowed a booth to help recruit
- Foster parent picnic with door prizes.
- Fundraiser Event: 31 Bags as a fundraiser to give each child in region VIII. Individuals sponsored the bags; youth from the school help
- Banners at baseball field and the Dickinson city banner as advertising
- Brainstorming Facebook Live
- Homecoming float with promotional items thrown to the crowd
- Annual foster parent picnic ~ huge donation of food and games for all MHA nation foster children and foster parents.
- \$5000 in donations for door prizes; smokers, grills, food gift cards, swimming gear; great recruitment!! Great recruitment tool too.

- Table tents at area restaurants
- Pens in at Pharmacies
- Offer peer mentoring
- Offer grief and loss clinical services to foster adoptive parents.

Statewide R&R Challenges – Obtained October 2017

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

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

Regional Coalition Plans:

North Dakota received technical assistance in the past from the National Resource Center on the Recruitment and Retention of Foster and Adoptive Parents (NRCRRFAP) and the National Resource Center for Tribes (NRC4Tribes) to gain a foundation and greater knowledge of recruitment and retention strategies focusing on recruiting homes for teens, sibling groups and to increase the pool of Native American families. As a result, regional coalitions were directed to submit a “Request for Funding” (Attachment 2) outlining both general and targeted recruitment and retention plans in order to receive a fiscal allocation from the state. This model has been working.

Examples of general recruitment activities contained in the regional plans:

- Host foster parents inquiry meetings at public establishments
- Facebook LIVE events
- Purchase radio, newspaper, television or billboard ads
- Develop public service announcements
- Television and radio interviews highlighting specific events or awareness
- General advertising on promotional items placed strategically in local businesses

- Add representation from the retail business community, media network and former foster youth to the coalition with the goal of expanding the recruitment message to more effectively reach targeted areas
- Train and encourage agency staff to share the recruitment message to external areas of the community with which they are connected such as places of worship, community and civic groups, neighborhood groups and social/recreational area.

Examples of targeted recruitment activities contained in the regional plans:

- Recruit specialized care for specific behavior challenges (aggressive, sexually acting out, and low function). These three populations are the most difficult to place foster children.
- Advertise on radio stations that serve the Native American Indian reservations
- Set up booths at fairs in Native American communities, pow-wows, Native American colleges or at the Indian casinos
- Testimonial commercials specific to teens, Native Americans, and sibling groups
- Newspaper classified ads recruiting foster homes for targeted populations
- Speaking engagements and targeted talks by agency staff in area locations mutually used by staff and target population
- Develop a partnership with the United Tribes Technical College to increase awareness of the need for Native American foster homes

Examples of retention activities contained in the regional plans:

- Provide more frequent training for foster parents to best meet their time schedule
- Offer sharing opportunities during training sessions to receive the support
- Offer stipends to seasoned foster parents to mentor new foster parents
- Give recognition awards to foster parents for years of service, 'above and beyond' awards or 'thank you' cards
- Cross agency referrals and collaboration when foster parents move across county lines or between agencies; i.e. PATH and county foster homes
- Promote and/or enhance foster and adoptive parent support groups

Specific Adoption Recruitment - Update June 2019:

The AASK Program completes adoption assessments for all families seeking to adopt a child from foster care in North Dakota, including families identified for specific children being adopted from foster care and for general recruitment adoptive families. In the current fiscal year July 1, 2018 through May 20, 2019 the AASK Program has completed 97 new assessments, 9 updated and 29 subsequent adoption assessments. In this same time frame, AASK has completed 172 child adoption assessments for children whose case plan goal is adoption.

North Dakota has two full time Wendy's Wonderful Kids (WWK) recruiters. One WWK recruiter is located in eastern ND and the other in western ND. Both have a primary focus on child specific recruitment and have caseloads with a mixture of state custody children and tribal custody children who do not have an identified adoptive option at the point of referral.

North Dakota has an active ND Heart Gallery, which facilitates a web site and photo gallery of waiting children. The photo gallery is transported across the state showcasing professional photographs of each child. ND hosts an annual “gala” where new portraits are unveiled; however children can be added to the gallery throughout the year. Currently, ND is featuring 9 children in the ND Heart Gallery, with 18 additional children featured who have been matched with prospective adoptive parents. This number has been recently reduced by the placement and adoption finalization of 20 children who were waiting without an identified family. Additional children will be added before September 2019 to be featured in the November unveiling of the new gallery. Not every child’s team is supportive of the child’s inclusion in the Heart Gallery, however the option to be featured is provided to all children waiting for a forever family.

North Dakota provides adoption services to Tribal custody children at the request of each Tribe, through the AASK program. The Tribe seeks approval of the State adoption administrator for AASK to provide these services on a case-by-case basis. In the current SFY, AASK has placed 24 children for adoption at the request of the Tribe and has also assisted in the finalization of adoption for 30 children.

Ongoing R&R Plan Information

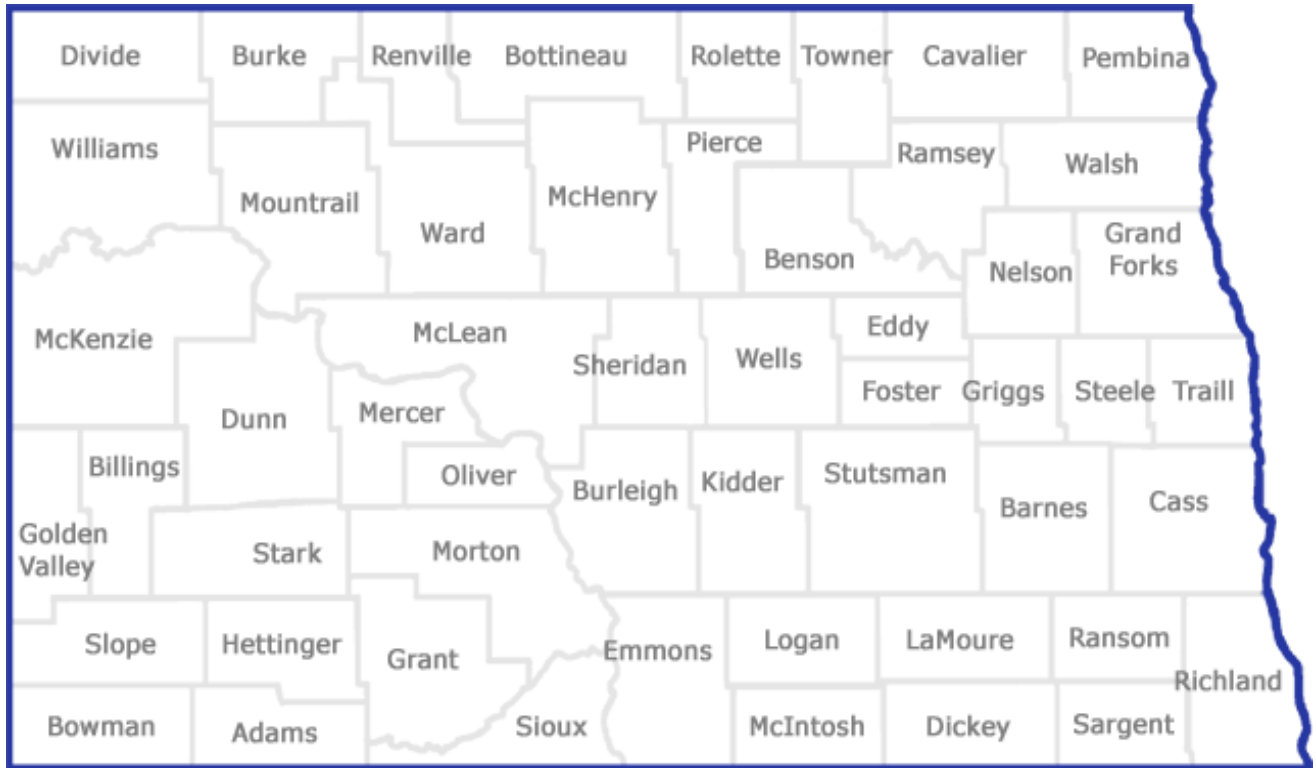
Inquiry Contact Information:

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

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

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

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



Kidder County Social Services Board

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

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

CHANGES/ PLANS: ND has had an increase in inquiries for foster parenting. In addition, SB 2206 County Redesign efforts have challenged current practices to ensure consistency, efficiency and seamless effort to assist the client. In this case, the prospective foster parent would be the client and we want to ensure they are contacted back asap with clear, detailed information. At this time (phase 1) the contact response to inquiries is sent to the regional office. The regional office will forward the inquire to the local county or authorized agency (PATH, LSS, Tribe, Youthworks) to complete the outreach. North Dakota is analyzing a “Clearing House” model to take on all recruitment and retention inquiries, oversight of the funds to be dispersed, etc. Previously identified, phase one to include having the regional office staff contact the

prospective provider to detail the levels of care in state, what is required, how to proceed with background checks, etc. has marginally been implemented. Phase two will go through the Theory of Constraints redesign effort.

Fee Structures

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

Fees charged to prospective adoptive families by the AASK program are minimal and relate to criminal background checks, an application fee and psychological testing. These costs can be reimbursed to the family if the child they adopt qualifies for an adoption subsidy.

State Policy Limitations:

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

Cultural, Racial & Socio-Economic Variations/Linguistic Barriers:

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

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

represented on the Advisory Board that guides the work of this project. Interpreters are professionally trained and certified to provide services in the following sectors:

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

Training and services to child welfare staff working with refugee minors is available through the LSS/New Americans Project in Fargo, North Dakota.

Training Center:

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

- A “Recruitment and Retention” newsletter is published every other month which identifies direct links to articles or tools from the NRCDR/Adopt US Kids, tips for customer services, talking tips for people interested in foster parenting, etc.
- Statewide recruitment and retention surveys were developed with results distributed statewide
- Training is provided to child welfare professionals at Child Welfare Certification Training as well as other scheduled training opportunities
- Assistance and technical support is provided to regional coalitions in the development of recruitment messages; identifying new and innovative recruitment tools; strategic retention plans, and identifying and expanding relationships with community partners
- Collaboration with work groups to develop new and innovative ways of meeting our increasing complex need for foster and adoptive families
- Will assist with the development and re-training of staff when the new NDAC 75-03-15 licensing rules are passed and disseminated with policy and forms come October 1, 2019 due to Family First Prevention Services Act.

FFPSA Update: Family First Prevention Services Act legislation passed the model standards for licensing, North Dakota was well positioned to proceed with the model standards (with the exception of three standards; age of applicant will remain age 21 in ND, recycling will not be a requirement as our state does not have every community recycling, and immunizations will not be a requirement, rather encouraged as NDCC has a law that cannot require us to make anyone get immunized.) CFS is leading the charge to engage with the ND legislative rules committee and will have a formal hearing in September to gain approval. North Dakota will be fully compliant with the national model standards on October 1, 2019.

Foster and Adopt Recruitment & Retention Regional Outcomes

July 1, 2017 – June 30, 2019

REGION _____

Recruitment

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

One measure of success.

1. Licensed foster parents as of 7/1/17: _____
2. Number of newly licensed foster parents from 7/1/17 - 6/30/19: _____
3. Number of foster parents who terminated their license: _____
4. Licensed foster parents as of 6/30/19: _____

The most successful sources of recruitment were:

1. _____
2. _____
3. _____
4. _____

Look for what works and do more of it!

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

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

1. _____
2. _____
3. _____
4. _____

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

Targeted recruitment activities: (check all that apply)

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

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

- 1. Children who are placed in foster care can remain within their home community.

- 2. Sibling groups can remain together while placed in foster care or adopted.

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

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

Retention

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

How can we support and retain our Foster Parents?

Reasons that families are no longer licensed for foster care:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

5. _____

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

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

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

Request for Funding

Region: _____

RECRUITMENT

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

General Recruitment: _____ **Amount: \$** _____

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

Strategy:

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

List planned activities for general recruitment efforts:

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

List planned activities for general recruitment efforts:

Targeted Recruitment: _____ **Amount: \$** _____

Strategy:

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

Identify "Need" (Who and where are the children/youth?)

Use regional data to develop a picture of the children in your care; i.e. age, gender, race, sibling groups.

Identify "Resources" (Who & where are the families we really need?)

Use regional data to develop a picture of the foster families in your region and where they're located; i.e. minority race homes, homes licensed to serve adolescents, sibling groups. Please identify the number of homes that are unavailable for general foster care placement; i.e. licensed for specific child, respite care only, etc.

b. Develop specific recruitment strategies to meet the identified need.

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

RETENTION

Retention: _____ **Amount: \$** _____

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

Strategy:

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

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

- a. Develop strategies to retain resource families based on the reasons that families choose to no longer provide foster care or adopt.

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

Please attach a detailed budget (broke out by line items) to support the activities listed above. If you have any questions, please feel free to contact Kelsey Bless at (701)328-3581, or kmbless@nd.gov. **Due date: August 15, 2019.**

Signature

Date

*Administrative County
(*County to be reimbursed by the State on SFN 119.)

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

North Dakota Goals

Goal 1: North Dakota Department of Human Services will provide funding statewide to support regional foster/adoption coalitions' recruitment and retention activities.

Strategy:

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

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

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

Strategy:

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

Outcomes:

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

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

Strategy:

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

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

2020-2024

Healthcare Oversight and Coordination Plan

BACKGROUND

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

REQUIREMENTS	ACTION STEPS	PROGRESS
<p>1. Review and revise, if needed, current protocols and maintain a schedule for initial and follow up health screenings that meet reasonable standards of medical practice.</p>	<p>1a. North Dakota will continue to use the Health Tracks Screenings process within the first 30 days of foster care placement.</p> <p>1b. The CFS Division staff will review/update the policy concerning Health Tracks Screenings for foster children.</p> <p>1c. The CFS Division staff will consult with the Head Start Collaboration Administrator regarding dental care for foster children.</p>	
<p>2. Review and revise, if needed, current protocols and maintain procedures to ensure that health needs identified through health screening will be monitored and treated, including emotional trauma associated with a child’s maltreatment and removal from home.</p>	<p>2a. Health needs identification; monitoring and treatment are accomplished through the Health Tracks Screening Plan.</p> <p>2b. The CFS Division staff will collaborate with the Behavioral Health (BH) staff regarding initiatives aimed at addressing mental health screenings for foster children.</p>	
<p>3. Review and revise, if needed, current protocols and maintain procedures to ensure that medical information for children in care will be updated and appropriately shared.</p>	<p>b. The CFS Division staff will collaborate with health professionals regarding the ACA “Health Exchange” to track foster children’s medical care while they are in foster placement.</p> <p>c. FRAME, as an electronic record, will maintain current medical information on all foster children.</p> <p>Physicians/psychiatrists will be included as team members so that they receive the plan of care updates.</p>	

<p>4. Review and revise, if needed, current protocols and maintain procedures to ensure the continuity of health care services which may include establishing a medical home for every child in care.</p>	<p>a. Case workers will review current prescription medications at the Child & Family Team Meetings.</p> <p>b. Medication updates will be documented in the FRAME system.</p> <p>c. Physicians/psychiatrists will be included as team members and provided with care plans and updates to the care plan.</p>	
<p>5. Review and revise, if needed, current protocols and maintain procedures for the oversight of prescription medicines for all foster care children, including those for the appropriate use and monitoring of psychotropic medications.</p>	<p>a. Case workers will review current prescription medications at the Child & Family Team Meetings.</p> <p>b. Medication updates will be documented in the FRAME system.</p> <p>c. Physicians/psychiatrists will be included as team members and provided with care plans and updates to the care plan.</p>	
<p>6.. Actively consult with and involve physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care.</p>	<p>a. Case workers will report consultations with medical personnel at the Child & Family Team Meetings and will document updates in FRAME.</p>	
<p>7. Review and revise, if needed, current protocols and maintain procedures that ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities and placed in settings that are not foster family homes as a result of the inappropriate diagnoses.</p>	<p>b. The CFS Division staff members will participate on the Healthy North Dakota Committee.</p> <p>c. Staff from BH and CFS divisions will coordinate discussions regarding mental health screenings, including training and dissemination of suggested evidence based screenings.</p>	
<p>8. Review and revise, if needed, current protocols and maintain procedures assuring that a health care transition plan for youth aging out of foster care is developed to include options for health insurance, information about a health care power of attorney, health care proxy or other similar document recognized under state law.</p>	<p>a. The transition plan including components of health care needs of youth aging out of foster care is developed and offered to youth aging out of foster care.</p>	

2020-2024

Disaster Plan

INDEX

Introduction -----	Page 3
Continuity of Operations Plan (COOP) -----	Page 3
Types of Disasters -----	Page 3
Disaster Preparedness Process -----	Page 4
Initiation of Disaster Plan -----	Page 4
Provider Information & Locating -----	Page 4
Communication -----	Pg 5 – 6
Training -----	Pg 6 – 7
ND Court System -----	Page 7
Records Preservation -----	Page 7
CFS Function -----	Page 7
Disaster Follow Up -----	Page 7
SFN 445 -----	Pg 8 – 9
Call In & Email Address -----	Page 10

This plan can be found by going to the ND Department of Human Services website at

<http://www.nd.gov/dhs/info/pubs/docs/cfs/foster-care-disaster-plan.pdf>

The Child and Family Services Improvement Act of 2006 (P.L. 109-288) mandates that State child welfare agencies develop disaster plans that include how they will do the following:

- Identify, locate, and continue the availability of services for children under State care or supervision who are displaced or adversely affected by a disaster;
- Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those cases;
- Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster;
- Preserve essential program records;
- Coordinate services and share information with other States

North Dakota has developed and implemented the Emergency Disaster Preparedness Continuity of Operations (COOP) Plan to provide disaster preparedness instruction to foster families, foster/adopt families and children under the custody of a North Dakota public agency. This comprehensive and effective plan is to first and most importantly, ensures the safety, permanency, and well-being of our youth. Second, by having a plan North Dakota will be in full compliance with federal and state mandates.

The North Dakota Department of Human Services Children and Family Services has an obligation to the clients it serves to perform its essential functions efficiently during periods of disruption. When emergencies or other situations arise that disrupt ND DHS operations, DHS will activate the COOP to continue essential functions. This plan has been developed in accordance with guidance in Executive Order (EO) 12656. The Department uses an all hazards approach in its disaster preparedness planning process.

Fortunately, North Dakota has not had to utilize the formal procedures developed in the Disaster Plan since June of 2011, when the flood occurred in Minot, ND and also affected homes in south Bismarck, ND. Spring of 2019, North Dakota prepared for the implementation of the disaster plan due to the difficult winter and flooding that occurred in specific areas of the state. North Dakota updated the policy and procedure for data entry of families, including a new SFN 445.

Types of Disasters

Natural and man-made disasters come in many forms and may dramatically overwhelm North Dakota's current welfare services service system. This plan is specific to response when one of the three levels of disasters occur.

1. Destruction of the North Dakota State Capitol building where the ND Department of Human Services, Children and Family Services is housed.
2. Destruction of all or some level of the two data management systems that hold all of the pertinent ND child welfare data; Comprehensive Child Welfare Information and Payment System (CCWIPS) or FRAME.
3. Natural disasters impacting our outlying counties, facilities, and foster homes causing excess loss of life or property damage due to unforeseen destruction by floods, tornados, high winds, power outages, winter and summer storms, etc.

Disaster Preparedness Process

ND Department of Human Services, Children and Family Services, regional Human Service Centers, counties, providers, professionals and other partners play an important role in preparing and responding to the safety and well-being of children and families during a disaster. ND follows this developed plan in an effort to protect vulnerable children and families during the disaster and for direction in moving forward after a disaster.

1. Initiation of Disaster Plan
2. Provider Identification and Locating
3. Communication Protocols
4. Training for state, regional, and county professionals

Initiation of Disaster Plan

The CFS director, or designee, will activate the CFS Continuity of Operations (COOP) Plan and work in tandem with the NDDHS Disaster Preparedness Administrator and regional human service centers regional supervisors. If a disaster occurs, the COOP is initiated and information is disseminated to the field by Children & Family Services immediately.

Provider Information & Locating

Children and Family Services (CFS) has established a system for gathering and providing information on foster families and foster/adopt families in the event they are caring for a child under public custody and they become unexpectedly displaced. Effective January 2, 2009, all foster parents and foster/adopt parents must outline disaster evacuation plans (SFN 445) that consider primary and secondary planning. At the time of licensing and relicensing, applicants will disclose their plan on the SFN 445 which is made part of the 'licensing file'. A copy of the plan is maintained at the regional office and also forwarded to CFS where the information is input into the "Q" drive at the North Dakota State Capitol. The "Q" drive allows any State employee to access the information, inclusive of the regional human service centers. Any individual who has access to the "Q" drive can access the Access Database to:

1. Edit information to ensure accuracy and up-to-date information; and
2. Run a query to the database which will readily sort families by
 - a. County
 - b. City
 - c. Name

North Dakota Administrative Code (NDAC) 75-03-16 requires Group and residential child care facilities to have written plans and procedures for meeting disasters and emergencies. A facility shall have written plans and procedures for meeting disasters and emergencies. Employees must know all plans and procedures for meeting disasters and emergencies. The facility shall advise children in placement of all emergency and evacuation procedures upon admission to the facility.

Foster care providers (family, therapeutic, and facility) will follow the communication protocols and will have access to the CFS telephone numbers and email address for ongoing updates and feedback from the CFS Continuity of Operations (COOP) Plan.

Communication

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

No one can predict when and where a disaster may strike. It is even more difficult to plan for every scenario to produce the best possible outcome to get through such tragic events. ND has established this basic flow chart of communication and contacts that will assist in the event of a disaster.

1. The regional human service center office is the primary connection between the local social service agency, providers, and Children and Family Services (CFS) Division. Each regional office has a list of foster youth in their region, as well as emergency procedures/evacuation plans for identified service providers in their region (completed SFN 445). Regional Supervisors located in the regional human service center are the direct connection between CFS and local staff in a disaster situation.

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

Example: If the city of Grand Forks, ND (and/or surrounding areas) were to succumb to a flood, the documentation and location of foster families can be accessed by any other regional office, or by the State Office. Information is available as to the foster parent's primary and secondary evacuation plan (SFN 445), including emergency contact information.

Foster or foster/adopt youth placed in the region can be tracked through FRAME. A report can be generated through this system which will outline the placement resource for all children within this county and/or region.

2. Press releases addressing a state disaster will be generated from the Department of Homeland Security/ND Department of Emergency Services, Public Information Office or a Joint Information Center (JIC). There is a website available to provide emergency information to foster care providers.
3. Child Protection Services will continue to deliver services through the local agency, with backup support from other North Dakota regions or counties. The established crisis on-call process will remain in place, under the direction of the State Child Protection Administrator.

4. During any disaster, the CFS COOP (Division Director, CFS Management Team made up of CFS Program Administrators, and Interstate Compact Administrator) will remain available through phone and electronic forms of communication to coordinate services and share information with appropriate parties.
5. The department has established a CFS email address dhsdfs@nd.gov and two designated telephone numbers (1-800-245-3736 toll-free and 701-328-2316) as ways in which to report a disaster. The following message has been placed on the two designated telephone numbers: *You have reached the Children & Family Services Division of the North Dakota Department of Human Services. If you are a foster parent or foster/adoptive parent that has been displaced as a result of a disaster, please leave your telephone number and current address, as well as the name of the foster child or children that are currently with you. We will contact you as soon as possible.*

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

FRAME contains placement information on all children in foster care. This system can be accessed by county, region, and state employees. Although there are limits as to what information counties have access to, regional supervisors can view all cases within their regional responsibility. CFS also has full access to every foster care case entered into FRAME.

Training

Training for state, local, and county offices is determined based on the locality of the agency, local approaches to agency structure for detailed disasters, inclusive of drills for fire, tornado, storms, active shooter, etc. Foster parents receive training on emergency response as part of the PRIDE training module, and fire safety in person and web based on line training is available. NDDHS can choose to develop a team to train state, county and local offices in disaster preparedness and is a direct liaison to the North Dakota Department of Emergency Services, an agency that provides 24/7 emergency communications and resource coordination with more than 50 lead and support agencies, private enterprise, and voluntary organizations to assist local jurisdictions in disaster and emergency response activities. Training is ongoing and updated when necessary.

CFS Administrators have access to the Disaster Plan which is also posted on the department's website. This information is disseminated annually to partnering regions and counties and shared at the time of a new hire at CFS. CFS will participate with regional offices in mock drills to better prepare for a disaster.

Foster parents and foster/adopt parents may be given an "Emergency North Dakota Foster Care Call In" card at the time of licensure or re-licensure as well as have emergency information and agency contacts available to them in the Foster Parent Handbook <http://www.nd.gov/dhs/info/pubs/docs/cfs/foster-parent-handbook.pdf>.

North Dakota Court System

If a disaster has occurred in any region of North Dakota involving foster children under the

jurisdiction of the North Dakota Court System, a protocol between the North Dakota Department of Human Services and the North Dakota Court System has been developed. A master list of all displaced foster children and their location, compiled by the Foster Care Administrator, will be sent to the Juvenile Court Director located in the region the disaster has occurred.

Records Preservation

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

State Office (Children & Family Services) Function

CFS will facilitate the creation of the designated CFS Continuity of Operations (COOP) team. CFS will collaborate with emergency personnel, state emergency agencies to best accommodate comfort in knowledge and understanding of expectations during the emergency. CFS will observe all mandates regarding state and federal requirements, including report completion, grant management and information system oversight. ND Department of Human Services recognizes that critical incident stress debriefing may be needed. Should the disaster leave personnel requiring assistance in coping with the tragedy, personnel will be offered debriefing groups and /or counseling.

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

Disaster Follow-Up

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

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



FAMILY EVACUATION DISASTER PLAN
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
 FOSTER CARE DIVISION
 SFN 445 (4-2019)

- Foster Care Adoption
- Initial Licensing
- Renewal Licensing
- Address Change Only

Clear Fields

Foster/Adoption Name (Last, First)		County		Date
Address		City	State	ZIP Code
Telephone Number	Cell Phone Number	Email Address		
Foster Care Provider Number		Foster Care Licensing Period From: To:		

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

FIRST CHOICE, WITHIN THE SAME COMMUNITY

Contact				
Address		City	State	ZIP Code
Telephone Number	Cell Phone Number	Email Address		
Additional Contact Information				

SECOND CHOICE, WITHIN THE SAME COMMUNITY

Contact				
Address		City	State	ZIP Code
Telephone Number	Cell Phone Number	Email Address		
Additional Contact Information				

FIRST CHOICE, OUT OF REGION

Contact				
Address		City	State	ZIP Code
Telephone Number	Cell Phone Number	Email Address		
Additional Contact Information				

SECOND CHOICE, OUT OF REGION

Contact				
Address		City	State	ZIP Code
Telephone Number	Cell Phone Number	Email Address		
Additional Contact Information				

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

Contact				
Address		City	State	ZIP Code
Telephone Number	Cell Phone Number	Email Address		
Additional Contact Information				

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

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

I understand that in the event that I must evacuate my home, I am required to report my location to the legal custodian, licensing agent or the North Dakota Department of Human Services. To contact the North Dakota Department of Human Services, I can call 1-800-245-3736 (toll-free in-state), [701-328-2316](tel:701-328-2316), or e-mail my location to dhscfs@nd.gov.

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

Printed Name	
Signature	Date

Form must be completed by the foster care provider or adoptive family and submitted to the authorized agent completing the licensing/adoption study.

- The foster care licensing worker will submit to the regional office and the North Dakota Department of Human Services regional office will submit to Children and Family Services.
- Adoption worker will submit with the family adoption assessment to Children and Family Services.

2020-2024

Training Plan

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

- A. The CFSTC Director/or the CFSTC Designee will attend field staff meetings of the Children and Family Services (CFS) Division (otherwise referred to in the Work Plan as “Division”).
- B. The CFSTC Director and staff will develop child welfare training connections with other child welfare related state training centers and National Resource Centers.
- C. CFSTC staff will be proactive in recommending to the Division methods, products and materials that will strengthen and improve the training of child welfare staff.
- D. The Division’s approval of staff hired at CFSTC will be required. Division staff may take part in the interviews of prospective staff. For the position of the Director of the CFSTC, the Division shall participate in the interviews.
- E. The selection of any trainer to carry out foster care, child welfare certification training, Independent Living training, Wraparound Recertification or any other training under this work plan shall be the responsibility of CFSTC in consultation with the Division.
- F. CFSTC staff will record and retain records on child welfare social workers who participant in trainings facilitated or organized through the Training Center or Division.
- G. The Division (CFS Management Team) will hold a quarterly meeting (in-person or via phone) with CFSTC in October, January, April and June to update and communicate on the progress of the work plan.
- H. The Director of the CFSTC will provide quarterly reports to the Division on the progress of the items contained in the work plan. Quarterly reports are due by the 15th of following months: October, January, April and August.
- I. Any proposed amendments to the work plan by either the Division or the CFSTC must be approved by the CFS Management Team and the Director of CFSTC.
- J. Participate in social service program re-design efforts at the request of CFS including, task force membership and assisting with developing and delivering training for re-design pilot projects or expansion roll out.

Section I: CHILD WELFARE CERTIFICATION TRAINING

- A minimum of two complete sessions of CWCT will be completed in each contract year using the developed curriculum, unless determined otherwise by the Division and CFSTC. Additional sessions may be added based on need and availability of funding and capacity of the Training Center.
- Each session will include no more than 25 participants, giving priority to county child welfare workers and other child welfare workers in the private sector (AASK, PATH, and Tribal Social Services). If there are more than 25 participants requesting to register for the training, discretion will be used by the Director of the Training Center, in consultation with the CFS director to increase the number of participants for each session. County Social Service Employees, PATH, AASK and Tribal Social Service employees will be eligible for

the cost of lodging. Reimbursement for any other participants or for any other expenses must be pre-approved by the Director of CFSTC and the Director of CFS.

- A. Questions about any participants who wish to attend the training, who are not on the approved list of agencies will be discussed with the Division Director before acceptance into the training.
- B. Evaluate the training and the curriculum through trainee evaluations, ongoing staff meetings, and consultation with Division program administrators. Provide a summary of the evaluations to the Division within 45 days after the final unit of each session. Debrief about the Training Session with the Division Management Team upon completion of the evaluation summary as requested.
- C. After each of the two full sessions, provide Division the names of child welfare workers who did not complete the certification program due to attendance issues or incomplete assignments. An update of child welfare certification participants, those that have completed and those that are in the process of completing will be included in the quarterly report.
- D. Provide a list of persons who have completed Child Welfare Certification at the request of the Division Director or designee.
- E. Adjustments to the training will be made to maintain consistency with any policy adjustments. Adjustments will be documented in the CFSTC quarterly reports and meetings.
- F. CFSTC will review the training curriculum of Child Welfare Certification and make ongoing changes as requested by Division.
- G. Develop and maintain a transfer of learning document to be utilized by child welfare supervisors to reinforce knowledge and skills obtained in child welfare certification.
- H. Reviewing curriculum based on social service program re-design.

Section II: FOSTER/ADOPTIVE PARENT TRAINING

- A. Plan and provide the necessary budgetary support to include materials, trainers, mileage, childcare, food and lodging, and other anticipated costs for foster parent training.
- B. Evaluate the training delivery and the curriculum through trainee evaluations, ongoing staff meetings, and consultation with the Foster Care and Adoption Administrators.
- C. Conduct PRIDE On-Line “Train the Trainer”, if needed, and participate in PRIDE curriculum training in selected sites as negotiated with Foster Care and Adoption Administrators.
- D. Implement the PRIDE On-Line Curriculum through contract agreement with Governor’s State University.
- E. Facilitate a PRIDE Training task force to review and establish updated procedures for delivery of PRIDE training to new foster and adoptive parents.
- F. Provide various training supports to local foster parent training activities in selected sites as negotiated with Foster Care and Adoption Administrators. These activities include:

1. Reimburse foster parents for attending the PRIDE sessions.
 2. Reimburse foster parents for up to twelve hours of annual training for travel, per diem, and childcare expenses.
 3. Provide technical assistance regarding training and resources to social workers conducting local foster/adopt parent training.
 4. Conduct an annual foster parent training needs assessment and develop a training plan based on the assessment.
 5. Provide training upon request of regional supervisors, and foster care administrator, on specialized topics to foster parent groups (taking budget constraints into consideration). Build an evaluation component into these training events and submit a summary of the evaluation to the Foster Care Administrator.
 6. Seek advice from regional and county staff on foster parent training needs annually.
 7. Provide specialized training to assist in skill development for: Aggressive behaviors, sexual acting out behaviors, and low intellectual functioning and aggressive behaviors.
 8. Provide training opportunities for foster/adoptive parents on trauma informed parenting.
- G. Subcontract with individuals and teams to provide PRIDE training across the state. Teams should have representation of foster care case managers/licensors, adoption workers and foster/adopt parents.
- H. Work with Governors State University and the State of Illinois to implement changes in PRIDE curriculum.
- I. Serve as a member of the Foster Care Recruitment/Retention state task force.
- J. Participate in FC Case management calls as requested.

Section III: THERAPEUTIC FOSTER CARE TRAINING

- A. Executive Director of North Dakota PATH (or designee), will meet to review the Therapeutic Foster Care training plan by September 30, 2019.
- B. CFSTC will coordinate, deliver and evaluate the Treatment Foster Care training curriculum in partnership with PATH Therapeutic Foster Care providers. Four initial training sessions will be offered during the Work Plan year. The curriculum will be evaluated for the appropriateness of the content by September 30, 2019, with the PATH Administrative Team.
- C. CFSTC will implement any identified changes in the Treatment Foster Care curriculum by January 1, 2020.
- D. Deliver five session of the Non-Violent Crisis Intervention Training to new ND PATH Therapeutic Foster Care foster parents.
- E. Reimburse PATH therapeutic foster parents for training expenses as outlined in the CFSTC reimbursement guidelines.
- F. Participate in the PATH Education Committee.

Section IV: FOSTERING COMMUNICATIONS NEWSLETTER

- A. Writes, edits and produces Fostering Communications six times annually, and distributes the newsletter.
- B. Will distribute the newsletter electronically to: foster and adoptive family homes, residential facilities, county social services offices, regional human service centers, and private human service agencies in North Dakota.
- C. Post the newsletter on-line on the CFSTC website.
- D. Review foster care and adoption literature and various publications for ideas and stories for development and/or reprinting in “Foster Communications”.
- E. Provide newsletter draft to Permanency Manager or designee for their review if requested.

Section V: CHAFEE FOSTER CARE INDEPENDENCE PROGRAM

- A. Attend Chafee Program Quarterly meetings and trainings as requested.
- B. CFSTC will provide/coordinate training for Chafee Transition Coordinators at the request of the Chafee Administrator.

Section VI: CHILD CARE LICENSOR TRAINING

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

Section VII: RESOURCE LIBRARY

- A. Maintain child welfare resources, materials and library holdings to lend to human service personnel.
- B. Reviews, evaluates, and recommends films, videos, and printed materials to the Division program administrators for additions to the resource material library.
- C. Outdated materials will be removed from the library with consultation from the CFS Division.
- D. Maintain online bibliography.

Section VII: CFSTC WEBSITE

CFSTC will maintain a website which will house information related to training child welfare professionals and foster/adoptive parents. It will include:

- A. Information about Child Welfare Certification and registration link.
- B. On-going training calendar with event registration capability.
- C. Resource library with availability of on-line check out.
- D. Newsletters.
- E. Other child welfare related information as deemed appropriate.

- F. Link to a CFSTC Facebook Page to highlight news and events related to child welfare in North Dakota.
- G. CFSTC will explore the cost for developing a comprehensive learning management system to enhance both live and on-line training capabilities.

Section IX: WRAPAROUND CERTIFICATION TRAINING

- A. CFSTC will assist with the implementation of the Wraparound Practice Model of service delivery for children and their families.
- B. Deliver one additional week of Wraparound Certification Training to child welfare staff and partners including DJS, Partnership, Chafee Transition Coordinators, QRTP staff QRTP staff and Intensive In-Home providers, as well as, any other contracted providers deemed appropriate by the state.
- C. Deliver “introduction to wraparound” to intensive in-home providers at Village Family Services to enhance their foundation training.
- D. Provide a list of persons who have completed Wraparound Certification Training Certification to the Well-Being Administrator.
- E. Review and enhance curriculum based on social service re-design efforts.

Section X: FOSTER/ADOPTIVE HOME RECRUITMENT AND RETENTION

- A. Facilitate training to recruitment and retention specialists across North Dakota.
- B. Assist in developing recruitment and retention materials.
- C. Participate in the State Recruitment and Retention Coalition and work with the CFS Division to develop agendas for the Coalition Meetings.
- D. Assist, as requested by CFS, in reviewing regional recruitment and retention plans.

Section XI: SECONDARY TRAUMA EDUCATION, PREVENTION AND SUPPORT PROJECT

- A. Manage the secondary trauma education, prevention and support project.
- B. Work with the consultant, David Conrad, to provide ongoing support and training to child welfare professionals in North Dakota including counties and QRTPs.
- C. Evaluate the ongoing need for support and education to the child welfare field.
- D. Deliver training to child welfare professionals: Introduction to Secondary Traumatic Stress, Advanced Training for Supervisors, Trauma and Stress Reduction Training, and other special topics as requested and developed.
- E. Provide supportive sessions to workers impacted by secondary trauma: individual and group debriefing.

Section XII: GENERAL EXPECTATIONS

In addition to the above-mentioned activities, CFSTC may be involved in other training activities that directly support or compliment these aforementioned activities. For these additional various training activities; each request will be evaluated in accordance with all current activities, contract

scope of service, availability of funds and must be approved by the Division Designee prior to implementation.

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

- A. Make payment for in-state and out-of-state travel, registration fees and per diem expenses for foster parents, county social workers, regional supervisors and Division staff upon approval of the Division Director.
- B. Serve as a member of the CPS Task Force, which meets at least quarterly during the contract period.
- C. Attend out-of-state and in-state training conferences as requested by the Division Director or Designee.
- D. Serve on other Task Forces and initiatives at the request of the Division Director or Designee.
- E. Serve as a member of the Alliance for Children's Justice.
- F. Continue developing, with Division staff, electronic methods and options for delivery of child welfare training.

XIII: OTHER TRAINING TASKS AND PROJECTS

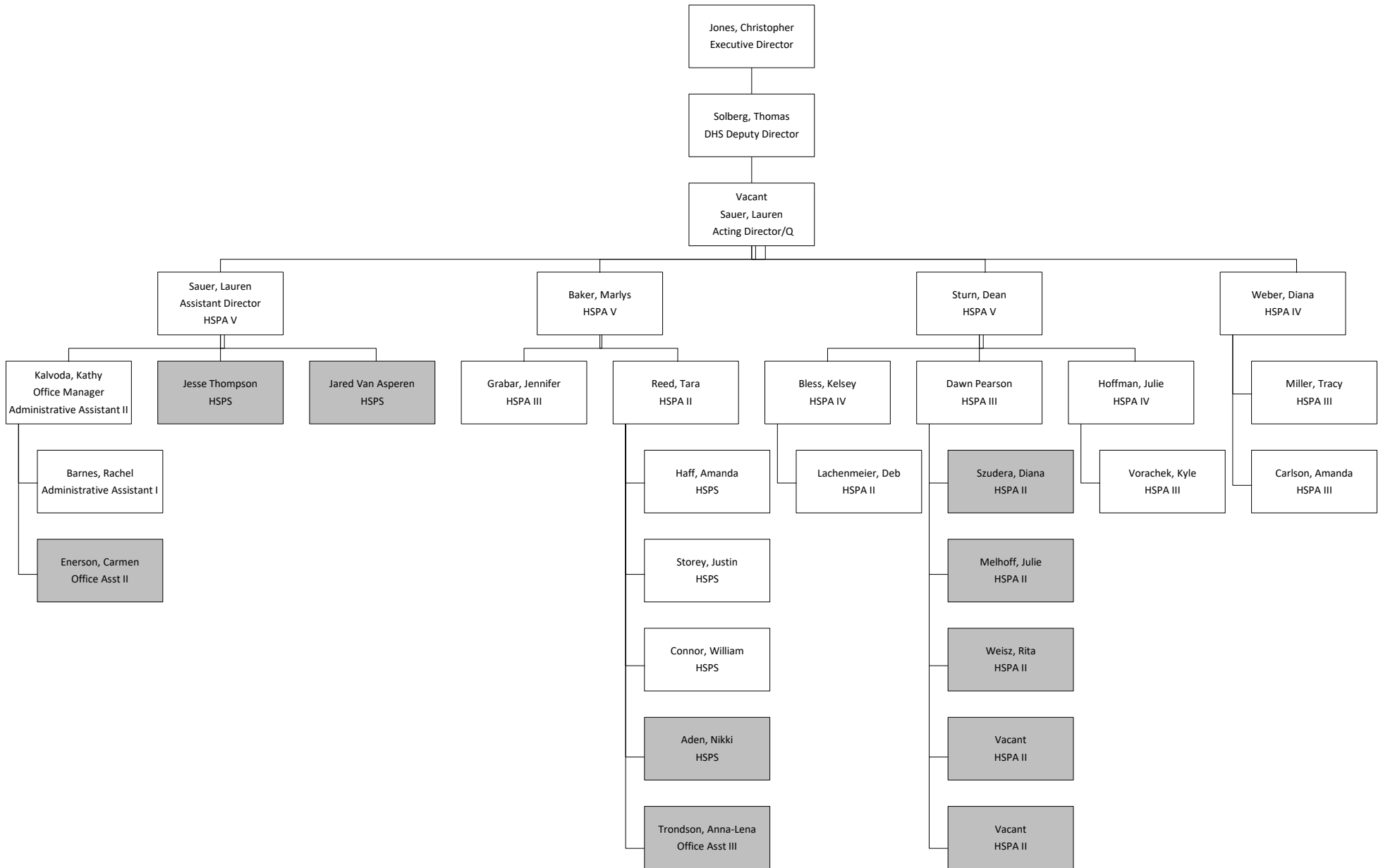
- A. Conduct up to two PRIDE Mutual Family Assessment Training sessions during the work plan period, if needed.
- B. Develop and deliver foster home licensing training.
- C. Will explore options for pre-service and ongoing training for Kinship Care providers.
- D. Notify the CFS Administrator of any request from regional, county, or private agency staff for training on North Dakota child welfare policy and procedures in order to make joint decision on response to request.
- E. Schedule and conduct Initial Parent Aide training for new parents aides annually. This training will occur only if there are at least 6 or more individuals needing to receive the training.
- F. Provide coordination for an annual CFS Conference or Children's Justice Symposium, along with CFS Division staff.
- G. CFSTC staff will meet with the Native American Training Institute twice yearly to facilitate integration of training session/schedules, collaboration and coordination of training activities and resources and to explore opportunities for enhanced collaboration.
- H. Facilitate, coordinate and deliver training related to the implementation of Alternative Response for Substance Affected Newborns and their families.
- I. Develop an on-line training module to address alternative response for substance exposed newborns.
- J. Explore the use of motivational interviewing across child welfare programs and provide training on motivational interviewing.

XIII. Supervisor Training

- A. Deliver foundation training for new county child welfare supervisors.
- B. Provide up to two sessions of the Leadership Academy for Supervisors.
- C. Attend State Supervisor meetings to help assess the ongoing training needs of supervisors.
- D. Plan and deliver ongoing training addressing special topic areas for supervisors.
- E. Publish quarterly Child Welfare Supervisor Briefs that focus on supporting best practice efforts in child welfare.
- F. Work with the Division to develop training for safety focused supervision model for ongoing case management.
- G. Train supervisors on safety focused supervision model for ongoing case management.

ATTACHMENT A: ORGANIZATIONAL CHART

ND DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES DIVISION



ATTACHMENT B: ASSURANCES

Title IV-B, subpart 1 Assurances for States

The assurances listed below are in 45 CFR 1357.15(c) and title IV-B, subpart 1, sections 422(b)(8), 422(b)(10), and 422 (b)(14) of the Social Security Act (the Act). These assurances will remain in effect during the period of the current five-year Child and Family Services Plan (CFSP).

1. The State assures that it is operating, to the satisfaction of the Secretary:
 - a. A statewide information system from which can be readily determined the status, demographic characteristics, location, and goals for the placement of every child who is (or, within the immediately preceding 12 months, has been) in foster care;
 - b. A case review system (as defined in section 475(5) and in accordance with the requirements of section 475A) for each child receiving foster care under the supervision of the State/Tribe;
 - c. A service program designed to help children:
 - i. Where safe and appropriate, return to families from which they have been removed; or
 - ii. Be placed for adoption, with a legal guardian, or, if adoption or legal guardianship is determined not to be appropriate for a child, in some other planned, permanent living arrangement subject to the requirements of sections 475(5)(C) and 475A(a) of the Act which may include a residential educational program; and
 - d. A preplacement preventive services program designed to help children at risk of foster care placement remain safely with their families [Section 422(b)(8)(A)].
2. The State assures that it has in effect policies and administrative and judicial procedures for children abandoned at or shortly after birth (including policies and procedures providing for legal representation of the children) which enable permanent decisions to be made expeditiously with respect to the placement of the children [Section 422(b)(8)(B)].
3. The State assures that it shall make effective use of cross-jurisdictional resources (including through contracts for the purchase of services), and shall eliminate legal barriers, to facilitate timely adoptive or permanent placements for waiting children [Section 422(b)(10)].
4. That State assures that not more than 10 percent of the expenditures of the State with respect to activities funded from amounts provided under this subpart will be for administrative costs [Section 422(b)(14)].
5. The State assures that it will participate in any evaluations the Secretary of HHS may require [45CFR 1357.15(c)].

6. The State assures that it shall administer the Child and Family Services Plan in accordance with methods determined by the Secretary to be proper and efficient [45CFR 1357.15(c)].

Effective Date and Official Signature

I hereby certify that the State complies with the requirements of the above assurances.

Certified by:  _____

Title: Assistant Director _____

Agency: ND Dept. of Human Services - Children and Family Services Division _____

Dated: June 13, 2019 _____

Title IV-B, subpart 2 Assurances for States

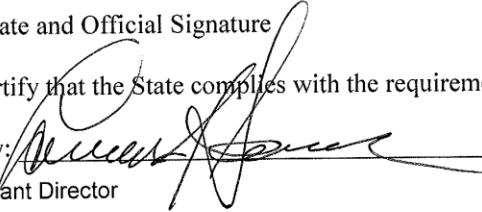
The assurances listed below are in 45 CFR 1357.15(c) and title IV-B, subpart 2, sections 432(a)(2)(C), 432(a)(4), 432(a)(5), 432(a)(7) and 432(a)(9) of the Social Security Act (the Act). These assurances will remain in effect during the period of the current five-year CFSP.

1. The State assures that after the end of each of the first four fiscal years covered by a set of goals, it will perform an interim review of progress toward accomplishment of the goals, and on the basis of the interim review will revise the statement of goals in the plan, if necessary, to reflect changed circumstances [Section 432(a)(2)(C)(i)].
2. That State assures that after the end of the last fiscal year covered by a set of goals, it will perform a final review of progress toward accomplishment of the goals, and on the basis of the final review:
 - a. Will prepare, transmit to the Secretary, and make available to the public a final report on progress toward accomplishment of the goals; and
 - b. Will develop (in consultation with the entities required to be consulted pursuant to subsection 432(b) of the Act) and add to the plan a statement of the goals intended to be accomplished by the end of the 5th succeeding fiscal year [Section 432(a)(2)(C)(ii)].
3. The State assures that it will annually prepare, furnish to the Secretary, and make available to the public a description (including separate descriptions with respect to family preservation services, community-based family support services, family reunification services, and adoption promotion and support services) of:
 - a. The service programs to be made available under the plan in the immediately succeeding fiscal year;
 - b. The populations which the programs will serve; and
 - c. The geographic areas in the State in which the services will be available [Section 432(a)(5)(A)].
4. The State assures that it will perform the annual activities described in section 432(a)(5)(A) in the first fiscal year under the plan, at the time the State submits its initial plan, and in each succeeding fiscal year, by the end of the third quarter of the immediately preceding fiscal year.
5. The State assures that Federal funds provided to the State under this subpart will not be used to supplant Federal or non-Federal funds for existing services and activities which promote the purposes of this subpart [Section 432(a)(7)(A)].

6. The State will furnish reports to the Secretary, at such times, in such format, and containing such information as the Secretary may require, that demonstrate the State’s compliance with the prohibition contained in 432(a)(7)(A) of the Act [Section 432(a)(7)(B)].
7. The State assures that in administering and conducting service programs under the plan, the safety of the children to be served shall be of paramount concern [Section 432(a)(9)].
8. The State assures that it will participate in any evaluations the Secretary of HHS may require [45CFR 1357.15(c)].
9. The State assures that it shall administer the Child and Family Services Plan in accordance with methods determined by the Secretary to be proper and efficient [45CFR 1357.15(c)].
10. The State assures that not more than 10 percent of expenditures under the plan for any fiscal year with respect to which the State is eligible for payment under section 434 of the Act for the fiscal year shall be for administrative costs, and that the remaining expenditures shall be for programs of family preservation services, community based support services, family reunification services, and adoption promotion and support services, with significant portions of such expenditures for each such program [Section 432(a)(4)].

Effective Date and Official Signature

I hereby certify that the State complies with the requirements of the above assurances.

Certified by:  _____

Title: Assistant Director _____

Agency: ND Dept. of Human Services - Children and Family Services Division _____

Dated: June 13, 2019 _____

**Child Abuse Prevention and Treatment Act (CAPTA)
Grant to States for Child Abuse or Neglect Prevention and Treatment Programs**

**State Plan Assurance amended by
P.L. 115-424
The Victims of Child Abuse Act Reauthorization Act of 2018**

(This amendment to CAPTA became effective January 7, 2019)

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

As **Governor** of the State of North Dakota,

I certify that the State has in effect and is enforcing a State law relating to child abuse and neglect which includes:

Provisions for immunity from civil or criminal liability under State and local laws and regulations for individuals making good faith reports of suspected or known instances of child abuse or neglect, or who otherwise provide information or assistance, including medical evaluations or consultations, in connection with a report, investigation, or legal intervention pursuant to a good faith report of child abuse or neglect (see section 106(b)(2)(B)(vii) of CAPTA).

Signature of **Governor**:

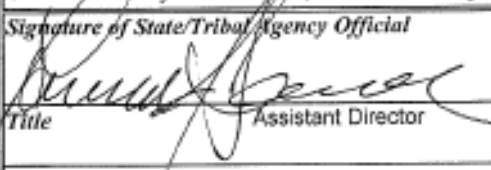


Date: June 19, 2019

ATTACHMENT C: FINANCIAL INFORMATION

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CHAFEE, and ETV and Reallocation for Current Federal Fiscal Year Funding

For Federal Fiscal Year 2020: October 1, 2019 through September 30, 2020

1. Name of State or Indian Tribal Organization and Department/Division: North Dakota - Department of Human Services: Children and Family Services Division		3. EIN: 45-0309764		
2. Address: (insert mailing address for grant award notices in the two rows below) 600 East Boulevard Avenue, Bismarck, ND 58505-0250		4. DUNS: 802743534		
a) Email address for grant award notices: katsmith@nd.gov lsauer@nd.gov		5. Submission Type: (select one) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REALLOTMENT <input type="checkbox"/> REVISION		
REQUEST FOR FUNDING for FY 2020: Hardcode all numbers; no formulas or linked cells.				
6. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:		\$440,011		
a) Total administrative costs (not to exceed 10% of the CWS request)		ok \$44,001		
7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:		% of Total \$345,594		
a) Family Preservation Services		23% \$77,759		
b) Family Support Services		23% \$77,759		
c) Family Reunification Services		23% \$77,759		
d) Adoption Promotion and Support Services		23% \$77,759		
e) Other Service Related Activities (e.g. planning)		0%		
f) Administrative costs (APPLICABLE TO STATES ONLY: not to exceed 10% of the PSSF request)		10.0% \$34,558		
g) Total itemized request for title IV-B Subpart 2 funds: <i>NO ENTRY: Displays the sum of lines 7a-f.</i>		100% \$345,594		
8. Requested Monthly Caseworker Visit (MCV) funds: (For STATES ONLY)		\$21,778		
a) Total administrative costs (FOR STATES ONLY: not to exceed 10% of MCV request)		ok \$0		
9. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: (STATES ONLY)		\$293,040		
10. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood:		\$500,000		
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of CFCIP request).		ok \$0		
11. Requested Education and Training Voucher (ETV) funds:		\$136,976		
REALLOTMENT REQUEST(S) for FY 2019: <i>Complete this section for adjustments to current year awarded funding levels.</i>				
12. Identification of Surplus for Reallocation: a) Indicate the amount of the State's/Tribe's FY 19 allotment that will not be utilized for the following programs:				
CWS	PSSF	MCV (States only)	Chafee Program	ETV Program
\$0	\$0	\$0	\$0	\$0
13. Request for additional funds in the current fiscal year, should they become available for re-allotment:				
CWS	PSSF	MCV (States only)	Chafee Program	ETV Program
\$0	\$0	\$0	\$0	\$0
14. Certification by State Agency and/or Indian Tribal Organization: The State agency or Indian Tribal Organization submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.				
Signature of State/Tribal Agency Official  Title Assistant Director		Signature of Federal Children's Bureau Official Title Date		

2019 APSR

CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services

Name of State or Indian Tribal Organization: North Dakota - Department of Human Services: Children and Family Services Division

For FY 2020: OCTOBER 1, 2019 TO SEPTEMBER 30, 2020

SERVICES/ACTIVITIES	(A) IV-B Subpart I- CWS	(B) IV-B Subpart II- PSSF	(C) IV-B Subpart II- MCV	(D) CAPTA	(E) CHAFEE	(F) ETV	(G) TITLE IV-E	(H) STATE, LOCAL & DONATED FUNDS	(I) Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served	(L) Geog. Area To Be Served
1.) PROTECTIVE SERVICES	\$ -			\$ 287,540				\$ 45,659	4000	7500	NA	Statewide
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	\$ 55,252	\$ 77,759		\$ -				\$ 44,337	620	NA	Child/Ad of Foster Care	Statewide/Reservations
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	\$ 55,252	\$ 77,759		\$ -				\$ 44,337	500000	1900	Reports of Abuse & Neglect	Statewide/Reservations
4.) FAMILY REUNIFICATION SERVICES	\$ 55,253	\$ 77,759		\$ -				\$ 44,337	510	NA	All Eligible Children	Statewide/Reservations
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	\$ 55,253	\$ 77,759						\$ 44,337	140	NA	All Eligible Children	Statewide/Reservations
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	\$ -	\$ -						\$ -	NA	NA	NA	NA
7.) FOSTER CARE MAINTENANCE: (a) FOSTER FAMILY & RELATIVE FOSTER CARE	\$ -						\$ 8,167,583	\$ 12,100,210	1,256	NA	All Eligible Children	Statewide/Reservations
(b) GROUP/INST CARE	\$ -						\$ 5,005,938	\$ 7,416,258	154	NA	All Eligible Children	Statewide
8.) ADOPTION SUBSIDY PYMTS.	\$ -						\$ 7,497,306	\$ 10,890,475	1,558	NA	All Eligible Children	Statewide
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	\$ 175,000							\$ 246,382	79	NA	All Eligible Children	Statewide
10.) INDEPENDENT LIVING SERVICES	\$ -				\$ 500,000		\$ -	\$ 166,567	-	NA	All Eligible Children	Statewide/Reservations
11.) EDUCATION AND TRAINING VOUCHERS	\$ -				\$ -	\$ 136,976	\$ -	\$ 45,659	-	NA	All Eligible Children	Statewide/Reservations
12.) ADMINISTRATIVE COSTS	\$ 44,001	\$ 34,558	\$ -				\$ 7,941,445	\$ 791,445				
13.) FOSTER PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -			\$ 789,353	\$ 263,117				
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -			\$ 210,414	\$ 70,135				
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	\$ -						\$ -	\$ -	NA	NA	NA	NA
16.) STAFF & EXTERNAL PARTNERS TRAINING	\$ -	\$ -		\$ 5,500	\$ -	\$ -	\$ 789,353	\$ 263,117				
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	\$ -	\$ -	\$ 21,778				\$ -	\$ 7,259				
18.) TOTAL	\$ 440,011	\$ 345,594	\$ 21,778	\$ 293,040	\$ 500,000	\$ 136,976	\$ 30,401,393	\$ 32,483,734				

19.) TOTALS FROM PART I

\$440,011 \$345,594 \$21,778 \$293,040 \$500,000 \$136,976

20.) Difference (Part I - Part II)

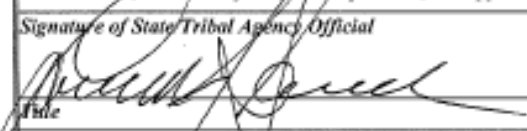
\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

(If there is an amount other than \$0.00 in Row 20, adjust amounts on either Part I or Part II. A red value means Part II exceeds request)

21.) Population data required in columns I - L can be found:
 On this form
 In the APSR/CFSP narrative

2019 APSR

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence and Education And Training Voucher Reporting on Expenditure Period For Federal Fiscal Year 2017 Grants: October 1, 2016 through September 30, 2018

1. Name of State or Indian Tribal Organization:		2. Address:				3. EIN: 45-0309764	
North Dakota - Department of Human Services: Children and		600 East Boulevard Avenue, Bismarck, ND 58505-0250				4. DUNS: 802743534	
5. Submission Type: (select one) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISION		0					
Description of Funds	(A) Original Planned Spending for FY 17 Grants	(B) Actual Expenditures for FY 17 Grants	(C) Number Individuals served	(D) Number Families served	(E) Population served	(F) Geographic area served	
6. Total title IV-B, subpart 1 (CWS) funds:	\$ 416,114	\$ 428,897	-	1,138	All Dignity Families	Statewide/Preservation	
a) Administrative Costs (not to exceed 10% of CWS allotment)	\$ 41,611	\$ 42,005					
7. Total title IV-B, subpart 2 (PSSF) funds:			589,028	3,350	All Dignity Families	Statewide/Preservation	
Tribes enter amounts for Estimated and Actuals, or complete 7a-f.	\$ -	\$ -					
a) Family Preservation Services	\$ 86,702	\$ 95,217					
b) Family Support Services	\$ 76,297	\$ 64,143					
c) Time-Limited Family Reunification Services	\$ 79,765	\$ 72,141					
d) Adoption Promotion and Support Services	\$ 69,361	\$ 94,279					
e) Other Service Related Activities (e.g. planning)	\$ -	\$ -					
f) Administrative Costs (FOR STATES: not to exceed 10% of PSSF allotment)	\$ 34,681	\$ 12,426					
g) Total title IV-B, subpart 2 funds: NO ENTRY: This line displays the sum of lines a-f.	\$ 346,806	\$ 338,206					
8. Total Monthly Caseworker Visit funds: (STATES ONLY)	\$ 21,845	\$ -					
a) Administrative Costs (not to exceed 10% of MCV allotment)	\$ -	\$ -					
9. Total Chafee Foster Care Independence Program (CFCIP) funds: (optional)	\$ 500,000	\$ 500,000					
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	\$ -	\$ -	NA	NA	NA	NA	
10. Total Education and Training Voucher (ETV) funds: (Optional)	\$ 140,101	\$ 65,418	NA	NA	NA	NA	
11. Certification by State Agency or Indian Tribal Organization: The State agency or Indian Tribal Organization agrees that expenditures were made in accordance with the Child and Family Services Plan, which was jointly developed with, and approved by, the Children's Bureau.							
Signature of State/Tribal Agency Official			Signature of Federal Children's Bureau Official				
							
Title			Title				
Assistant Director							
Date			Date				

MAINTENANCE OF EFFORT
 BREAKDOWN OF PROGRAMS INCLUDED IN CHILDREN AND FAMILY SERVICES
 GRANT CATEGORIES FOR 1991-1993 BIENNIUM AND 2015-2017 BIENNIUM

Cost Center	Program	15-17 Budget	State/Local	Federal	91-93 Budget	State/Local	Federal
OUT-OF-HOME CARE GRANTS							
4135	Independent Living Program	822,970	0	822,970	275,535	60,000	215,535
4137	Independent-Educ & Trng Prgm	185,502	37,100	148,402	450,740	0	450,740
4262	SED Out-Of-Home Care	0	0	0	63,906	44,734	19,172
4263	Foster Care - IV-E	28,968,512	15,022,259	13,946,253	5,073,433	1,212,468	3,860,965
4265	Foster Care - Regular	49,352,257	19,232,078	30,120,179	8,842,319	8,626,279	216,040
4266	Foster Care - Services	1,333,081	666,542	666,539	681,596	681,596	0
4270	Foster Care - Specialized Family	0	0	0	369,206	362,469	6,737
4270	Subsidized Guardianship	985,435	605,451	379,984	0	0	0
4272	Foster Care - Therapeutic	7,393,942	3,696,964	3,696,978	1,442,749	1,416,780	25,969
4273	Foster Care - Shelter Care Services	75,000	75,000	0	163,946	70,000	93,946
4286	Foster Care-Services-IMD	1,645,438	1,476,246	169,192			
4287	Wraparound-TCM for IMD	64,930	64,930	0			
		90,827,067	40,876,570	49,950,497	17,363,430	12,474,326	4,889,104
ADOPTION SERVICES GRANTS							
4119	Special Needs Adoption	0	0	0	316,667	105,000	211,667
4268	Subsidized Adoption - FM	19,301,436	9,650,712	9,650,724	564,157	99,189	464,968
4269	Subsidized Adoption - Regular	6,936,112	6,936,112	0	307,485	277,449	30,036
	Total Adoption Services Grants	26,237,548	16,586,824	9,650,724	1,188,309	481,638	706,671
FAMILY SUPPORT SERVICES GRANTS							
4117	Adoption & Unwed Parents - Admin.	0	0	0	70,000	17,753	52,247
4126	Tribal ECC Program	251,448	0	251,448	0	0	0
4134	Wraparound Case Management	3,399,051	1,076,501	2,322,550	0	0	0
	Dependent Care - DPI	0	0	0	60,000	0	60,000
4282	Juvenile Crisis Intrvtn Prgm	200,000	0	200,000			
4139	Tribal Social Services	873,864	0	873,864	515,658	377,773	137,885
4143	Juvenile Services - Case Management	564,312	0	564,312	200,000	0	200,000
4144	Tribal Permanency Planning	600,000	600,000	0	400,000	25,000	375,000
4149	Quality Improvement	0	0	0	240,375	0	240,375
4150	Crossroads Program	0	0	0	150,000	0	150,000
4153	Refugee Assistance - Social Services	2,523,054	0	2,523,054	0	0	0
4249	Early Childhood	1,020,086	389,969	630,117	0	0	0
4250	Early Childhood Resource & Referral	7,567,394	5,016,216	2,551,178	0	0	0
4251	Outpatient Counseling	0	0	0	45,460	45,460	0
4254	County Reimb. - Child Abuse Standards	7,715,605	2,751,176	4,964,429	2,530,754	749,074	1,781,680
4255	County Reimb. - Prime Time Day Care	126,858	29,665	97,193	480,529	228,889	251,640
4256	County Reimb. - Parent Aid	2,085,015	752,636	1,332,379	1,387,066	787,066	600,000
4257	Wraparound Targeted Case Management	0	0	0			
NA	Day Treatment	0	0	0	631,490	194,916	436,574
4258	Healthy Families	750,000	750,000	0	0		
4260	Respite Care	15,000	3,000	12,000	76,230	0	76,230
4267	Foster Care - Training	1,890,392	968,598	921,794	0	0	0
4271	Foster Care - Intensive In-Home Services	0	0	0	1,484,828	902,093	582,735
4277	Foster Care - Intensive In-Home Services (Medicaid)	1,460,535	730,267	730,268			
4274	Foster Care Recruitment	165,044	41,481	123,563			
	Total Family Support Services Grants	31,207,658	13,109,509	18,098,149	8,272,390	3,328,024	4,944,366
	GRANT TOTAL - GRANTS	148,272,273	70,572,903	77,699,370	26,824,129	16,283,988	10,540,141