

ANNUAL PROGRESS & SERVICES REPORT | **2021**

Children and Family Services Division  
Cory Pedersen, Director



Marilyn Kennerson  
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Dear Ms. Kennerson:

As the Executive Director of the North Dakota Department of Human Services, I am pleased to present the updates to the 2020-2024 Child and Family Services Plan and the Annual Progress and Services Report for Fiscal Year 2021. The Child and Family Services Plan represents a consolidation of four state plans including Title IV-B Sub Part 1, Title IV-B Sub Part II, the Child Abuse Prevention and Treatment Act, and the John H. Chafee Foster Care Program for Successful Transition to Adulthood.

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

Sincerely,

**C**

Christopher D. Jones  
Executive Director

Enclosure

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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 2021 Annual Progress and Services Report, please contact:

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## I. GENERAL INFORMATION

The North Dakota Department of Human Services' (NDDHS) Children and Family Services (CFS) Division has engaged statewide partners in substantial, ongoing, and meaningful collaboration in the implementation of the 2020-2024 CFSP and the ongoing implementation of the Round 3 federal Child and Family Services Review (CFSR) Performance Improvement Plan (PIP). North Dakota experienced significant delays in implementation of the CFSR PIP. The initial submission was May 1, 2017. There were 8 submissions prior to approval on April 1, 2019. Additionally, the child welfare system has been going through significant redesign activities which impacted some of the key activities resulting in delays of implementation. Despite these, ongoing service coordination has continued through this past year with all stakeholders.

**Collaboration:** 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, in developing the Children and Family Services 2020-2024 Plan, the CFS Division invited numerous public/private partners to the table. These partners included: Parents, Youth, Regional Human Service Centers, private/non-profit agencies, human service zone agencies, tribal child welfare agencies, Division of Juvenile Services, State legislators, North Dakota court representatives, Department of Public Instruction. Work on the activities identified in the 5-year plan are continually discussed with system partners including the assessment of agency strengths and areas needing improvement (as documented in the Update on Assessment of Performance section), the review and modification of goals, objectives, and interventions of the PIP, and monitoring the progress of the 5-year plan. 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 continues to meet with Human Service Zone Agency Directors as well as a sub-group of County Directors on a quarterly basis to discuss issues related to services for children and families. 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, quarterly to discuss program and policy issues and changes. 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 the FRAME system.
- **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.
- **Casey Family Programs:** The CFS Division works closely Casey Family Programs to receive technical assistance to address identified needs in the child welfare system in North Dakota. Specifically, the engagement has allowed North Dakota to identify a new practice model. Training and implementation is planned for the upcoming year.
- **The Chafee Program/ETV program:** the following highlights coordination opportunities within this service population:

- Regional Coordination: 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 State Chafee 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 State Chafee 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 STEPS 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 CFRS process in reviewing regional foster care services. Youth Stakeholder meetings are conducted during full CFRSs 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.

The CFS Division continues to find ways to collaborate with our state and federal partners and this list continues to grow as new relationships are developed.



## 2. UPDATE TO THE ASSESSMENT OF CURRENT PERFORMANCE IN IMPROVING OUTCOMES

The North Dakota Department of Human Services' Children and Family Service Division has administrative responsibility for program supervision and technical assistance for the delivery of public child welfare services.

North Dakota is a state-supervised, county administered child welfare system divided into 19 human service zones with 53 counties (map below). North Dakota has four federally recognized tribes with Tribal Title IV-E agreements with the state. NDDHS has a Memorandum of Understanding with the Division of Juvenile Services (DJS) for Title IV-E foster care services. In-home case management services are part of the service array within the county social services agencies. Alternative response assessments for substance exposed newborns were added to the service array within county social service agencies in November 2017.



**North Dakota QA Case Review (OSRI) Outcomes:** North Dakota created a Quality Assurance Unit to conduct the child and family services case reviews necessary to monitor the OSRI Outcomes. In November of 2019, the QA Unit Manager was hired, and eight QA Reviewers and one Administrative Assistant were also brought onboard. Plans for an intensive case review process were put into place to review 65 cases from January 13, 2020 to March 31, 2020. Additional reviewers were brought in from private agencies, county social services, and the Children and Family Services Division to assist with the initial work on the case review. Reviewer training occurred the week of December 9, 2019. This included onsite training and a webinar. The initial review of just under one-half of the cases pulled was held in Bismarck during the week of January 13, 2020. The remaining cases were reviewed by the QA Unit from January 20, 2020 onward. All 65 cases were reviewed prior to March 20, 2020. The results of this case review effort provided the data necessary to establish the baseline data for the state's Round 3 PIP measurement plan.

**Case Sample:** North Dakota utilizes a random, statewide sample of all eligible foster care and in-home cases utilizing the state’s management information system (FRAME). The sampling methodology will ensure that all public child welfare agencies (human service zones, tribal IV-E foster care, DJS) will have an equal opportunity for case review. Cases reviewed during this reporting timeline had a fixed sample period of October 1, 2018 – March 31, 2019. The Period Under Review (PUR) was 4/1/2019 – date case was reviewed.

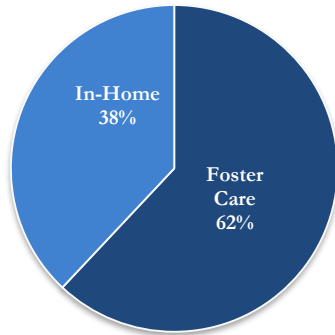
The case reviews were held in accordance with the following schedule:

DATE	NUMBER OF CASES
January 13-17, 2020	26 (16 FC; 10 IH)
January 20-24, 2020	3 (3 FC)
February 3-7, 2020	5 (3 FC; 2 IH)
February 10-14, 2020	6 (5 FC; 1 IH)
February 17-21, 2020	3 (2 FC; 1 IH)
February 24-28, 2020	4 (4 FC)
March 2-6, 2020	5 (3 FC; 2 IH)
March 9-13, 2020	7 (2 FC; 5 IH)
March 16-20, 2020	6 (2 FC; 4 IH)
	<b>65 (40 FC; 25 IH)</b>

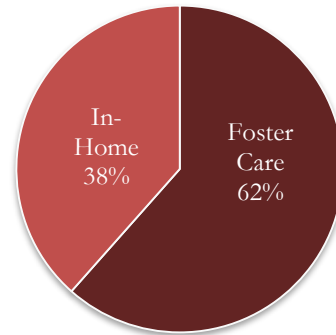
**Case Demographics:** Cases were randomly selected to represent both foster care and in-home services cases. The review focused on the activity in a case that occurred during the PUR, and a fixed statewide sampling process was employed. Foster care cases involved a target child in substitute care for over 24 hours or more. Foster care services were provided by human service zone agencies, the Division of Juvenile Services, or, if applicable, the tribal child welfare agency(ies). 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 human service zone agencies throughout the state.

A cumulative review sample of forty (40) foster care and twenty-five (25) in-home services cases were identified out of an overall sample of 1,951 foster care cases and 604 in-home services cases.

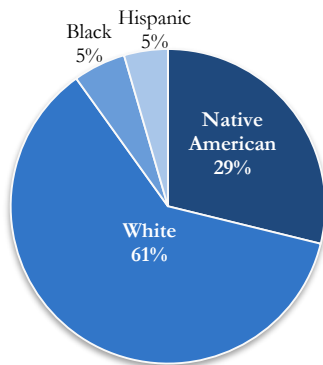
ND R3 CFSR Case Type



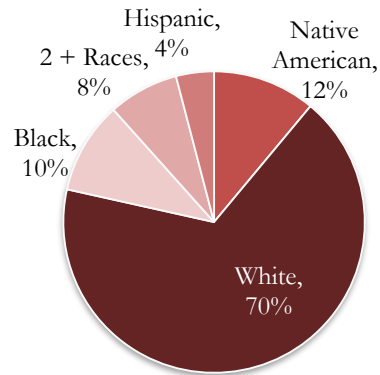
R3 PIP Baseline Case Type



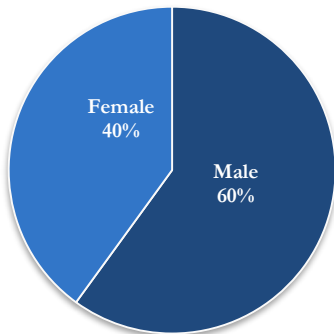
ND R3 CFSR Child Race/Ethnicity



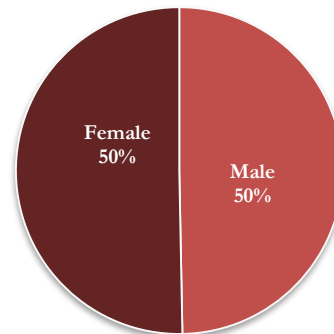
R3 PIP Baseline Child Race/Ethnicity



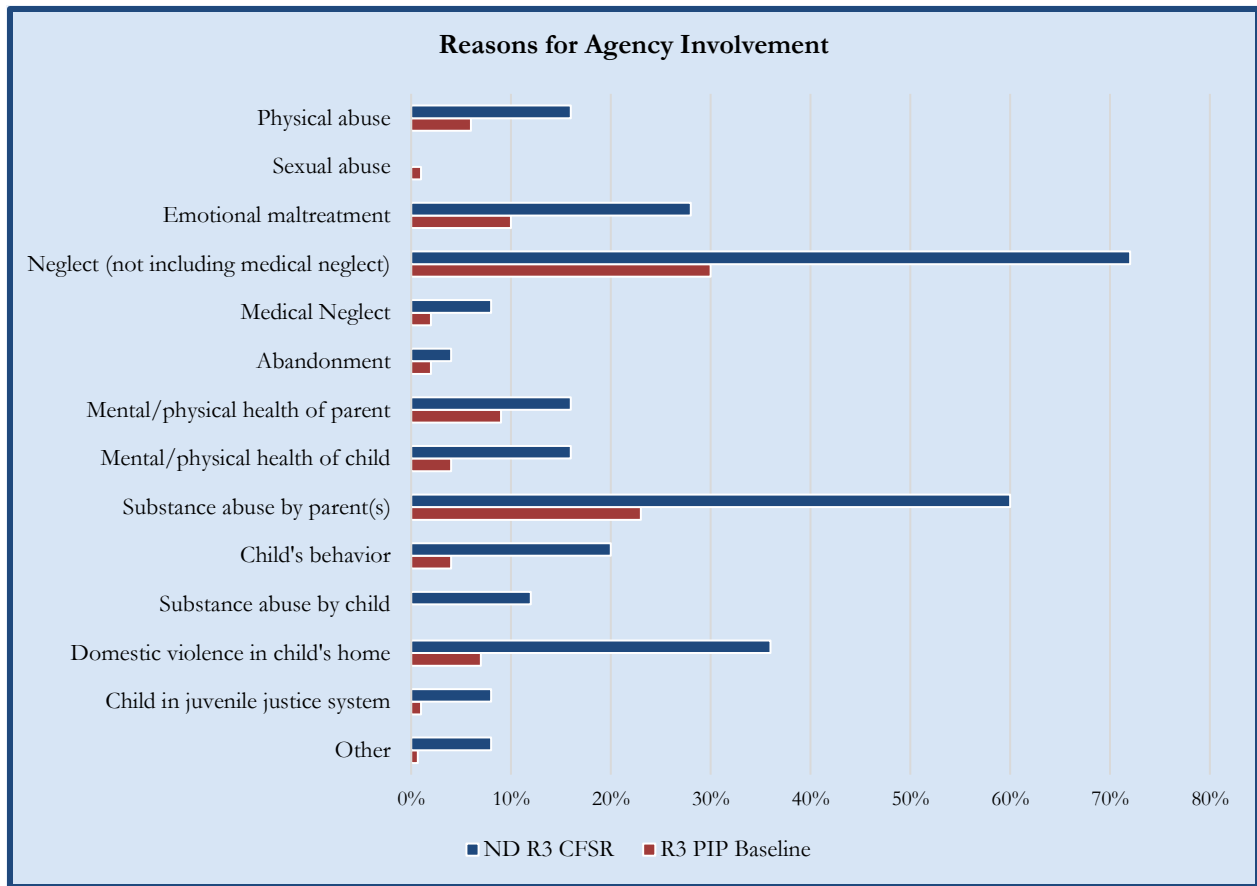
ND R3 CFSR Child Gender



Rd 3 PIP Baseline 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 R3 PIP Baseline Case Review 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 Sex Trafficking by caregiver.

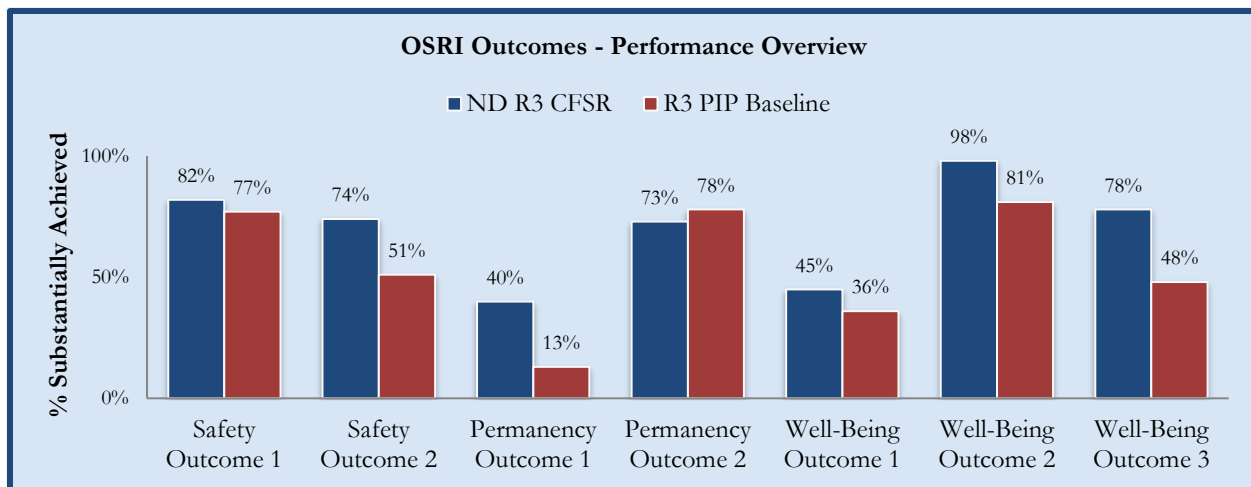


Percentages exceed 100% because more than one reason can be selected

**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 exclusively via the telephone. During the R3 PIP Baseline Review, 327 interviews were held for the 65 cases including:

- 43 children
- 80 parents
  - 44 mothers
  - 36 fathers
- 101 case managers (foster care [County, DJS, Tribal], in-home services, child protection services)
- 18 agency supervisors
- 56 foster parents (21 relatives & 29 non-relatives)
- 29 “other” providers (alternate caregivers, guardians ad litem, adoption workers, regional representatives, residential facility staff, relatives speaking to key case participants’ perspectives, etc.)

**Performance Overview:** As noted in the graph below, in both the ND R3 CFSR and the R3 PIP Baseline Review, 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.

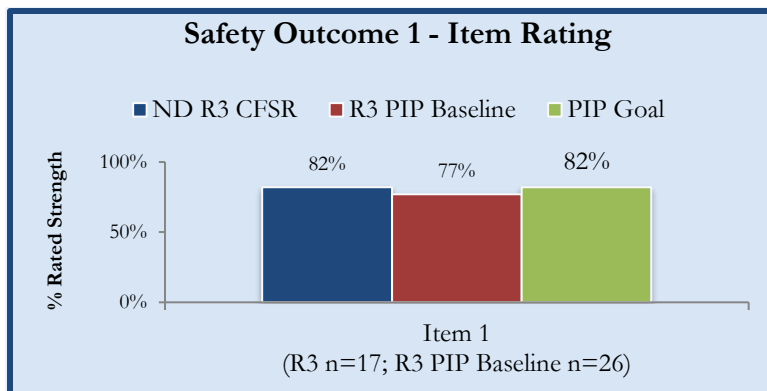


Each of the 18 OSRI items will now be discussed in depth, including key strengths and areas needing further exploration. Please note that while the OSRI instrument uses the term, “Area Needing Improvement,” North Dakota adopted the term, “Area Needing Further Exploration,” to align with our developing CQI process. This is because we cannot be certain at the conclusion of a case review whether a need for improvement exists, absent a thorough review of all available data and regionwide discussion. However, after conversation with the Children’s Bureau, North Dakota has decided to no longer use the term, “Area Needing Further Exploration.” North Dakota will go back to using the term, “Area Needing Improvement.”

Pursuant to the R3 PIP Measuring Plan, the following items will be monitored throughout the PIP: Items 1-6 and Items 12-15. Within each graph that follows the established PIP Measurement Goal will be reflected.

**Safety Outcome 1: *Children are, first and foremost, protected from abuse and neglect***

R3 PIP Baseline Review: FC – 7 of 10 cases Substantially Achieved; IH – 81% of 16 cases Substantially Achieved

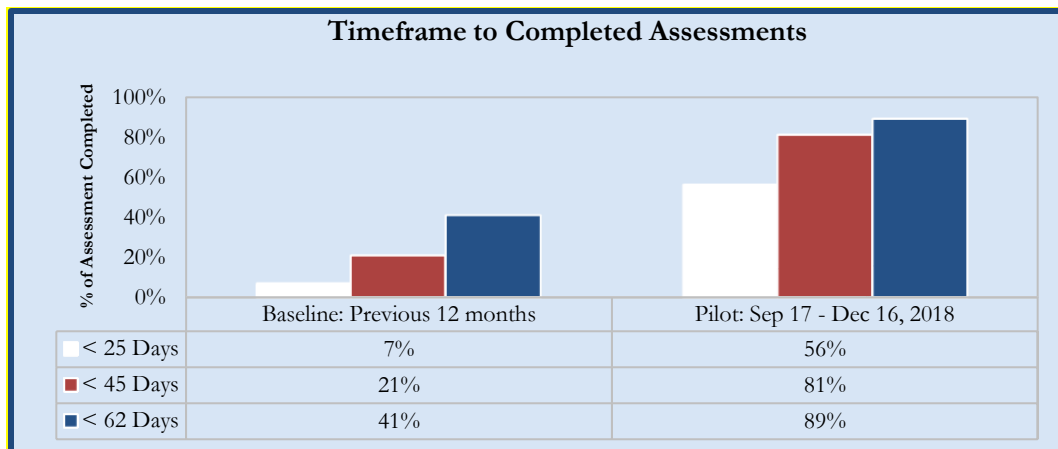


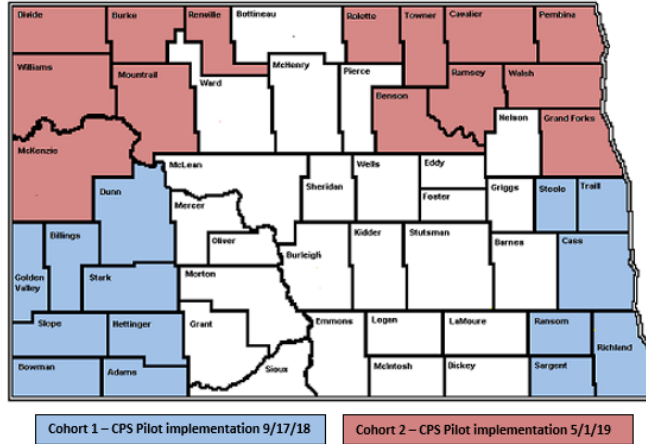
**Item 1: *Timeliness of initiating investigations of reports of child maltreatment***

R3 PIP Baseline Review: FC – 70% of 10 cases rated a Strength; IH - 81% of 16 cases rated a Strength

Twenty (20) 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.

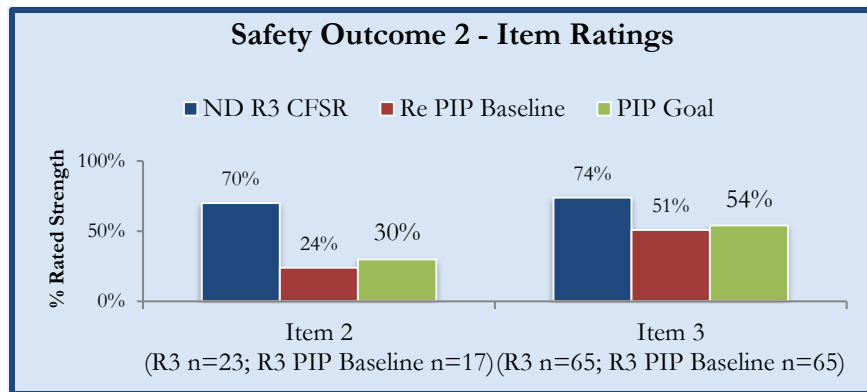
- **Key strengths related to performance on Item 1**
  - When rated a Strength, the agency initiated their response timely in all reports received and the face-to-face contact with alleged victims occurred within the timeframes required in state regulations.
  - In many situations, the agency’s response 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 seven situations in which face-to-face contact with all alleged victims occurred outside the state’s established timeframes. In only one situation was the reason for this delay was due to circumstances beyond the control of the agency.
  - Assessments terminated in progress or administratively assessed were not closed timely.
  - In most situations, workload and workforce challenges were identified as a contributing factor.





**SAFETY OUTCOME 2: Children are safely maintained in their homes whenever possible and appropriate**

R3 PIP Baseline Review: FC – 55% of 40 cases Substantially achieved; IH – 44% of 25 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, **9.2%** 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 no different** than national performance, which is 9.5%.

*(February 2020 CFSR Data Profile, risk standardized performance, NCANDS FFY 17-18)*

**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 **3.99 days**. North Dakota’s performance on this indicator is **statistically better** than national performance, which is 9.67 days.

*(February 2020 CFSR Data Profile, risk standardized performance, AFCARS 17A-17B, FFY17-18)*

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

R3 PIP Baseline Review: FC – 14% of 7 cases rated a Strength; IH – 30% of 10 cases rated a Strength

Four (4) 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: parent aide, child-care assistance, and concrete services such as funding to assist in cleaning up the conditions of the home.
- **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.

## **Item 3: *Risk and safety assessment and management***

R3 PIP Baseline Review: FC – 55% of 40 cases rated a Strength; IH – 44% of 25 cases rated a Strength

Thirty-three (33) 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 14 of 26 applicable cases and ongoing assessments that accurately assessed all risk and safety concerns at critical case junctures occurred in 37 of the 65 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 14 of 32 applicable cases.
  - All safety concerns pertaining to children in the family home were adequately or appropriately addressed by the agency in 24 of 35 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 29 of 32 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 38 of 40 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

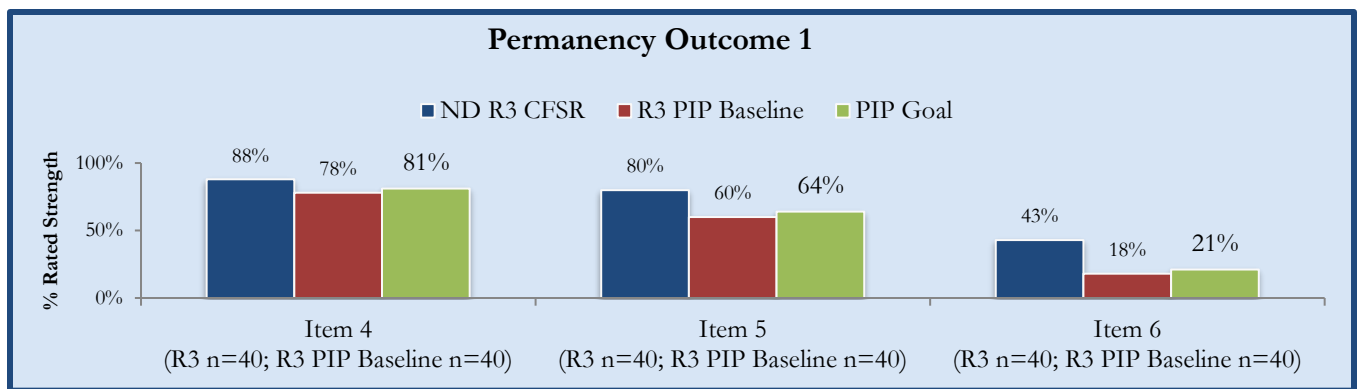


conducted either initially or on an ongoing basis.

- For situations in which safety concerns were present (n=32), it was not evident that the agency developed an appropriate safety plan with the family or continually monitored the safety plan in 18 cases.
- Evidence that safety concerns for children in the family home was adequately addressed by the agency was not found in nine cases.
- Systemic challenges potentially impacting performance in this outcome were agency challenges with staff turnover and transferring cases from one worker to another.
- Performance was challenged for this item when frequent and quality caseworker visits with the child and family did not occur.

### PERMANENCY OUTCOME 1: *Children have safety and stability in their living situations*

R3 PIP Baseline Review: 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 **6.33 days**. North Dakota's performance on this indicator is **statistically worse** than national performance, which is 9.67 days.

*(February 2020 CFSR Data Profile, risk standardized performance, AFCARS 19A-19B)*

#### 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, **7.1%** re-entered care within 12 months of their discharge. North Dakota's performance on this indicator is **statistically no different** than national performance, which is 8.1%.

*(February 2020 CFSR Data Profile, risk standardized performance, AFCARS 17A-19B)*

#### Permanency in 12 Months (entries)

Of all ND children who enter care in a 12-month period, **39.9%**. North Dakota's performance on this

indicator is **statistically no different** than national performance, which is 42.7%.

*(February 2020 CFSR Data Profile, risk standardized performance, AFCARS 17A-19B)*

### 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, **36.6%** 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 45.9%.

*(February 2020 CFSR Data Profile, risk standardized performance, AFCARS 19A-19B)*

### 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, **27.2%** 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%.

*(February 2020 CFSR Data Profile, risk standardized performance, AFCARS 19A-19B)*

#### Item 4: **Stability of foster care placement**

R3 PIP Baseline Review: FC – 78% of 40 cases rated a Strength

Thirty-one (31) 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, 58% of children experienced one placement setting during the PUR.
  - Of those children who experienced placement moves during the PUR, 47% 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 95% 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**
  - Nine children in foster care experienced placement moves that were not specifically planned by the agency.
  - The placement setting for two children was not stable at the time of the review.
  - A contributing factor was the agency's inability to assess and address the needs of the caregiver, including a lack of timely foster care licensing for relative placements, or the lack of appropriate therapeutic resources to meet the unique needs of the target child.

#### Item 5

##### **Permanency goal for child**

R3 PIP Baseline Review: FC – 60% of 40 cases rated a Strength

Twenty-four (24) 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 78% of cases.
  - Permanency goals were appropriate to the child's needs and circumstances in 73% of cases.
  - Throughout the PUR, 49 permanency goals were assessed:
    - Reunification (21);
    - Guardianship (1);
    - Adoption (22); and
    - Other Planned Permanent Living Arrangement (5).
- **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.
  - Goals were not consistently appropriate and did not match case circumstances in a realistic way.
  - 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.
  - Delays in timely filing or joining of a termination of parental rights petition occurred for 19% of the applicable cases.

**Item 6: *Achieving reunification, guardianship, adoption, or other planned permanent living arrangement***

R3 PIP Baseline Review: FC – 18% of 40 cases rated a Strength

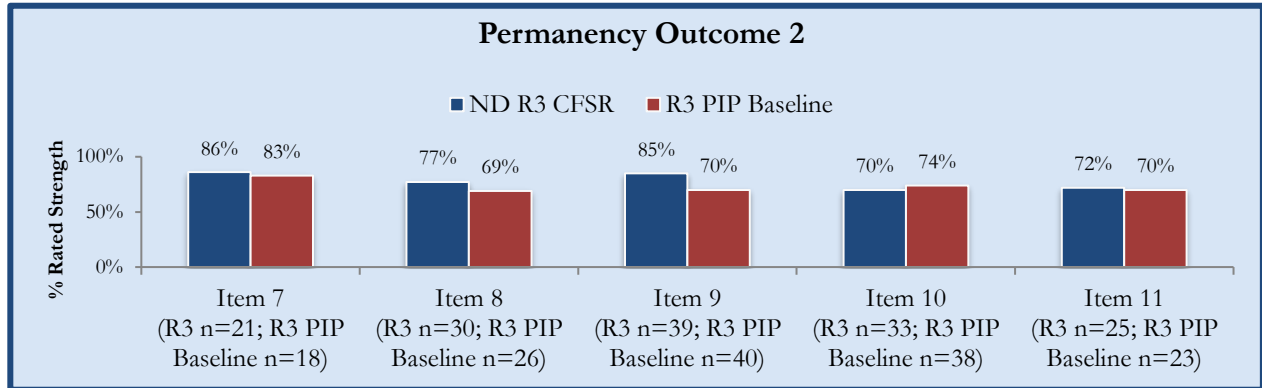
Seven (7) cases received a Strength rating for Item 6 indicating the agency and courts made concerted efforts to achieve the permanency goal in a timely manner.

- **Key strengths related to performance on Item 6**
  - Concerted efforts by the agencies and courts towards timely achievement of permanency goals were seen in:
    - 23% of cases with a plan of reunification;
    - 0% of cases with a plan of guardianship;
    - 0% of cases with a plan of adoption; and
    - 40% 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.
  - Delays in achieving reunification due to treatment needs of target child were noted in two applicable cases.

## PERMANENCY OUTCOME 2: *The continuity of family relationships and connections is preserved for children*

R3 PIP Baseline Review: FC – 78% of 40 cases Substantially Achieved

No PIP Goals established for items with Permanency Outcome 2



### Item 7: *Placement with siblings*

R3 PIP Baseline Review: FC – 83% of 18 cases rated a strength

Fifteen (15) 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 56% of the applicable cases.
  - When all siblings could not be placed together, a valid reason for the sibling separation existed in 63% of the applicable cases (5 of 8).
  - Agencies ensured siblings were placed together in foster care whenever possible.
- **Key areas needing further examination related to performance on Item 7**
  - Agencies are challenged when weighing whether to place siblings together vs. placing with caregivers with whom they have an attachment and who cannot meet the needs of all the siblings.

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

R3 PIP Baseline Review: FC – 69% of 26 cases rated a strength

Eighteen (18) 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: 70%;
    - Fathers: 58%; and
    - Siblings in foster care, not placed together: 88%.
  - Concentrated efforts to arrange both supervised and unsupervised visits and tailoring these

to ensure child safety.

- **Key areas needing further examination related to performance on Item 8**
  - Insufficient efforts to engage parents (mothers and fathers).
  - Challenges noted in ensuring visitation between children and incarcerated parents.

### **Item 9: *Preserving connections***

R3 PIP Baseline Review: FC – 70% of 40 cases rated a strength

Twenty-eight (28) 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 70% of all applicable cases.
    - Maintaining the target child in the same school, including providing for/arranging transportation as needed.
    - 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 98% of the cases.
  - In 100% of the applicable cases (n=5), Tribes were provided timely notification concerning court proceedings.
  - In 100% of the applicable cases (n=5), 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.).
  - Lack of efforts to explore the target child's prior connections; considering both maternal and paternal extended family for all children.

### **Item 10: *Relative placement***

R3 PIP Baseline Review: FC – 74% of 38 cases rated a strength

Twenty-eight (28) 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 39% of applicable cases.
  - In 100% of relative placement cases (n=15), the child's placement with a relative was considered stable and appropriate to his/her needs.
  - Agencies relied heavily on Seneca searches to support their outreach. Multiple Interstate Compact for the Placement of Children (ICPC) requests were made to consider relatives residing in other states.

- **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 80% of the cases that received an ANI, concerted efforts were not made to identify, locate, inform, and/or evaluate maternal relatives.
  - In 90 % of the cases that received an ANI, concerted efforts were not made to identify, locate, inform, and/or evaluate paternal relatives. One situation did not reflect similar efforts to evaluate paternal relatives.
  - Comprehensive relative searches were not routinely conducted nor were relatives explored beyond names provided to the agency by the parent.

**Item 11: *Relationship of child in care with parents***

R3 PIP Baseline Review: FC – 70% of 23 cases rated a strength

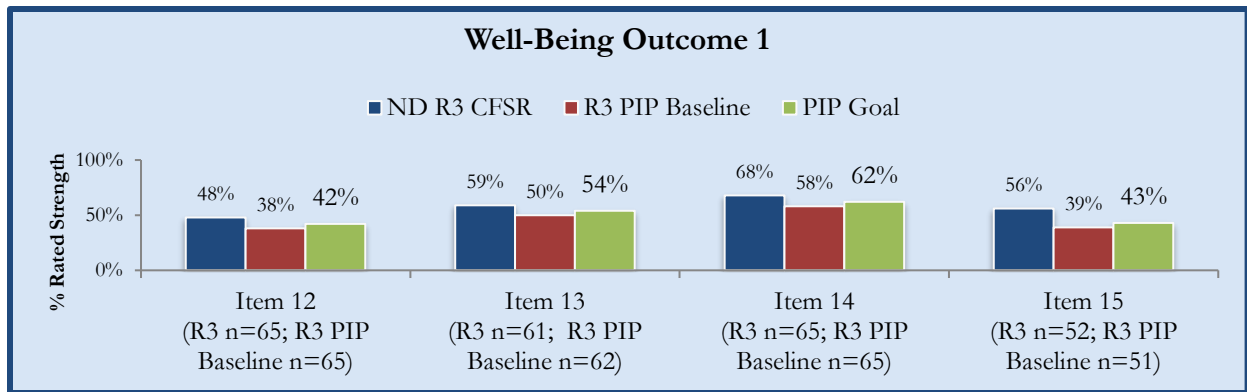
Sixteen (16) cases were rated a Strength for item 11 indicating the agency made concerted efforts to strengthen the parent/child relationship through activities beyond arranging visits.

- **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 70% 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 83% of 12 applicable cases.
  - Examples of efforts noted include the agency engaging parent’s participation in:
    - School activities,
    - Faith community activities,
    - FaceTime/Skype contacts,
    - Family therapy,
    - Medical appointments, 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.
  - Lack of concerted efforts to address conflictual situations impeding parents involvement in activities.

**WELL-BEING OUTCOME 1**

***Families have enhanced capacity to provide for their children’s needs***

R3 PIP Baseline Review: FC – 40% of 40 cases Substantially Achieved; IH – 28% of 25 cases Substantially Achieved

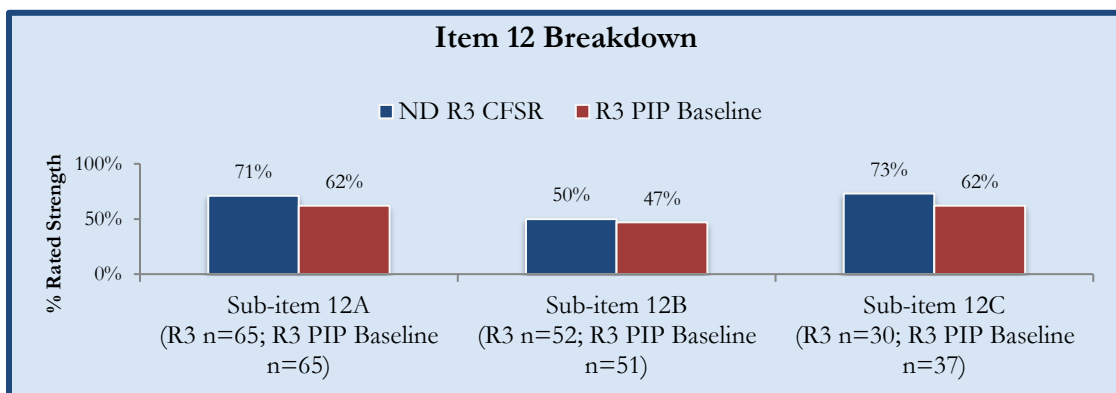


**Item 12: Needs and services of child, parents, and foster parents**

R3 PIP Baseline Review: FC – 68% of 40 cases rated a Strength; IH – 52% of 25 cases rated a Strength

Forty (40) 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**

R3 PIP Baseline: FC – 68% of 40 cases rated a Strength; IH – 52% of 25 cases rated a Strength

Forty (40) 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 65% of 65 cases.
  - Appropriate services were provided to meet the child’s needs in 63% of the applicable 60 cases.
  - Agency efforts to explore developing new relationships with siblings or maintain new relationships formed while in foster care were noted.
- **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.
  - Agency efforts did not assess or address the social/emotional needs of the children.

**Sub-item 12B: Needs and services of parents**

R3 PIP Baseline Review: FC – 58% of 26 cases rated as a Strength; 36% of 25 cases rated as a Strength

Twenty-four (24) 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 55% of 47 applicable cases (58% of foster care cases and 52% of in-home services cases).
  - Concerted efforts were made to both assess and address the needs of fathers in 43% of 42 cases (55% of foster care cases and 32% 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 34% of applicable cases (37% of foster care cases and 30% 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 50% of applicable cases (45% of foster care cases and 55% of in-home services cases).
  - Appropriate services were not provided to meet the mother’s needs in 43% of applicable cases (42% of foster care cases and 43% of in-home services cases).
  - Appropriate services were not provided to meet the father’s needs in 56% of applicable cases (44% of foster care cases and 67% 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.
  - A general pattern of concern within ‘voluntary’ in-home services when parents initially agree to services and then do not follow through. Limited concerted efforts to engage the parent(s) was noted in some cases.

**Sub-item 12C: Needs and services of foster parents**



R3 PIP Baseline Review: FC – 62% of cases rated a Strength

Twenty-three (23) 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 68% of applicable cases.
  - The agency provided appropriate services to foster and pre-adoptive parents related to caring for the children in their care in 59% of applicable cases.
  - Efforts contributing to a strength rating included frequent communication, providing supports, education, and respite to foster caregivers.
- **Key areas needing further examination related to performance on Sub-item 12C**
  - Observed challenges included foster caregivers:
    - Not having proper supports to address specific behavioral needs of the target child;
    - 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 child care or respite.

### **Item 13: *Child and family involvement in case planning***

R3 PIP Baseline Review: FC – 60% of 37 cases rated a Strength; IH – 36% of 25 cases rated a Strength

Thirty-one (31) 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 – 73% of 44 cases (80% of foster care cases and 63% of in-home services cases);
    - Mothers – 66% of 47 cases (63% of foster care cases and 70% of in-home services cases); and
    - Fathers – 49% of 41 cases (63% of foster care cases and 36% of in-home services cases).
  - Active efforts of the agency to involve parties in case planning often involved quality visits, clear communications on issues pertinent to circumstances of the case, developing case planning goals specifically tied to reason for agency involvement, and persistently ensuring parents, even when incarcerated, had a voice in the case plan.
- **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 applicable in-home services cases.
  - Lack of concerted efforts to involve all children in the case planning process, particularly for in-home services cases.
  - In some cases reviewed, involvement in case planning was compromised either by the

agency developing and presenting a case plan before family involvement, or by not establishing clear case plan goals.

#### **Item 14: *Caseworker visits with child***

R3 PIP Baseline Review: FC – 73% of 40 cases rated a Strength; IH – 36% of 25 cases rated a Strength

Thirty-eight (38) 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**
  - 51% of the visits between the case manager and child(ren) occurred at least one times per month and 26% 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 69% of the cases (80% of foster care cases and 52% of in-home services cases).
  - Quality visitation occurred in 64% of the cases (76% of the foster care cases and 44% of the in-home services cases).
- **Key areas needing further examination related to performance on Item 14**
  - The caseworker never had visits with the children occurred in 6% of the 65 cases reviewed (5% of the foster care cases and 8% of the in-home services cases).
  - Concerns noted in IH cases primarily involved caseworkers not having face-to-face contact with all the children in the home or not visiting during critical times in the case based on circumstances within the family.
  - 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;
    - Visits focused solely on safety needs and not also addressing permanency and well-being needs; and
    - Not conducting face-to-face visits with children in the home environment.

#### **Item 15: *Caseworker visits with parents***

R3 PIP Baseline Review: FC – 22% of 26 cases rated a Strength; IH – 36% of 25 cases rated a Strength

Twenty (20) 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.

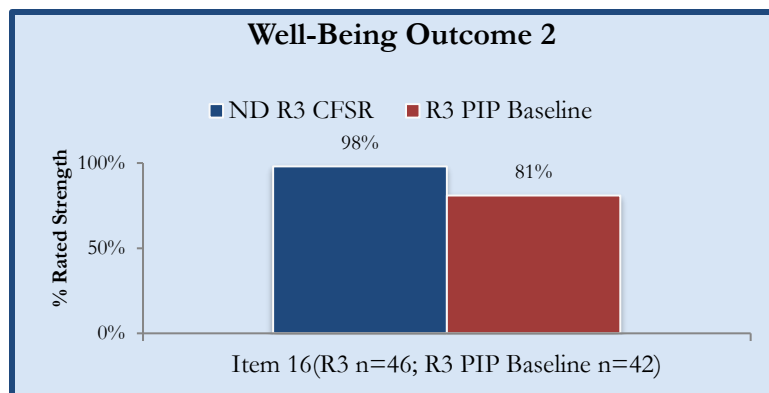
- **Key strengths related to performance on Item 15**
  - The typical pattern of visits occurring at least once a month between:
    - Caseworker and mother was 36% of the 47 applicable cases; and
    - Caseworker and father was 20% of the 41 applicable cases.
  - Strong practice to ensure both the frequency and quality of caseworker visitation was sufficient to meet the needs of the case occurred with:
    - Mothers in 55% of 47 cases (54% of foster care cases and 56% of in-home services cases); and
    - Fathers in 37% of the 41 cases (42% of foster care cases and 32% of in-home services

cases).

- **Key areas needing further examination related to performance on Item 15**
  - The caseworker never had visits with the mother occurred in 4% of the 47 cases reviewed (8% of the foster care cases and 0% of the in-home services cases).
  - The caseworker never had visits with the father occurred in 27% of the 41 cases reviewed (21% of the foster care cases and 32% of the in-home services cases).
  - Challenges generally involved parents whose whereabouts were known to the agency, yet they were not engaged with services.
  - Lack of developing appropriate visitation patterns and ways to ensure visits promote achievement of case goals.
  - Some cases were impacted by no agency contact during a lengthy transition between the child protection assessment and onset of case management services.

### **WELL-BEING OUTCOME 2: *Children receive appropriate services to meet their educational needs***

R3 PIP Baseline Review: FC – 91% of 34 cases Substantially Achieved; IH – 38% of 8 cases Substantially Achieved  
No PIP Goals established for items with Well-Being Outcome 2



#### **Item 16: *Educational needs of the child***

R3 PIP Baseline Review: FC – 91% of 34 cases rated a Strength; IH – 38% of 8 cases rated a Strength

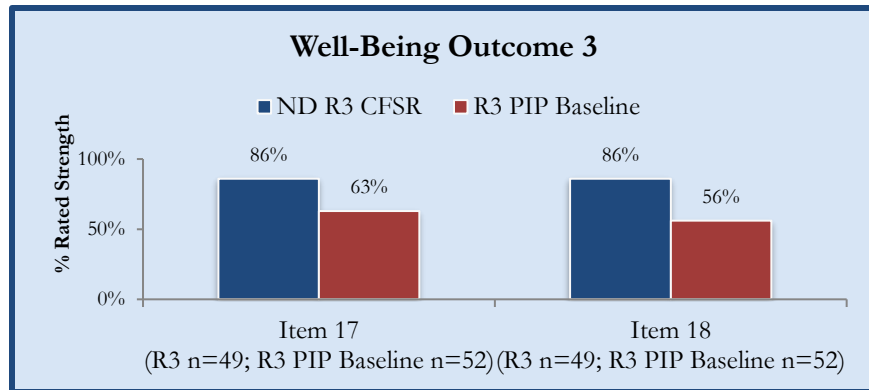
Thirty-four (34) cases were rated a Strength for Item 16. In these cases, the agency assessed and provided appropriate services to meet the educational needs of the children during the course of case planning, throughout the PUR.

- **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, assistance with on-line educational services, 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 situations, evidence was not found that the agency made concerted efforts to assess the target child’s educational needs. In-home cases were challenged when educational issues arose during the course of services and the agency did not assess or address the need for agency intervention and supports.
  - Agency reliance on foster parents to assume much of this responsibility during the PUR was noted in some cases.

**WELL-BEING OUTCOME 3: *Children receive appropriate services to meet their physical and mental/behavioral health needs***

R3 PIP Baseline Review: FC – 53% of 40 cases Substantially Achieved; IH – 38% of 21 cases Substantially Achieved  
 No PIP Goals established for items with Well-Being Outcome 3



**Item 17: *Physical health of the child***

R3 PIP Baseline Review: FC – 68% of 40 cases rated a Strength; IH – 50% of 12 cases rated a Strength

Thirty-three (33) 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 86% of applicable cases and accurately assessed the children’s dental health needs in 73% of applicable cases.
  - Agencies ensured that appropriate and timely services were provided to the children to address all identified physical health needs in 76% of applicable cases. Services often included (but not limited to):
    - Health Tracks screenings;

- Immunizations;
  - Early Intervention services;
  - Medical procedures (general exams, nebulizer treatments, genetic testing, etc.);
  - Glasses; and
  - Physical and occupational therapies.
- Agencies ensured appropriate services were provided to the children to address all identified dental health needs in 68% of applicable cases. Dental services provided primarily involved regular dental examinations along with some cleanings and fillings.
- Agencies provided appropriate oversight of prescription medications for the physical health issues of the target child in foster care for 81% of the applicable cases.
- **Key areas needing further examination related to performance on Item 17**
  - Noted challenges included:
    - Delays in dental examinations, especially every 6 months;
    - Lack of providers in community accepting family's insurance;
    - 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***

R3 PIP Baseline Review: FC – 65% of 34 cases rated a Strength; IH – 39% of 18 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 71% of applicable cases (76% of the foster care cases and 61% of the in-home services cases).
  - Appropriate services were provided to the children to address all identified mental/behavioral health needs in 57% of applicable cases (66% of the foster care cases and 41% of the in-home services cases).
  - Appropriate oversight of prescription medications for the mental/behavioral health issues of the target child in foster care was provided in 83% of applicable cases.
  - When a strength, evidence was found that agencies understood the children's needs, were consulting with providers consistently throughout the PUR, and monitored services consistently to ensure they remained appropriate.
- **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.
  - Planning around children's critical mental/behavioral health needs, such as suicidal ideations, was not consistently applied.
  -

**North Dakota 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 using online surveys. 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

The collection of Stakeholder feedback questions was guided by the Stakeholder Interview Guide (SIG). Online surveys were developed and administered through Survey Monkey with analysis conducted at the Children and Family Services Division. Cumulative response rates for the surveys are as follows:

STAKEHOLDER GROUP	COMPLETED RESPONSES (2018)	COMPLETED RESPONSES (2020)
Agency Administrators	66	52
Agency Caseworkers	105	61
Legal Community	62	10
Community Stakeholders	137	68
Parents	21	19
Youth	0	2
Foster Caregivers	0	61

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

**Statewide Information System** - *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?*

**Item 19: Statewide Information System**

Data source: FRAME, CCWIPS

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 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.

### **Key strengths related to Item 19**

- The statewide information system collects the information needed to inform AFCARS and NYTD.
- 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

### **Key areas needing further examination related to Item 19**

- Modifications to the system can be cumbersome, costly, and time consuming. The state is looking to replace the current system with a CWIS-compliant alternative.

**Case Review System:** *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?*

### **Item 20: Written Case Plan**

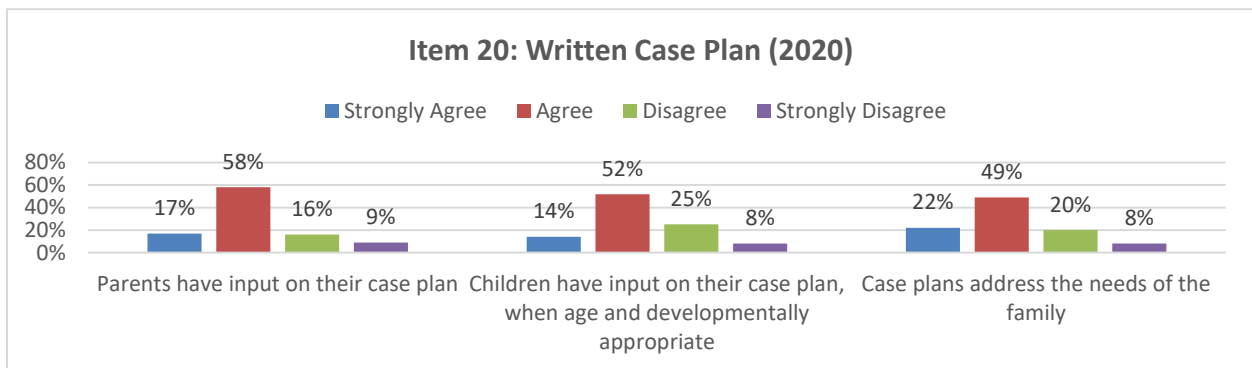
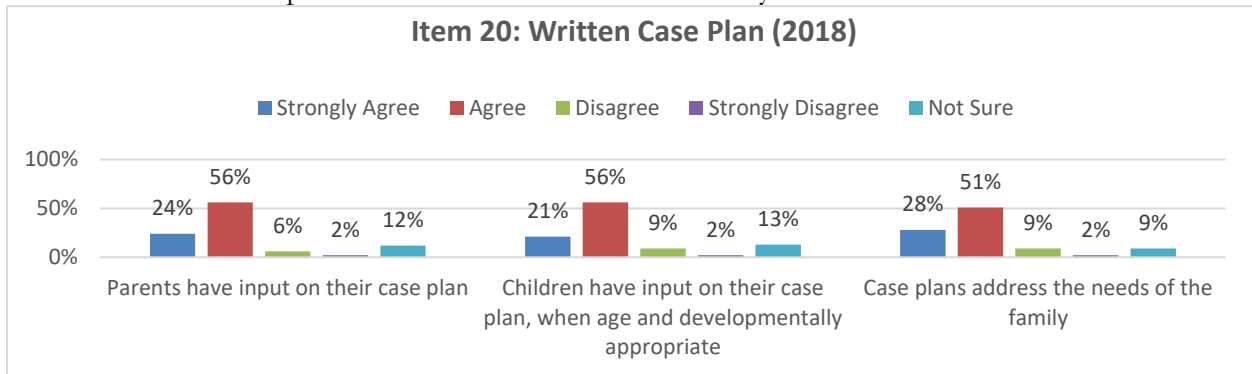
Data Sources: CY 2018 OCR Stakeholder feedback from Agency Administrators, Agency Caseworkers, Parents, Youth, Foster Caregivers, Legal/Court, Community Providers; 2020 stakeholder feedback from Agency Administrators, Agency Caseworkers, Parents, Youth, Foster Caregivers, Legal/Court, Community Providers OSRI Item 13

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 2020 stakeholder surveying.



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



#### Key strengths related to Item 20

- Results indicate that a majority of parents and children have input into the case plan and that it addresses the needs of the family.

#### Key areas needing further examination related to Item 20

- Exploration is needed to identify reasons for any cases for which parent and child participation was absent and develop solutions.

#### **Item 21: Periodic Reviews** - *How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?*

Data Source: CY 2018 OCR Stakeholder feedback from Agency Administrators, Agency Caseworkers, Parents, Legal/Court, Community Providers; 2020 stakeholder feedback from Agency Administrators, Agency Caseworkers, Parents, Youth, Foster Caregivers, Legal/Court, Community Providers

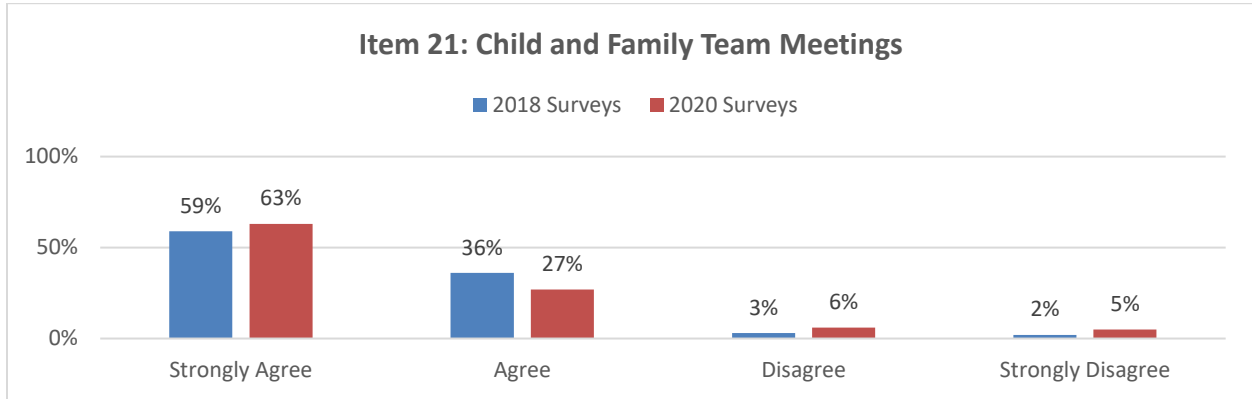
North Dakota’s periodic review, or administrative review, is known as the foster care “child and family team (CFT) meeting.” Policy requires an initial CFT meeting within 30 days (624-05-15-20-10) and at least every three months thereafter (624-05-15-20-15) until case closing. In addition, pursuant to 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 through the surveys.

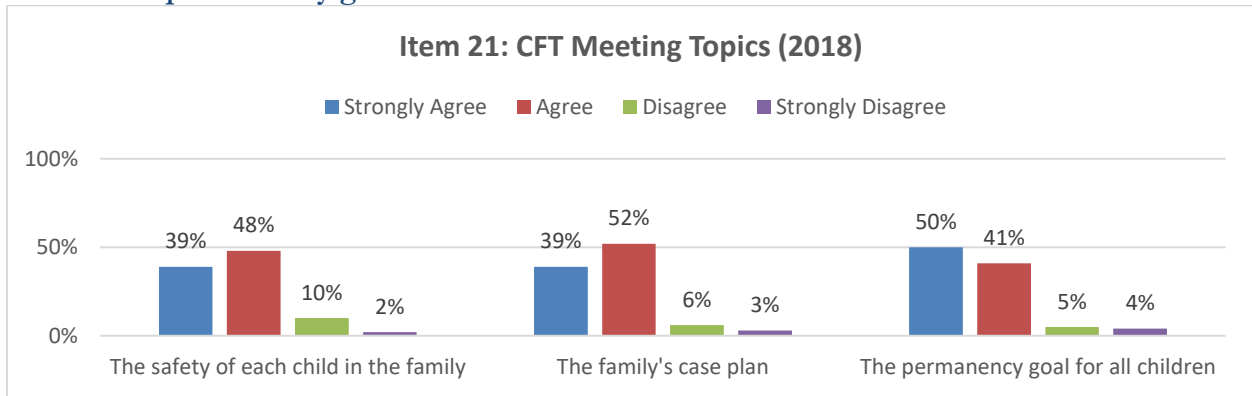
Agency Administrators, Agency Case Managers and Parents were asked to respond to the following statement:

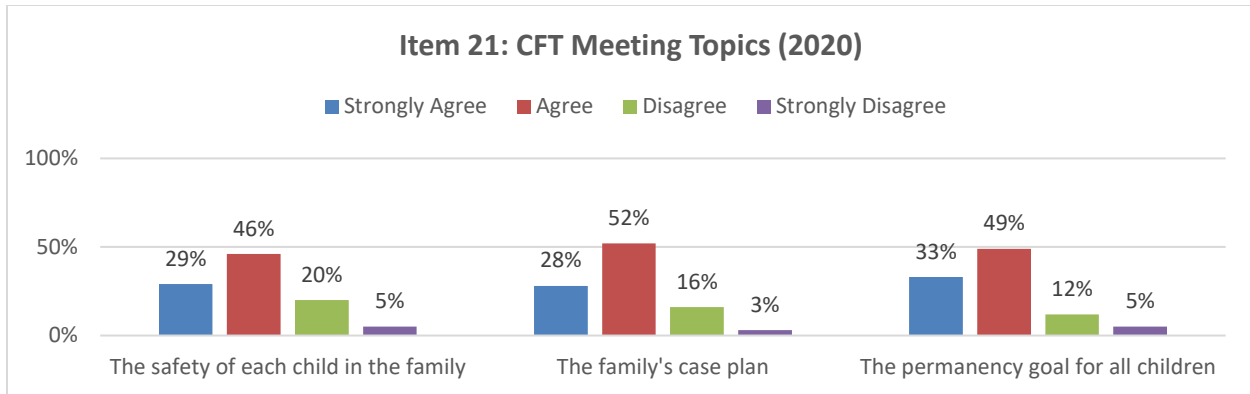
- **The case manager schedules and holds Child and Family Team meetings at least every 3 months.**



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**





**Key strengths related to Item 21**

- Results indicate in a majority of cases policies regarding team meeting and topics were adhered to.

**Key areas needing further examination related to Item 21**

- Exploration is needed to identify reasons for any cases for which policy was not followed.

**Item 22: *Permanency Hearings*** - *How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?*

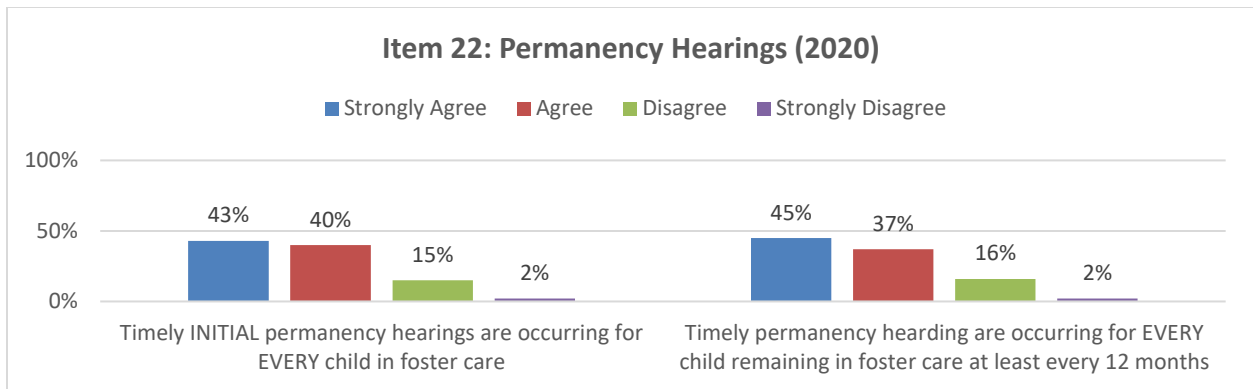
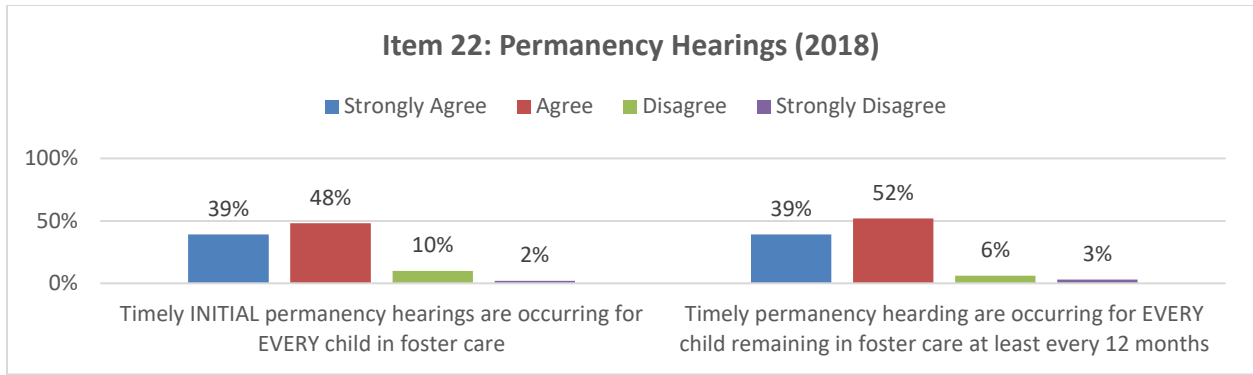
Data Source: CY 2018 OCR Stakeholder feedback from Agency Administrators, Agency Caseworkers, Legal/Court; 2020 stakeholder feedback from Agency Administrators, Agency Caseworkers, Legal/Court, Community Providers

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 case reviews.

Stakeholders were asked to respond to the following statement:

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



#### Key strengths related to Item 22

- Results indicate in a majority of cases policies regarding team meeting and topics were adhered to.

#### Key areas needing further examination related to Item 22

- Exploration is needed to identify reasons for any cases for which policy was not followed.

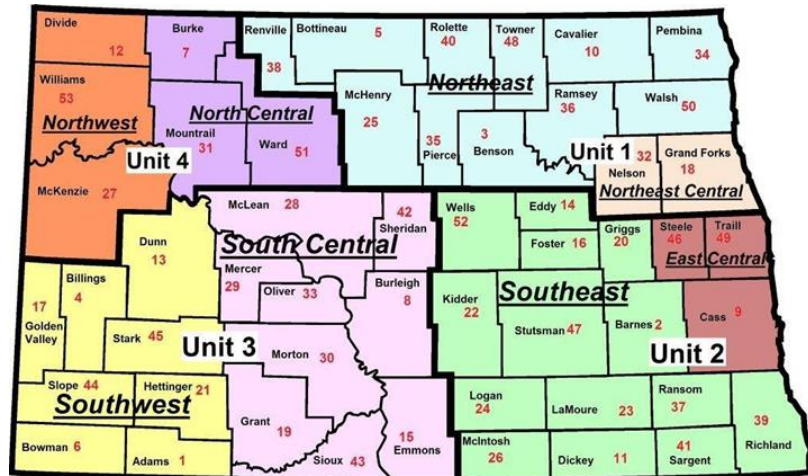
#### **Item 23: Termination of Parental Rights** - *How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?*

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); 2020 stakeholder feedback from Agency Administrators, Agency Caseworkers, Parents, Youth, Foster Caregivers, Legal/Court, Community Providers, Court Improvement Program; ND Court Case Management System (CCMS)

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 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 **544 days** for CY 2019. This timeliness measure was gathered by reviewing one TPR case file per family in the Court Case Management System (CCMS) that reached final resolution in CY 2019 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 2019 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 2019 [N=122]	645	338	518	694

Statewide data for the percentage of cases filed within 660 days for CY 2019 was 69% (n=84). The CY 2019 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 2019 was 39% (n=47).

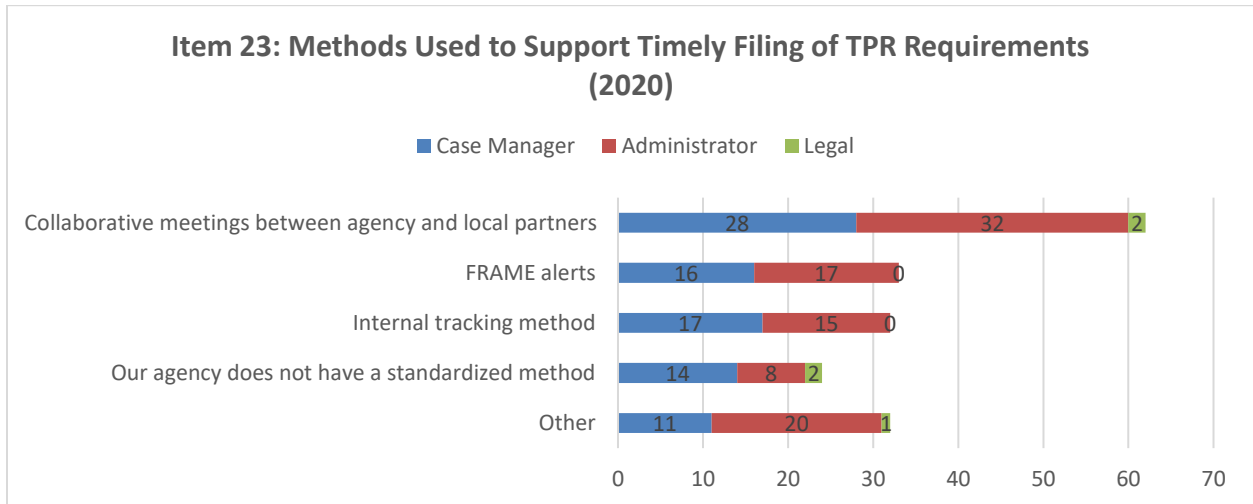
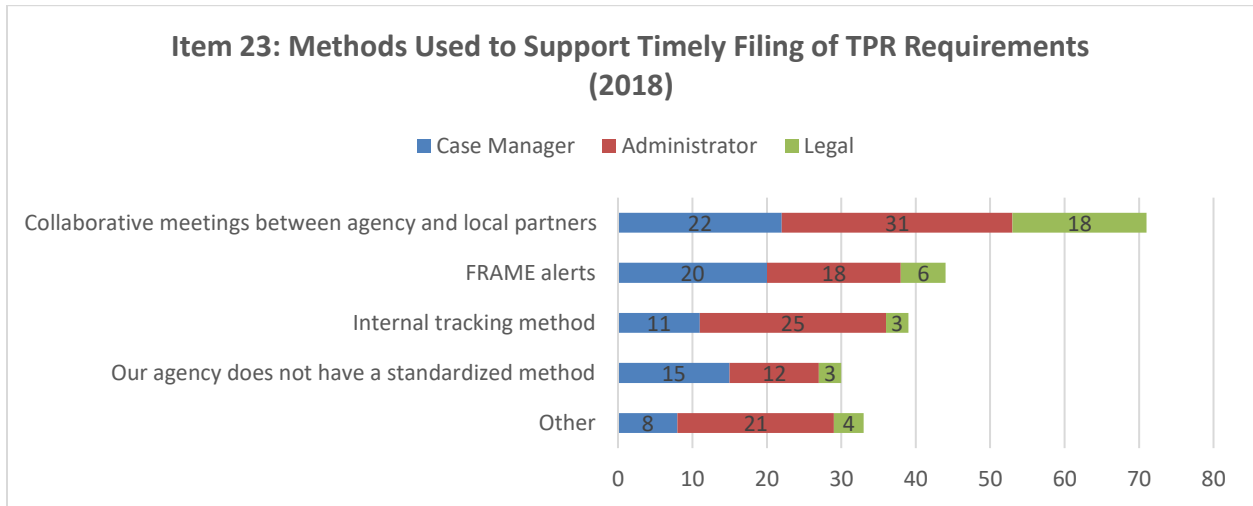
Another factor contributing to timely filing of TPRs is State's Attorneys waiting to file affidavits after they've been received from the custodial agency. The reasons for delays vary but are most prevalent in Unit 1 where delays can exceed 4 months. Below is the CY 2019 data.

MEDIAN DAYS FROM TPR AFFIDAVIT GIVEN TO STATE'S ATTORNEY TO THE ACTUAL FILING	UNIT 1	UNIT 2	UNIT 3	UNIT 4
CY 2019 [N=122]	137	1	2	81

During the ND case reviews, 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:



**Key strengths related to Item 23**

- There is a renewed focus by legal stakeholders and agency staff to decrease the number of days to file a TPR.

**Key areas needing further examination related to Item 23**

- The median days to TPR petition increased over the past year. Further exploration and remedies are needed to correct this trend.

**Item 24: Notice of Hearings and Reviews to Caregivers - How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?**

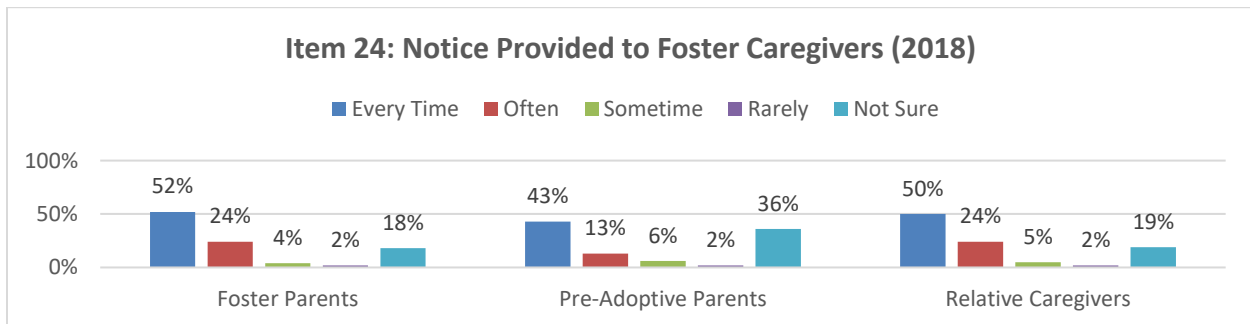
CY 2018 Data Source: OCR Stakeholder feedback from Agency Administrators, Agency Caseworkers, Foster Caregivers, Legal/Court; 2020 Stakeholder feedback from Agency Administrators, Agency Caseworkers, Foster Caregivers, Legal/Court

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.

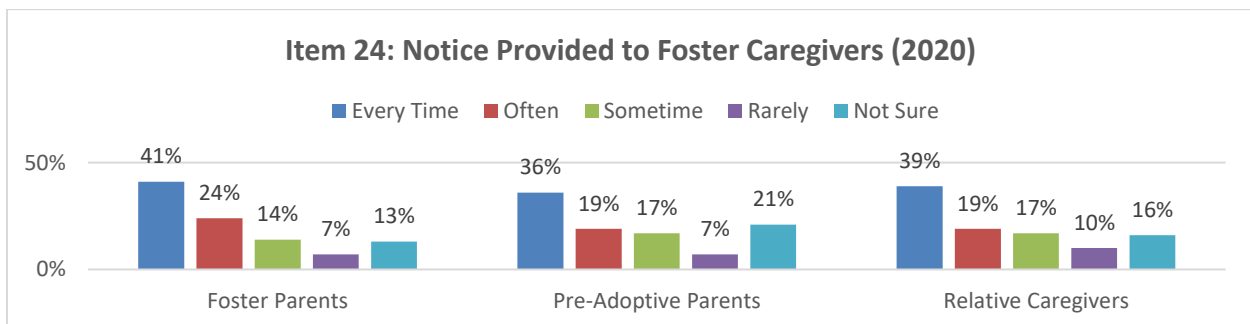
Neither North Dakota’s child welfare case record system (FRAME), nor the court case management system, collect data related to this item. Therefore, feedback was sought from four Stakeholder groups during Onsite Reviews.

The Stakeholder groups were asked the following questions in the 2020 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?**

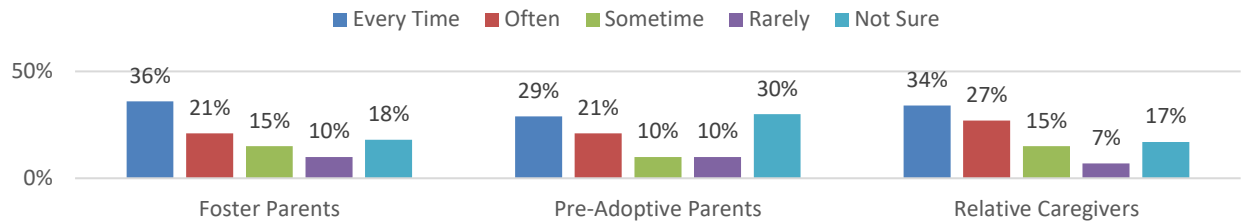


*Note: Judges and Judicial Referees were not asked questions in this section.*

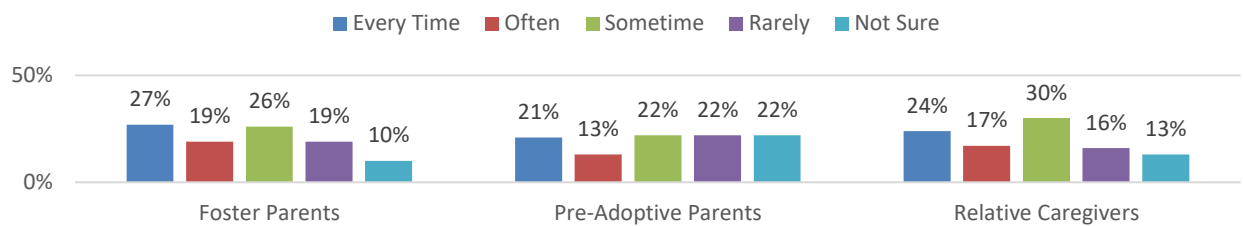


- **To the best of your knowledge, are the following caregivers of children in foster care in the agency given the RIGHT TO BE HEARD in any review or hearing held regarding the child?**

### Item 24: Foster Caregivers Provided the Right to be Heard (2018)

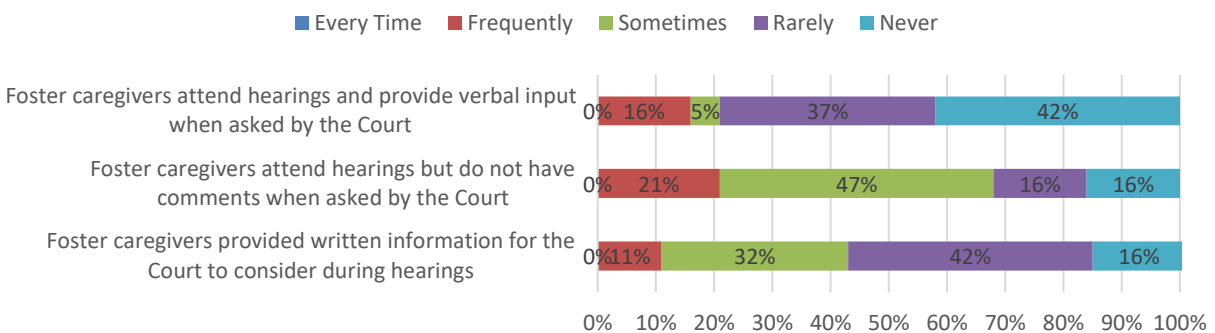


### Item 24: Foster Caregivers Provided the Right to be Heard (2020)

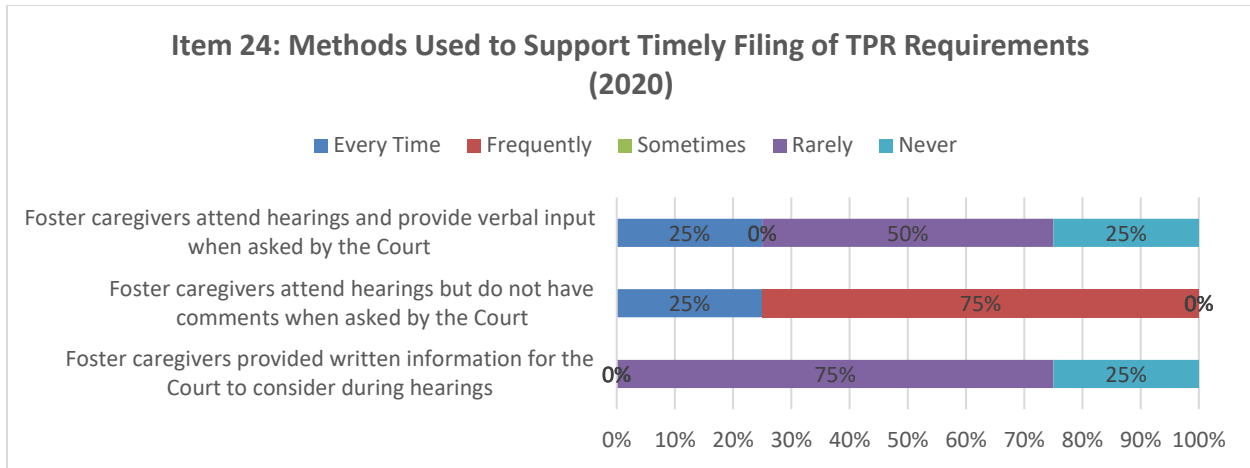


➤ Please respond to the questions below based on your experiences with foster parents, pre-adopt parents, and relative caregivers (“foster caregivers”) when presiding over court reviews or hearings regarding foster children:

### Item 24: Methods Used to Support Timely Filing of TPR Requirements (2018)







**Key strengths related to Item 24**

- A majority of caregivers indicate prior notice is given for hearings.

**Key areas needing further examination related to Item 24**

- There no processes available to collect this information other than qualitative surveys. Additional data collections methods need to be explored.

**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.

During the 2019 ND Legislative Assembly, Senate Bill 2124 – “social services redesign bill” – was passed. SB 2124 enacted 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 was 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 intended to redesign child welfare programs so that quality, efficient, and effective services are delivered. Of note, SB 2124 impacted how CFS provides quality assurance for child welfare programs. The bill included 7 FTEs transferred from county to state employment (with 3 additional, contingent upon available positions) whose responsibility will be **quality control**.

North Dakota created a Quality Assurance Unit to conduct the child and family services case reviews necessary to monitor the OSRI Outcomes. In November of 2019, the QA Unit Manager was hired, and eight QA Reviewers and one Administrative Assistant were also brought onboard. Plans for an intensive case review process were put into place to review 65 cases from January 13, 2020 to March 31, 2020. Additional reviewers were brought in from private agencies, county social services, and the Children and Family Services Division to assist with the initial work on the case review. Reviewer training occurred the week of December 9, 2019. This included onsite training and a webinar. The initial review of just under one-half of the cases pulled was held in Bismarck during the week of January 13, 2020. The remaining cases were reviewed by the QA Unit from January 20, 2020 onward. All 65 cases were reviewed prior to March 20, 2020. The results of this case review effort provided the data necessary to establish the baseline data for the state’s Round 3 PIP measurement plan.

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

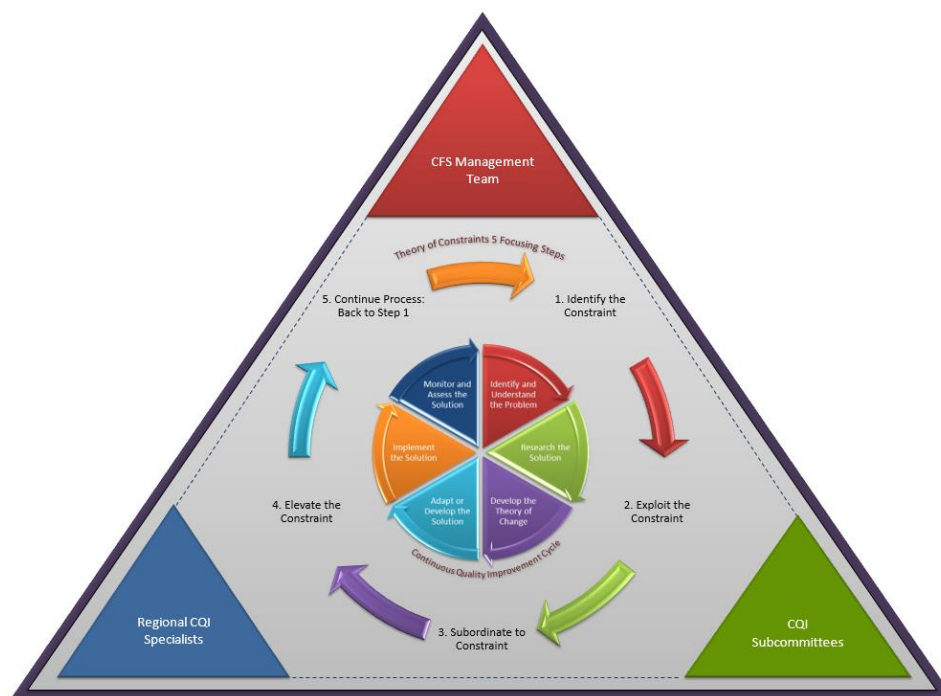
	Focus on mindset and thought processes
	Require leadership focus
4 Focus on the core PROBLEM that is blocking the goal	Cause of all other problems (root cause)
	Usually under our direct control
	Not easily fixed or resolved – requires proactive thinking
	Often ‘invisible’ to Stakeholders
	Resolving it 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

Generally, there are five steps that are followed when working with TOC:

1. Identify the system constraints: The weakest link in an organization is identified whereupon it must be decided whether its causes are physical, or policy related.
2. Decide how to exploit the constraint: The organization determines how this constraint can be eliminated as a result of which the “throughput” can be increased. Should these actions not lead to an increase, it is considered advisable to abandon the breakthrough of this constraint.
3. Subordinate everything else to the above decision: The organization as a whole must side with the adopted solution, as a result of which the “constraint” is solved. It is wise to make an assessment in between steps 3 and 4, to establish whether performance is still being hindered by this earlier constraint.
4. Elevate performance of the constraint: Other adjustments can be used to break through the “constraints”. This could involve changes in the existing system (reorganization) or changes in the market. Such adjustments require investments and will only be deployed after all other options have been considered.
5. Continuous process: After the implementation of the opted solution and after elimination or breakthrough of the constraint, the process starts over again from Step 1. On the one hand the impact of the implemented solution is looked at and on the other hand new constraints are identified and broken through.

The following graphic shows how Theory of Constraints (outer ring of arrows) shares much of the same processes with the traditional continuous quality improvement cycle (inner grouping of arrow wedges). Both processes start with identification of the problem or constraint. The next step with TOC is Exploiting the Constraint. This corresponds with the CQI steps of

Researching the Solution, Developing the Theory of Change, and Adapting or Developing the Solution. The third and fourth steps of TOC call for Subordination to the Constraint and Elevation of the Constraint, which corresponds with the CQI step of Implementing the Solution. The last steps of both cycles involve analyzing the solution and, if needed, making further changes by going through the cycle again.



With Theory of Constraints, it is important to look at one constraint per cycle. By focusing all attention on one constraint, it can be dealt with more adequately rather than diluting focus across multiple issues. The other links in the system are regarded as non-constraints and are therefore not reinforced or broken through. Reinforcement or breakthrough of the identified constraint will automatically lead to another constraint that will have to be identified again. And like the CQI cycle, the whole TOC process starts over again. Therefore, the Theory of Constraints encourages an organization to improve its system continuously: it is a continuous quality improvement process.

As depicted in the above graphic, the CFS Management Team oversees the quality improvement activities for the public child welfare system in North Dakota. This team includes the Division Director, Assistant Division Director/CQI Administrator, QA Unit

Manager, Safety Administrator, Permanency Administrator, Wellbeing Administrator, and the Early Childhood Services Administrator. Not only does this allow for ongoing and timely review of data and progress made on the system change goals, it allows for more timely adjustment to be made to programs.

Essential to a well-functioning continuous quality improvement (CQI) system is building productive CQI teams and ensuring that information generated through the system will be effectively used to make needed improvements. A productive CQI system requires a

mechanism that promotes circular feedback and communication among staff, stakeholders, and teams (depicted by the dashed line in the graphic above). These feedback loops permit an ongoing, bi-directional information exchange across all levels of the agency, which in turn facilitates the change process. Equally important is sharing data with agency staff and sharing data with consumers and external stakeholders.

To help move needed system changes forward, subcommittees are established as needed (refer to the above graphic). This will include permanent regional subcommittees. The regional CQI specialist will oversee the subcommittee. Membership will include representation from public and private entities participating in the public child welfare system throughout the region including:

- Human service zones;
- Tribal social services;
- Criminal justice;
- Private agencies;
- Family members.

The subcommittees will work closely with the CFS Management Team to identify systemic issues impacting service delivery and develop processes to improve outcomes for the identified service area. They will:

- Review data from various sources including project specific data, CFSR/QA data and regional/local data reports;
- Review case review data and discusses regional initiatives or action plans to address areas needing improvement;
- Design and implement CQI projects to improve outcomes throughout the regional service delivery system and ultimately the statewide public child welfare system;
- Provide ongoing consultation and collaboration to review and evaluate the progress of the PIP strategies and CFSP goals and recommend program adjustments to allow for successful completion of the requirements of the CFSR performance improvement plan;
- Provide for or arrange for ongoing training for individual workers on CQI principles;
- Promoting a culture that values service quality and continual efforts by the Team, its partners, and contractors to achieve strong performance, program goals, and positive results for service recipients;
- Make legislative/policy/and practice improvement recommendations to the CQI Council.

North Dakota has been using TOC as its continuous quality improvement program to improve services and outcomes. An example is the project looking at Child Protective Services. Key stakeholders came together to redesign Child Protective Services (CPS) to provide individuals and families the right service at the right time, at the right frequency and intensity. Three goals were identified as part of the CPS redesign project:

- Reduce the time it takes to complete a CPS assessment.
- Conduct a face to face meeting with the identified child within 3 days.
- Conduct complete casework 100% of the time, only passing on completed casework.

Current North Dakota statute requires that CPS assessments are completed within 62 days.

Regretfully, this was only occurring 48% of the time during a 12-month assessment period. The CPS redesign Pilot Project targets are:

- 50% of CPS assessments completed at 25 days
- 75% of CPS assessments completed at 35 days
- 95% of CPS assessments completed at 62 days

Preliminary pilot project data shows progress including:

- 89% of the cases were closed with 62 days (baseline was 40.8%)
- 56% of the 499 closed cases were closed within 25 days (baseline was 7.35%)
- 89% of CPS workers met face-to-face with the identified child within three days of the report, sooner if imminent concerns were identified
- Pilot regions have, in some cases, unlocked hidden capacity, increasing access to services and transferring staff from administrative work to direct client services.

North Dakota is in the second year of a performance improvement plan for the Round 3 CFSR. Goal One of the PIP involves strengthening its QA/CQI processes. Recently, North Dakota began receiving technical assistance from the Capacity Building Center for States. The goal of the TA is to develop and implement a CQI system that not only fulfills PIP requirements but also integrates the Theory of Constraints and includes all the functional components of an effective CQI system. Practice changes would include:

- Improved engagement of key stakeholders in the generation and meaning-making of performance data at the state, regional, and case-levels
- Improved use of data and evidence in decision-making at the state, regional, and case level
- Deeper collaboration and partnership between state and regional staff in identifying performance issues, unearthing root causes, developing and implementing improvement strategies, and monitoring their effectiveness.

### ➤ **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, Qualified Residential Treatment Programs (QRTP'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.

#### Key strengths related to Item 25

- The state has a dedicated unit with the Children and Family Services Division focused solely on Quality Assurance

#### Key areas needing further examination related to Item 25

- The unit is in its infancy and work continues on developing/implementing standard procedures.

#### Staff and Provider Training

**Item 26: Initial Staff Training** - *How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?*

CY 2018 Data Sources: OCR Stakeholder feedback from Agency Administrators and Agency Caseworkers, CFSTC; 2020 Stakeholder feedback from Agency Administrators and Agency Caseworkers, CFSTC

- **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. 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 and FFY 2019 participants anonymously responded to post-training survey questions including the following:

WEEK 1 SURVEY CHILD WELFARE CERTIFICATION TRAINING	% STRONGLY AGREE/AGREE (FFY 2018)	% STRONGLY AGREE/AGREE (FFY 2019)
I understand the Child Abuse and Neglect law, CPS administrative rules and policies as they apply to CPS. [n=55, 49]	95%	95%
I understand the influence of trauma on my work in child welfare. [n=55, 49]	85%	94%
I understand the steps in the CPS assessment process, the activities that must be performed, and the outcomes that are sought. [n=55, 49]	92%	94%
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, 49]	93%	96%
I am able to plan for the safety of the child. [n=55, 47]	96%	100%

- o **Week 2:** Wraparound strength-based case management services (this week also fulfills the requirement for initial Wraparound Certification). FFY 2018 and FFY 2019 participants anonymously responded to post-training survey questions including the following:

WEEK 2 SURVEY CHILD WELFARE CERTIFICATION TRAINING	% STRONGLY AGREE/AGREE (FFY 2018)	% STRONGLY AGREE/AGREE (FFY 2019)
I understand the ND Wraparound Practice Model and can integrate what I've learned into practice. [n=89, 86]	98%	98%
I understand the wraparound/strengths-based planning process and how it applies to the service delivery system. [n=89, 86]	100%	98%
I understand the importance of developing a strong working relationship with the family in order to conduct a complete assessment. [n=89, 86]	100%	98%
I understand the importance of the "team" in developing the plan with families. [n=89, 86]	99%	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 and

FFY 2019 participants anonymously responded to post-training survey questions including the following:

WEEK 3 SURVEY CHILD WELFARE CERTIFICATION TRAINING	% STRONGLY AGREE/AGREE (FFY 2018)	% STRONGLY AGREE/AGREE (FFY 2019)
I understand the juvenile court process and how it applies to the child welfare system. [n=37, 41]	97%	100%
I understand how to write affidavits and what information they need to contain. [n=37, 41]	97%	90%
I understand the testimony procedures, suggestions for dress decorum in the courtroom, and am able to deliver testimony in a court hearing. [n=37, 41]	94%	100%
I understand Indian Child Welfare Act and how it applies to child welfare cases. [n=37, 64]	89%	94%
I understand the requirements of ASFA and am able to apply them to practice. [n=37, 64]	95%	93%

- 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 and FFY 2019 participants anonymously responded to post-training survey questions including the following:

WEEK 4 SURVEY CHILD WELFARE CERTIFICATION TRAINING	% STRONGLY AGREE/AGREE (FFY 2018)	% STRONGLY AGREE/AGREE (FFY 2019)
I understand the PRIDE foster/adopt home assessment process. [n=39, 36]	92%	95%
I understand the impact of secondary trauma on my work. [n=39, 37]	92%	98%
I understand the impact of attachment, separation, and loss issues on foster children and their families. [n=39, 37]	93%	95%
I can implement the permanency planning/concurrent permanency planning process [n=39, 36]	93%	95%

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.

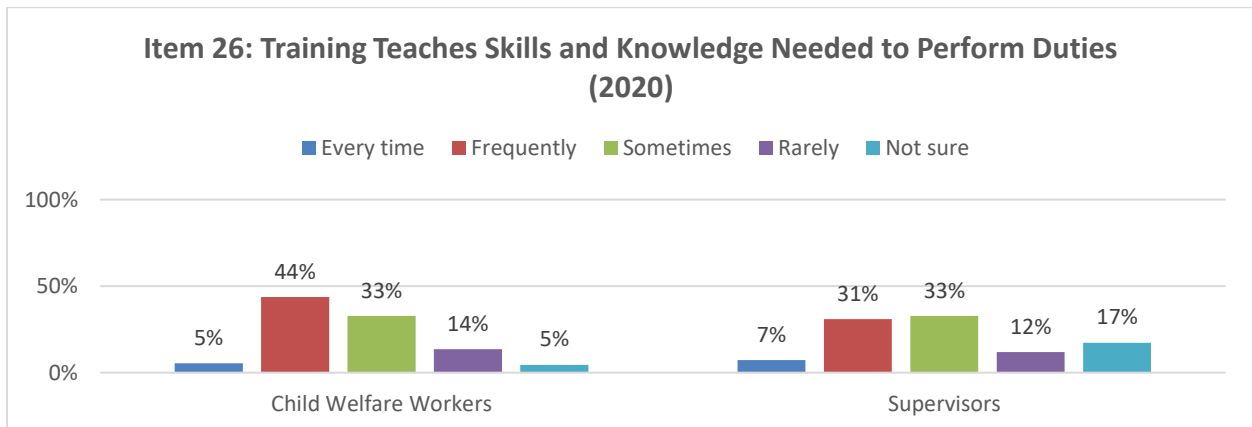
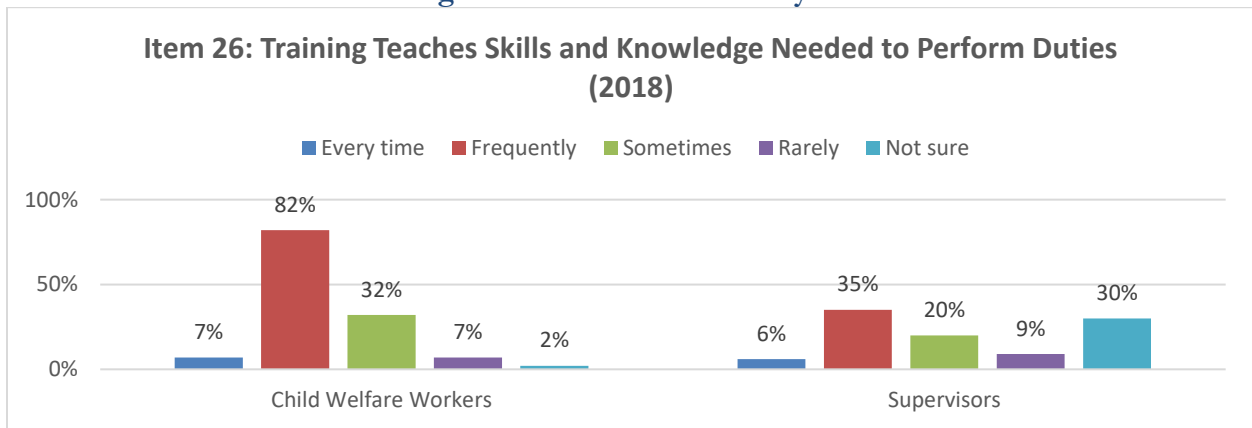
Feedback is also elicited from the training group on any additional training needs they identify. For example, if a participant does not understand a concept or skill, CFSTC staff will work with the individual and their supervisor to help them attain the skill. CFS Program Administrators work closely with CFSTC as trainers and evaluators of the training, suggesting modifications when necessary, particularly when laws and policies change.

Stakeholder Survey Feedback

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

The following question was asked:

- **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?**



- **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 while 7 completed the training during FFY 2019.

- **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 2019, 39 participants completed FRAME training.
- **Title IV-Eligibility Training** for new eligibility workers is offered by CFS personnel. During FFY 2019, 177 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 and FFY 2019, 9 and 7 participants respectively 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 and FFY 2019, 54 and 33 participants respectively completed this training.

#### **Key strengths related to Item 26**

- The state has a strong initial child welfare worker and foster parent training program through its contract with the UND Children and Family Services Training Center.

#### **Key areas needing further examination related to Item 26**

- Options for remote training to be explored to offer more flexibility, especially for those in rural/remote areas.

**Item 27: Ongoing Staff Training** - *How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?*

CY 2018 Data Sources: OCR Stakeholder feedback from Agency Administrators and Agency Caseworkers; CFSTC; 2020 Stakeholder feedback from Agency Administrators and Agency Caseworkers, CFSTC

**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:

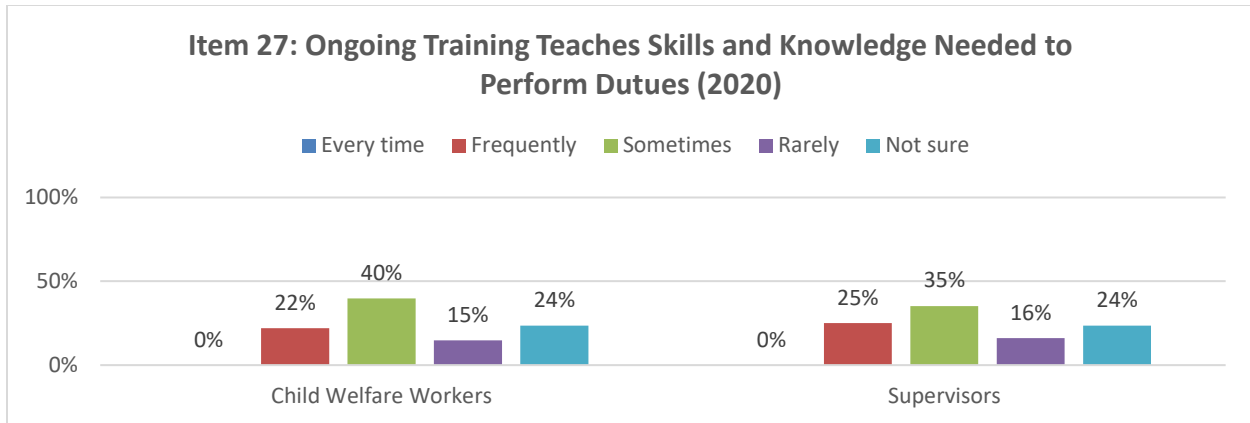
- ND Family Based Services Conference
- Indian Child Welfare & Wellness Conference
- Children & Family Services Conference
- Variety of other training events as approved by CFS

During FFY 2018 and FFY 2019, 93 and 98 child welfare agency staff respectively completed initial Wraparound Certification training and 382 and 445 child welfare agency staff respectively 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 (2018)	NUMBER OF STAFF WRAPAROUND RECERTIFIED (2019)
Adults Adopting Special Kids (AASK)	12	24
CFS Program Administrators	6	24
County Social Services	189	300
Division of Juvenile Services (DJS)	14	22
Professional Association of Treatment Homes (PATH ND)	49	62
Private Mental Health Providers	15	37
Public Mental Health Providers	30	50
QRTP/PRTF	30	39
Regional Representatives of County Social Services	20	17
Tribal Social Services	13	54
CFS Training Center at UND	2	2
Other	2	13
<b>TOTAL</b>	<b>382</b>	<b>644</b>

Stakeholder Feedback

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



**Key strengths related to Item 27**

- The state has a of ongoing training available.

**Key areas needing further examination related to Item 27**

- Options for remote training to be explored to offer more flexibility, especially for those in rural/remote areas.

**Item 28: Foster & Adoptive Parent Training** - *How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?*

CY 2018 Data Sources: OCR Stakeholder feedback from Agency Administrators, Agency Caseworkers, Foster Caregivers, Community Providers; CFSTC; 2020 Stakeholder feedback from Agency Administrators, Agency Caseworkers, Foster Caregivers, Community Providers; CFSTC

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.

**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://und.edu/cfstc/files/docs/2020mayfcnewsletter.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://7182bbf2-d3e7-4894-9713-ff27a0c42ab1.filesusr.com/ugd/d3fc4f\\_015cf9531e8f44a4ae9a97b78700a8be.pdf](https://7182bbf2-d3e7-4894-9713-ff27a0c42ab1.filesusr.com/ugd/d3fc4f_015cf9531e8f44a4ae9a97b78700a8be.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 Qualified Residential Treatment Programs (QRTP) or Psychiatric Residential Treatment Facilities (PRTF). CFS is responsible for licensing and monitoring the QRTPs. The ND Behavioral Health Division (also part of DHS) is responsible for licensing and monitoring the PRTFs.

➤ **Qualified Residential Treatment Programs**

Per North Dakota Administrative Code (NDAC) 75-03-40, 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:

<b>REQUIRED TRAINING TOPICS FOR QRTP STAFF</b>
<b>Certified First Aid Training</b>
<b>Certified CPR and Automated External Defibrillator Training</b>
<b>Certified Nonviolent Crisis Intervention Training</b>
<b>Mental Health Technician Training for Direct Care Employees</b>
<b>Facility Trauma Informed Care Training</b>
<b>Child Abuse and Neglect Mandated Reporter Training</b>
<b>Children’s Emotional Needs Training</b>
<b>Suicide Prevention Training</b>

In addition to above, each QRTP 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 four licensed QRTPs. DHS, as the licensing agent, schedules one licensing visit annually at each of the QRTPs. DHS completes additional “random-site visits” as needed. Approximately 80 QRTP 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 20 days.

➤ **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:

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

*\*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.

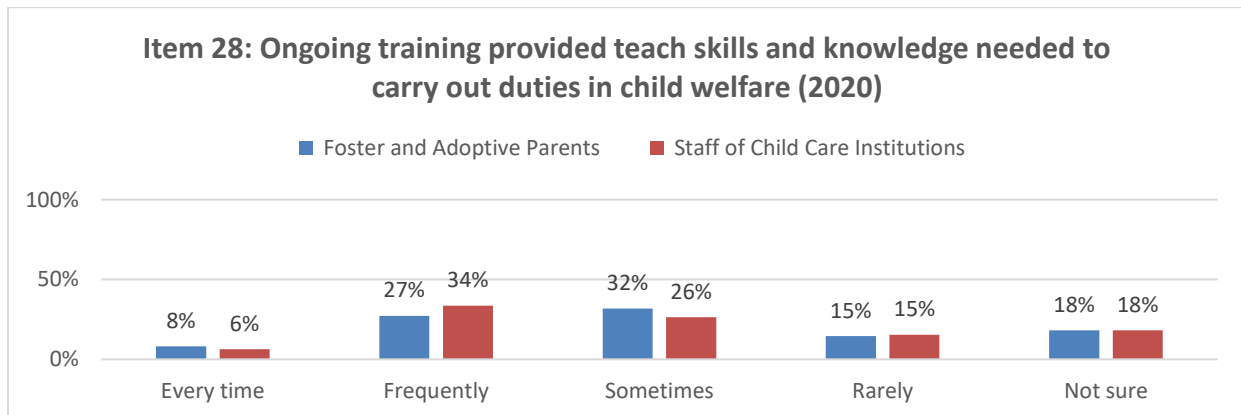
In addition to state licensure, each PRTF is also required to be accredited by a nationally recognized accrediting organization. BHD conducts licensure visits every two years and technical assistance site visits in the interim year. Technical assistance site visits include feedback from the providers 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.

Stakeholder Feedback

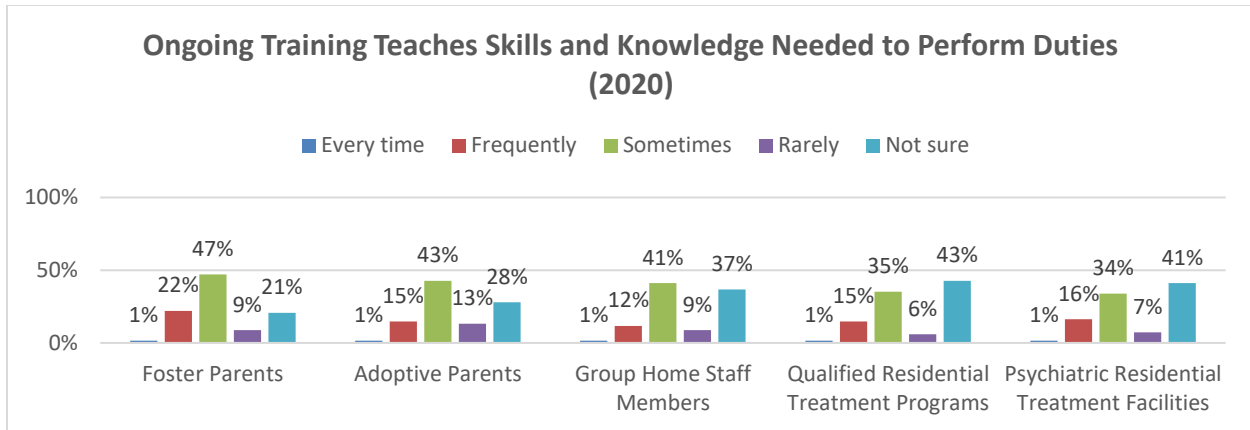
Agency Case Managers and Agency Administrators were asked the following questions through the online survey:

- **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?**



Community Stakeholders were asked the following questions through the 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?**



### Key strengths related to Item 28

- The state has a strong foster parent training program through its contract with the UND Children and Family Services Training Center.

### Key areas needing further examination related to Item 28

- Options for remote training to be explored to offer more flexibility, especially for those in rural/remote areas.

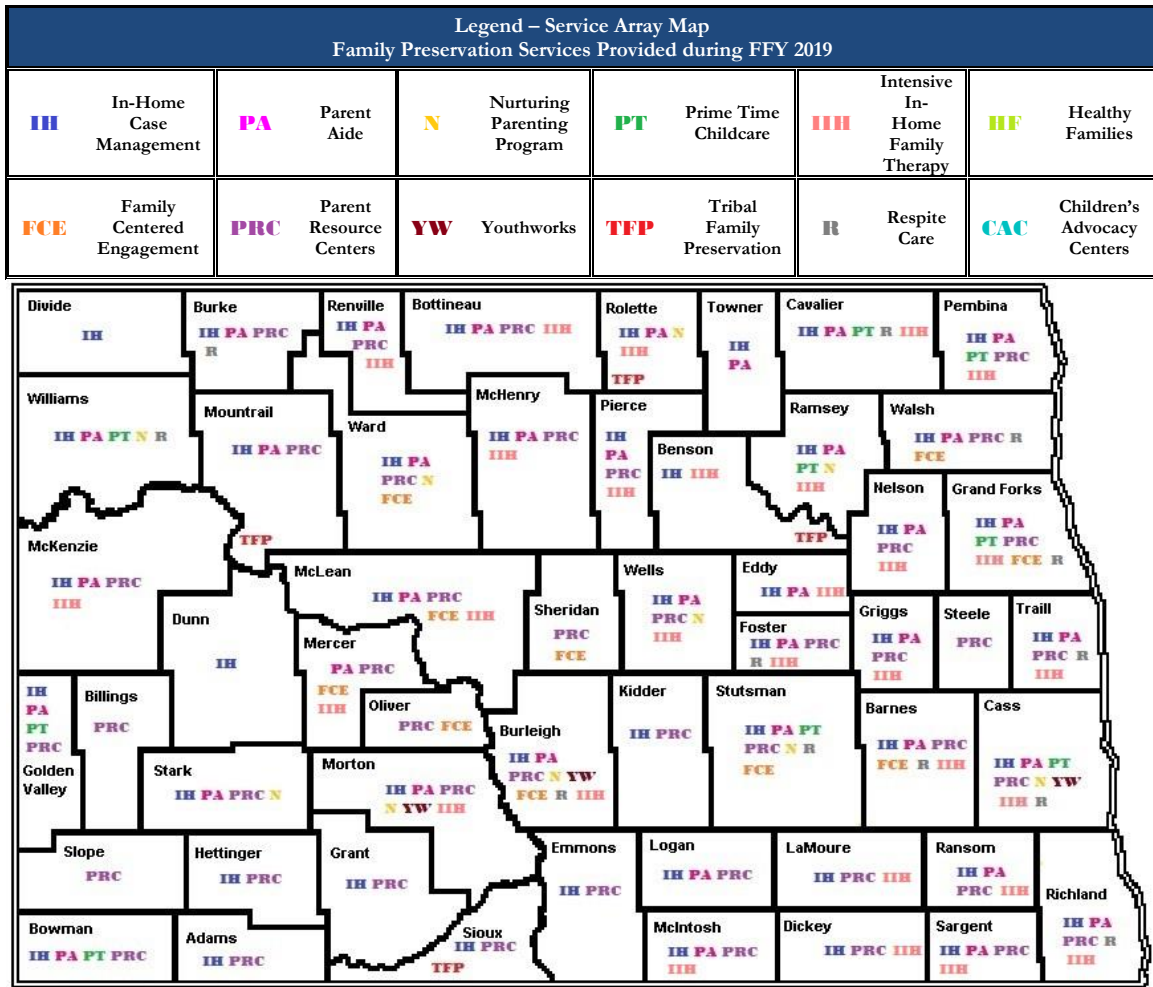
## SERVICE ARRAY

**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.*

CY 2018 Data Source: Stakeholder feedback from Agency Administrators, Agency Caseworkers, Parents, Youth, Foster Caregivers, Legal, Community; The Village Family Services Center; Youthworks; Lutheran Social Services ND; Children’s Advocacy Centers; CFS Administrators

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 2020. 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.

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 an advocacy effort to harness the voices of adult survivors on behalf of children. Prevent Child Abuse North Dakota also coordinates 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 ACE Interface Master Trainer program, which provides **educational framework and strategy** for rapidly disseminating information about the ACE study, along with neurobiology that explains why ACEs have so much effect in people’s lives, and what can be done to dramatically improve health and resilience for this and future generations. Master Trainers and the speakers they train are qualified to maintain the fidelity of the science base and facilitate the expansion of interdisciplinary, multi-sector and community connections that lead to healthy and sustainable empowerment strategies and change.

- **Healthy Families (HF)** 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 (IIII)** 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.

- **Qualified Residential Treatment Programs (QRTPs) 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. QRTP 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.
  
- **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).

- **TANF Kinship Care Program** became a statewide program available to county social service agencies and the Division of Juvenile Services in 2005. In August 2019, TANF Kinship included access for children under the custody of tribal social services. 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.
- **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.
- **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

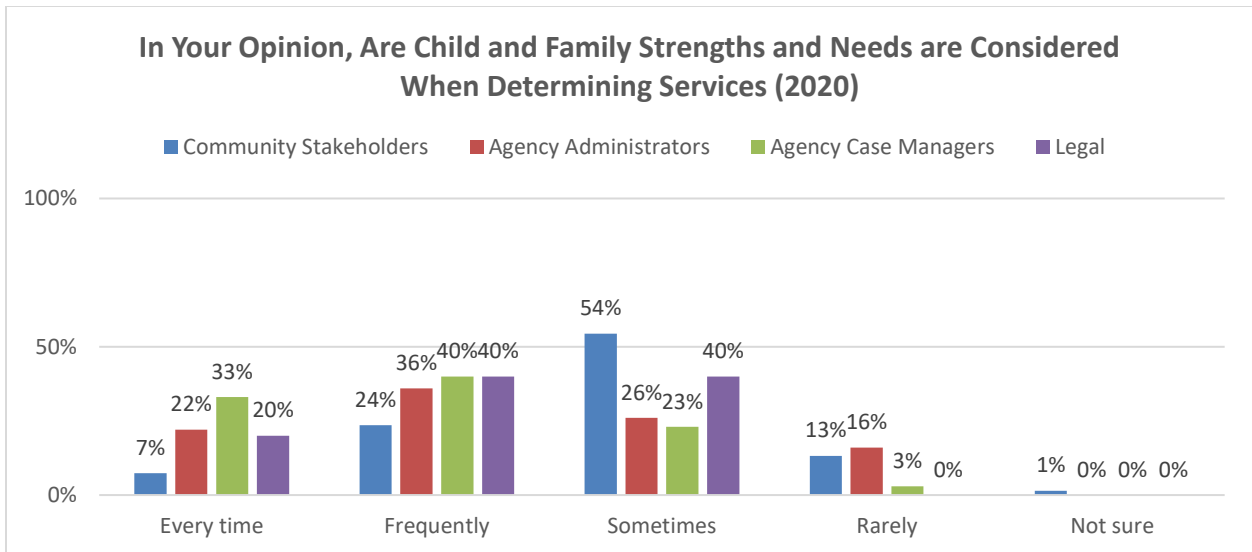
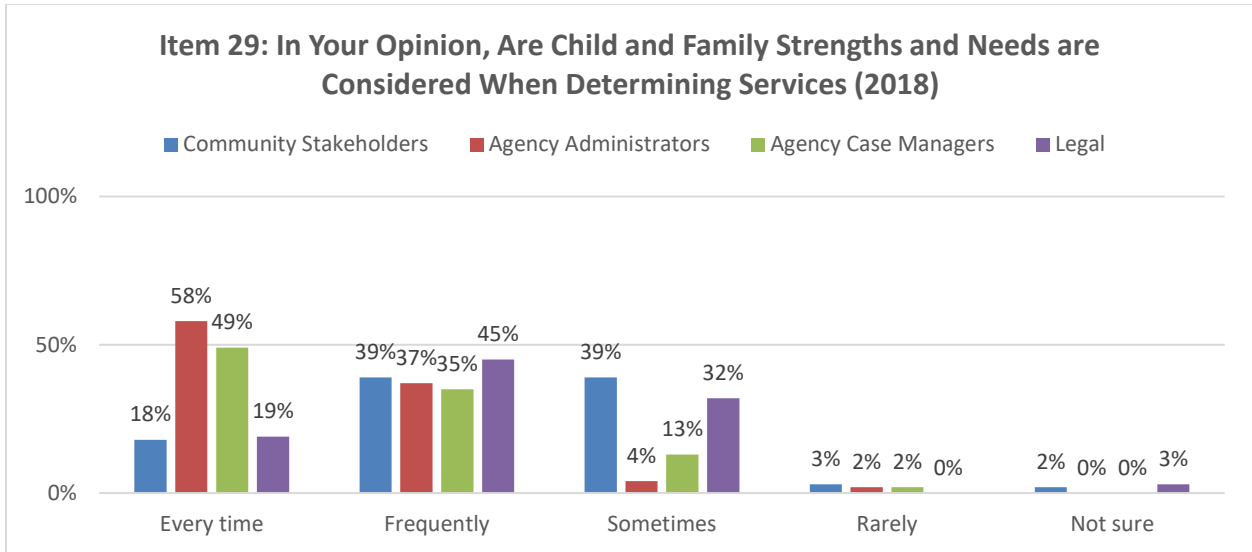
responsibility for maintenance payments.

Stakeholder Survey Feedback

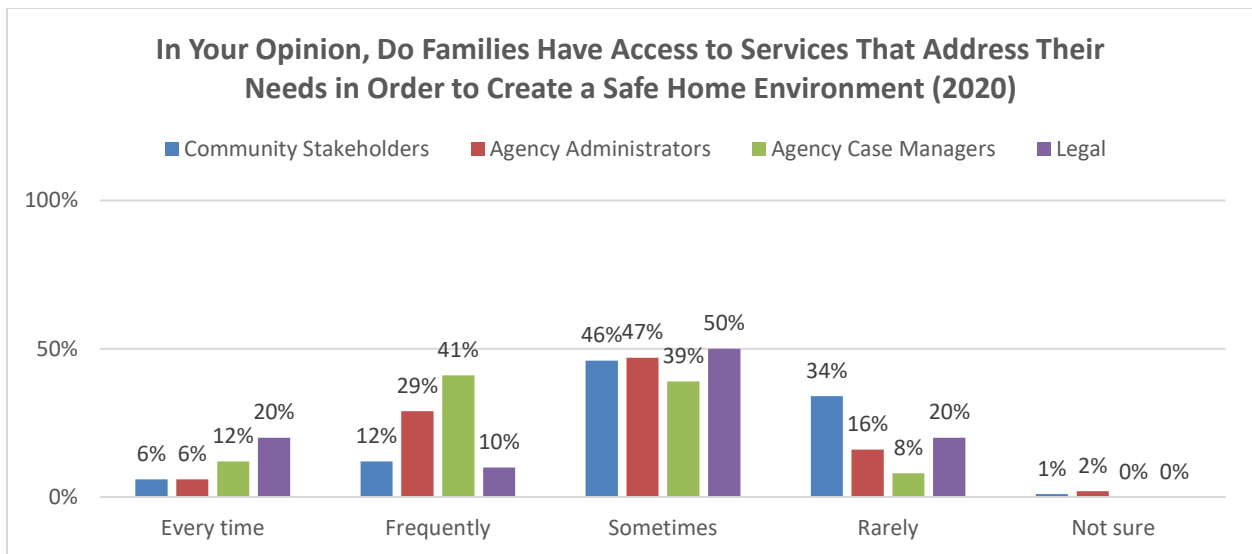
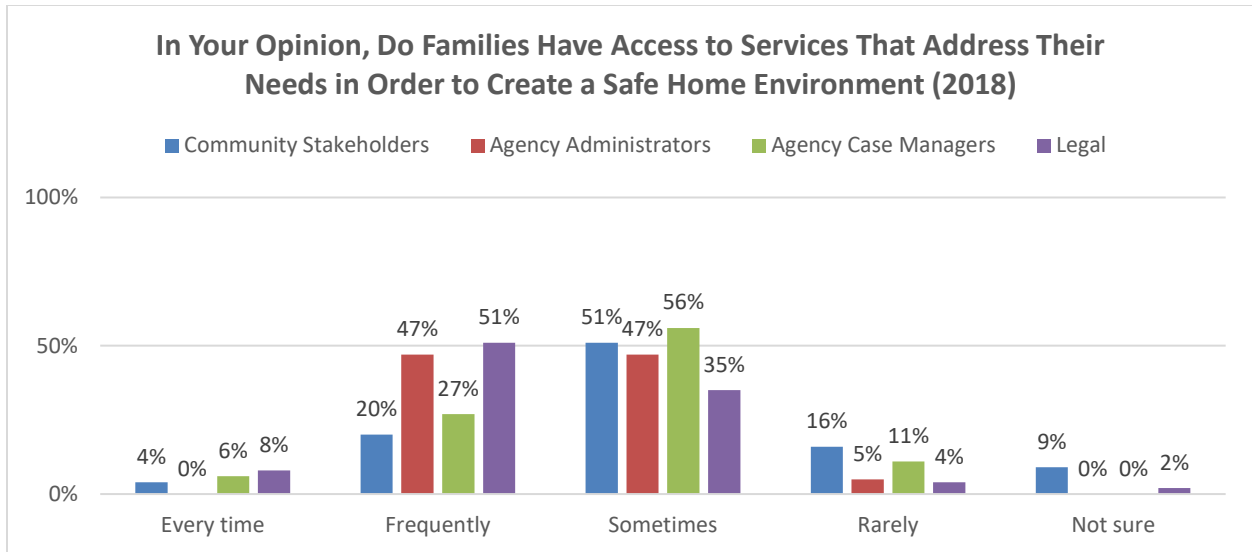
Feedback on this systemic factor was sought from all seven Stakeholder groups.

Questions asked of Foster Caregivers:

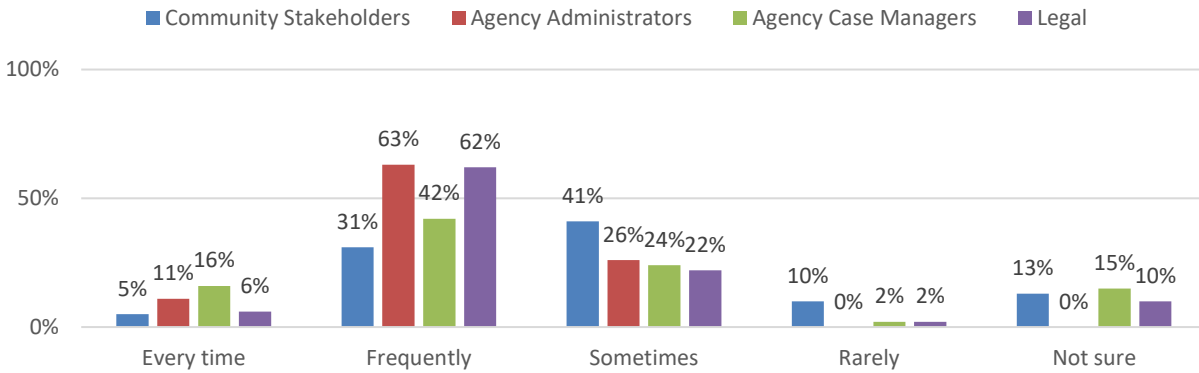
Questions asked of Agency Case Managers, Agency Administrators, Community, and Legal partners who reported being a part of child and family team meetings:



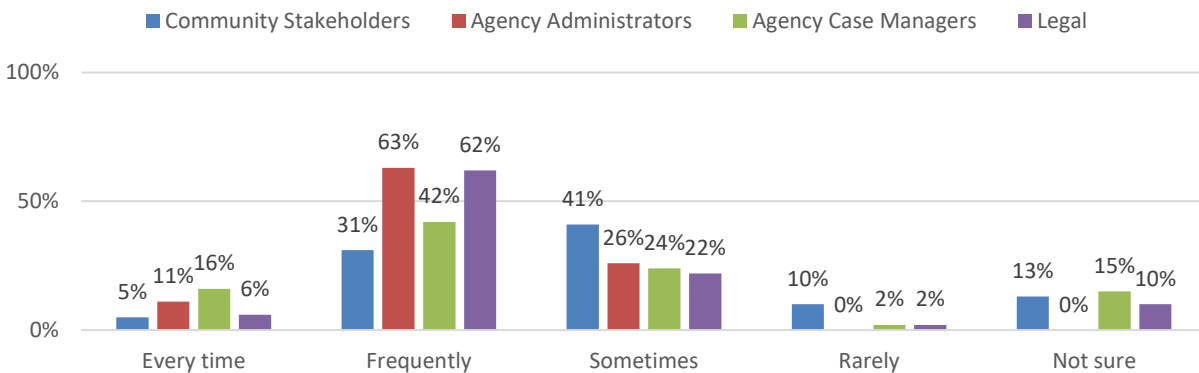
Questions asked of Agency Case Managers, Agency Administrators, Community, and all in Legal group:

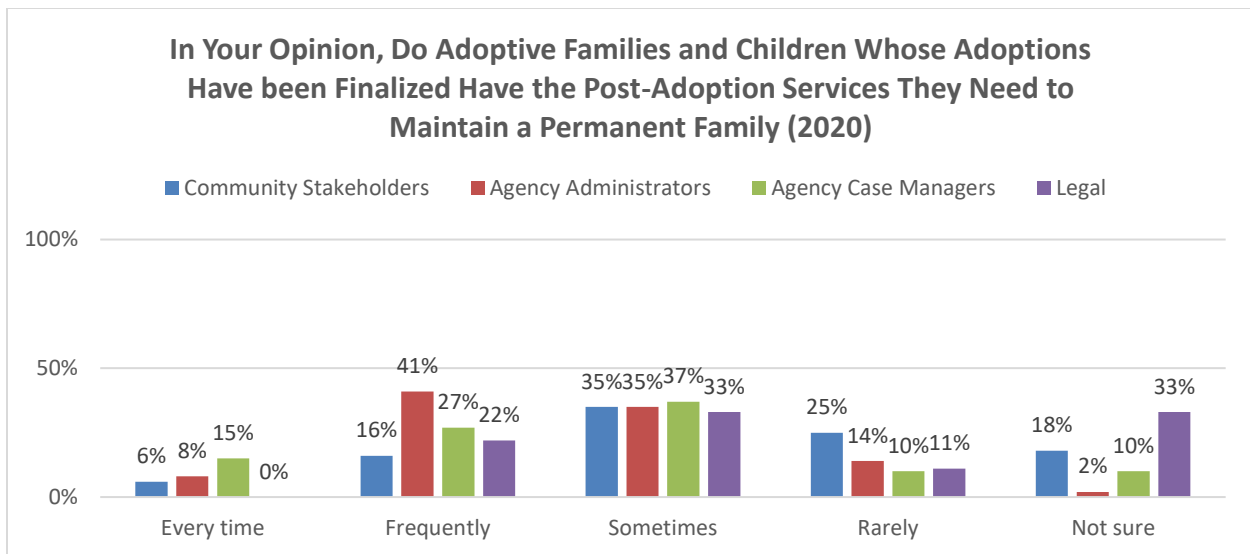
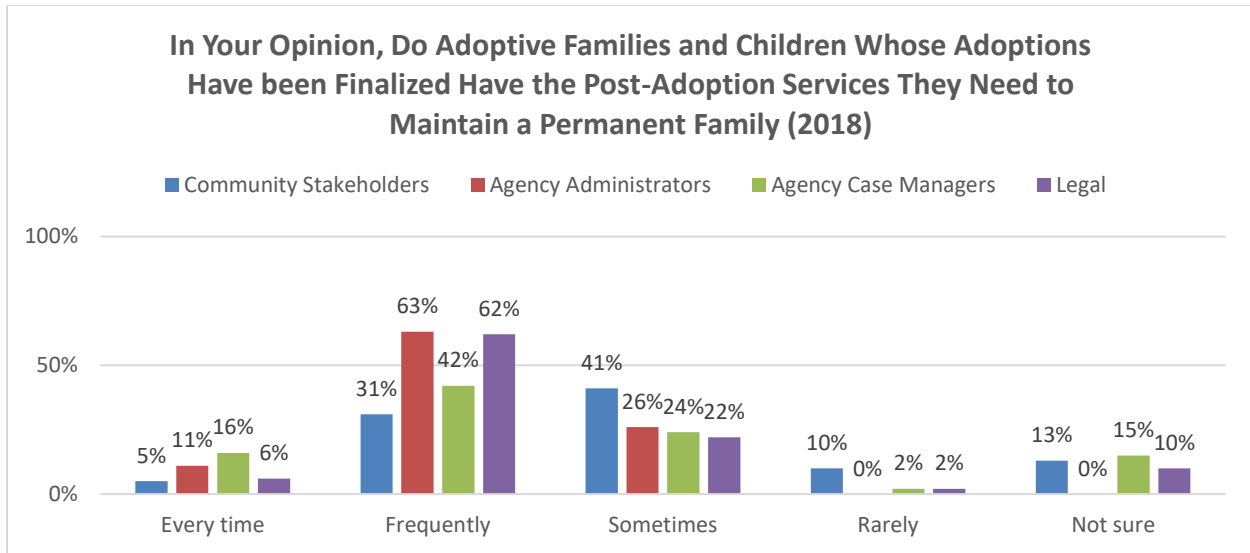


**In Your Opinion, Do Children in Foster and Adoptive Placements (Prior to Finalization) Have Services They Need to Achieve a Permanent Home/Family) (2018)**



**In Your Opinion, Do Children in Foster and Adoptive Placements (Prior to Finalization) Have Services They Need to Achieve a Permanent Home/Family) (2020)**





**Key strengths related to Item 29**

- North Dakota provides a comprehensive array of services to benefit children and parents served through the child welfare system.

**Key areas needing further examination related to Item 29**

- Services can be more sporadic in nature in rural/remote areas. Exploration is needed to increase opportunities available for individuals residing in those areas.

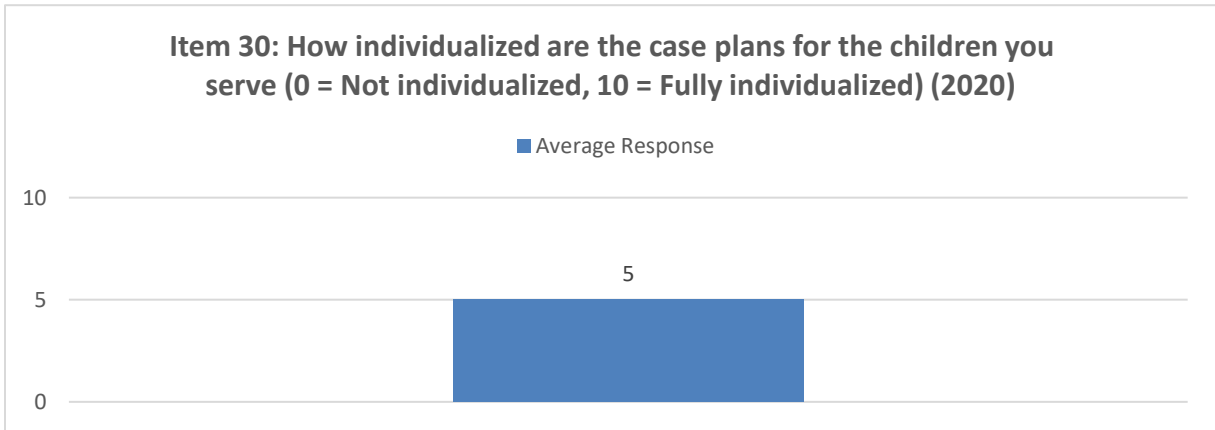
**Item 30: Individualizing Services** - *How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?*

CY 2018 Data Source: OCR Stakeholder feedback from Agency Administrators, Agency Caseworkers, Parents, Youth, Foster Caregivers, Legal, Community; OCR Item 12: 2020 Stakeholder feedback from Agency Administrators, Agency Caseworkers, Parents, Youth, Foster Caregivers, Legal, Community; Case Review Item 12

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.

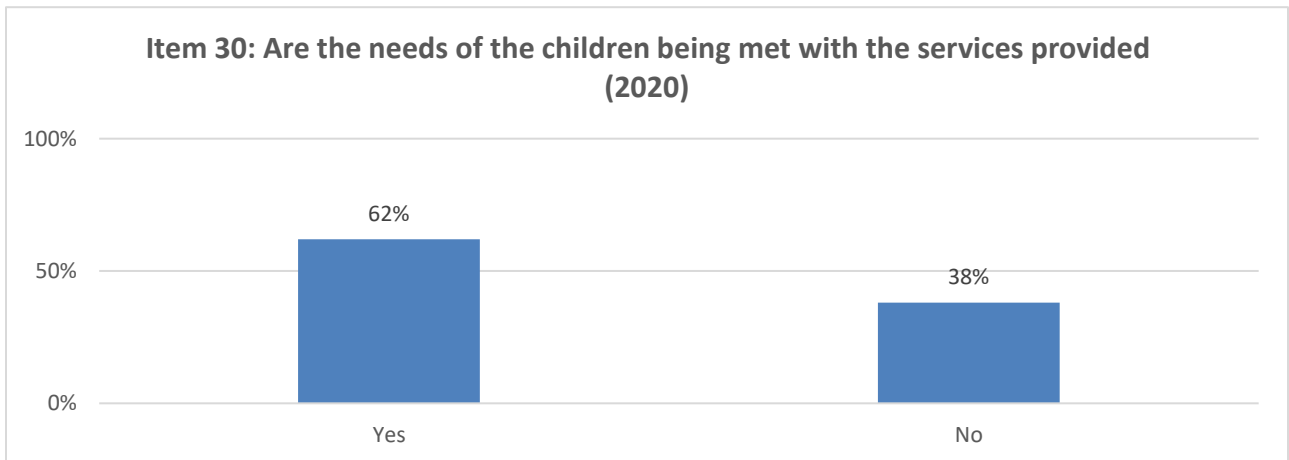
### Stakeholder Feedback

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



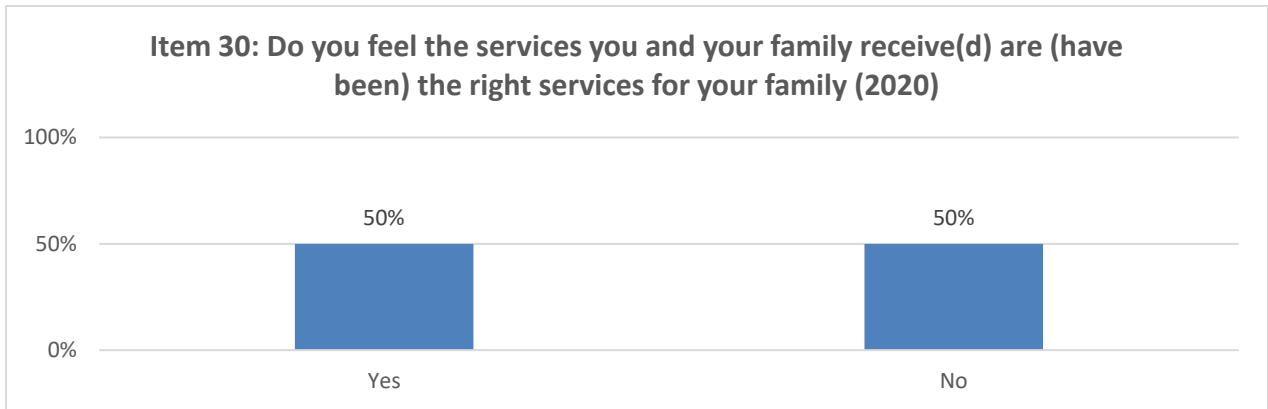
Questions asked of Foster Caregivers:

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

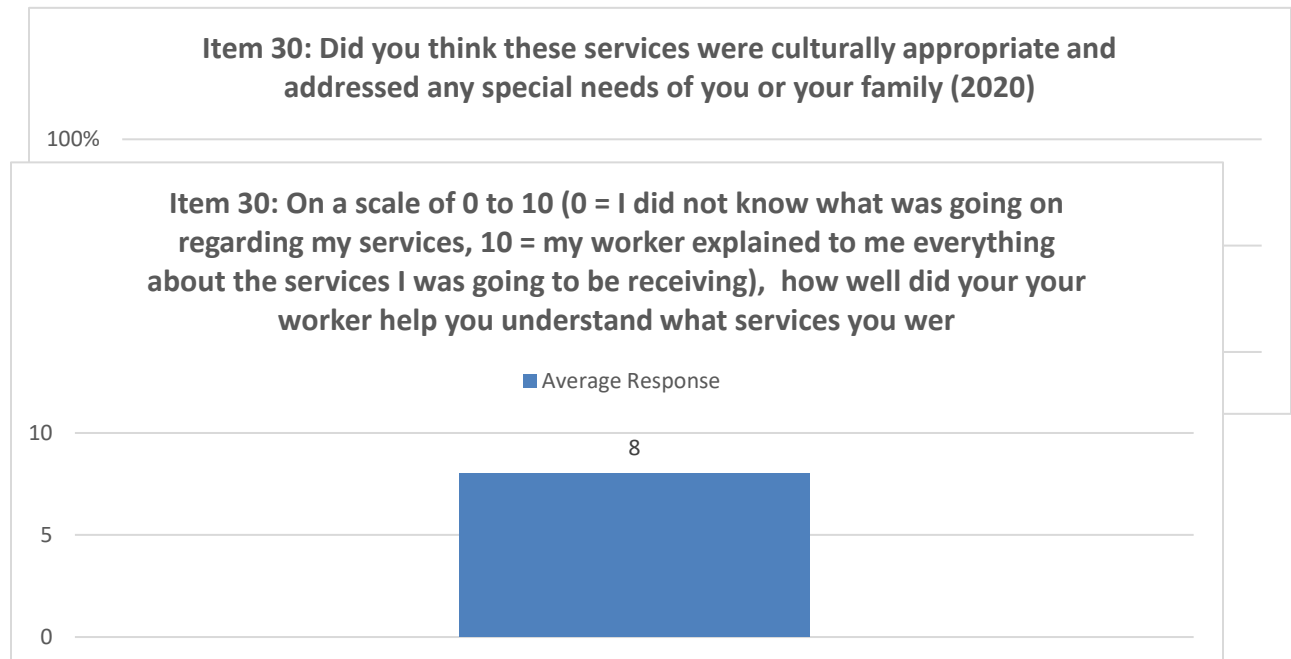


Questions asked of Youth:

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

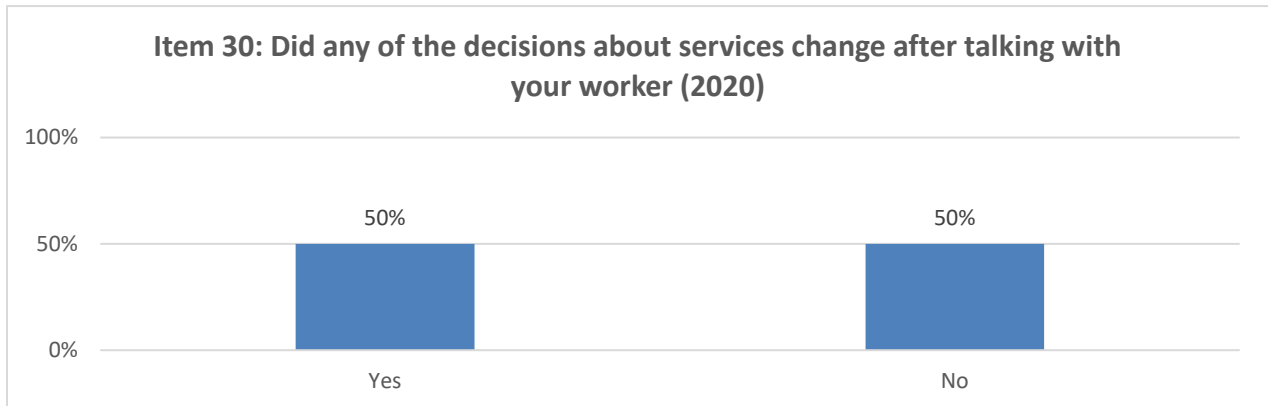


- Did you think these services were culturally appropriate and addressed any special needs of you or your family?

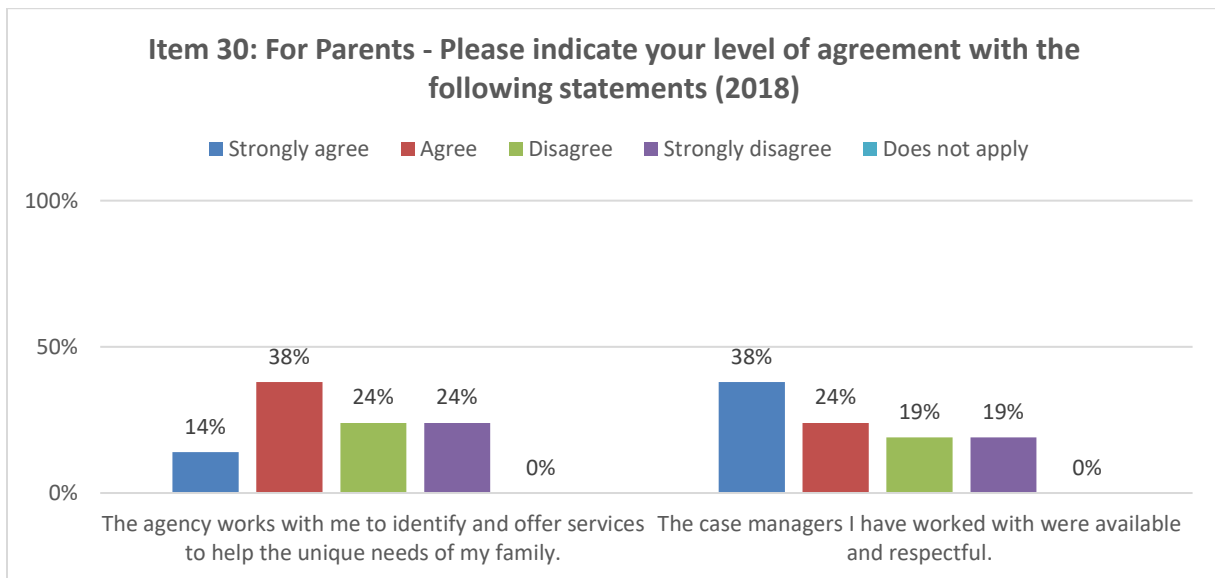


- On a scale of 0 to 10 (0 = I did not know what was going on regarding my services, 10 = my worker explained to me everything about the services I was going to be receiving), how well did your your worker help you understand what services you were going to receive??

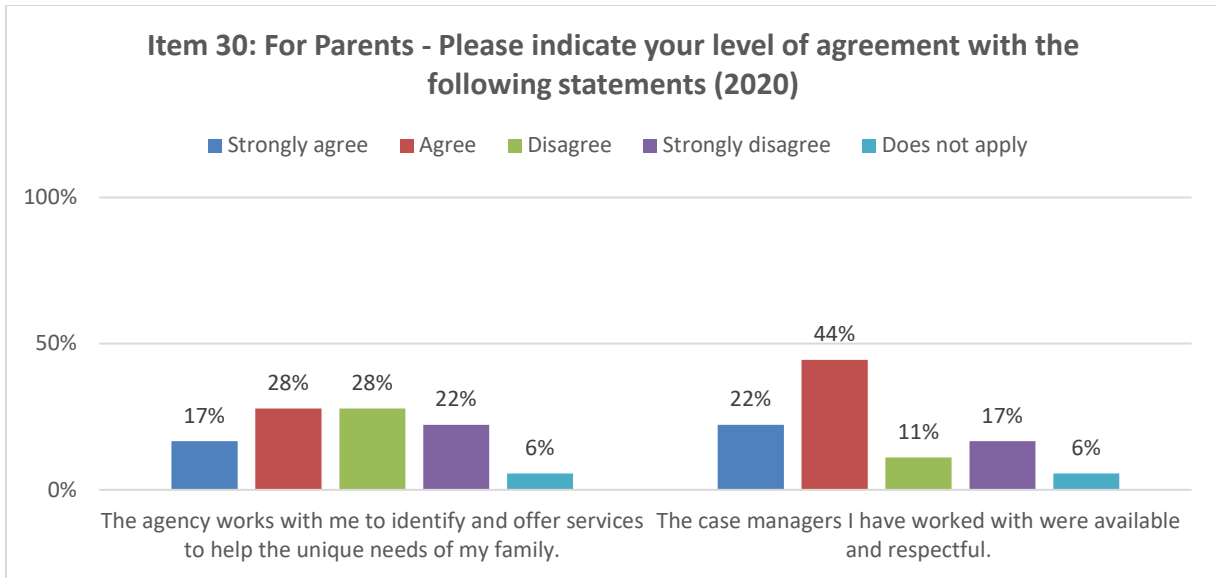
➤ Did any of the decisions about services change after talking with your worker?



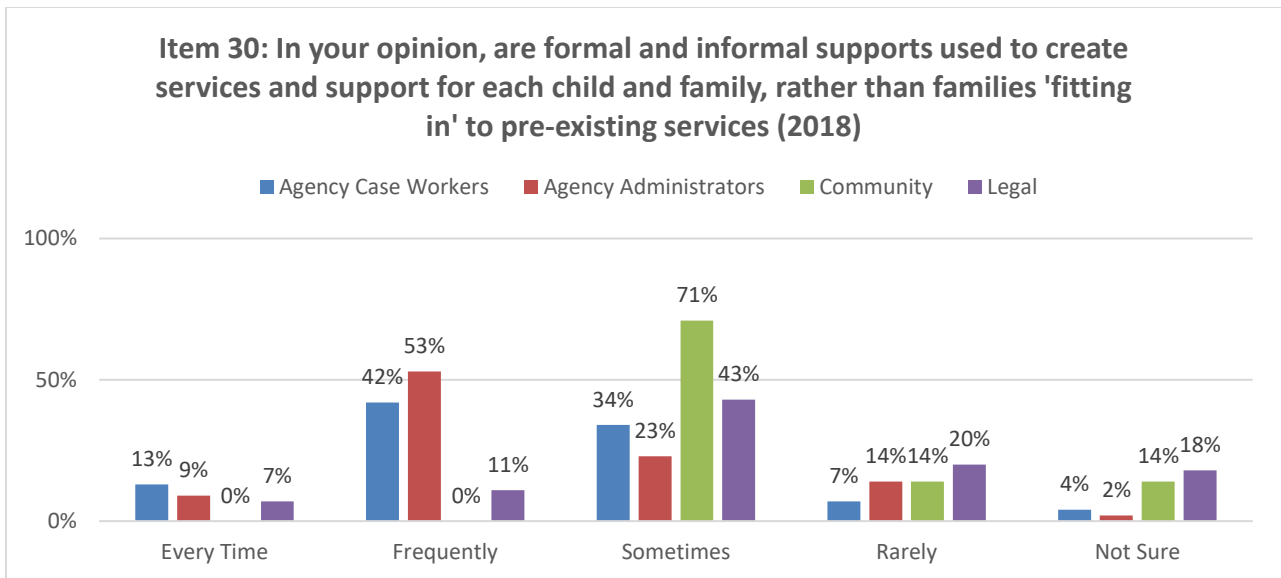
Questions asked of Parents

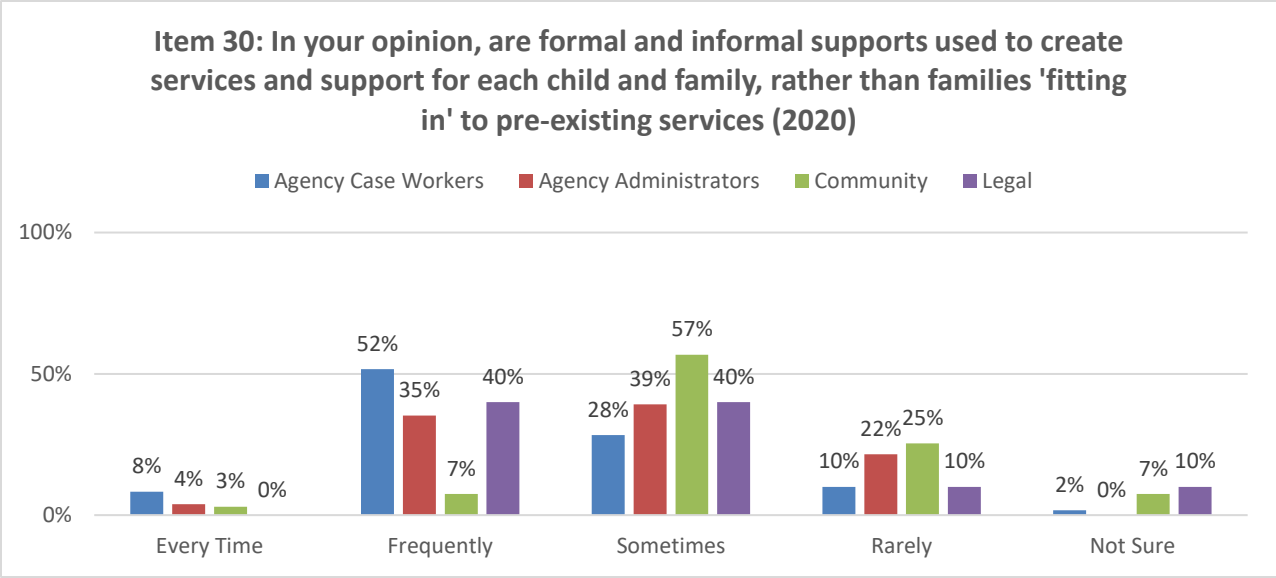






Questions asked of Agency Case Managers, Agency Administrators, Legal and Community:





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.

**Key strengths related to Item 30**

- Data indicates that a majority of respondents believe efforts are made to individual services based on the family’s needs using both formal and informal services.

**Key areas needing further examination related to Item 30**

- Data from youth is limited and difficult to draw any conclusions from. Data collection on systemic factors needing refinement.
- Services can be more sporadic in nature in rural/remote areas. Exploration is needed to increase individualized opportunities available for individuals residing in those areas.

**AGENCY RESPONSIVENESS TO COMMUNITY**

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

*- How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the 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?*

CY 2018 Data Source: OCR Stakeholder feedback from Agency Administrators, Agency Caseworkers, Youth, Foster Caregivers, Legal, Community; 2020 Stakeholder feedback from Agency Administrators, Agency Caseworkers, Youth, Foster Caregivers, Legal, Community

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 (QRTP & PRTF)
  - Developmental Disabilities Division
  - Home On The Range (QRTP)
  - 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:

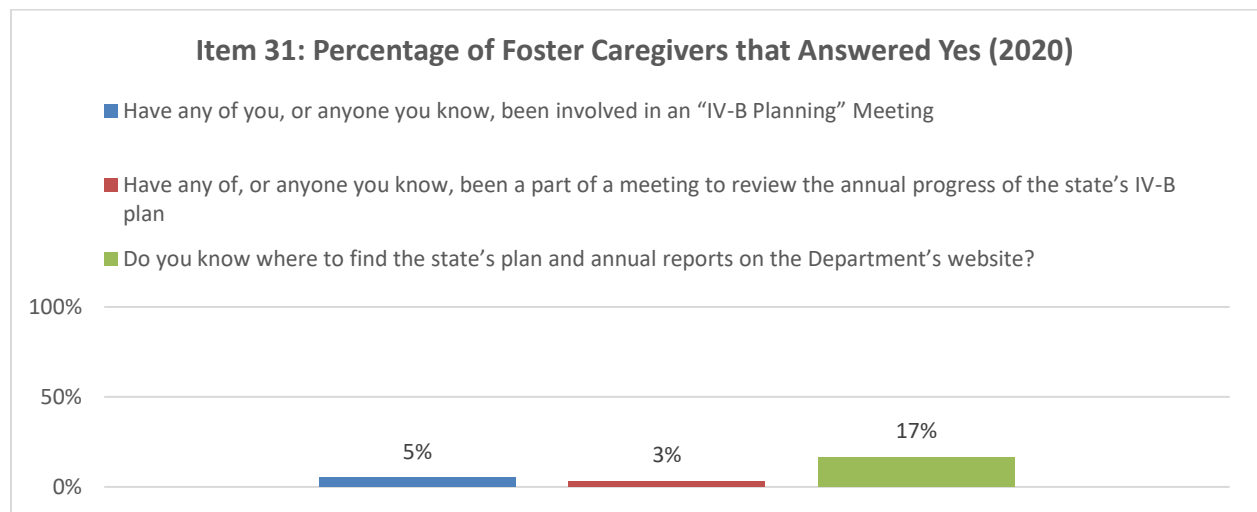
<http://www.nd.gov/dhs/info/pubs/family.html>.

## 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)?**
- **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)?**
- **Do you know where to find the state’s plan and annual reports on the Department’s website?**



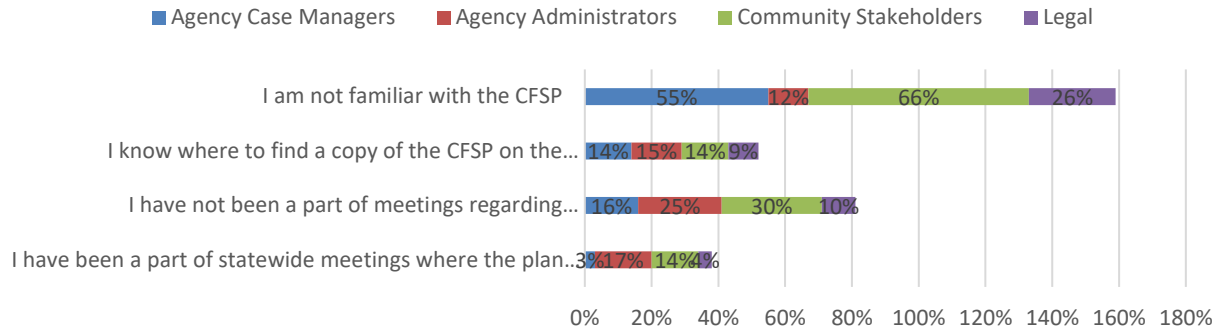
Youth were asked the following question:

- **Are you aware of any opportunities for foster youth to be involved in statewide efforts to provide child welfare services?**
  - There was a unanimous response of No (2020)

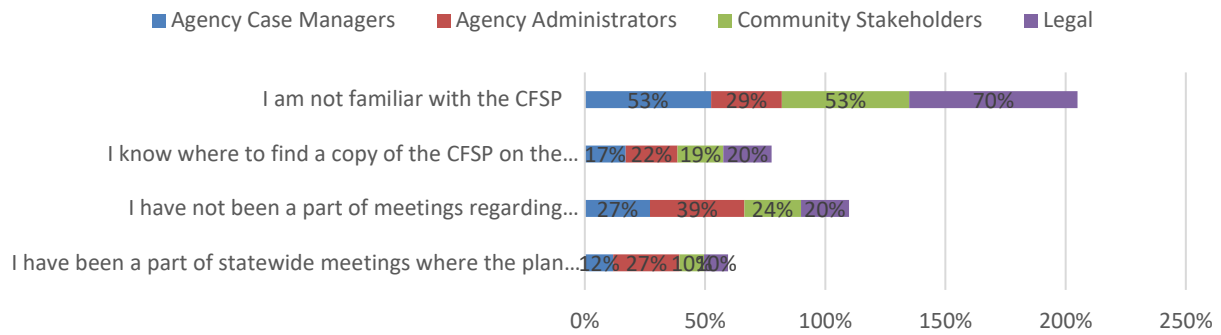
Agency Case Managers, Agency Administrators, Legal and Community Stakeholders were asked the following questions and could check up to two responses within each question:

- **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”?**

### Item 31: Awareness and Involvement with CFSP (2018)

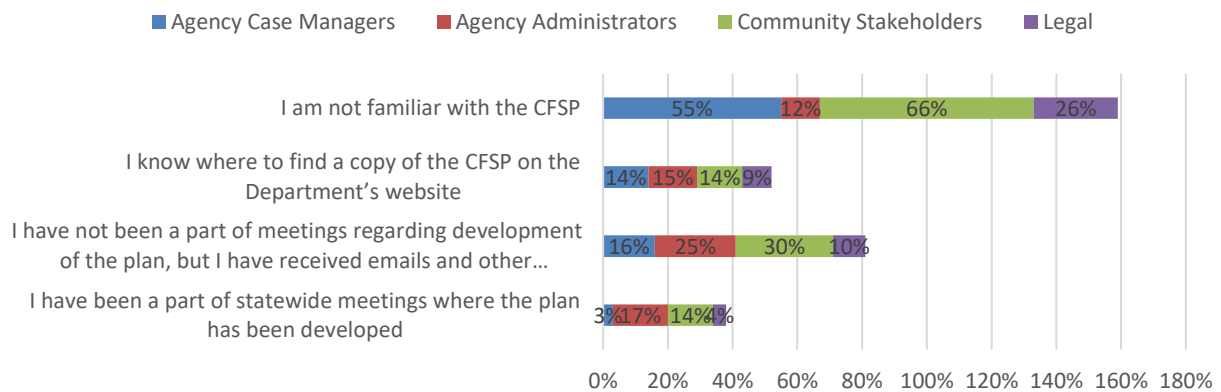


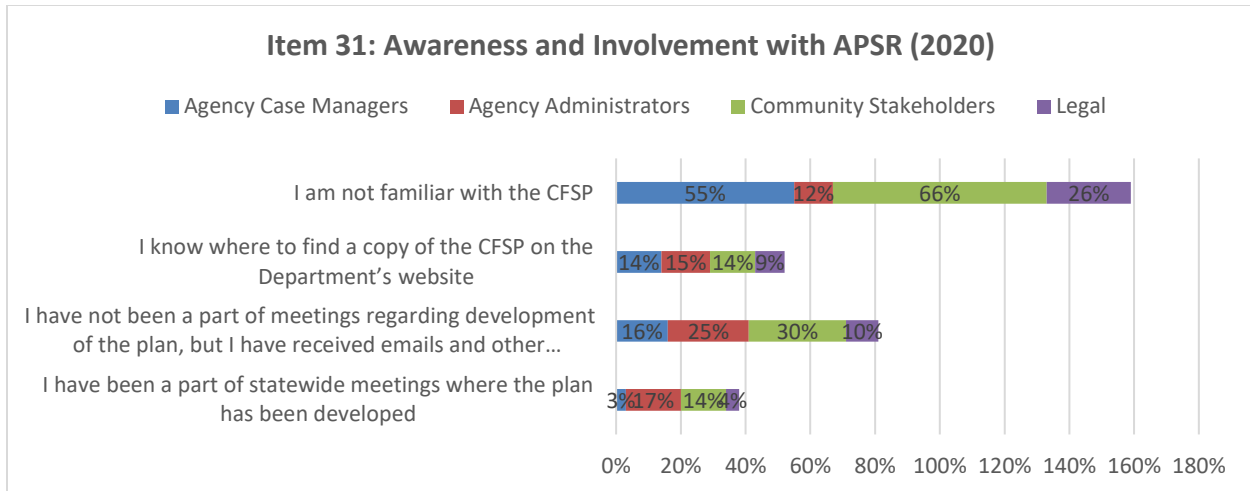
### Item 31: Awareness and Involvement with CFSP (2020)



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

### Item 31: Awareness and Involvement with APSR (2018)





**Key strengths related to Item 31**

- The CFSP and APSR are continually addressed in meetings with stakeholders throughout the implementation period of the state plan.

**Key areas needing further examination related to Item 31**

- 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 the Children and Family Services Division and this position is supervised by the Division Director. 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.
- 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.

## FOSTER AND ADOPTIVE PARENT LICENSING

**Item 33: *Standards Applied Equally*** - *How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?*

CY 2018 Data Source: OCR Stakeholder feedback from Agency Administrators, Agency Caseworkers, Parents, Youth, Foster Caregivers, Legal, Community; 2020 Stakeholder feedback from Agency Administrators, Agency Caseworkers, Parents, Youth, Foster Caregivers, Legal, Community

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 Qualified Residential Treatment Programs (QRTP) licensed under North Dakota Administrative Code (NDAC) 75-03-16 Qualified Residential Treatment Programs/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 QRTPs. 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 2019, 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 2019. 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.

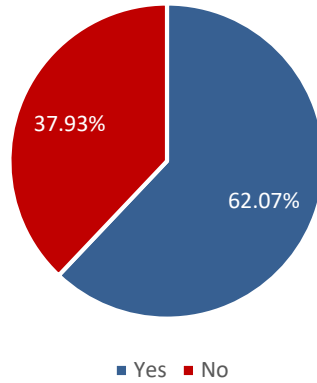
#### Stakeholder Feedback

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?**

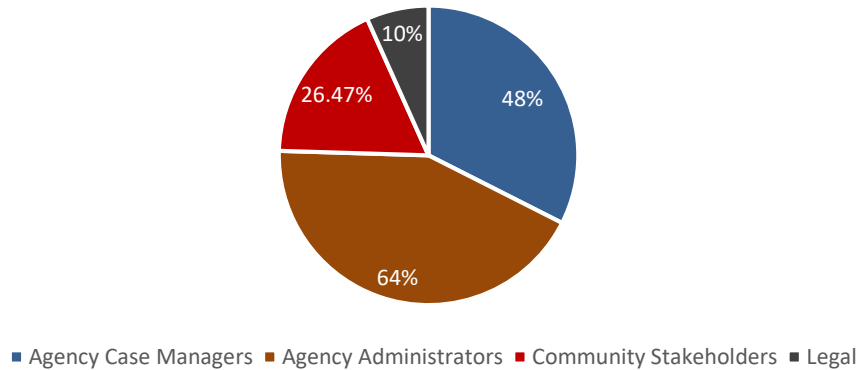
**Item 33: Foster Caregivers - Are the state's standards applied equally to all licensed foster home or child care institutions (2020)?**



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, Qualified Residential Treatment Programs, Group Homes)?**

**Item 33: Equal Application of License Standards(2020)**



**Key strengths related to Item 33**

- Data indicates that a majority of respondents believe efforts are made to assure equal application of licensure standards.

**Key areas needing further examination related to Item 33**

- Further exploration needed to identify specifics where respondents believe unequal application of licensing standards are being made.

**Item 34: Requirements for Criminal Background Checks** - 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?

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

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 and FFY 2019, the following numbers of background checks were completed:

ND Criminal Background Check Unit FFY 2018 Data		
PROVIDER LEVEL	TOTAL CHECKS COMPLETED (2018)	TOTAL CHECKS COMPLETED (2019)
Foster Care – Family Home (including Kinship)	1,072	1,015
Foster Care – PRTF/QRTP/Group	339	406
Adoption – Domestic	143	168
Adoption – Special Needs	258	298
Adoption – International	23	12
Adoption – Home Assessment Update	46	37
LCPA Employees	92	130
Fingerprint Check Totals	2,050	2,190
Child Abuse & Neglect Index Checks CY 2018	10,467	11,932

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%)
<b>TOTALS</b>			<b>227</b>	<b>190 (84%)</b>	<b>37 (16%)</b>

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.

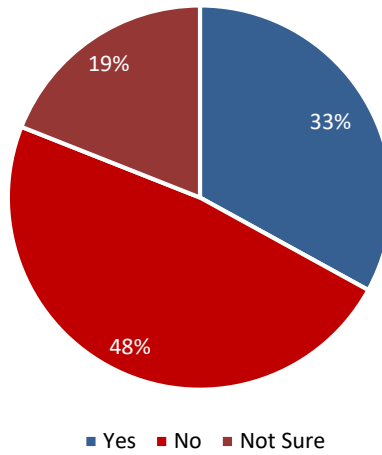
#### Stakeholder Feedback

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.

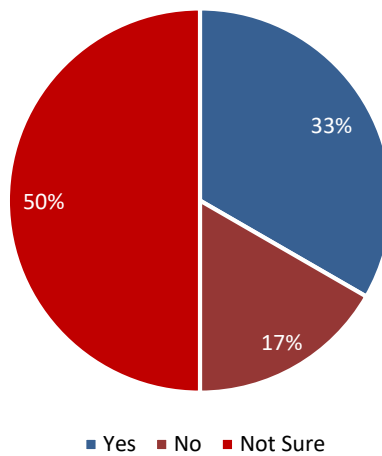
Question asked of Legal Stakeholders:

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

**Item 34: Criminal Background Checks Are Being Conducted (2018)**



**Item 34: Criminal Background Checks Are Being Conducted (2020)**

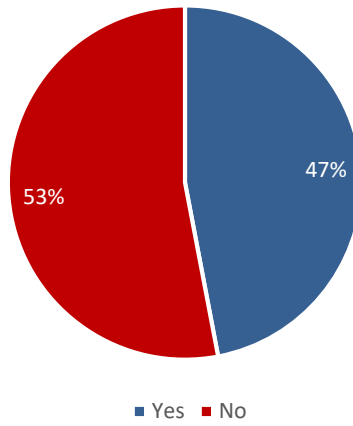


Questions asked of both groups:

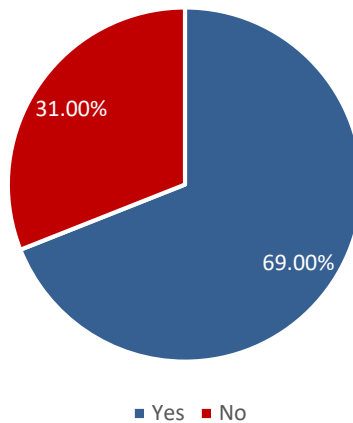
- **In your role, have you ever raised a concern with a custodial agency pertaining to the safety of children placed outside the home either in a foster, adoptive or residential group care setting?**



**Item 34: Reported Safety Concern to Custodial Agency  
(2018)**

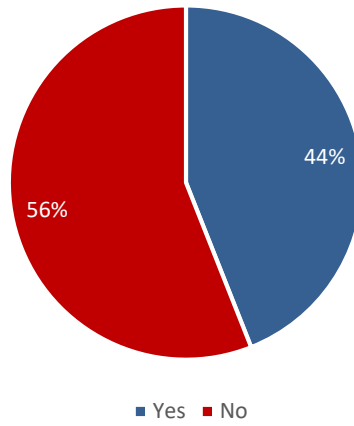


**Item 34: Reported Safety Concern to Custodial Agency  
(2020)**

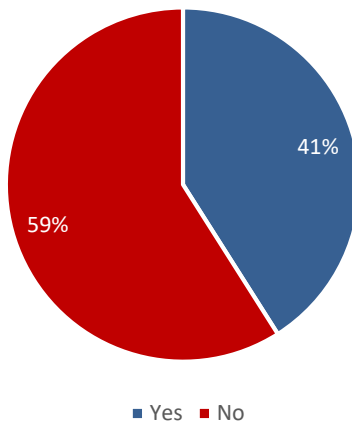


- If yes, do you believe the custodial agency's response was sufficient to ensure the child's safety?

**Item 34: Agency Response Sufficient to Address Child Safety (2018)**

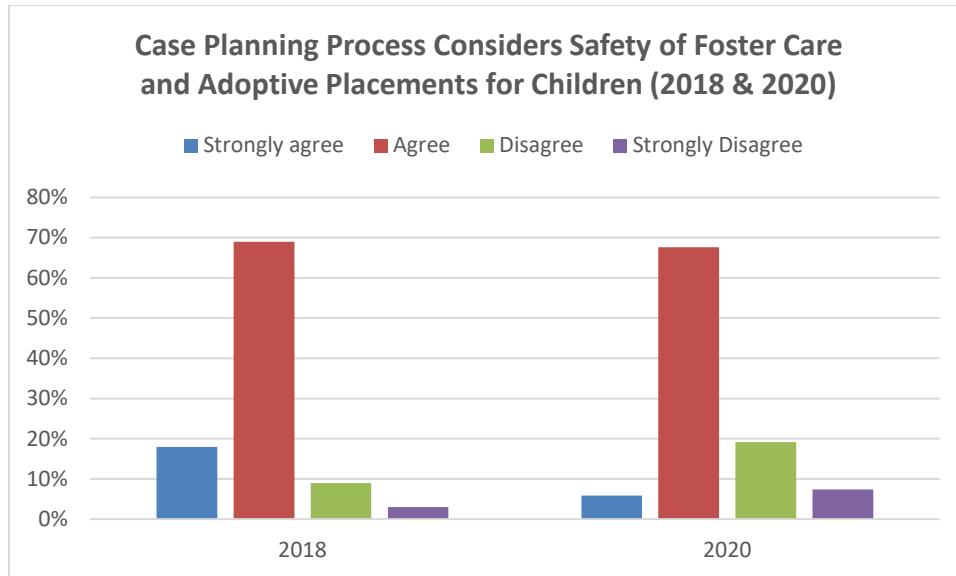


**Item 34: Agency Response Sufficient to Address Child Safety (2020)**



Question asked of Community Stakeholders:

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



### Key strengths related to Item 34

- The state has a number of processes employed to ensure the safety of children.

### Key areas needing further examination related to Item 35

- Further exploration needed to identify additional safety mechanisms that can be implemented.

**Item 35: Diligent Recruitment of Foster and Adoptive Homes** - How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

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

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 6/27/2020 reveal the following data regarding the racial, ethnic, and age diversity of the foster care population:

Unique Child Totals by Age 

Region	Ages																								
	Total	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
I - Northwest	96	4	7	9	8	8	6	5	10	3	1	3	2	3	6	1	6	6	7				1		
II - North Central	182	10	12	13	12	12	10	12	9	8	9	7	10	7	10	9	12	10	6	3	1				
III - Lake Region	351	22	24	23	17	14	26	29	28	28	25	17	16	17	9	18	15	9	8	4	2				
IV - Northeast	282	10	20	26	22	26	18	9	12	15	15	15	13	14	12	15	13	10	11	3	2	1			
V - Southeast	257	22	23	21	18	10	13	11	15	15	14	6	11	9	8	13	11	14	17	3	2	1			
VI - South Central	96	2	5	4	5	7	8	3	5	7	5	3	4	3	6	6	6	6	6	5					
VII - West Central	249	20	13	17	19	12	8	16	12	11	8	21	7	5	19	13	11	17	10	4	3	3			
VIII - Badlands	86	4	3	6	7	6	5	7	3	2	3	3	3	1	3	7	10	6	6			1			
Age Totals	1599	94	107	119	108	95	94	92	94	89	80	75	66	59	73	82	84	78	71	22	11	6			

Unique Child Totals by Race  Children by Gender 

Race	Total
American Indian or Alaskan Native	777
Asian	11
African American	132
Native Hawaiian or Pacific Islander	12
White	744
Unable to Determine	53
Refusal by Client	0
<b>Total</b>	<b>1729</b>

Gender	Total
Male	850
Female	749
<b>Total</b>	<b>1599</b>

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 3 (January – March 2020) started with 1008 homes and ended with 1012 homes

- 227 inquiries about becoming a foster parent occurred during the quarter
- 73 new families were licensed (*32% inquired and became licensed this quarter*).
- 69 families ended/terminated their foster care license. Majority of the documented reasons for closure continue to be:
  - No longer interested and too busy
  - Moved
  - Adoption finalized
  - Internal agency transfers from one agency to another
  - Change in family circumstances

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 in 2019 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	FFY 2019 TOTAL
New	81	101
Denial	2	1
Subsequent	19	34
<b>TOTAL</b>	<b>102</b>	<b>136</b>

RACIAL BREAKDOWN FOR ALL NEW / SUBSEQUENT ADOPTIVE APPLICANTS		
African American	2	3
Asian	0	0
Caucasian	149	215
Hispanic	1	1
Native American	28	20
Bi-racial	2	2
Multi-racial	1	1
Other	1	0

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.

### 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?**

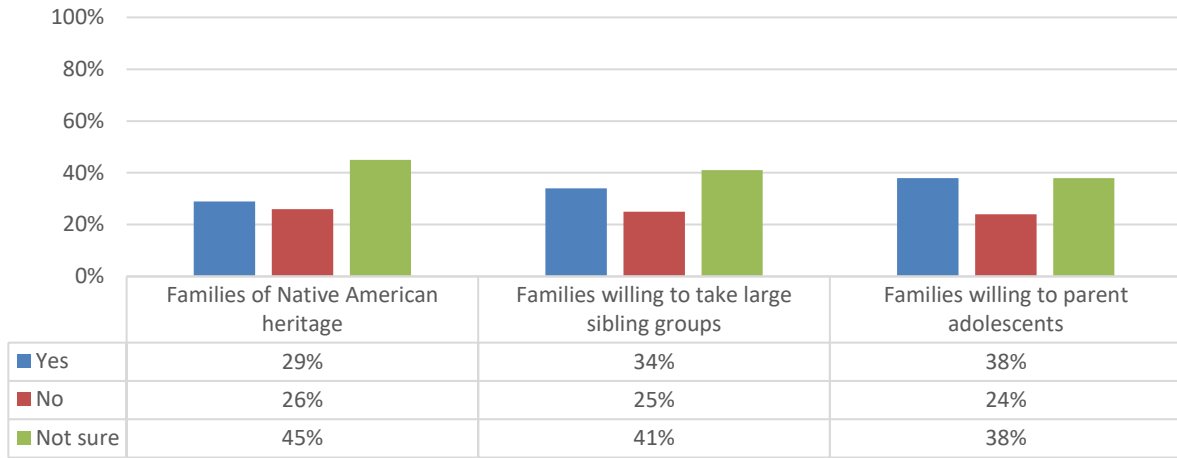
Themes from the feedback received are represented in the following comments:

- *"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."*

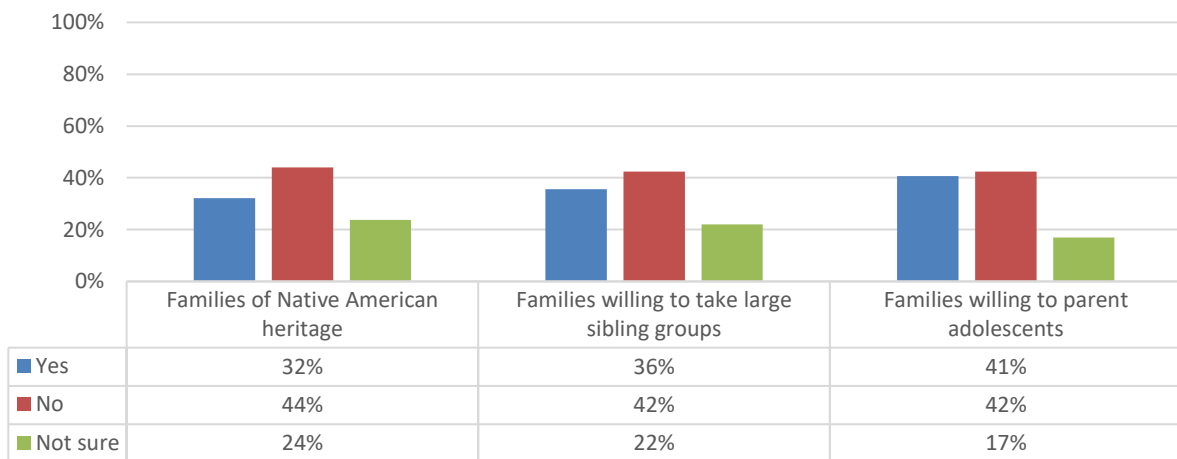
Questions asked of Agency Case Managers (reporting job responsibilities in Foster Care or CPS), Legal, and Community:

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

### Item 35: Targeted Diligent Recruitment Efforts (2018)

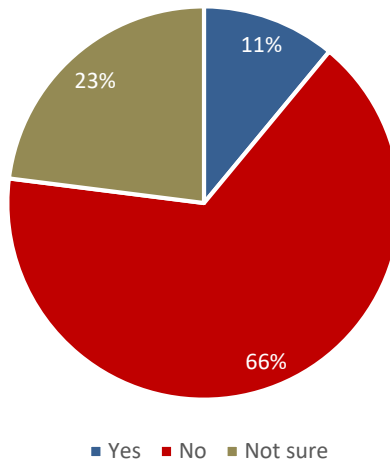


### Item 35: Targeted Diligent Recruitment Efforts (2020)

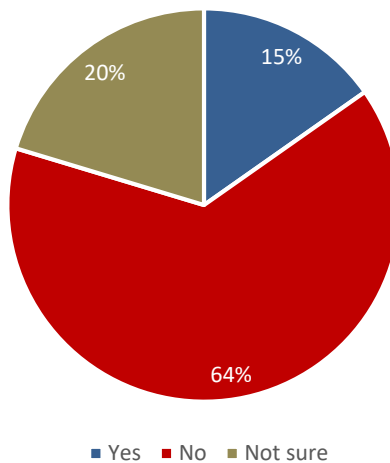


- Are recruitment efforts sufficient to provide the number of licensed foster homes or adoptive homes to meet the region's needs?

**Item 25: Are Recruitment Efforts Sufficient (2018)**



**Item 25: Are Recruitment Efforts Sufficient (2018)**



**Key strengths related to Item 35**

- North Dakota has transitioned oversight of recruitment and retention activities to the UND Children and Family Services Training Center, which will result in stronger and more consistent recruitment efforts statewide.

**Key areas needing further examination related to Item 35**

- Further exploration needed to identify additional options to strengthen recruiting and retention efforts.



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

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

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 of the 209 children placed in adoptive placement between July 1, 2019 to June 29, 2020, 6.2% of children requiring recruitment were placed into a newly recruited home. Of the 212 children placed for adoption between July 1, 2018 to June 30, 2019, 7.5% of the children requiring recruitment were placed into a newly recruited home.

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 between July 1, 2019 to June 29, 2020, there was an average of 21 North Dakota 'waiting families' and 6 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](http://www.adoptuskids.org)) Six children were registered on AdoptUsKids between July 1, 2019 and June 29, 2020. Of those six, three children are still available for adoption and three have been placed on hold (two children are in adoptive placement and one child will soon

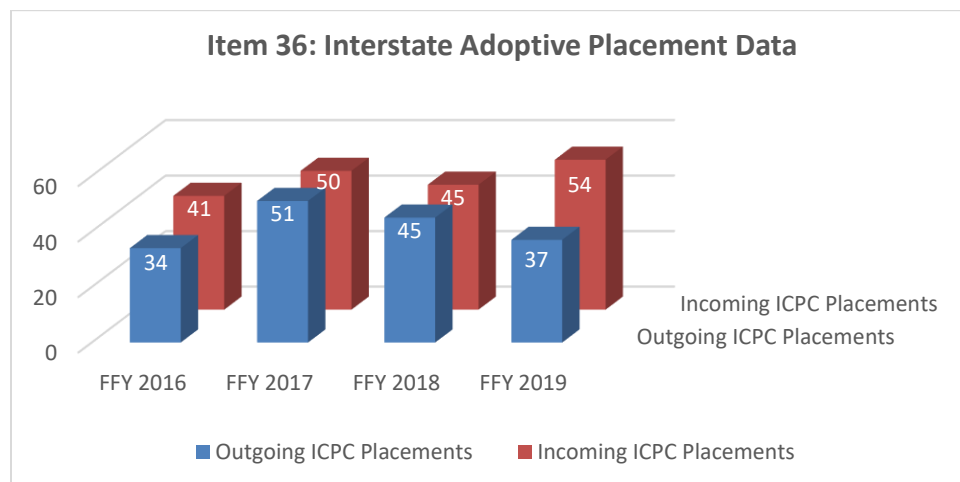
have a change in permanency goals). As of June 29, 2020, six children are listed as ‘active’ on the website.

- ND Heart Gallery ([www.ndheartgallery.org](http://www.ndheartgallery.org)) At the 2019 One Hope, Many Hearts Gala held in November 2019, there were 9 children featured. During the 2018-2019 year, the North Dakota Heart Gallery helped to match 18 kids with their prospective adoptive parents and had 3 children finalized with their forever family. There are currently 9 children being recruited for in the 2020-2021 ND Heart Gallery.
- 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). Between July 1, 2019 to June 29, 2020, WWK served 36 youth. Of this number, 11 children were matched with their adoptive family, and 11 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](http://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 2019, North Dakota’s ICPC unit tracked 37 outgoing adoption ICPC requests.
  - Incoming and outgoing ICPC-involved adoptive placements:

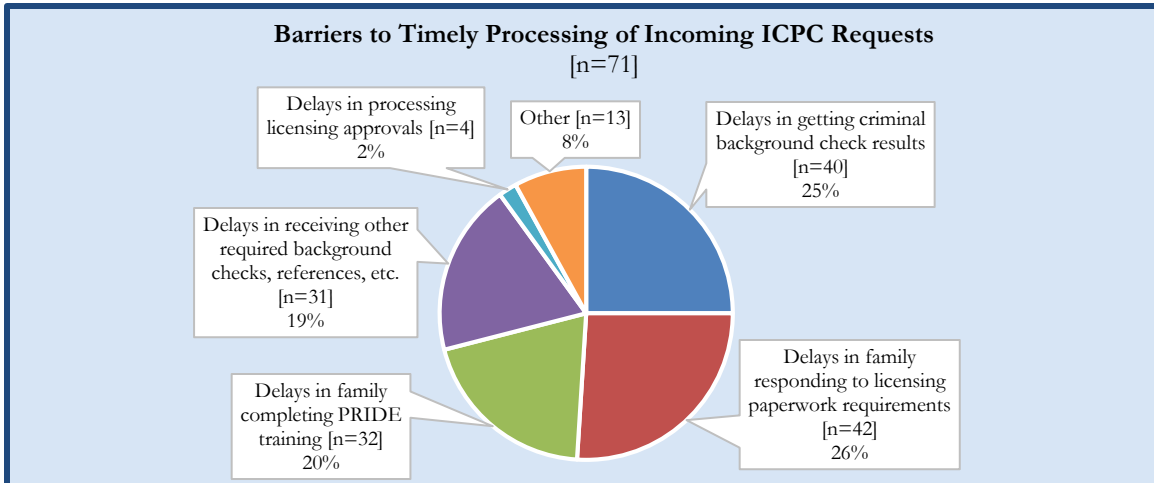


- AASK indicated utilization of interjurisdictional recruitment resources has been evident for all children. Direction from the Dave Thomas Foundation is to solely focus initial efforts on child-specific recruitment efforts (SENECA relative searches, case record reviews, diligent search for connections 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.

#### 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.”*

This indicator was not repeated in the 2020 survey. Future surveys will include this information and other pertinent measures.

### Key strengths related to Item 36

- 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. Data indicates that a majority of respondents believe efforts are made to assure equal application of licensure standards.

### Key areas needing further examination related to Item 36:

- PIP Activities will continue to be implemented for the following
  - 5.1 Recruitment and Retention
  - 5.2 Increase Adoption Timeliness
  - 5.3 ICWA Placement Preference

### 3. UPDATE TO THE PLAN FOR ENACTING THE STATE'S VISION AND PROGRESS MADE TO IMPROVE OUTCOMES

The five-year plan can be found on the pages 116 – 128. As this is a working document, meant to remain at the forefront of the work within the child welfare system in North Dakota, changes to the plan are noted within the document itself. Revisions to the original plan are noted using ~~STRIKETHROUGH FONT~~ for removed narrative and RED UNDERLINED FONT for revised narrative. All required sections can be found in the plan, including:

- Revisions to Goals, Objectives, and Interventions
- Implementation & Program Supports
- Feedback Loops
- Progress Measures
- Progress Benchmarks
- Update on Progress Made to Improve Outcomes

Training needs are addressed in the North Dakota Training Plan. No changes have been made to the Training Plan at the time of this writing. Coaching for case managers is offered through the local social service agencies and the human service center Regional Supervisors. County social service supervisors strengthen their coaching skills through participation with the County Supervisor Group. The memoranda of understanding with other agencies needed to accomplish the goals are already in place. Policies, physical space, and equipment are also important considerations that will impact the achievement of this plan. CFS anticipates staffing resources, financing, and data systems offer the greatest challenges to the state's ability to achieve the stated goals. No additional staffing resources were allocated following the 66th Legislative Assembly. North Dakota does not anticipate needing additional technical assistance at this time to achieve the goals identified in the CFSP beyond those requested for completion of the PIP. As needs arrive, North Dakota will be in contact with the Children's Bureau to request federal assistance. CFS remains committed to partner with local agencies and divisions within the state agencies to advocate for and secure adequate resources.

North Dakota is working to identify resources to replace its aged child welfare information systems. The State is in active conversations with ACF concerning this this and is looking at options to use CARES funding. It is anticipated that a request will be made to the 67<sup>th</sup> Legislative Assembly to fund replacement/implementation of a CWIS-compliant system.

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# 2020-2024

## Child and Family Services Plan

### Goals and Objectives

UPDATED EFFECTIVE 6-30-2020

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Children and Family Services Division  
Cory Pedersen, Director

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

	<b>1C2.</b> Monitor implementation, review data, expand to additional counties with the goal of statewide implementation.	<b>1C2.</b> Children and Family Services Division, Human service zones, Behavioral Health Division	<b>1C2.</b> Year Three
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**IMPLEMENTATION SUPPORTS**

- 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

**FEEDBACK LOOPS**

CFS meets on a regular basis with partners and stakeholders through the following meetings: Human Service Zone Directors, Children and Family Services Committee, Regional Supervisors, State and Tribes Enhancing Partnership Strategies (STEPS), Juvenile Justice Board. In addition, email updates are provided to the field. Stakeholders will continue to be involved in all aspects of planning and implementation of goals during the upcoming year through these avenues.

**MEASURES OF PROGRESS**

	<b>Baseline</b>	<b>Progress</b>
1. Develop a Title IV-E Prevention Plan 2. Number of children entering foster care will decrease each year.  3. Number of families receiving in home case management will increase each year	1. No Prevention Plan 2. 1220 entries into foster care during FFY 2018 3. 1319 unduplicated in-home case management families during FFY 18	1. Prevention Plan submitted for federal approval 5/22/2020 2. 968 entries into foster care during FFY 2019 3. 1,276 Families

**UPDATE ON PROGRESS MADE TO IMPROVE OUTCOMES**

North Dakota has been pursuing approval of a Title IV-E Prevention Services and Programs Plan. A multi-disciplinary Title IV-E Prevention Services Planning Workgroup made up of subject matter experts from the child welfare system including children and family services, human services, juvenile justice, and behavioral health have been meeting regularly to develop the planning document and develop implementation plans. As a part of their work, the workgroup reviewed the current inventory of evidence-based prevention programs. North Dakota plans to expand its services to include those approved as well- supported through the Title IV-E Prevention Services Clearinghouse with the exception of Motivational Interviewing. These programs include:

- Brief Strategic Family Therapy
- Functional Family Therapy
- Healthy Families
- Multisystemic Therapy



- Nurse-Family Partnership
- Parent Child Interaction Therapy
- Parents as Teachers
- Homebuilders

Motivational Interviewing is being addressed in a statewide effort to train the child welfare system including tribal social services, private non-profit providers, juvenile correctional systems, and education through the development of learning communities.

The service array will be expanded through plan amendments as additional evidence-based services are reviewed and approved through the Title IV-E prevention services clearinghouse authorized by the Children’s Bureau through ACYF-CB-PI-19-06. The draft plan was submitted to the Children’s Bureau on May 22, 2020 for review and approval.

The state does not have a Kinship Navigator program yet. North Dakota continues to monitor the Title IV-E Prevention Services Clearinghouse’s approval of an evidence-based kinship navigator program. In March 2020, the state was reviewing whether to apply for the latest round of funds from the Children’s Bureau to support the development, enhancement or evaluation of kinship navigator programs. However, in 2019 a kinship caregiver website was developed that connects kinship caregivers to information on guardianships, power of attorney, finding licensed childcare, post-adoption services and other supportive topics. There is also information for caregivers such as how to set boundaries, social media safety, positive discipline strategies and stages of child development.

Family Centered Engagement (FCE) has been fully implemented in the identified counties and continued roll out into additional counties. Family Centered Engagement (FCE) continues to expand into additional areas of the state. FCE is currently being provided in Burleigh HSZ, Three Rivers HSZ (Morton, Sioux, Grant), Dakota Central HSZ (McLean, Mercer, Oliver, Sheridan), Buffalo Bridges HSZ (Stutsman, Barnes), Grand Forks HSZ, Northern Valley HSZ (Walsh only), Mountain Lakes HSZ (Ramsey only), and Ward HSZ. In February 2020 Agassiz Valley HSZ (Steele, Traill) and Northern Prairie (McHenry, Pierce only) were trained in the FCE process with service starting March 2020. The FCE collaboration with the Dual Status Youth Initiative (DSYI) monitors the process fidelity, outcomes and trends with the use of participation surveys and collaboration phone calls. Some of the barriers FCE encountered was low utilization rate in some areas of the state. It was determined there was a misinterpretation of the eligibility criteria for referrals. This in turn decreased the number of referrals being made and decreased the number of families having access to the process. Eligibility criteria guidelines were reviewed and updated to assist workers in identifying eligible families for referral. To also help with this a workgroup was formed to update the referral form and build a decision tree for child welfare and dual status workers to identify when in a case an FCE referral would be made.

In March 2020, an FCE workgroup was formed to look at the referral process and decision points of when a referral to FCE is made. The workgroup includes HSZ child welfare staff, juvenile court staff, supreme court and CFS.

Between June 2019 and January 2020, In-Home TOC was suspended due to CFS Practice Model TOC activities. In-Home services redesign utilizing the Theory of Constraints (TOC) reconvened February 2020 now that the Safety Framework practice model has been adopted. The practice model will provide a strong framework for In-Home case practice that will also impact foster care case management. Key to this model is managing safety of children throughout service delivery.

Components of the In-Home services model include:

- Formalizing the referral from CPS to case management that can occur earlier in the case, sometimes before the CPS assessment has been completed and before a determination has been made.
- Supporting earlier engagement opportunities with the family by providing services up front and assisting the family in keeping their children safely in the home whenever possible.

- Including Family Centered Engagement (FCE) meetings as part of the handoff from CPS to case management.
- Building caregiver protective capacities to support them to provide safe care to their children.

Since the February 2020 restart of In-Home TOC, the following activities have occurred:

- 2/6/20 In-Home TOC meeting: This group reconvened to continue In-Home redesign in the context of the newly adopted Safety Framework practice model.
- 2/7/20 Champions of Change TOC Kickoff meeting: Champions of Change group replaces CFS Practice Model TOC. This team of ten includes staff from a variety of Human Service Zones across the state as well as regional representatives and the CFS Training Center. CFS program administrators participate as requested by the CFS director. Subcommittees were formed to build various aspects of the implementation plan.
- 2/26/20 In-Home TOC meeting: Began reworking the In-Home Task Analysis Board (TAB) which clearly identifies key points in case movement from opening to closing. The TAB is a project management tool that keeps track of case assignments and movement for each In-Home caseworker. The TAB will be a visual tool accessible to supervisors and In-Home caseworkers as a way to monitor individual caseloads, where cases are in the service delivery process, whether cases are 'stuck', and if caseworkers have capacity to take additional cases. Because the TAB is a web-based application, it will also be accessible regional, and state in-home workforce.
- 3/4/20 In-Home TOC meeting: Finalized the In-Home TAB; defined what constitutes a full kit for warm handoff from CPS to In-Home and the full kit for warm handoff from In-Home to the family; identified a subcommittee assigned to develop a Family Centered Engagement (FCE) decision tree, which will assist in determining when an FCE meeting will become part of the warm handoff from CPS to In-Home; identified a new In-Home policy subcommittee, since team membership has changed; discussed the need for an internal CFS discussion as to next steps, since Safety Framework model implementation planning is the priority.
- 3/5/20 – 3/6/20 Champions of Change TOC meeting: Subcommittees identified to address different aspects of the implementation plan Key participants of the In-Home TOC group are members of this group since statewide Safety Framework model rollout is the priority.
- March 2020: Champions of Change TOC subcommittees begin meeting to complete assigned tasks.
- 3/9/20 – 3/10/20 Milwaukee Training: Members of the Champions of Change TOC group attended a 2-day training entitled Safety in Child Protective Services - Impending Danger in Milwaukee, WI. It was tentatively planned this team will return to Milwaukee to attend their Protective Capacities Family Assessment training in the near future.

**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><b>2A:</b> Implement a Level of Care (LOC) assessment for children in foster care to be completed initially and ongoing.</p>	<p><b>2A1.</b> Identify a Qualified Individual to complete LOC assessments.</p> <p><b>2A2.</b> Select an evidence-based assessment instrument and assure the Qualified Individual is trained on the use of the instrument.</p> <p><b>2A3.</b> Implement the LOC assessment process.</p> <p><b>2A4.</b> 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><b>2A1.</b> Children and Family Services Division, Field Services, Behavioral Health Division, DHS Executive Office</p> <p><b>2A2.</b> Children and Family Services Division, Field Services, Behavioral Health Division, DHS Executive Office</p> <p><b>2A3.</b> Children and Family Services Division, Field Services, DHS Executive Office</p> <p><b>2A4.</b> Children and Family Services Division, Field Services, DHS Executive Office</p>	<p><b>2A1.</b> Year One</p> <p><b>2A2.</b> Year One</p> <p><b>2A3.</b> Year Three</p> <p><b>2A4.</b> Year One</p>
<p><b>2B:</b> Strengthen the foster and adopt diligent recruitment and retention plan.</p>	<p><b>2B1.</b> 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><b>2B2.</b> 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><b>2B1.</b> Children and Family Services Division</p> <p><b>2B2.</b> Children and Family Services Division, Child Welfare Partners</p>	<p><b>2B1.</b> Year One</p> <p><b>2B2.</b> Year Three</p>
<p><b>2C.</b> Reduce timeframe to achieve timely permanency.</p>	<p><b>2C1.</b> Utilize the Theory of Constraints process to identify hidden capacities and maximize efficiencies to support timely permanency.</p>	<p><b>2C1.</b> Children and Family Services Division, DHS Executive Office, Human service zones</p>	<p><b>2C1.</b> Year Two</p>
<p><b>2D:</b> Develop and disseminate kinship caregiver resources</p>	<p><b>2D1.</b> Collaborate with public and private partners to develop resources for kinship caregivers including:</p>	<p><b>2D1.</b> Children and Family Services Division, DHS</p>	<p><b>2D1.</b> Year Two</p>

	<ul style="list-style-type: none"> <li>Caregiver resource and referral guide</li> <li>Understanding the child welfare system</li> <li>Navigating the court system.</li> </ul> <p><b>2D2:</b> Disseminate resources to support and provide direction to kinship caregivers.</p>	<p>Executive Office, Human service zones</p> <p><b>2D2:</b> Children and Family Services Division, DHS Executive Office, Human service zones</p>	<p><b>2D2:</b> Year Two</p>
<p><b>2E:</b> Build capacity for expanding the levels of foster care so that children are placed in a setting that best meets their needs.</p>	<p><b>2E1.</b> 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><b>2E2.</b> 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"> <li>Aggressive behaviors,</li> <li>Sexual acting out behaviors, and</li> <li>Low intellectual functioning with aggressive behaviors</li> </ul> <p><b>2E3.</b> Using a phased approach, integrate the level of care assessment process for all children entering foster care</p> <ul style="list-style-type: none"> <li>Phase 1: Entering a qualified residential treatment program.</li> <li>Phase 2: Entering all levels of foster care.</li> </ul> <p><b>2E4:</b> Develop a utilization review process to evaluate the level of care assessment process is working as designed.</p>	<p><b>2E1.</b> Children and Family Services Division</p> <p><b>2E2.</b> Children and Family Services Division</p> <p><b>2E3.</b> Children and Family Services Division</p> <p><b>2E4:</b> Children and Family Services Division, Field Services, DHS Executive Office, Behavioral Health Division</p>	<p><b>2E1.</b> Year One</p> <p><b>2E2.</b> Year Three</p> <p><b>2E3.</b> Year Four</p> <p><b>2E4.</b> Year Three</p>
<b>IMPLEMENTATION SUPPORTS</b>			
<ul style="list-style-type: none"> <li>Contract with vendor to be qualified individual</li> <li>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,</li> <li>Technical Assistance from Casey Family Programs and Capacity Building Center for States, Chapin Hall, Epiphany Associates.</li> </ul>			

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

**FEEDBACK LOOPS**

CFS meets on a regular basis with partners and stakeholders through the following meetings: Human Service Zone Directors, Children and Family Services Committee, Regional Supervisors, State and Tribes Enhancing Partnership Strategies (STEPS), Juvenile Justice Board. In addition, email updates are provided to the field. Stakeholders will continue to be involved in all aspects of planning and implementation of goals during the upcoming year through these avenues.

**MEASURES OF PROGRESS**

	<b>Baseline</b>	<b>Progress</b>
<ol style="list-style-type: none"> <li>Of all children (&lt; age 18) in foster care, the Average Length of Stay (days) in foster care will decrease each year.</li> <li>Increase the number of Level of Care Assessments each year</li> <li>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).</li> <li>Increase the number of licensed or approved tribal affidavit foster homes</li> <li>The number of resources developed for kinship caregivers will increase</li> </ol>	<ol style="list-style-type: none"> <li>547 Days (9-30-18)</li> <li>None Exist</li> <li>5.9 Days</li> <li>121 Affidavit Homes (9-30-18)</li> <li>None</li> </ol>	<ol style="list-style-type: none"> <li>181-365 days dependent on age</li> <li>185 assessments since October 1, 2019</li> <li>No Data Yet</li> <li>114 tribal homes on June 30, 2019; 120 tribal affidavit homes on March 30, 2020.</li> <li>Kinship Navigator Website <a href="https://kinshipnd.com/">https://kinshipnd.com/</a></li> </ol>

**UPDATE ON PROGRESS MADE TO IMPROVE OUTCOMES**

The Department of Human Services has contracted with third party vendor, Maximus - Ascend, Inc., to provide the services of a Qualified Individual to assess children for level of care and need for entry into a QRTP. ND Legislative session did have a law change (SB 2069) to expand the role of Juvenile Court Directors to approve placement of foster children in Qualified Residential Treatment Programs. CFS collaborated with Juvenile Court to align the Qualified Individual and Judicial Status Review Processes to be in compliance with FFPSA Federal Legislation, NDCC and NDAC. The Juvenile Rule N.D.R.Proc.R. § 7. The Court Improvement Project began efforts to train judges on the FFPSA regulations and the impact to the courts related to Qualified Residential

North Dakota has worked diligently to boost statewide recruitment and retention efforts to increase the number of specific and specialized family foster and adoptive homes. In May 2019, the Department engaged foster parents, authorized licensing agencies, UND CFSTC and other stakeholders during foster care month in efforts to send a consistent message to reduce congregate care, inform on Family First Prevention Services Act (FFPSA), as well as educate on training opportunities and update on recruitment and retention of foster and adopt parents. In June 2019, the Department reviewed the fiscal budgets set aside for regional Recruitment and Retention. Historically, eight counties assisted as a monetary pass-through for regional coalitions. NDDHS moved to make this process more efficient for all parties and streamlined the funding and administration to a more statewide approach to recruiting and retaining foster parents and adoptive homes in North Dakota. Effective, January 1, 2020 a formal contract was entered into with University of North Dakota Children and Family Services Training Center (CFSTC) to assist our statewide authorized licensing agencies (Zones, Tribes, PATH, LSS, and Youthworks) and adoption agencies with oversight and engagement in recruitment and retention coalition goals, tasks, funding, statewide planning, education/awareness, statistics/reporting and sharing of resources for greater

efficiencies. This contract will not take the place of expected local recruitment and retention that must occur by staff within County/Zones and authorized licensing agencies. The UND R&R Contract is led by a fulltime Recruitment and Retention Specialist hired by CFSTC. Currently, the CFSTC is collecting the following information:

- Current point of contact for local R&R Coalition,
- Current list of R&R Coalition members,
- Summary of your past recruitment and retention efforts, including what worked well and what was not the best use of funding/time,
- Upcoming goals and tasks you would like to see for 2020,
- Any budget considerations for 2020 as well as any commitments to funding you have made for 2020, and
- Any other information about your local efforts and coalition that you would feel helpful to share.

**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><b>3A:</b> Develop and train on the trauma-informed interdisciplinary understanding of “safety.”</p>	<p><b>3A1:</b> Convene a core group of legal and child welfare stakeholders to agree upon a consistent definition of safety.</p> <p><b>3A2:</b> 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><b>3A1:</b> CFS</p> <p><b>3A2:</b> CIP/CFS</p>	<p><b>3A1:</b> Year Two</p> <p><b>3A2:</b> Year Two</p>
<p><b>3B:</b> 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"> <li>○ The process of ND Child welfare court proceedings;</li> <li>○ The impact of delayed permanency;</li> <li>○ Best practice and strategies to improve outcomes;</li> <li>○ Trauma informed child welfare practice;</li> <li>○ Engaging in active and reasonable efforts;</li> <li>○ ND ICWA compliance; and</li> <li>○ Youth and families.</li> </ul>	<p><b>3B1:</b> Provide training to indigent defense council at the Fall 2019 Continuing Legal Education Training regarding child welfare court proceedings.</p> <p><b>3B2:</b> 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><b>3B3:</b> Support 2 attorneys per year to obtain child welfare law specialist certification through the NACC.</p> <p><b>3B4:</b> Provide training to child welfare stakeholders through Live at Lunch training sessions.</p> <p><b>3B5:</b> Provide multidisciplinary judicial district training using NACC Conference attendees to train on the topics they were educated on.</p>	<p><b>3B1:</b> CIP/CFS</p> <p><b>3B2:</b> CIP/CFS</p> <p><b>3B3:</b> CIP</p> <p><b>3B4:</b> CIP/CFS</p> <p><b>3B5:</b> CIP</p>	<p><b>3B1:</b> Year One</p> <p><b>3B2:</b> Year One and Annually</p> <p><b>3B3:</b> Year One and Annually</p> <p><b>3B4:</b> Year One and Monthly</p> <p><b>3B5:</b> Year One and Annually</p>
<p><b>3C:</b> Access Title IV-E funding for parental legal representation programming.</p>	<p><b>3C1:</b> Complete data collection to analyze the impact a parental legal representation program could have.</p> <p><b>3C2:</b> 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><b>3C3:</b> 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><b>3C1:</b> CIP</p> <p><b>3C2:</b> CIP</p> <p><b>3C3:</b> CIP/CFS</p>	<p><b>3C1:</b> Year Two</p> <p><b>3C2:</b> Year One</p> <p><b>3C3:</b> Year Two</p>

	<p><b>3C4:</b> Identify/secure funding sources to support implementation of the chosen parental legal representation program.</p> <p><b>3C5:</b> Implement a statewide parental legal representation program utilizing Title IV-E and CIP funding.</p>	<p><b>3C4:</b> CIP/CFS</p> <p><b>3C5:</b> CIP/CFS</p>	<p><b>3C4:</b> Year Two</p> <p><b>3C5:</b> Year Three</p>
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**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

**FEEDBACK LOOPS**

CFS meets on a regular basis with partners and stakeholders through the following meetings: Human Service Zone Directors, Children and Family Services Committee, Regional Supervisors, State and Tribes Enhancing Partnership Strategies (STEPS), Juvenile Justice Board. In addition, email updates are provided to the field. Stakeholders will continue to be involved in all aspects of planning and implementation of goals during the upcoming year through these avenues.

**MEASURES OF PROGRESS**

<ol style="list-style-type: none"> <li>1. Number of individuals trained by discipline.</li> <li>2. Increase the number of parents represented at legal proceedings through the use of IV-E funding.</li> <li>3. Increase legal and child welfare community knowledge of importance of timely permanency in child welfare cases.</li> </ol>	<b>Baseline</b>	
	<ol style="list-style-type: none"> <li>1. None Exist</li> <li>2. None Exist</li> <li>3. None Exist</li> </ol>	<ol style="list-style-type: none"> <li>1.</li> <li>2. NA</li> <li>3. August 14, 2019 Meeting</li> </ol>

**UPDATE ON PROGRESS MADE TO IMPROVE OUTCOMES**

The Children and Family Services Division has been working closely with Juvenile Court and the Court Improvement Program to improve services for children and families throughout North Dakota. Timely permanency was identified as an issue impacting the child welfare and court system. Children were languishing in the system without timely movement into permanency.

A meeting was held in Grand Forks on August 14, 2019 in Grand Forks to review practice guidelines to ensure timely filing of termination of parental rights (TPR) cases. Meeting participants included representative from Grand Forks County Social Services, the Grand Forks States Attorney’s Office, Juvenile Court, the Court Improvement Program, and the Children and Family Services Division. The Grand Forks County States Attorney has adjusted practice based on the outcome of the meeting.

Since the August stakeholder meeting in Grand Forks practice improvements have been made. As was noted prior, the State’s Attorney office was requesting a very lengthy thirty page outline from social services prior to filing the petition to terminate causing a delay in time to petition filing. It was identified during the stakeholder meeting that the outline was no longer necessary and information in the case worker affidavit would be sufficient. Social services reports they are past the backlogged “outline” style that they have used prior and are seeing many more petitions being filed on a timely basis. It has been noted by the social service agency that as of December 2019, the number of youth waiting for petition filing of a



TPR is at an all-time low and had dropped by 23% in five months. As a result of the stakeholder meeting Grand Forks County has also implemented filing shorter petitions and hired an attorney part time that solely works on termination cases which has helped to increase time to TPR petition filing.

The CIP coordinator has collected and analyzed the most recent 2019 TPR data (see below). Through data analysis it has been noted that Stark county no longer is a concern in regard to average time between when the affidavit is submitted to state's attorney and when the TPR petition is filed. Though the Grand Forks data showed no improvement in timeliness in average time between when the affidavit is submitted to state's attorney and when the TPR petition is filed, it is anticipated that since the backlogged cases have been resolved due to new protocol and practice the numbers will start to show improvement in the next quarter review (April, 2020). Once the new data is reviewed a follow up stakeholder meeting will be facilitated to share data and receive feedback on practice updates.

It is important to note that there have been other counties such as Ward and Walsh county where the time to petition filing is longer than best practice would suggest. A similar stakeholder meeting in each Ward and Walsh County will be held to identify barriers that can be addressed. Data analysis of the 2019 termination of parental rights numbers in McKenzie and Williams County also identifies that the average time between deprivation and case filing and filing a petition for termination of parental rights in thirteen cases was 1127 days or 3.1 years. The CIP taskforce will discuss this recent data at their next taskforce meetings to receive feedback from stakeholders to determine next steps.

As a strategy to engage the Grand Forks area on updated child welfare best practice the CIP has supported for a Grand Forks state's attorney to attend the online NACC Red Book training along with support for said attorney to become certified as Child Welfare Law Specialist. A Grand Forks state's attorney also attended the National Judicial Leadership Summit on Child Welfare.

**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><b>4A:</b> Utilize TOC to develop a fully functional quality assurance process for the child welfare system.</p>	<p><b>4A:</b> 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><b>4A:</b> DHS Executive Office</p>	<p><b>4A:</b> Year One</p>
<p><b>4B:</b> In collaboration with the human service zones, TOC Administrative Team will:</p> <ul style="list-style-type: none"> <li>• Review data,</li> <li>• Research issues,</li> <li>• Provide recommendations</li> <li>• Monitor and measure achievement of practice improvements</li> </ul> <p><b>Explanation of Change:</b> The TOC Administrative Team had initially been comprised of the Departments Executive Leadership team. This arrangement proved to be too far removed from the services to allow for effective, timely changes based on the data. The TOC Administrative Team was moved to the Children and Family Services Division Management Team, led by the Division Director. Not only does this allow for ongoing and timely review of data and progress made on the PIP and CFSP goals, it allows for more timely adjustment to be made to programs. Both the Assistant Director/CQI Administrator and the QA Unit Manager are members of the CFS The CFS Management Team members are champions of change for the social service redesign TOC work and are able to implement change when needed.</p>	<p><b>4B1:</b> Use data and researched issues to implement recommended practice improvements.</p> <p><b>4B2:</b> CFS administrators will use the TOC Administrative Team recommendations to report out on PIP measurements and progress towards CFSP goals.</p> <p><b>4B3:</b> Build a data dashboard to report on key metrics identified in each TOC project and the PIP.</p> <p><b>4B4:</b> Identify the process measures, quality measures and client outcomes in each TOC project.</p> <p><b>4B5:</b> Report on the metrics quarterly to the TOC Administrative Team and CFS administrators.</p>	<p><b>4B1:</b> DHS Executive Office, Children and Family Services Division, Human Service Zones</p> <p><b>4B2:</b> Children and Family Services Division</p> <p><b>4B3:</b> DHS Executive Office, Children and Family Services Division, Information Technology Services</p> <p><b>4B4:</b> DHS Executive Office, Children and Family Services Division, Human Service Zones</p> <p><b>4B5:</b> DHS Executive Office</p>	<p><b>4B1:</b> Year Two</p> <p><b>4B1:</b> Year One</p> <p><b>4B1:</b> Year Three</p> <p><b>4B1:</b> Year One and Ongoing</p> <p><b>4B1:</b> Year Three</p>
<p><b>4C:</b> 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><b>4C1:</b> Take the 8 module TOC training and build it into an instructional manual with video-based training.</p> <p><b>4C2:</b> Review the full training and manual with the TOC Administrative Team and all DHS leadership.</p>	<p><b>4C1:</b> DHS Executive Office</p> <p><b>4C2:</b> DHS Executive Office</p>	<p><b>4C1:</b> Year Two</p> <p><b>4C2:</b> Year Two</p>
<p><b>IMPLEMENTATION SUPPORTS</b></p>			

- 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**

	<b>Baseline</b>	<b>Progress</b>
1. A data dashboard will be implemented.	1. None Exist	1. None Exist
2. A fully functioning quality assurance system using TOC will be implemented.	2. None Exist	2. QA Unit created 11/2019
3. A TOC instructional manual will be developed.	3. None Exist	3. In Progress

**UPDATE ON PROGRESS MADE TO IMPROVE OUTCOMES**

Prior to approval and implementation of the PIP, North Dakota struggled to maintain a case review process. The University of North Dakota’s Children and Family Services Training Center had been under contract to implement the case review process and had completed the 2018 Case Reviews but chose to end participation in the contract with the Department of Human Services due to a lack of a viable CQI process. The Department met with the UNDCFSTC regarding contracting for the Case Review. UNDCFSTC reiterated they were no longer interested in participating in the case review process in its current form and would not enter into a new contract. The Department met with staff from Minot State University to determine their interest in contracting for the Case Review. They declined, citing competing priorities. The Department contacted North Dakota State University, however, they declined, as well. Internal discussion was held concerning next steps for the case review process. It was decided the Department would establish a Quality Control Unit to complete Onsite Case Reviews. Due to this, an RFP was not issued.

In November of 2019, the QA Unit Manager was hired, and eight QA Reviewers and one Administrative Assistant were also brought onboard. Plans for an intensive case review process were put into place to review 65 cases from January 13, 2020 to March 31, 2020. Additional reviewers were brought in from private agencies, county social services, and the Children and Family Services Division to assist with the initial work on the case review. Reviewer training occurred the week of December 9, 2019. This included onsite training and a webinar. The initial review of just under one-half of the cases pulled was held in Bismarck during the week of January 13, 2020. The remaining cases were reviewed by the QA Unit from January 20, 2020 onward. All 65 cases were reviewed prior to March 20, 2020.

With the creation of the QA Unit, the state has begun the work of implementing a statewide case review process by reviewing randomly sampled foster care and in-home services cases to evaluate safety, permanency, and well-being outcomes. As noted, this aspect of the strategy has been achieved. This structure is in place and is the process the state intends to implement moving forward. The next phase of this strategy speaks to implementing a process to gather stakeholder input related to Systemic Factors Item functioning in each North Dakota region once per year. The QA unit is in the developing phase of this process and it is anticipated that this work will begin during Quarter 6. The QA Manager has met with the CFS Leadership team to identify the systemic factors for which stakeholder feedback will be beneficial and has secured online surveying capabilities through Survey Monkey. A detail plan for securing this feedback is underway.

The implementation of the QA Unit activities, North Dakota has put into place a solid statewide case review process that will allow the state to monitor child welfare practice annually and make needed adjustments in a timely manner. Work, however, remains on applying Theory of Constraints to the case review process, identifying any bottlenecks in procedures and adjusting work to make it even more efficient. TOC resources are currently devoted to redesign of the In-Home Services processes and will then shift to Permanency Services. As resources are made available, the case review system will go through the redesign process using TOC.

North Dakota continues to move forward with implementing a CQI process that will augment TOC and provide the feedback loops with the field that are needed to make lasting positive change to child welfare services. In April of 2017, staff from the Children and Family Services Division and other stakeholders began participating in the CQI Academy. This was done to develop evaluation methods, capacity and a culture to support CQI concepts. Through technical assistance received from the Capacity Building Center for States, a six-step CQI process was learned: Identify and understand the problem; Research the solution; Develop the theory of change; Adapt or develop the solution; Implement the solution; and Monitor and assess the solution. Policies and procedures were drafted to help institutionalize CQI across North Dakota's child welfare system and training on the basics of CQI was developed for county staff using the CQI Academy framework. Work has begun on revising the policies/procedures documents. Technical assistance from the Capacity Building Center for States has been brought in to assist CFS with formalizing a procedures document that will guide implementation of CQI across North Dakota's child welfare system. Once that is completed, training will be developed and provided to staff on the basics of CQI training to accommodate the new and ever-changing structure/processes of North Dakota's public child welfare system.

- 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. QUALITY ASSURANCE SYSTEM

North Dakota has struggled to maintain a case review process in the past. The University of North Dakota's Children and Family Services Training Center had been under contract to implement the case review process and had completed the 2018 Case Reviews but chose to end participation in the contract with the Department of Human Services due to a lack of a viable CQI process. The Department met with the UNDCFTC regarding contracting for the Case Review. UNDCFTC reiterated they were no longer interested in participating in the case review process in its current form and would not enter into a new contract. The Department met with staff from Minot State University to determine their interest in contracting for the Case Review. They declined, citing competing priorities. The Department contacted North Dakota State University, however, they declined, as well. Internal discussion was held concerning next steps for the case review process. It was decided the Department would establish a Quality Control Unit to complete Onsite Case Reviews. Due to this, an RFP was not issued.

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Until the continuous quality improvement and case review program goes through the TOC process, North Dakota will continue to move forward with implementing a CQI process that will augment TOC and provide the feedback loops with the field that are needed to make lasting positive change

to child welfare services. In April of 2017, staff from the Children and Family Services Division and other stakeholders began participating in the CQI Academy. This was done to develop evaluation methods, capacity and a culture to support CQI concepts. Through technical assistance received from the Capacity Building Center for States, a six-step CQI process was learned: Identify and understand the problem; Research the solution; Develop the theory of change; Adapt or develop the solution; Implement the solution; and Monitor and assess the solution. Policies and procedures were drafted to help institutionalize CQI across North Dakota’s child welfare system and training on the basics of CQI was developed for county staff using the CQI Academy framework. Work has begun on revising the policies/procedures documents and the basics of CQI training to accommodate the new and ever-changing structure/processes of North Dakota’s public child welfare system.

Using the skills developed through the participation in the CQI Academy and ongoing work to increase continuous quality/quality assurance activities, North Dakota has used root cause analyses to help drive not only development of the PIP but system redesign activities through the TOC process during the time since the last CFSR. Such activity, for instance, has led to significant changes in CPS processes. Additionally, North Dakota is using the statewide data profile to identify patterns and trends over the years. To ensure that North Dakota is able to use the data profile in the most productive manner, North Dakota requests technical assistance through the Capacity Building Center for States on the statewide data profile.

With the Department’s new focus of redesigning the social service delivery system across North Dakota in 2018, it 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	
<b>1</b> Have the Right MINDSET	Set ambitious targets
	Believe there is hidden capacity in operations
	Commit time and attention to the goal
<b>2</b> 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
	How resources are allocated
<b>3</b> Manage the SYSTEM and not its parts	Identify improvement opportunities
	Focus on key leverage points
	Increase system throughput and managing costs
	Measure system performance
	Focus on mindset and thought processes
<b>4</b> Focus on the core PROBLEM that is blocking the goal	Require leadership focus
	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> )
<b>5</b> Achieve the goal by managing the <b>FLOW</b> 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
<b>6</b> Use the right <b>PERFORMANCE</b> measures	Throughput ( <i>what we do</i> )
	Quality ( <i>how well we do it</i> )
	Cost ( <i>for the best possible price</i> )
<b>7</b> Create <b>SOLUTIONS</b> 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
<b>8</b> <b>CHANGE</b> how the work gets done	"Task Analysis Board" to track tasks and assignments
	'Interference Diagram' to identify improvement opportunities that can be done quickly

Essential to a well-functioning continuous quality improvement (CQI) system is building productive CQI teams and ensuring that information generated through the system will be effectively used to make needed improvements. A productive CQI system requires a mechanism that promotes circular feedback and communication among staff, stakeholders, and teams. These feedback loops permit an ongoing, bi-directional information exchange across all levels of the agency, which in turn facilitates the change process. Equally important is sharing data with agency staff and sharing data with consumers and external stakeholders.

To help move needed system changes forward, subcommittees will be established as needed. This will include a permanent regional subcommittee. The regional supervisor will oversee the subcommittee. Membership will include representation from public and private entities participating in the public child welfare system throughout the region including:

- Human service zones;
- Tribal social services;
- Criminal justice;
- Private agencies;
- Family members.

The subcommittee will work closely with the CFS Management Team to identify systemic issues impacting service delivery and develop processes to improve outcomes for the identified service area. They will:

- Review data from various sources including CFSR/QA data and regional/local data reports;
- Review Case Review data and discusses regional initiatives or action plans to address areas needing improvement;
- Design and implement CQI projects to improve outcomes throughout the regional service delivery system and ultimately the statewide public child welfare system;

- Provide ongoing consultation and collaboration to review and evaluate the progress of the PIP strategies and CFSP goals and recommend program adjustments to allow for successful completion of the requirements of the CFSR performance improvement plan;
- Provide for or arrange for ongoing training for individual workers on CQI principles;
- Promoting a culture that values service quality and continual efforts by the Team, its partners, and contractors to achieve strong performance, program goals, and positive results for service recipients;
- Make legislative/policy/and practice improvement recommendations to the CQI Council.

As TOC work continues, subcommittees are developed based on subject/need. Four separate subcommittees have convened on a regular basis since April 2019 to review data, conduct a redesign of the CFS programs and develop practice to ensure a successful client focus and completion of the PIP strategies and goals. Child Protective Services has a subcommittee that has met regularly since August 2018 to redesign the CPS model to ensure more timely assessments and connecting families with the right service at the right time to ensure more positive outcomes for the family. The In-Home subcommittee has been meeting since April 2019 to design a stronger In-home practice that supports the large increase in referrals as a result of the CPS redesign. The CFS practice model subcommittee has met since June 2019 to focus on a consistent safety framework from engagement in CPS through case closure. The CPS central intake subcommittee has met consistently since July 2019 to build an intake program that aligns with the safety framework and supports the CPS practice. This work will continue beyond the life of the PIP, with new subcommittees being brought online as needed.

North Dakota is receiving technical assistance from the Capacity Building Center for States concerning Goal 1 of the CFSR Round 3 PIP. This technical assistance will culminate in the in March of 2021 with the implementation of a procedural manual for TOC-informed continuous quality improvement process. Key activities for this endeavor include:

1. Form or refine the implementation team and oversight body for the TOC/CQI work. Activities include:
  - a. Critically assess the original intended role and anticipated impact of the TOC Administrative team and the Transformation Manager to ensure those intentions are integrated and reflected.
  - b. Identify the breadth of perspectives needed for this CQI effort to be successful, including state leadership, regional representation, and other important stakeholders (Champions of Change, Tribal representation, youth and family voice, legal partners, Children and Family Services Training Center - CFSTC).
  - c. Thoughtfully consider which people need to be part of the ongoing implementation team and which stakeholders can be involved in other intentional, but perhaps less frequent, ways. Develop a charter to guide the revamped implementation team that includes the purpose and goals of the team and roles and responsibilities of team members.
  - d. Develop a protocol/approach for meaningfully and regularly involving other stakeholders as needed in the design of a CQI process that is appropriately guided by the Theory of Constraints.
2. Develop a theory of change that articulates how the Theory of Constraints is intended to influence the design and execution of North Dakota's CQI system. Activities include:



- a. Re-visit and clarify the problems with North Dakota's CQI system functioning that TOC is intended to address.
  - b. Develop a theory of change, including key activities and causal linkages, that explicitly communicates how the TOC is intended to guide the development of North Dakota's CQI system. Clarify how this is similar or different to TOC's application in other parts of the PIP and ND's broader transformation efforts.
  - c. Create a summary memo and associated visuals (if needed) to promote shared understanding of the theory of change with relevant stakeholders and guide the work going forward.
3. Create North Dakota's TOC-informed CQI plan. Activities include:
    - a. Identify priority outcomes and other performance measures (e.g. CFSR outcomes, others if needed).
    - b. Develop or refine mechanisms for regularly tracking performance on key indicators.
    - c. Fully operationalize the case review process, including sampling strategy, review schedule, and staffing approach/reviewer selection.
    - d. Create or refine ongoing mechanisms for generating stakeholder feedback on CFSR systemic factors and other dimensions of child welfare system functioning.
    - e. Develop an approach for engaging regions in meaning making of their case review findings and situating that analysis in the context of performance on priority outcomes.
    - f. Co-create feedback loops with key stakeholders, including Tribal partners, court partners, youth and families, and community/provider partners to engage them in discussion about state performance and solicit their feedback.
    - g. Ensure the TOC is explicit and defined throughout?
  4. Operationalize the CQI plan in the TOC/CQI Instructional manual. Activities include:
    - a. Formalize all CQI processes within an instructional manual that clearly incorporates the TOC.
    - b. Clarify CQI roles and responsibilities among state and local staff, including but not limited to staff with formal CQI responsibilities.
    - c. Document protocols and processes for state/regional collaboration in CQI activities.
    - d. Document mechanisms for generating stakeholder feedback on state performance, engaging them in meaning making of findings and developing performance improvement strategies, and ensuring appropriate feedback loops.

## 5. UPDATE ON THE SERVICE DESCRIPTIONS

### Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1)

North Dakota provides the following services under the Stephanie Tubbs Jones Child Welfare Services Program( IV-B, subpart 1) in all areas of the state:

**Family Centered Engagement (FCE) Meetings:** An FCE meeting is a participatory and inclusive process that brings together those with relationships to the child and service providers to improve child welfare decision making and outcomes for a child who is removed, a child at risk of removal, or a child/youth involved in both the child welfare and juvenile justice systems. The FCE meeting supports meaningful family engagement in child welfare services through utilizing a team approach in which the family is listened to and valued. The goals of FCE meetings are to:

- Reduce the number of children entering foster care;
- Increase the number of children remaining safely in their own homes; and
- For children who are removed from their homes, increase the number placed with relatives/kin.

FCE is funded, in part, through subpart 1 dollars. FCE was launched in early FFY 19 through phased implementation to select counties. Additional counties were included later in FFY 19 and the plan is to reach statewide implementation in all Human Service Zones (i.e. all 53 counties) FFY 20. Early data suggests that FCE has positively impacted the stated goals. However, the numbers are small; therefore, more time is needed to ascertain if the initiative continues to show positive outcomes.

**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 19, 227 families received intensive in-home family therapy services in 17 of the 19 Human Service Zones in the state through this contract. 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 dollars available to families who are having financial difficulty and are at risk of their children being placed out of the home. The funds are generally used to assist families with housing needs, such as rent, or transportation. Other

supports include clothing, childcare, household items, utilities, and evaluations. A combination of subpart 1 and 2 funds, in addition to other funding streams, are used to fund this practical support for families. New legislation was passed in SFY 2019 whereby each Human Service Zone is responsible to provide these services per the formula payment (N.D.C.C. 50-35-04). Due to this law change, CFS no longer maintains data regarding the number of families receiving support via safety/permanency funds. Within FRAME, there is a field where this information can be entered and tracked; however, not all caseworkers utilize this field, so the data is not accurate.

**Subsidized Guardianship Program:** The subsidized guardianship program offers state-funded financial support for youth who are not able to return to their parent(s). The state-funded subsidized guardianship program is open to all four federally recognized Indian tribes in North Dakota following the signing of the state-tribal IV-E agreements. North Dakota currently has 90 recipients in the program. Eligibility for this program includes:

- Youth age 12 and above (sibling groups will also be included if one member of the sibling group is age 12 or older);
- Preference is given to youth over the age of 16;
- 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.

### **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.

### **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.

### **Efforts 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.
  - A contract was developed with Prevent Child Abuse North Dakota to coordinate development of the plan for preventing child abuse and neglect deaths. The contract began on July 1, 2019.
- 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
  - Child Fatality Review data for the last 10 years was reviewed and data was gathered surrounding child deaths from abuse and neglect for that time period. (NOTE: Ten years of data was incorporated rather than the five years in the plan outlined above due to relatively small numbers of child deaths in North Dakota.)
- 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
  - A PowerPoint presentation was developed to provide partners and community members information about child maltreatment deaths, the Child Fatality Review Panel process and current child abuse and neglect prevention efforts in the state. This presentation was delivered first to the Child Fatality Review Panel, for their input, then to the Alliance for Children’s Justice (CJA Task Force). Additionally, there were two in-person community presentations to multidisciplinary audiences:
    - Grand Forks (21 attended). Attendees included representatives of city and county Law Enforcement, Juvenile Court, Parent Education, Homeless Coordinator, Education, Behavioral Health, Domestic Violence advocates, State’s Attorney, Head Start and Public Health
    - Fargo (36 attended). Attendees included representatives of city law enforcement, Community Action, Domestic Violence advocates, Higher Education, Children’s Advocacy

- Center, Health Care Providers Homeless Shelter staff, Education, Behavioral Health, Coroner's Office, US Senator's Office and US Attorney's Office
- There were two multidisciplinary community sessions held electronically:
  - Morton County (9 attended). Attendees included representatives of Public Health, Child Welfare, Education, Headstart, Early Childhood Education, Home Visitation program.
  - Minot (17 attended). Attendees included representatives of Parent Education, Behavioral Health, Healthcare, and Child Welfare.
- Additionally, there were two sessions scheduled prior to implementation of COVID-19 restrictions, The North Dakota Bar Association and the North Dakota Department of Public Instruction. Both entities requested to delay the presentation and elected to complete a recorded session at a later date.
- 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
  - Following each session, a survey was conducted with the participants to solicit feedback, relay questions and provide feedback on child maltreatment death prevention strategies.
- Implement the plan with support and collaboration from system partners

Completion of statewide presentations has been delayed by COVID-19 restrictions. It is hoped that in the first half of 2021, presentations will reach untapped areas of the state to gather prevention strategies from all areas of the state. From these strategies, a statewide prevention plan will be developed.

### **MaryLee Allen Promoting Safe and Stable Families Funds (IV-B, subpart 2).**

**Family Preservation Services:** The following services are funded, in part, with subpart 2 funds and it is planned that these funds will continue to be used to support these services in FFY 21.

- **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. During FFY 2019 1,276 unduplicated families received in-home case management services.
- **Parent Aide:** Parent aide services are designed to improve parenting skills with parents who are at risk of abusing or neglecting their children, by reinforcing parents' confidence in their strengths and helping them to identify where improvement is needed and to obtain assistance in improving those skills. It uses the relationship between the parent and the parent aide as a tool to encourage, teach, and assist parents. In FFY 2019, 403 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 2019, 18 unduplicated families received Prime Time Child Care services.

- **Safety Permanency Funds:** A combination of subpart 1 and 2 funds, in addition to other funding streams, are used to support this service area. The service description is included above.

### **Time Limited Family Reunification**

- **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. The service description and FFY 19 data are included above.

### **Service Decision-Making process for 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. These activities and special projects include:

- *Handle with Care* is a program that has been implemented in several cities in ND. This program provides the school with a “heads up” when a child has been identified by law enforcement at the scene of a traumatic event. The school then responds with interventions to help mitigate the trauma and mental health providers are co-locating at the school to provide services. The program promotes safe and supportive homes, schools, and communities that protect children, and help traumatized children heal and thrive.
- *Authentic Voices* is a membership-based group of survivors of childhood maltreatment for child victim advocacy.
- *The Period of Purple Crying* initiative, an evidence-based infant abusive head trauma prevention program is available to all birthing hospitals across the state for distribution to new parents.
- *Child Abuse Prevention Month* coordination of statewide child abuse and neglect prevention activities and grantees across the state. These public awareness efforts and 2019 activities included 16 grantees reaching 43 counties and the total population outreach estimated at 665,821.

### **Populations at Greatest Risk of Maltreatment**

The National Child Abuse and Neglect Data System (NCANDS) data reveals that for FFY 2019, 45.95% of all child victims were children age 5 and younger, representing a 1.01% decline from FFY 2018 (46.96%). Children age 3 and younger comprised 32.88% of the victims in FFY 2019, a 1.43% decline from FFY 2018 (34.31%). The largest population of victims were those most vulnerable; infants, children under a year, accounted for 12.10% of child victims in FFY 2019. 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. Additionally, all substance exposed newborns are to be referred for developmental screening for infant development referrals

### **Kinship Navigator Funding (title IV-B, subpart 2)**

North Dakota applied for and received Kinship Navigator funding in FFY 2018. CFS submitted an RFP that was awarded to Lutheran Social Services of ND (LSS-ND). LSS-ND convened focus groups with kinship caregivers, caseworkers, and private providers in many areas of the state. In addition, the agency researched existing Kinship Navigator programs in other states with the expectation that one or more would be approved as an evidence-based practice on the Title IV-B Prevention Services Clearinghouse. When no programs were approved, it was decided that LSS-ND and CFS administrators would instead develop a website resource for kinship families. *KinshipND* (<https://kinshipnd.com/>) was launched in 2019 and was widely promoted in press releases, and through statewide meetings and conferences with stakeholders. North Dakota did not apply for the FFY 2019 Kinship Navigator funding because it was categorized as a development grant by the Children's Bureau and with no approved evidence-based programs to develop, CFS did not have use for the funds.

### **Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits**

During this reporting period, 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) to provide trainings to caseworkers. 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 quality visitation. Funds were also utilized to offset the costs of child welfare professionals to attend the annual four-day CFS Conference in July of 2019. 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.

The trainings continued 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 helped to enable the case workers to make informed decisions about directionality of the cases to achieve better and more timely outcomes.

Along with the trainings noted in this section, foster care policy continued to be reviewed and updated regularly surrounding case worker visitation, as needed. This included policy surrounding the assurance of both quantity and quality of the visitation. Areas that were addressed included; 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 continue to be 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 are to 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 continue to have access to these reports/statistics within FRAME at any time.

The state's case review process continues to review and assess the quantity and quality of the case worker visitations.



In FFY 19, North Dakota was able to achieve federal caseworker visitation standards of at least 95% of foster care cases being visited in person each and every full month they were in foster care. Additionally, the majority of these visit took place in the primary residence of the foster youth.

### **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.

### **Adoption Savings**

ND has funded the ND Post Adopt Network since January 2016 through adoption savings funds. the ND Post Adopt Network services are available to all families who have adopted from or are providing guardianship for children from foster care, as well as families who have adopted privately through an infant or international adoption program.

Other IV-B services that are currently being funded (at least in part) through adoption savings include:

- Contract with Catholic Charities to provide tribal adoption services
- Contract with University of North Dakota to provide new training
- Contract with Nexus-PATH to hire provide new transitional living services
- Family Centered Engagement services
- Intensive InHome Services in Regions VII and VIII

North Dakota seeks to expend the adoption savings funds within one year following their reporting.

### **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 in 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.

**Briefly describe the services provided since the submission of the 2020-2024 CFSP, highlighting any changes or additions in services or program design for FY 2021 and how the services assisted or will assist in achieving program goals (45 CFR 1357.16(a)(4)). Indicate how these activities have been integrated into the state's continuum of services and aligns with the state's vision. Describe how Chafee-funded services support the goals identified in the state's CFSR PIP (see Section C3).**

The Family First Prevention Services Act (FFPSA) amended section 477 of the Act by changing the name of the John H. Chafee Foster Care Independence Program (CFCIP) to the Chafee Foster Care Program for Successful Transition to Adulthood (Chafee Program).

The Chafee Foster Care Program for Successful Transition to Adulthood, including the Education and Training Voucher (ETV) Program, provides flexible funding to promote and support youth who have experienced foster care at age 14 or older in their transition to adulthood.

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 has 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, as follows:

- Chafee Program Minimum Age: 14
- Chafee Program Maximum Age: 23
- Youth who have experienced 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.

The North Dakota Department of Human Services, Child & Family Service Division continues to administer the Chafee Program grant and oversees the Regional Chafee and Education and Training Voucher (ETV) Programs across the state. Nexus- PATH Family Healing (formerly referred to as PATH Inc.) continued to be the Chafee Program statewide provider; the Chafee Transition Coordinators are in all eight regional Nexus-PATH Family Healing offices statewide. Chafee Transition Coordinators deliver service to eligible current foster care youth and Foster Care Alumni in all eight regions of the state. In North Dakota, all youth who are at least 14 years of age, are not yet 23 years of age and who are or were in foster care after the age of 14 are eligible for components of the Chafee Program. In addition, all youth in foster care, as well as foster care alumni Chafee

participants, age 14 and older, are required to have their independent living needs assessed. The Chafee Program does not have a case load standard.

North Dakota continued serving youth across the state ensuring that all political subdivisions in the eight regions and 19 Human Service Zones (formerly 53 counties) were served by the Chafee, including tribal youth and youth in custody of the Division of Juvenile Services. See the chart below for data reflecting Chafee participation in ND.

Number of Youth Participating in the Chafee Foster Care Independence Program (CFCIP) in North Dakota FY 2013-2019						
	CFCIP Youth	Current Foster Care Youth	Foster Care Alumni	Priority 1 Youth	Priority 2 Youth	Native American Youth
FY 2013	399	232	167	267	132	87
FY 2014	438	252	186	312	126	101
FY 2015	479	304	175	345	134	95
FY 2016	473	315	158	333	140	113
FY 2017	474	316	158	296	178	112
FY 2018	468	277	191	302	166	114
FY 2019	436	250	186	276	160	103

If a youth is open for one day, FRAME pulls that information and generates the CFCIP totals for the annual report. The number of youth served by the program in FFY 2019 decreased by thirty-two from FFY 2018. This decrease in total number served throughout FFY 2019 could be a result of staff turnover, resulting in lower regional caseloads. In addition, Chafee Coordinators reported that participants are remaining active in the program for longer lengths of time which impacts the ability to open new referrals, therefore reducing the total number of participants in FFY 2019. Children and Family Services along with Chafee Supervisor and Coordinators are constantly evaluating the referral process, specifically the pending referrals. Nexus-PATH Family Healing has incorporated a new practice of reviewing all pending referrals during monthly supervision/staffing to better assess ways to serve more Chafee participants and evaluate referral trends.

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. 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. During FY 2019 there were 223 CFCIP assessments completed.

Chart 1 indicates the % of Chafee participants who responded “yes” (favorably) to the 8 outcomes of the CFCIP assessment in 2019.

<b>FFY Year</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>+ or – Between 2018 &amp; 2019</b>
<b># of Assessments Completed</b>	223	218	202	251	189	223	
<b>Outcome Measure</b>	<b>% of Yes Responses</b>	<b>% of Yes Responses</b>	<b>% of Yes Responses</b>	<b>% of Yes Responses</b>	<b>% of Yes Responses</b>	<b>% of Yes Responses</b>	
<b>1. Economic Resources</b>	65.9%	66.5%	61.4%	70.5%	65.4%	64.4%	-1.0%
<b>2. Safe Stable Living</b>	92.4%	93.1%	94.6%	92.8%	94.7%	93.7%	-1.0%
<b>3. Educational Plan</b>	95.5%	94.5%	93.1%	92.8%	91.5%	87.1%	-4.4%
<b>4. Permanent Connection</b>	90.6%	90.8%	91.1%	91.2%	90.4%	92%	+1.6%
<b>5. Avoid High Risk Behavior</b>	96.9%	97.2%	96.5%	97.2%	96.8%	99.1%	+2.3%
<b>6. Postponed Parenthood</b>	95.5%	96.8%	94%	98%	93.1%	95.1%	+2.0%
<b>7. Ability to Access Mental Health Services</b>	91.9%	94%	91.6%	94.4%	92.0%	91.6%	-0.4%
<b>8. Normalcy</b>	N/A	85.7%	92.6%	92.2%	91%	92.9%	+1.9%
<b>Overall % of Yes Responses</b>	<b>89.8%</b>	<b>89.8%</b>	<b>89.4%</b>	<b>91.1%</b>	<b>89.4%</b>	<b>89.5%</b>	

The ND CFCIP Assessment Outcomes Table above depicts the total number of assessments completed per year, and the percentage of “Yes” responses for each of the 8 outcomes. In FFY 2019 there were slight increases and decreases in the “Yes” response rate. The most significant decrease is in the category of Education Plan. In ongoing collaboration with Chafee Transition Coordinators there does not seem to be a concise reason as to why there is a noted decrease in educational planning. Nexus-PATH in collaboration with Children and Family Services has implemented a quality improvement practice that will utilize assessment data to improve practice. The data collected from the ND CFCIP Assessment will be collected and reported to the Chafee Transition Coordinators on a quarterly basis as part of the quarterly face to face meeting. During this time, the Department in conjunction with our contracted vendor, Nexus- PATH Family Healing will take time discussing trends, areas of services that need to be improved, and ongoing relationships with community partners to ensure Chafee participants are receiving services that meet each participant’s individual needs. This data continues shared with Chafee Coordinators on an ongoing basis to promote changes in practice and to promote accurate case planning that reflects the needs presented by the data captured through the ND CFCIP. Overall, there was an increase in 34 CFCIP assessment completed in 2019 compared to 2018

Expanding youth involvement in the system is also priority for North Dakota. Youth involvement is critical to system change. Additional Chafee funding allotted to our state to expand the youth board component would have a large impact on system change, in particular on the implementation of Family First expansion. North Dakota Children and Family Services, along with the Chafee Supervisor and members of the North Dakota Youth Leadership Board were fortunate to be selected to participate in the Youth Engagement Summit while this has been postponed due to COVID-19 global pandemic North Dakota remains excited to be a part of this in the coming months. This opportunity will allow for the youth board along with Children and Family Services and our contracted vendor Nexus-PATH Family Healing to participate in a learning collaborative in the ability to focus on our system change, continuum of care and how we expand youth voice and involvement in case planning and service planning.

Since full implementation of the FFPSA on October 1, 2019 in North Dakota, NDDHS has continued partnering closely with our contracted vendor Nexus-PATH Family Healing in maintain compliance of and access to the Chafee program statewide.

**Provide an update on the state’s plan to strengthen the collection of high-quality data through NYTD and integrate these efforts into the state’s quality assurance system. To the extent not addressed in “Collaboration” in Section C1 or “Quality Assurance” in Section C4, provide an update to the state’s process for sharing the results of NYTD data collection with families 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 the state’s quality assurance system, NYTD data and any other available data to improve service delivery and refine program goals.**

- **Provide an update on coordinating services with “other federal and state programs for youth (especially transitional living programs funded under Part B of Title III of the Juvenile Justice and Delinquency Prevention Act of 1974), abstinence education programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs offered by high schools or local workforce agencies” in accordance with section 477(b)(3)(F) of the Act.**

- o **In July 2019, the U.S. Department of Housing & Urban Development announced the “Foster Youth to Independence” (FYI) Voucher Program. The FYI program provides eligible young adults with a housing voucher to assist in the prevention of homelessness among young adults with foster care histories. In order to receive a voucher the child welfare agency must ensure the provision of While FYI operates in most states at the community level, it is important that state child welfare agencies support and facilitate conversations to assist in implementation of this initiative. As part of the update on the coordination of Chafee services with other federal and state programs, provide information on the state’s efforts to support and facilitate the coordination of child welfare agencies and Public Housing Authorities to utilize FYI vouchers.**

- **Provide an update on how the state involves the public and private sectors in helping youth in foster care achieve independence (section 477(b)(2)(D) of the Act).**

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.

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. North Dakota continues to provide 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.

The North Dakota Chafee Administrator is the North Dakota NYTD Lead. North Dakota has recently amendment the Chafee contract with Nexus-PATH Family Healing to include working directly with the young person and case managers, including ensuring compliance and completion of NYTD surveys. The efforts for NYTD have offered great excitement and energy as North Dakota reflects on transitioned age youth needs and services. High quality data collection is the key to identifying areas we need to focus our time and talents to better the overall outcomes of our North Dakota youth transitioning to adulthood.

North Dakota continues to survey foster care youth regarding homelessness through the National Youth in Transition Database (NYTD) survey. Every three years NDDHS begins a new Cohort of NYTD data collection which tracks homelessness by asking 17-year-old foster youth, "Have you ever been homeless?" ND provides further clarification regarding the question that if a youth answers "yes" it means the youth had no adequate place to live; was living in a car, on the street, or in a shelter for at least one night. In FFY 2011, North Dakota collected Cohort 1 NYTD data from 17-year-old foster youth, which indicated 22% of North Dakota foster youth surveyed were homeless at one point in their lifetime before coming into foster care. In 2014, a second group of 17-year-old youth were surveyed as part of NYTD Cohort 2 and 21% responded yes to experiencing homelessness prior to entering foster care. NYTD requires a follow up survey be completed with those same youth at ages 19 and 21. During FFY 2013, North Dakota collected Cohort 1 data from Foster Care Alumni asking, "In the past two years, have you ever been homeless?" Age 19, NYTD data survey results indicated that 40% of youth reported being homeless, compared to 24% of a second group of 19-year-old youth surveyed in Cohort 2 in 2016 responding yes to experiencing homelessness. In FFY 2015, this question was asked of Cohort 1 age 21-year-old youth with 28% reporting being homeless in the last two years, compared to 19% of Cohort 2, age 21-year old responding yes in 2018. After two full cohorts of NYTD data collection, results show the percentage of foster care alumni experiencing homelessness is decreasing yet continues to be an area of need throughout the state. ND continues to look at child welfare data to analyze areas of opportunities to better support transition and minimize risk of homelessness. See charts below for data comparison of cohort 1 and cohort 2 in regard to NYTD questions pertaining to homelessness, enrollment in school, employed full or part-time, incarceration, and given birth to or fathered any children.



Ever Been Homeless					
		COHORT 1		COHORT 2	
		TOTAL	Percentage	TOTAL	Percentage
AGE 17	YES	19	22%	13	21%
	NO	69	78%	47	77%
	DECLINED	0	0%	1	3%
	TOTAL	88		61	
AGE 19	YES	22	40%	9	24%
	NO	32	58%	29	76%
	DECLINED	1	2%	0	0%
	TOTAL	55		38	
AGE 21	YES	16	28%	7	19%
	NO	41	72%	29	81%
	DECLINED	0	0%	0	0%
	TOTAL	57		36	

Enrolled in School					
		COHORT 1		COHORT 2	
		TOTAL	Percentage	TOTAL	Percentage
AGE 17	YES	80	91%	60	98%
	NO	6	7%	1	2%
	DECLINED	2	2%	0	0%
	TOTAL	88		61	
AGE 19	YES	9	16%	21	55%
	NO	44	80%	17	45%
	DECLINED	2	5%	0	0%
	TOTAL	55		38	
AGE 21	YES	13	23%	11	31%
	NO	44	77%	25	69%
	DECLINED	0	0%	0	0%
	TOTAL	57		36	

Employed Full Time					
		COHORT 1		COHORT 2	
		TOTAL	Percentage	TOTAL	Percentage
AGE 17	YES	1	1%	1	2%
	NO	87	99%	60	98%
	DECLINED	0	0%	0	0%
	TOTAL	88		61	
AGE 19	YES	19	35%	11	29%
	NO	35	64%	27	71%
	DECLINED	1	2%	0	0%
	TOTAL	55		38	
AGE 21	YES	29	51%	20	56%
	NO	28	49%	16	44%
	DECLINED	0	0%	0	0%
	TOTAL	57		36	

<b>Employed Part Time</b>					
		COHORT 1		COHORT 2	
		TOTAL	Percentage	TOTAL	Percentage
AGE 17	YES	16	18%	16	26%
	NO	72	82%	44	72%
	DECLINED	0	0%	1	2%
	<b>TOTAL</b>	<b>88</b>		<b>61</b>	
AGE 19	YES	11	20%	10	26%
	NO	43	78%	27	71%
	DECLINED	1	2%	1	3%
	<b>TOTAL</b>	<b>55</b>		<b>38</b>	
AGE 21	YES	8	14%	13	36%
	NO	49	86%	23	64%
	DECLINED	0	0%	0	0%
	<b>TOTAL</b>	<b>57</b>		<b>36</b>	

<b>Ever been confined in a jail, prison due to alleged crime</b>					
		COHORT 1		COHORT 2	
		TOTAL	Percentage	TOTAL	Percentage
AGE 17	YES	46	52%	32	52%
	NO	42	48%	28	46%
	DECLINED	0	0%	1	2%
	<b>TOTAL</b>	<b>88</b>		<b>61</b>	
AGE 19	YES	14	25%	10	26%
	NO	40	73%	28	74%
	DECLINED	1	2%	0	0%
	<b>TOTAL</b>	<b>55</b>		<b>38</b>	
AGE 21	YES	16	28%	12	33%
	NO	41	72%	24	67%
	DECLINED	0	0%	0	0%
	<b>TOTAL</b>	<b>57</b>		<b>36</b>	

<b>Ever given birth or fathered any children</b>					
		COHORT 1		COHORT 2	
		TOTAL	Percentage	TOTAL	Percentage
AGE 17	YES	3	3%	3	5%
	NO	85	97%	58	95%
	DECLINED	0	0%	0	0%
	<b>TOTAL</b>	<b>88</b>		<b>61</b>	
AGE 19	YES	8	15%	1	3%
	NO	46	84%	37	97%
	DECLINED	1	2%	0	0%
	<b>TOTAL</b>	<b>55</b>		<b>38</b>	
AGE 21	YES	19	33%	7	19%
	NO	38	67%	29	81%
	DECLINED	0	0%	0	0%
	<b>TOTAL</b>	<b>57</b>		<b>36</b>	

Each year CFS has expanded the use of NYTD data. Stakeholders throughout the state are aware of the data and continue 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 has licensed two additional supervised independent living (SIL) programs through Nexus-PATH Family Healing that can support up to 48 young people. Dakota Boys and Girls Ranch, a Qualified Residential Treatment Program, continues to operate a Supervised Independent Living Program in North Dakota. This four-apartment complex, located in Minot, provides additional placement options

as well as transitional living supportive opportunities for 18+ participants. At this time, North Dakota has three SIL programs licensed with two provider agencies, offering housing to twelve 18+ Continued Care program youth.

North Dakota Century Code legislation was passed this last session allowing for the NDDHS to license Supervised Independent Programs. NDDHS developed North Dakota Administrative Code 75-03-41 Licensing of Supervised Independent Living Programs that became effective October 1, 2019. NDDHS has defined Supervised Independent Living Program 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”.

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

CFS partners annually with Youthworks to apply for a homeless grant and the Fargo-Moorhead Homeless Coalition 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.

North Dakota 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. North Dakota has opted at this time to not utilize the Foster Youth to Independence federal HUD funding. North Dakota has portions of the state accessing the federal FUP voucher.

North Dakota will 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. October 1, 2019 ND began collecting data for 17-year old’s for Cohort 4, there were 35 eligible youth for Cohort 4 A, with North Dakota gathering data from 30 of those youth. North Dakota continues data collection for Cohort 4 B.

The Chart below shows the number independent living services and transition services that have been provided to young people who are currently in or have been in foster care at age 14 or older from May 1, 2019 until October 31, 2019.

**Table 1: Total IL Services by IL Service type (01MAY2019 to 31OCT2019)**

<b>IL Service</b>	<b>Total</b>	<b>Percent</b>
Academic Support	603	14.8%
Budget and financial management	314	7.7%
Career preparation	428	10.5%
Education financial assistance	233	5.7%
Employment programs or vocational training	193	4.7%
Family support/healthy marriage education	480	11.8%
Health education and risk prevention	369	9.0%
Housing, education, and home management tr	319	7.8%
Independent living needs assessment	464	11.4%
Mentoring	123	3.0%
Other financial assistance	235	5.8%
Post-secondary educational support	215	5.3%
Room and board financial assistance	103	2.5%
<b>Total</b>	<b>4079</b>	<b>100.0%</b>

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 Youth Homelessness Coalition and the North Dakota Department of Public Instruction for Homeless Youth and collaborates with state agencies, local authorities and providers, the UND CFSTC, Division of Juvenile Services, Human Service Zones, Foster Parents, Qualified Residential Treatment Programs 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; Nexus- PATH 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 Human Service Zone’s, Division of Juvenile Services and Tribal case managers to provide needed services to eligible youth. Examples of other services and partnerships that have continued during this reporting 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 Chafee 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.

### Education and Training Vouchers(ETV) Program(section 477(i) of the Act)

In the 2021 APSR, states must:

- Provide an update on the methods the state uses 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 (as defined in section 472 of the Higher Education Act of 1965);and (2) to avoid duplication of benefits under this and any other federal or federally assisted benefit program.(See sections 477(b)(3)(J) and (i)(5) of the Act, and Attachment D of this PI.
- Briefly describe the services provided since the submission of the 2020-2024 CFSP, highlighting any changes or additions in services or program design for FY 2021 and how the services assisted or will assist in establishing, expanding, or strengthening program goals (45 CFR 1357.16(a)(4)).
- *If applicable, address any change in how the ETV program is administered, whether by the state child welfare agency in collaboration with another state agency or another contracted ETV provider.*
- Provide to CB an unduplicated number of ETVs awarded each school year(July 1st to June 30th).(Please see Section F 2 and Attachment D).

North Dakota’s Chafee ETV program continues 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.

The ETV Program continues to be administered by ND Department of Human Services Children and Family Services Division, by the State Chafee Administrator. There has been no change in administration of the ETV program, 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. 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 Administrator of their ETV award and the ETV voucher payment is sent directly to their educational institution.

North Dakota’s implementation of the expanded Education and Training Voucher (ETV) Program requirements is consistent with FFPSA legislation, and requirements are as follows:

- North Dakota 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) remains unchanged. The lifetime maximum per youth increased to \$25,000.

- Youth who have aged out of foster care at the age of 18, 19, or 20, and have not yet reached the age of 26.
- \*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 at the age of 14 – 17 to be eligible for the ETV providing their permanency plan is to remain in foster care until their 18th birthday.
- Youth who graduated high school or obtained their GED prior to age 18 and have a permanency plan to remain in care until at least their 18<sup>th</sup> birthday.
- Youth who exited foster care to adoption or guardianship at the age of 16 or older and have not yet reached the age of 26.
- A young person who has not yet attained 26 years of age, are enrolled in a postsecondary education or training program, and are making satisfactory progress toward completion of that program.
- In no event may a youth participate in the program for more than 5 years (whether or not the years are consecutive).

Following FFPSA legislation, North Dakota is focusing on the provision of existing services to the expanded population. North Dakota has also licensed two additional Supervised Independent Living settings throughout the state which will enhance services available for Chafee participants and youth aging out of the foster care system. The Chafee Program is expected to collaborate closely with the new Supervised Independent Living settings to benefit Chafee participants. No

During the past year 72 ETV awards were provided, which is an increase over the previous year's 64 awards. (See Attachment D of this report.) Attachment D (ETV awards) contained in this report, represents the unduplicated number of Chafee ETVs awarded for the period July 1st to June 30<sup>th</sup> for 2019 and 2020. The academic school year is defined as fall, spring, and summer semesters in that order meaning all ETV awards for this summer 2020 have been awarded and included in our annual totals.

The Chafee Program Administrator continues to remind transition coordinators, custodians and regional supervisors of the availability of the ETV to qualifying youth. Transition coordinators continue to work closely with youth about the benefits of furthering their education. These factors are contributing to the consistent increase in ETV awards over the years. North Dakota is pleased about the age and number of years extension made possible through Family First legislation.

North Dakota does allow 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. The ETVs awarded to the Unaccompanied Refugee Minor youth are not included in the Attachment D as Chafee funding does not support the award.

## Chafee Training

In the 2020-2024 CFSP, states provided information on specific training planned for FYs 2020-2024 in support of the goals and objectives of the Chafee plan. If needed, provide an update on the specific training needed in support of the goals and objectives of the states' Chafee plan and to help foster parents, relative guardians, adoptive parents, workers in group homes, and case managers understand their opportunity to promote and assist youth in the transition to adulthood, consistent with section 477(b)(3)(D) of the Act. Please note that such training should be incorporated into the title IV-E/IV-B training plan, but identified as pertaining to Chafee, with costs allocated appropriately. State are encouraged to incorporate principles of Positive Youth Development (PYD) in its Chafee training in support of the program.

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 received training this year on *Making Proud Choices, A Safer Sex Approach to STDs, Teen Pregnancy, and HIV Prevention* which is an eight-module curriculum that provides young adolescents with the knowledge, confidence, and skills necessary to reduce their risk of sexually transmitted diseases (STDs), HIV, and pregnancy by abstaining from sex or using condoms if they choose to have sex. It is based on cognitive behavioral theories, focus groups, and the researchers' extensive experience working with youth. *This training enabled them to work with young people and focus on being informative and helping young people gain necessary knowledge and skills in regard to safe sex.* 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 regarding the Chafee Program and the importance of youth transitioning to independence. Foster parents are provided PRIDE training including information about preparing youth for transition and how to build independent living skills while the youth is in the foster home or facility.

Based on program evaluation and feedback from stakeholders, in an effort to provide better internal support and statewide consistency of the Chafee Program and better outcomes for youth, NDDHS amended the Chafee Program contract with the vendor Nexus- PATH. Amendments included Nexus- PATH assigning an internal program supervisor, taking on leadership and coordination responsibilities of required training, and oversight and leadership of the ND Youth Board. This implementation of this process has remained in place since January 2017, which has led to more consistent communication among referral sources and community partners. Since July 2019 a subsequent amendment was made to the contract with the vendor Nexus-PATH to include distributing and ensuring compliance with the National Youth in Transition Database Survey's.

- Specific to the Chafee Program/ETV program, the following highlights coordination and training opportunities within this service population:
  - Regional Coordination: Chafee Transition Coordinators coordinate services with the public agency case managers by attending the quarterly Child and Family Team Meetings. Chafee Transition Coordinators work collaboratively with case managers and community partners to

support youth in becoming self-sufficient young adults. Chafee 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. Chafee coordinators reach out to the community involving speaking and training engagements in collaboration with community providers to ensure ongoing communication regarding the program and benefits.

- **State Coordination:** The ND Chafee Administrator collaborates with transition programming partners regularly through presentations, trainings and ongoing email communications to assist agencies in understanding the Chafee programming, youth eligibility, and service needs in North Dakota. The ND Chafee Administrator participates in quarterly meetings with the Chafee coordinators to discuss program trends, staffing and compliance.
- **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. Within the last year the ND Youth Leadership Board spoke at four separate conferences, including the Children and Family Services Conference, Nexus Annual Conference, an online webinar for foster parents through the UND Training Center and at the CREA-education conference. North Dakota replicates the Federal CFSR process in reviewing regional foster care services. Youth Stakeholder meetings are conducted during full CFSRs in ND. 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.

#### **Consultation with Tribes (section 477(b)(3)(G) of the Act)**

**States are required to consult 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. The required information is outlined in the following Section C6, “Consultation and Coordination Between States and Tribes.” States may address these requirement separately in the update to Chafee/ ETV services or as part of their overall update for Section C6, but are requested to indicate clearly where the information is provided.**

**• 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:**

- **Describe how each Indian tribe in the state has been consulted about the programs to be carried out under the Chafee program.**
- **Describe the efforts to coordinate the programs with such tribes.**
- **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.**



- **Report the Chafee benefits and services currently available and provided for Indian children and youth.**
- **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.**

States may provide this information either in this section or in the Chafee Section of the 2020-2024 CFSP, but are requested to indicate clearly where the information is provided.

- **State agencies and tribes must also exchange copies of their APSRs (45 CFR 1357.15(v)). Describe how the state will meet this requirement for the 2021 APSRs.**

The ND Chafee Administrator works with statewide Chafee Coordinators to ensure that the Chafee program and ETV benefits are made available to Native American youth (Title IV-E or 638) on the same basis as non-native foster care youth in North Dakota. North Dakota continues to provide information both electronically and at the STEPS meeting to ensure Native American youth had fair and equitable access to all CFCIP services across the state. North Dakota partners with Standing Rock Sioux Tribe (Fort Yates), Spirit Lake (Devils Lake) Turtle Mountain Band of Chippewa (Belcourt), and Three Affiliated Tribes (New Town) to encourage CFCIP participation. Region III (Belcourt and Devils Lake) continues to have the most involvement with Tribal Social Services and continues to do a nice job of ongoing collaboration in ensuring a successful partnership to offer services to all eligible youth. Administration from Nexus- PATH, the state's Chafee provider, also attempts to meet with tribal partners on an ongoing basis to discuss the Chafee Program and provide them with contact information for the program. In addition, the Chafee Administrator and Chafee Coordinators email program and contact information to the Tribal Directors as needed to ensure adequate referral opportunities are available. Chafee Coordinators also attempt to meet quarterly with tribal partners to engage in the referral process, meet with workers and exchange information including, referral packets and releases of information. Children & Family Services utilizes the STEPS 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 youth to remain in or return to foster care if desired.

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. In FFY 2019, 103 of the 436-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. In addition, tribes haven't brought forth concerns to the state with accessing Chafee services. Children and Family Services continues to collaborate with our tribal partners regarding the referral process and ensuring eligible youth are having their transition needs met. Transition Coordinators also meet ongoing with perspective tribes and custodial case managers regarding referrals to ensure consistent ongoing communication with our Tribal nations.

## 6. CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

North Dakota has a long history of support and coordination with the four federally recognized Tribal Nations with bases of operation in North Dakota. These include; 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. In September 2019, the Department and four Tribes celebrated the enhanced State Tribal Title IV-E Agreement through a formal signing ceremony. Participants included the ND Governor's office, NDDHS Executive Office, Children and Family Services, Legal Advisory, Human Service Zones, Division of Juvenile Services, local provider agencies and Tribal chairmen and council members, Tribal social service directors and staff, Casey Family Programs and the Children's Bureau.

### Intent of the Title IV-E Agreement

- Pass through for Title IV-E federal funding to support foster care maintenance and administrative fiscal claims
- Recognizes the sovereignty of the tribe to make placement and care decision concerning children under tribal custody
- Training and technical assistance support from DHS
- Access to processing of fingerprint-based background checks for all foster parents, adoptive families and guardianship
- Access to the Child Abuse and Neglect Index inquires

### Highlights of the Enhancements

- Development of a Work Group to address collaborative topics (FMAP, Centralized Eligibility unit, etc.)
- Expanded tribal service areas – foster care licensing “on or near” recognized Indian reservation (NDCC 50-11)
- Offering subsidized guardianship
- Expanded access to the 18+ continued care program
- Monthly face-to-face visitation reporting to CFS
- Overpayment recoupment with Tribes
- Family First Prevention Services Act
  - Chafee Transition Program eligibility criteria expanded – more tribal youth will have access to the program at a younger age (14-26) and for a longer period of time.
  - Increased funding for education training voucher maximums and allows eligible former foster youth to use the scholarship up to the age of 26. (\$25,000 lifetime benefit).
  - If desired, a tribe could request reimbursement for substance abuse treatment placement meaning a mom and a child could be placed together while mother gets treatment. The cost would support the child.

CFS continues a contract and 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 efforts continue 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 goals and objectives continue to be discussed with attendees of STEPS meetings and CFSP Development Workgroup meetings.

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

- CFS has continued 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 has continued 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 continues to plan 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 case review where ICWA applies. 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 and will continue to do so as needed and requested. Training on the review instrument will be ongoing as needed. Additionally, the state has continued to reach out to tribal partners inviting tribal representation on the North Dakota Child and Family Service Reviews as a state reviewer. Tribal representatives from all four tribes have participated as federal reviewers in past Title IV-E Eligibility Reviews. It is hoped that tribal representation can be continued through participation in the state Title IV-E review team during the upcoming years of the plan.

- The CFS Division represented by an appointed administrator (currently Permanency Administrator) serves as a Court Improvement Project Indian Child Welfare Act (ICWA) 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. CIP continues to work collaboratively with CFS, Courts and partnering agencies to track ICWA related data ongoing.
- CFS continues to 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 conference
- Annual conferences continue to offer 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 State/Tribal Title IV-E 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 case review process, on-site case file reviews are conducted periodically by CFS Quality Assurance Unit 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. The Title IV-E agreement highlights the collaborative partnership of claiming the higher Tribal FMAP of 83% last July 2019; increase from 50% claimed years prior. The increased FMAP will result in increased federal reimbursement, which will be shared with the Tribes. The Title IV-E Work Group will detail logistics of how the state will secure the funding upon receipt and provide access to the funding for each Tribe.
- 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 engages in ongoing technical assistance with all four Tribes; eligibility determination paperwork, case management tasks, data and documentation efforts, etc. In collaboration with Indian Affairs Commissioner's office and a Human Service Zone office near Standing Rock, public employees have been granted permissions and authority by Tribal Council to assist the Standing Rock CPS office with eligibility paperwork and case management face-to-face visitation requirements through a formal agreement. This is the first formal agreement where a ND Tribe has accessed support from a public agency (County Social Services now Human Service Zone) to meet and maintain compliance for Title IV-E regulations and support of programming to best serve children and families locally.
- CFS is continuing to work with DHS's Information Technology 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 were made in July 2019 and the increased FMAP at 83% has been claimed/reimbursed to North Dakota.
- To enhance consistency in the IV-E eligibility determination process, North Dakota continues to explore the feasibility of establishing a centralized IV-E eligibility determination process. Eligibility is now determined by counties neighboring a reservation. This results in differences in communicating rules to tribal social services.
- 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 continues to review data regarding 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 has provided electronic copies and links to the 2020-2024 CFSP to the Tribal child welfare workers. Review of the CFSP has been 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.

## SECTION D. CAPTA STATE PLAN REQUIREMENTS AND UPDATES

The goals for the consolidated North Dakota Child and Family Services Plan (CFSP) are used as the goals for the Child Abuse Prevention and Abuse Act (CAPTA) plan. North Dakota's Five-Year Child and Family Services Plan incorporates both the state's Program Improvement Plan (PIP) and strategies that speak directly to the Division's mission, vision and values. CAPTA and Title IVB programs are coordinated through an internal Management Team structure that facilitates coordination between the CAPTA State Plan and Title IVB programs and aligns with and supports the overall goals for the delivery and improvement of child welfare services.

### **New Legislation: Victims of Child Abuse Act Reauthorization Act of 2018**

An assurance signed by the Governor that the state has in place laws and regulations reflecting the expanded requirement is attached to this document as [Attachment B](#).

#### **I. Notification Regarding Substantive Changes in State Law (Section 106) (b) (1) (B)**

North Dakota will provide notice to the Secretary regarding any substantive changes in State law that may affect its eligibility for a Basic State Grant. No substantive changes have been made to state law or regulations that could affect the state's eligibility for the CAPTA state grant.

#### **II. Description of significant changes from the previously approved CAPTA Plan**

- A. There is one significant change for the state's previously approved CAPTA Plan in how the state proposes to use funds to support the 14 program areas enumerated in section 106(a) of CAPTA.
- B. North Dakota continues to utilize CAPTA state grant funds as described in the previously approved CAPTA plan to support:
  - The CPS Task Force, for the improvement of strategies, policies and protocols for the improvement of screening and assessment of reports of child abuse and neglect.
  - Community Based Child Abuse Prevention to provide support for Parent Resource Centers in the state utilizing evidence-based child abuse and neglect programming/curricula;
  - Child Fatality Review Panel/Citizen Review Panel;
  - Institutional Child Abuse and Neglect;
  - The Alliance for Children's Justice;
  - Continued collaboration with the Juvenile Justice system, public health agencies, private community-based programs, domestic violence service agencies, substance abuse treatment agencies, Developmental Disabilities, and other agencies in investigation, interventions and delivery of services and treatment provided to children and families affected by child abuse or neglect; Continued development, strengthening

and facilitating of training, including maintenance of online mandated reporter training. Continued exploration and evaluation of data related to the online training module; continued evaluation of the Child Welfare Certification Training curriculum to assure that the needs of beginning CPS workers are met, and exploration of training for CPS workers and supervisors. Increased funding included in the FY 2018 appropriation, with a priority on developing, implementing or monitoring plans of safe care.

- The 2019 state legislative session created a five-year task force for the prevention of child sexual abuse. The legislation requires the task force to focus on:
  - Increasing child sexual abuse prevention education for tribal and nontribal children and adults;
  - Increasing interagency data collection, sharing, and collective analysis;
  - Supporting resource development for investigations and prosecutions of child sexual abuse, including the sentencing, supervision, and treatment of sex offenders;
  - Increasing trauma-informed services for children, adult survivors, and families; and
  - Implementing the remaining recommendations of the November 2018 final report of the North Dakota task force on the prevention of child sexual abuse.

The recommendations of the task force may include proposals for specific statutory changes, actions the task force deems necessary and appropriate to initiate awareness education of adults and children, and methods to foster cooperation among state agencies and between the state and local governments in adopting and implementing a policy addressing sexual abuse of children which may include:

- Developmentally appropriate resources for students in prekindergarten through grade twelve;
- Training for school personnel on child sexual abuse;
- Educational information to parents or guardians provided in school handbooks regarding the warning signs of a child being abused, along with any needed assistance, referral, or resource information;
- Available counseling and resources for students affected by sexual abuse;
- Emotional and educational support for a child of abuse to continue to be successful in school; and
- Any other action deemed appropriate.

CAPTA funds will be used to provide Task Force support including:

- Reimbursement of the cost for travel and per diem of Task Force members for meetings, working committees, and community forums



- Informational and educational materials and training opportunities for the Task Force members
- Speaker/trainer's/subject matter expert fees, travel and per diem
- Actual costs of training and educational materials
- Development, printing and distribution of awareness/education materials relative to child sexual abuse prevention
- Postage, printing and miscellaneous Task Force expenses.

### **III. Description of how CAPTA state grant funds were used, alone or in combination with other federal funds**

A. Not all objectives for all areas for improvement will have funds attached. Staff will complete many of the objectives and action steps noted in the CAPTA Plan and the Consolidated APSR with no Basic Grant funds expended. Use of funds in 2020 is not changed from use of funds in 2019.

B. CAPTA funds were used alone or in conjunction with Children's Justice Act, family support dollars and state funds to support the following activities:

i. **Out-of-state Travel for State Child Protection Service Administrator**

a. CAPTA funds were used in conjunction with Children's Justice Act funds to attend meetings of the State Liaison Officers and to attend national and regional training that would assist in the development of knowledge or skills for the State CPS Administrator.

ii. **State Institutional Child Protection Team**

a. CAPTA funds were used in conjunction with Children's Justice Act funds, to reimburse non-state employees for travel and per diem for meetings of the State Child Protection Team. The Team meets as required to review and make decisions regarding Child Protection Services needs in institutions.

iii. **State Child Fatality Review Panel**

a. CAPTA funds were used in conjunction with Children's Justice Act funds, to support the Child Fatality Review Panel which is a multi-disciplinary panel made up of professionals and lay persons for purpose of reviewing child deaths. (Members include Physicians, Educator, Prosecutor, Law Enforcement official, Prevention Specialist, Child Protection Staff, and Community Members) The funds are used to reimburse members for travel to meetings and for training opportunities.

iv. **In-State Travel for State Administrator**

- a. CAPTA funds were used to reimburse the State Administrator to travel to the regional and county offices to provide support to direct providers of child protection services.
  
- v. **Travel to Meetings for Work on the Areas of Improvement**
  - a. CAPTA funds were used in conjunction with Children’s Justice Act funds, to reimburse CPS Task Force members for in-state travel and per diem to attend meetings wherein the work to review and act on implementation of improvements to North Dakota Child Protection Services takes place.
  
- vi. **Support for the Alliance For Children’s Justice (ACJ)**
  - a. CAPTA funds were used were in conjunction with Children’s Justice Act funds, to maintain the Alliance for Children’s Justice. The purpose of ACJ is to improve the handling of child abuse and neglect cases, including child sexual abuse cases. ACJ is a multi-disciplinary partnership made up of over thirty five members representing law enforcement, mental health, parents, civil and criminal courts, prosecutors, defense attorneys, child protection staff, faith communities, education and medical professionals, prevention advocates and citizens. This task force maintains a CPS sub-committee (CPS Task Force), which continually reviews CPS policies and practices. The Basic grant funds are used to support staff costs, meeting expenses, training of professionals, providing information to public and professionals, prevention, treatment and research related activities and to support of Prevent Child Abuse North Dakota.
  
- vii. **Support for CPS Training**
  - a. CAPTA funds were used were in conjunction with Children’s Justice Act funds, for training, consultant fees, training materials, travel and per diem for trainees.
  
- viii. **Educational Materials, Training Material, Books, Videos, Printing**
  - a. CAPTA funds were used to provide printing of materials to enhance public awareness, and the printing of reports to be used by the public as well as child protection service professionals.
  
- ix. **Support for the Prevent Child Abuse North Dakota Organization**
  - a. CAPTA funds were used to support the only statewide agency, Prevent Child Abuse North Dakota (PCAND), established for the sole purpose of the prevention of child maltreatment. The funds will be used for staff and operating expenses as specified in a work plan and a contract with Prevent Child Abuse North Dakota.

- x. **The Nurturing Parenting Program**
  - a. CAPTA funds were used in conjunction with state funds to support the Nurturing Parent Program. The Nurturing Parenting Program for Families 5-19 and Nurturing Parenting Program for Families and their Infants, Toddlers and Preschoolers is a family-centered initiative designed to build nurturing parenting skills as an alternative to abusive and neglectful child-rearing practices. The programs target all families at risk for abuse and neglect with children birth to 18 years. The programs have been adapted to special populations including families of diverse ethnicities, military families, teen parents, foster and adoptive families, families in alcohol treatment and recovery, parents with special learning needs, and families with children who have special health challenges.
  
- xi. **Parent Resource Centers (PRCs)**
  - a. CAPTA funds were used were used in conjunction with IV B Part II funds (CBCAP) to support eight (8) Parent and Family Resource Centers (PRC). Each PRC participates in a Parent Education Network coordinated through the Family Life Education Program codified in state law, a partnership with the North Dakota State University Extension Service. The network provided for site visits, a peer review process and an evaluation component for the individual centers as well as for the network.
  
- xii. **CAPTA Required Data Collection**
  - a. CAPTA funds were used to defray costs for data system changes related to collection of required CAPTA data. Changes were made on behalf of the non-profit agency contracted with the courts to manage the Guardian ad Litem Program. The state is now able to report the number of children for whom individuals were appointed by the court to represent the best interests of such children and the average number of out of court contacts between such individuals and children.

#### **IV. Citizen Review Panel**

The North Dakota Child Fatality Review Panel, as described in Section 4 of the APSR “Service Description”, serves as the state’s Citizen Review Panel as allowed by CAPTA Section 106 (c). The Child Fatality Review Panel data report is a consolidated multi-year report for the years 2015-2016 child fatality reviews is the most recent report completed and placed online at <http://www.nd.gov/dhs/info/pubs/docs/cfs/child-fatality-report-2015-2016.pdf> . Reviews of child deaths and child maltreatment near deaths for 2017 have not yet been completed pending case reviews for which records are unavailable to the Panel due to pending criminal investigation, criminal prosecution, etc. The state’s most recent response to the Panel’s recommendations can be found in **ATTACHMENT A**.

V. **Amendments to CAPTA made by P.L. 114-198, the Comprehensive Addiction and Recovery Act of 2016 (CARA)**

During the 2017 State legislative session, the state Child Abuse and Neglect Chapter was amended, allowing for an Alternative CPS assessment response to reports of substance exposed newborns. The state law now defines a “Substance Exposed Newborn” as an infant younger than 28 days of age at the time of the initial report of suspected child abuse or neglect and who is identified as being affected by substance abuse or withdrawal symptoms or by a fetal alcohol spectrum disorder.” The state law requires referral services that address the health and treatment needs of the infant and affected family or caregiver through the creation and monitoring of support services through a Plan of Safe Care, mirroring the federal CARA legislation amending CAPTA. State statute also provides that non-compliance with the Plan of Safe Care or referral services can result in completion of a standard CPS assessment response.

The lead agency, along with the CPS Committee of the CJA Task Force and the state’s Behavioral Health Division developed and implemented program policies and supporting documents, including requirements for Plans of Safe Care, to provide guidance to the field for implementation of Alternative Response Assessments for Substance Exposed Newborns in November 2017.

In 2018, [UND Children and Family Services Training Center](#) added the program policies, supporting documents and additional training resources to their website.

The links to policy and supporting documents are below:

- [Handout/brochure for parents and caregivers about the Alternative Response Assessments for Substance Exposed Newborns](#)
- [ND State Policy and Procedure for Child Protection Services reports of Substance Exposed Newborns](#)
- [Handout/brochure for mandated reporters and community members/stakeholders](#)
- [A service agreement for parents agreeing to participate in AR](#)
- [Safety Support Agreement for those supporting caregivers and infants affected by substances](#)
- [Substance Exposed Newborn CPS Action Flowchart](#)
- [A Guide for Assessing Safety, Strengths and Risk \(similar to existing document for Standard Assessments\)](#)
- [Protective Factors Actions Sheets](#)

The state identified a need for ongoing training regarding Alternative Response for Substance Exposed Newborns and Plans of Safe Care. Therefore, a portion of the CAPTA appropriation was used to assist UND Children and Family Services Training Center in the development of an online training regarding substance exposed newborns and their mothers, Plans of Safe Care and Protective Factors/needs assessment. Upon completion of the web-based training the worker receives a survey to complete and must answer the questions accurately before receiving a certificate of completion. The online training became available to the child welfare field in September 2019. In addition, the training was

incorporated into the first week of the Child Welfare Certification Training required for all new child welfare staff.

The new training videos documents and resources are published on the UND Children and Family Services Training Center and links to these resources are provided below:

- [Training Video – An Introduction to Substance Exposed Mothers and Infants](#)
- [Training Video – CPS Response to Substance Exposed Newborns](#)
- [Power Point – CPS Response to Substance Exposed Newborns](#)
- [Glossary of Terms](#)
- [Certificate of Completion with link to Survey](#)

The lead agency conducted two statewide conference calls (September and December 2019) with child welfare staff, supervisors, and regional supervisors to provide an opportunity to learn, share, and expand field practice while working with child protection services reports of Substance Exposed Newborns. A survey was sent to the field in November 2019 to identify workforce training and experience in completing Alternative Response assessments for reports of Substance Exposed Newborns, opportune meeting times for future calls, topic areas for discussion and to identify any system challenges. The survey revealed that 73.91% had completed the Alternative Response for SEN training in 2017, of these 17.39% had completed more than five Alternative Response Assessments; 21.74% of participants took the training for the first time via the online training videos and published materials on the UND Children and Family Services Training Center website; and 4.35% had completed the training during their Child Welfare Certification Training in September 2019. Topics of discussion and system challenges included when to revert an Alternative Response Assessment to a Standard Assessment, violations of Plans of Safe Care, identification of safety supports, assessing the adequacy of safety supports, community outreach ideas for garnering support for substance exposed newborns and their caregivers.

One of the required components of the Plans of Safe Care for Substance Exposed Newborns is an assessment of the infant's sleep environment and referral to safe sleep resources, such as Cribs for Kids. The lead agency and the Department of Health / Infant and Child Death Services partnered, developed and provided a statewide training regarding Child Welfare's role in Promoting Safe Sleep; this training was presented at the 2019 Children and Family Services Conference and was recorded so that it is available to the field for ongoing training purposes.

In January 2020 the lead agency met with the statewide home visitors from the Healthy Families program regarding the topic of Substance Exposed Newborns and how they can assist in supporting Plans of Safe Care with an emphasis on safe sleep education and dissemination of the Period of Purple Crying (abusive head trauma prevention) materials; both requirements of the Plans of Safe Care. Following this meeting, the Home Visitors Coalition received Safe Sleep training from the Department of Health / Infant and Child Death Services.

The lead agency completed the process of analysis and design to incorporate data system changes for the data reporting elements required by the CARA Amendments, however appropriate mapping for NCANDS was delayed for technical and resource reasons beyond the control of the program.

Reports/data extraction related to monitoring referrals and Plans of Safe Care were included in the Information Technology development process to aid in determining whether and in what manner local entities are providing referrals to, and delivery of, appropriate services for the infant and affected family or caregiver. A data report was developed that allows for monitoring of Plans of Safe Care, as required by CAPTA. Additions to the current data report have been requested to provide greater detail for effective monitoring although, due to availability of data resources, it is not certain when these changes can be incorporated

According to FRAME, the statewide child welfare data management system, there were 424 substance exposed infants (those under one year) identified and reported to child protection services in FFY19. The count is not a completely unduplicated count as the data system does not assign unique identifiers to all suspected victims entered in the system. Of the 424 reported victims less than one year with a suspected prenatal exposure maltreatment code, 376 are verified unique victims and some records were excluded as they were missing or had invalid dates of birth. Of these 376 suspected victims, prenatal substance exposure was substantiated with a child protection services disposition of Services Required for 105 victims (.279%).

In FFY19, there were 45 completed Alternative Response Assessments for Substance Exposed Newborns and an additional nine Alternative Response Assessments were terminated in progress per policy. Reasons for terminating an assessment of suspected prenatal substance exposure include:

- An infant has been affected by medical use of a substance, which causes withdrawal symptoms in the infant. Medical use has been verified and the parent declines Alternative Response.
- The baby is released for adoption and parental rights are terminated
- Information gathered during the assessment indicates the newborn was not substance exposed (confirmatory test results vs screening test results, for example)

Child protection services completed 174 assessments of Pregnant Women using controlled substances for nonmedical purposes in FFY19. The purposes of these prenatal interventions with substance abusing pregnant women are prevention, early problem identification, education, and treatment. Development of the Plan of Safe Care begins at this stage when possible.

There were 214 unique substance exposed newborns (neonates 28 days or younger) reported / identified to child protection services in FFY19. Of these 214 identified newborns, 176 were known to have Plans of Safe Care (82%). The most frequently identified reasons for lack of a Plan of Safe care included: drug testing done to confirm

screening results was negative(child not drug exposed); confirmed prescribed medication (voluntary services offered); case transfer out of jurisdiction (primarily tribal/ICWA).

### **Information on Child Protective Service Workforce**

i. Information on the education, qualifications, and training requirements established by the State for child protective service professionals, including for entry and advancement in the profession, including advancement to supervisory positions;

- The Child Protection Service workforce is comprised of Licensed Social Workers who meet the qualifications for a Social Worker III as described below:

*Requires licensure as a Licensed Social Worker (LSW) by the North Dakota Board of Social Work Examiners (NDCC 43-41); and two years of professional human services work experience as a social worker or human relations counselor, developmental disabilities case manager, mental illness case manager, vocational rehabilitation counselor, activity therapist, addiction counselor, registered nurse, employment counselor, or a similar professional level position in the public or private sector; OR a master's degree in social work and licensure as a Licensed Social worker (LSW) by the ND Board of Social Work Examiners.*

- In response to staff shortages and difficulty hiring at the county level, a new classification of Child Welfare staff, the Family Services Specialist, was created in collaboration with the county social service directors and the state's Human Resources Management Service. The following represents the duties/functions of CPS functions that may be performed by this position classification:

#### ***FAMILY SERVICES SPECIALIST***

##### ***SCOPE OF WORK:***

*Work involves providing case management, crisis intervention, assessment and case planning for children and families under the jurisdiction of a county social service board.*

##### ***DUTIES PERFORMED AT ALL LEVELS:***

- *Recruit and license foster care and kinship homes.*
- *Arrange, facilitate, and monitor foster care and kinship placements.*
- *Assess need for individual and family referrals and coordinate with service providers.*
- *Compile and analyze information to assess the needs of individuals.*
- *Develop and maintain professional working relationships with the courts, social services agencies, human service centers, and other stakeholders within the community.*
- *Prepare documents and maintain files to complete required case documentation.*
- *Provide child protective services.*
- *Provide information and referral services.*
- *Testify in court advocating in the best interest of the youth and work with concerned parties during the hearing process.*

NOTE: The duties listed are not intended to be all inclusive. Duties assigned any individual employee are at the discretion of the appointing authority.

## **FAMILY SERVICES SPECIALIST II**

### **GRADE K**

#### **LEVEL DEFINITION:**

*Individuals in positions at this level assess and monitor interventions with children and families when allegations of child abuse or neglect have been received addressing changes needed to secure children's safety in their homes.*

#### **ADDITIONAL DUTIES PERFORMED AT THIS LEVEL:**

- *Receive and assess complaints alleging child abuse and neglect; assess the validity of allegations and the degree or danger to children; compile and present information on child maltreatment for assessment.*
- *Develop a comprehensive case plan engaging family members and others responsible for implementing and achieving goals identified in the plan.*
- *Monitor and evaluate the progress; update case goals and action steps.*
- *Monitor families' compliance with case plans and ongoing safety of children through regular family visits.*

#### **MINIMUM QUALIFICATIONS:**

*Requires a bachelor's degree in social work, psychology, sociology, counseling, human development, elementary education, early childhood education, special education, child development and family science, human resource management (human service track), or criminal justice, and one year of professional human services work experience as a social worker, child protective service worker, or professional case manager; or a Master's degree in one of the areas above. The appointing authority may identify specific certification/credential and experience depending upon the position to be filled.*

## **FAMILY SERVICES SPECIALIST III**

#### **LEVEL DEFINITION:**

*Positions at this level manage a case load of more complex and sensitive cases by investigating alleged sexual, physical, or emotional child abuse or neglect that may require alternative care placement and reunification planning. May supervise Family Service Specialists and other case management workers.*

#### **ADDITIONAL DUTIES PERFORMED AT THIS LEVEL:**

- *Investigate alleged sexual, physical, or emotional child abuse or neglect; determine required actions to ensure the safety of children named in the allegation.*
- *Provide family assessments, follow-up services, case management plans.*
- *Accept on-call referrals and respond to emergency requests from law enforcement; provide crisis intervention and emergency services to children and family.*
- *Develop and implement case management plans with parents of children where abuse or neglect has been substantiated.*
- *Arrange alternative care placements for children who are removed from their home as a result of child abuse or neglect.*
- *Provide case management and educational services with focus on maintaining an intact family unit or its reunification.*
- *Provide permanency planning and case management for children needing guardianship or adoption.*
- *Coordinate services for children in temporary county custody or under the custody and control of the county.*



- *May assign, direct, train, and evaluate work of staff members.*

**MINIMUM QUALIFICATIONS:**

*Requires a bachelor's degree in social work, psychology, sociology, counseling, human development, elementary education, early childhood education, special education, child development and family science, human resource management (human service track), or criminal justice, and two years of professional human services work experiences as a social worker, child protective service worker, or professional case manager. A Master's degree in one of the areas above may substitute for one year of the work experience requirement. The appointing authority may identify specific certification/credential and experience depending upon the position to be filled.*

***Child Protection Service Supervisors at the entry level are classified as Human Service Program Administrators and meet the qualifications below:***

*Requires a bachelor's degree, with a major in business or public administration, social work, or a related behavioral science such as psychology, counseling and guidance, or child development and family relations, and two years of related professional work experience in administration. One year of the experience must have been at a level equivalent to a Human Service Program Administrator I. Or a Master's degree in business or public Administration, social work, psychology, counseling and guidance, or child development and family relations. A bachelor's degree with a major in engineering, nutrition, nursing or other related health field such as microbiology, environmental sanitation, or chemistry, and two years of related professional work experience that included one year at a level equivalent to Human Service Program Administrator I also meets the qualifications. Also meeting qualifications is a master's degree in engineering, nutrition, nursing, public health, or related health science. Or an equivalent combination of education and related professional work experience as determined by the agency.*

***Child Protection Service Supervisors at the entry level may also be classified at Social Worker III***

While Child Protection Supervisors in large counties are most often classified as Human Service Program Administrators, supervisors in smaller counties may be classified as Social Worker III (as described above) and may carry a portion of the CPS caseload as a percentage of an FTE.

Note that the new classification of Family Services Specialist III may also supervise other Family Services Specialists.

- It is not uncommon in the rural counties in North Dakota for applicant pools to be limited and qualified candidates to fill social work positions to be unavailable. North Dakota Administrative Code Section 4-07-05-06 addresses the ability to under fill a position when fully qualified applicants are unavailable.

*North Dakota Administrative Code Section 4-07-05-06. Under fill. When no fully qualified candidates are available after an internal or external recruiting effort, an appointing authority may under fill a position if each of the following requirements are met: 1. The duration of the under fill does not exceed two years. If special circumstances require a period exceeding two years, an appointing authority shall request written approval from human resource management services. 2. The applicant selected possesses the appropriate license or meets other applicable statutory requirements.*

- Additionally, The Department of Human Services Manual Service Chapter 01-43 provides additional guidance for under filling positions:

*01-43.Underfills*

*If internal and external recruitment efforts have failed to produce a qualified applicant, the position may be under filled by an applicant who does not meet the initial screening requirements (minimum qualifications) of the position as classified. The applicant must meet the initial screening requirements (minimum qualifications) of the next lower level in that class series or an appropriate class as determined by the DHS Human Resource Division.*

*If, after advertising by internal posting, an employing unit believes it is more expedient to under fill a position with an employee who would qualify for the position within a short period of time, rather than advertising externally, the employing unit may under fill upon written request and approval from the DHS Human Resource Division.*

*A position may be under filled for a period normally not to exceed two years. Employing units should monitor under fills so that employees are placed in the appropriate class within the appropriate time frame. In cases where a period longer than two years is required, the length of time for the under fill shall be determined on an individual basis by the employing unit involved and the DHS Human Resource Division.*

*Positions requiring licensure or other statutory requirements may not be under filled. However, in cases involving an employee or applicant who meets eligibility requirements and is in the process of obtaining licensure or meeting other statutory requirements, the employee or applicant may under fill the position if permitted by professional practice laws. In cases where a period longer than two years is required, the length of time for the under fill shall be determined on an individual basis by the employing unit involved and the DHS Human Resource Division. (REF: NDAC Section 4-07-05-06).*

- Positions used when under filling a position and the qualifications of those positions are:

*SOCIAL WORKER I; MINIMUM QUALIFICATIONS: Requires licensure as a Licensed Social Worker (LSW) by the North Dakota Board of Social Work Examiners (NDCC 43-41).*

*SOCIAL WORKER II; MINIMUM QUALIFICATIONS: Requires licensure as a Licensed Social Worker (LSW) by the North Dakota Board of Social Work Examiners (NDCC 43-41); and one year of professional human services work experience as a social worker, human relations counselor, developmental disabilities case manager, mental illness case manager, vocational rehabilitation counselor, activity therapist, addiction counselor, registered nurse, employment counselor, or a similar professional level position in the public or private sector; OR a master's degree in social work and licensure as a Licensed Social Worker (LSW) by the ND Board of Social Work Examiners.*

*Family Services Specialist II; MINIMUM QUALIFICATIONS: Requires a bachelor's degree in social work, psychology, sociology, counseling, human development, elementary education, early childhood education, special education, child development and family science, human resource management (human service track), or criminal justice, and one year of professional human services work experience as a social worker, child protective service worker, or professional case manager; or a Master's degree in one of the*

areas above. The appointing authority may identify specific certification/credential and experience depending upon the position to be filled.

*Family Services Specialist III; MINIMUM QUALIFICATIONS: Requires a bachelor's degree in social work, psychology, sociology, counseling, human development, elementary education, early childhood education, special education, child development and family science, human resource management (human service track), or criminal justice, and two years of professional human services work experiences as a social worker, child protective service worker, or professional case manager. A Master's degree in one of the areas above may substitute for one year of the work experience requirement. The appointing authority may identify specific certification/credential and experience depending upon the position to be filled.*

### **Data on the education, qualifications, and training of such personnel;**

In 2014, the state first engaged in a process to survey the individual counties in order to obtain the requested data on the number of child protective service personnel responsible for the intake, screening, and assessment of reports of suspected child abuse and neglect. This process further surveyed the education, qualifications and training of child protection service professionals and demographic information of the child protection service personnel.

An electronic survey was prepared in two sections, using Survey Monkey as the vehicle for collecting the data. This survey was transmitted via email to directors of all county social service agencies in the state on May 7, 2020. The survey was administered in two parts. The first part was completed by agency directors, listing the staff and percentage of FTE for each staff person for each function requested. Information on caseload or work load requirements, including the average number and maximum number of cases per protection service worker and supervisor, were then calculated using the data provided in the survey and the caseload numbers entered into the statewide data system. There was a 100% response rate for the Director's portion of the survey. Directors reported a total of 162 employees, including supervisors (31 supervisor employees; 16 supervisor FTE's), workers responsible for intake (130 Intake employees; 20.8 Intake FTEs) and assessment (118 Assessment employees; 79.6 Assessment FTEs). These were then calculated as a corresponding portion of a Full Time Equivalent position (FTE), resulting in a total of 162 employees in 116 FTEs.

The second portion of the survey was forwarded to the workers and supervisors by the director with a request for each worker listed by the director to complete the education/training and demographic portion of the survey. The worker demographic and training portion of the survey was completed by 95 of the workers/supervisors, for a response rate of approximately 56.2%.)

North Dakota is a state-supervised, county administered child welfare system undergoing redesign/re-structuring. As a result of legislative action in 2019, 47 counties and three multi-county districts were reorganized into 19 Human Service Zones. This change occurred at the end of December, 2019. While counties were restructured into Zones, a physical location was required to remain open to the public in each of the county subdivision so as not to restrict public access. Although the basic restructuring as occurred, The redesign of programs continues. The information below addresses the education, qualifications, and training requirements, addresses positions within the Child Protective Service Workforce.

**Educational information of the child protective service personnel;**

Highest Degree Obtained	Frequency	Percent
Other Master (Please specify)	5	5.3
Other Bachelor (Please specify)	15	15.8
Master of Social Work	14	14.7
Bachelor of Social Work	61	64.2
Total	95	100.0

Social Studies minor	1	4.5
Psychology, Addiction & Criminal Justice	1	4.5
psychology substance abuse	1	4.5
Psychology	3	13.6
I also have a Bachelor of English	1	4.5
Human Services	3	13.6
Forensic Psychology	1	4.5
Family science	1	4.5
Criminal Justice	5	22.7
Counseling	1	4.5
Business Management	1	4.5
Bachelors in Sociology and Women's Studies	1	4.5
Bachelor's Degree in psychology	1	4.5
Bachelor of Science-Human Development and Family Science	1	4.5
Total	22	100.0

**Demographic information of the child protective service personnel;**

- Race/Ethnicity**

Race	Frequency	Percent
American Indian or Alaska Native	2	2.1
Asian	1	1.0
Black or African America	1	1.0
White	92	95.8
Total	96	100.0

Ethnicity	Frequency	Percent
Not Hispanic or Latino	92	96.8
Hispanic or Latino	3	3.2
Total	95	100.0

\*\*\* 2 employees reported race=Multiracial

- Age/Gender**

Age:	Frequency	Percent
18-24 years old	7	7.4
25-34 years old	30	31.6
35-44 years old	24	25.3
45-54 years old	21	22.1
55-64 years old	13	13.7
Total	95	100.0

Gender	Frequency	Percent
Female	90	94.7
Male	5	5.3
Total	95	100.0

- **Information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor (section 106(d) (10) of CAPTA).**
  - Caseload standards are required by state Administrative Code, **75-03-19-07, Caseload standards.** Any authorized agent (county social service agency) designated by the department to receive reports and conduct assessments of reports of suspected child abuse or neglect shall adhere to the caseload standards establishing minimum staff-to-client ratios.
  - The caseload standard established in state policy is listed below:

### **Caseload Standard for CPS Assessments 640-01-25-01**

For caseload standard purposes, the standards shall be one full-time equivalent Social Worker to every 12 new child abuse and neglect assessments in any 31-day period. Recognizing there may be assessments in progress at no given time shall a combination of new assessments and assessments in progress exceed 15 in number per Social Worker. The standards shall be calculated on the basis of a percentage of a full time equivalent. Example: .5 FTE would allow six new intakes or a maximum of eight considering a combination of new assessments and assessments in progress. The Position Information Questionnaire (PIQ) of the Social Worker should be consulted to determine what percentage of a FTE is dedicated to CPS assessments. This will assist in determining the caseload standard for those Social Workers with multiple service responsibility. The calculation done on the basis of a percentage of a full time equivalent will be rounded upward.

The assessment may be considered complete when the case has been staffed and the decision has been made, the family has been notified, and the written report is completed and sent to the regional office.

It is recognized that there may occasionally be situations, which place greater demands on agency resources than normal; for example, a greater than average number of reports during a particular period of time. If the caseload standard is exceeded, the regional CPS supervisor should be informed of the reason for the excess caseload. The caseload is expected to return to standard levels and not to be consistently exceeded.

**Each child protection service worker and supervisor receives Child Welfare Certification Training as described. Additionally, Child Protection Service Chapter 640-01-10-05-01 outlines the certification training requirements for CPS workers:**

### **Certification Training Requirements 640-01-10-05-01**

*Participation in and successful completion of the Child Welfare Practitioners Certification Training Program (CWPCTP) is required by all workers providing CPS assessments. Workers must begin the CWPCTP within the first six months of employment as a CPS Worker. Workers must complete the training program within one year of beginning the training program. A copy of the certificate of completion should be given to the CPS Worker's supervisor, by the CPS Worker, upon completion.*

## Average Caseload (per FTE)\*

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### A. Intake Workers

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16,733 CPS reports / 20.8 Intake FTEs

Average # of Reports per Intake FTE: 804

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### B. Assessment Workers

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4,030 CPS Full Assessments / 79.6 Assessment FTEs

Average # of Full Assessments per Assessment FTE: 50\*\*

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3,601 CPS Terminated/Pregnant Woman Assessments / 79.6 Assessment FTEs

Average # of Term/Preg Assessments per Assessment FTE: 45\*\*

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4,295 Admin Assessments / 79.6 Assessment FTEs

Average # of Admin Assessments per Assessment FTE: 53\*\*

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1,803 Referrals / 79.6 Assessment FTEs

Average # of Referrals per Assessment FTE: 22\*\*

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\* CPS counts for only the Zones responding to the FFY 2019 CPS Workforce Survey-Director (100% of the zones responded to the FFY2019 survey).

\*\*Numbers are rounded to the nearest integer

- The average caseload (yearly)=170

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### C. Supervisors

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Supervisors FTE to Worker FTE Ratio

Slightly more than 1:6  
(16 supervisors FTE's to 100 worker FTE's)

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- Average supervisor caseload= 6 employees.

**The number of children under the care of the state child protection system who are transferred into the custody of the state juvenile justice system.**

- Following is the point in time Division of Juvenile Services (DJS) case count taken on June 1, 2020. Overall DJS cases are slightly lower than 2019 when the case count was 142 compared to 131 as of June 1, 2020. The % transferred is slightly higher with 9 fewer youth under custody and with similar total transfers across the State.

## Juvenile Justice Transfers

DJS Office	6/1/2020 Case Count	# Transferred From Social Services to DJS	% Transferred from Social Services to DJS
Williston	12	2	16%
Minot	9	2	22%
Devils Lake	11	1	9%
Grand Forks	13	7	53%
Fargo	34	3	8%
Jamestown	10	2	20%
Bismarck	28	2	7%
Dickinson	15	6	40%
<b>TOTAL</b>	<b>131</b>	<b>28</b>	<b>21%</b>
West	62	12	19%
East	69	16	23%

DJS Office	6/1/2019 Case Count	# Transferred From Social Services to DJS	% Transferred from Social Services to DJS
Williston	13	3	23%
Minot	9	3	33%
Devils Lake	11	4	36%
Grand Forks	19	7	36%
Fargo	36	1	2%
Jamestown	12	1	8%
Bismarck	33	2	6%
Dickinson	9	4	44%
<b>TOTAL</b>	<b>142</b>	<b>25</b>	<b>18%</b>
West	64	12	19%
East	78	13	17%

### VI. CAPTA Annual State Data Report Items:

1. The number of children who were reported to the State during the year as victims of child abuse or neglect.
  - The number of children who were reported to the State as victims of child abuse and neglect during the FFY 2019 is 7349.



2. Of the number of children described in paragraph (1), the number with respect to whom such reports were—
  - A. substantiated;
    - There were **2,104** report/child pairs with report dispositions (i.e., assessment decision) of “Substantiated” in FFY 2019.
  - B. unsubstantiated; or
    - There were **5,245** report/child pairs with report dispositions (i.e., assessment decision) of “Unsubstantiated” in FFY 2019.
  - C. determined to be false.
    - The number of children described in paragraph (1) with respect to whom such reports were determined to be false is not able to be reported.
  
3. Of the number of children described in paragraph (2)—
  - A. the number that did not receive services during the year under the State program funded under this section or an equivalent State program;
    - Of the **2,104** report/child pairs with report dispositions (i.e., assessment decision) of “Substantiated” in FFY 2019 **639** did not receive post response services, and **1** had “Unknown or Missing” post response services.
    - There were **5,245** report/child pairs with report dispositions (i.e., assessment decision) of “Unsubstantiated” in FFY 2019. Of those **5,029** did not receive post response services, and **1** had “Unknown or Missing” post response services.
  - B. the number that received services during the year under the State program funded under this section or an equivalent State program;
    - There were **2,104** report/child pairs with report dispositions (i.e., assessment decision) of “Substantiated” in FFY 2019. Of those, **1,464** received post response services.
    - There were **5,245** report/child pairs with report dispositions (i.e., assessment decision) of “Unsubstantiated” in FFY 2019. Of those, **215** received post response services
  - C. the number that were removed from their families during the year by disposition of the case.
    - There were **413** report/child pairs that had foster care/removal from home during FFY 2019. Of those, **394** had report dispositions of “Substantiated” and **19** had report dispositions of “Unsubstantiated”. (Source: 2019 NCANDS)
  
4. The number of families that received preventive services, including use of differential response, from the State during the year.
  - The number of families that received preventive services, including use of differential response, from the State during the year is **2,107**.
  - This is a decrease from 2018 largely due to shifting funds used to provide concrete supports to families from the state to the individual Zone budgets. Since the state no longer disburses these funds directly, there is not a mechanism for tracking the number of families served.

The total above includes: in-home case management, intensive in-home family therapy, Family Centered Engagement meetings, parent aide, prime time child care, and respite.

5. The number of deaths in the State during the year resulting from child abuse or neglect.
  - The number of deaths in the State during the year resulting from child abuse or neglect is **six**.
  
6. Of the number of children described in paragraph (5), the number of such children who were in foster care.
  - Of the number of children described in paragraph (5), the number of such children who were in foster care is **zero**.
  
7. The number of child protective service personnel responsible for the—
  - intake of reports filed in the previous year;
  - screening of such reports;
  - assessment of such reports; and
  - investigation of such reports.

***FTE's within CPS workforce***

<i>Number of (FTE) positions employed in FFY 18</i>	<i>FTE's</i>
FTE's for CPS Intake (receiving 960) reports functions	<b>20.8</b>
FTE's for CPS Assessment functions	<b>79.6</b>
FTE's for CPS Supervision functions	<b>16.0</b>

**CPS employee numbers in Federal Fiscal Year 2019 (October 1, 2018-September 30, 2019)**

- A. Total number of agency workers (excluding clerical workers) who have served any function of CPS intake, CPS assessment or CPS supervision= **162**
- B. Total number of agency workers stated in A above, how many have participated in CPS Intake (receiving 960 reports) functions= **130**
- C. Total number of agency workers stated in A above, how many have participated in CPS Assessment functions=**118**
- D. Total number of agency workers stated in A above, how many have participated in CPS Supervision functions=**31**

Directors reported a total of 162 employees, including supervisors (31), workers responsible for intake (130) and assessment (118). These were then calculated as a corresponding portion of a Full Time Equivalent position (FTE), resulting in a total of 116 FTEs. This is indicative of the multiple functions an employee of a rural county fulfills as a portion of their FTE.

## Staff turnover

	Frequency	Percent
Retirement	2	6.7%
Dismissal	3	10.0%
Lateral/Promotion	2	6.7%
Voluntary Resignation	23	76.7%
Total	30	100.0%

8. The agency response time with respect to each such report with respect to initial investigation of reports of child abuse or neglect.
- The agency response time with respect to each such report with respect to initial investigation of reports of child abuse or neglect is 206.2. This is a decrease from 225.5 hours in 2018.

\* Under the NCANDS definition, response time is measured from the time of the initial report until the child welfare worker has face-to-face contact with the victim child. Under state Administrative Rule, an assessment can be initiated with a check for prior records, contact with a law enforcement agency, or contact with a collateral source of information, including the victim child. Face to Face contact with a suspected victim child can be made by a child welfare worker or by a “community partner“, who has legal authority to protect the child (law enforcement, physician, juvenile Court officer or military family advocacy). When measured by state standards, initiation of the assessment ranges from 24 hours for serious physical abuse to 14 days for certain neglect cases. When measured by state standards, compliance with the response times is as follows:

**Table 1: CPS Timeliness to Initiation of CPS Assessment by Report Category**

FFY 2019 CPS Timeliness to Assessment Initiation* by Report Category			
Report Category	Yes	No**	Missing
A (N=363)	88.4%	11.6%	0.0%
B (N=1732)	91.3%	8.7%	0.0%
C (N=5520)	87.8%	12.2%	0.0%
Total (N=7615)	88.6%	11.3%	0.0%

\*Includes all CPS assessments regardless of the decision code.

\*\*Includes records with initiation dates prior to the date the report was received and records with initiation dates after the report was received that were outside program policy parameters for the report category.

**Table 2: CPS Timeliness to Face-to-Face Contact by CPS Assessment Category**

FFY 2019 CPS Timeliness to Face to Face Contact* by Assessment Category			
Assessment Category	Yes	No**	Missing***
A (N=183)	60.7%	39.3%	0.0%
B (N=962)	62.4%	37.2%	0.4%
C (N=2858)	85.2%	14.5%	0.3%
Total (N=4003)	78.6%	21.1%	0.3%

\*Includes only CPS assessments with decision codes of "Services Required", "No Services Required" and "Subject is Out of State but the Decision would be Services Required".

\*\*Includes records with face to face contact dates before or after the date the report was received if they were outside program policy parameters for the assessment category.

\*\*\*Records excluded because they were missing a face-to-face contact date or missing assessment category (n=13)

9. The response time with respect to the provision of services to families and children where an allegation of child abuse or neglect has been made.

- The mean time to foster care in days for FFY 2019 was **13.19 days**. The median time to foster care in days for FFY 2019 was **4 days**.
- The mean time to in-home care in days for FFY 2019 was **62.21 days**. The median time to in-home care in days for FFY 2019 was also **56 days**.
- **Data Considerations:** A single child may have multiple “Substantiated” reports, each with different post response service outcomes; therefore, the counts included here may include duplicate children and are NOT unique counts of children with substantiated reports. (Source: 2019 NCANDS)

10. For child protective service personnel responsible for intake, screening, assessment, and investigation of child abuse and neglect reports in the State—

- information on the education, qualifications, and training requirements established by the State for child protective service professionals, including for entry and advancement in the profession, including advancement to supervisory positions;
- data of the education, qualifications, and training of such personnel;
- demographic information of the child protective service personnel; and
- information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor.

SEE SECTION *Information on Child Protective Service Workforce* Page 11- 22 above.

11. The number of children reunited with their families or receiving family preservation services that, within five years, result in subsequent substantiated reports of child abuse or neglect, including the death of the child.

- The state is not able to collect this data.
12. The number of children for whom individuals were appointed by the court to represent the best interests of such children and the average number of out of court contacts between such individuals and children.

North Dakota uses trained, lay Guardians Ad Litem (GAL) in child welfare cases.

In FFY 2019, there were:

- 2691 children that were appointed a GAL (unduplicated)
- 16,902 - Total number of hours of GAL time dedicated to assisting these children
- 6.28 - Average number of hours of GAL time per child
- 2843 - Number of Out-of-Court Contacts GALs had with children (Due to data system modifications required in order to collect this data element, this data is for 08-01-19 through 05-31-20). A full year of data will be available for the next reporting period.

13. The annual report containing the summary of activities of the citizen review panels of the State required by subsection (c)(6).

See Attachment A

14. The number of children under the care of the State child protection system who are transferred into the custody of the State juvenile justice system.

See Page 182 above

15. The number of children referred to a child protective services system under subsection (b) (2) (B) (ii).

There were **424 reported victims** less than 1 year of age with maltreatment codes of Alcohol present at birth, Drugs other than meth present at birth, Fetal Alcohol Spectrum Disorder, Meth present at birth, Neonatal Abstinence Syndrome, Prenatal exposure to alcohol, Prenatal exposure to drugs other than meth, Prenatal exposure to meth, OR Prenatal exposure to opioids were listed in CPS reports during FFY 2019. This is not a completely unduplicated count of victims because the data system does not assign unique identifiers to all victims entered into the system. Of the 424 reported victims with the maltreatments above, **376** are verified **unique** victims. Note: Some records were excluded from analysis due to missing or invalid dates of birth. For the counts based on victim Assessments see the table below. (Source: FRAME)

Services Required CPS Assessments with Substance Abuse Maltreatments (suspected or confirmed), FFY 2019	121
Unduplicated Count of Victims	190
Unduplicated Count of Victims < 1 Year of Age	108
Services Required CPS Assessments with Confirmed Substance Abuse Maltreatments, FFY 2019	111
Unduplicated Count of Victims	119
Unduplicated Count of Victims < 1 Year of Age	105

Number of Terminated in Progress (07), No Services Required (50), and Out-of-State (85) Assessments, FFY 2019	6535
CPS Assessments (07, 50, 85) with Suspected Substance Abuse Maltreatments, FFY 2019	229
Unduplicated Count of Victims	356
Unduplicated Count of Victims < 1 Year of Age	153

\*\*\* It should also be noted that North Dakota law defines a Substance Exposed Infant as a newborn under the age of 28 days and allows for an alternative response to these reports. The state law preceded the federal definition of a substance exposed infant to be up to age one year. The alternative response process for substance exposed newborns was implemented by the state on 11/1/17.

16. The number of children determined to be eligible for referral, and the number of children referred, under subsection (b)(2)(B)(xxi), to agencies providing early intervention services under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

- The number of children determined to be eligible for referral, and the number of children referred, to agencies providing early intervention services under Part C of the Individuals with Disabilities Education Act is **620**. Of these, **588** had referrals to Part C, **12** did not have referrals to Part C programs, and **20** were ‘not applicable’ for a Part C referral. There were 12 records excluded from analysis due to missing or invalid dates of birth. (Source: FRAME)

17. The number of children determined to be victims described in subsection (b)(2)(B)(xxiv). There were 2 children reported for suspicion of sex trafficking by a caregiver. There were 5 children reported for suspicion of sex trafficking by a non-caregiver. None of these were substantiated.

18. The number of infants—

A. identified under subsection (b)(2)(B)(ii);

The number of infants identified under subsection (b)(2)(B)(ii) is **214**.

\*\*\* Note: State law defines a “Substance Exposed Newborn” as an infant younger than 28 days of age at the time of the initial report of suspected child abuse or neglect and who is identified as being affected by substance abuse or withdrawal symptoms or by a fetal alcohol spectrum disorder.”

B. for whom a plan of safe care was developed under subsection (b)(2)(B)(iii);

Of the 214 infants identified under subsection (b)(2)(B)(iii), the number for whom a plan of safe care was developed is 176.

C. for whom a referral was made for appropriate services, including services for the affected family or caregiver; under subsection (b)(2)(B)(iii).

The number of infants for whom for whom a referral was made for appropriate services, including services for the affected family or caregiver; under subsection (b)(2)(B)(iii) is 176.

## **VII. Victims of Child Abuse Act Reauthorization Act of 2018 (P.L. 115-424)**

The Victims of Child Abuse Act Reauthorization Act of 2018 (P.L. 115-424) amended the provisions of section 106(b)(2)(B)(vii) of CAPTA. By June 30, 2019, states were required to submit the signed Governor's Assurance Statement of compliance, The signed Governor's Assurance Statement is attached to this document as **ATTACHMENT B**.

## **VIII. North Dakota CAPTA Contact Information**

### **State Liaison Officer:**

Marlys Baker, CPS Administrator  
ND Department of Human Services  
600 East Boulevard Avenue, Dept. 325  
Bismarck, ND 58505-0250  
(701) 328-1853  
[mbaker@nd.gov](mailto:mbaker@nd.gov)

ATTACHMENT A



# Child Fatality Review Panel /Citizen Review Committee Recommendations



The North Dakota Child Fatality Review Panel, as described in Section IV “Citizen Review Panel”, serves as the state’s Citizen Review Panel as allowed by CAPTA Section 106 (c). The North Dakota Child Fatality Review Panel has continued to review deaths of all children who receive a North Dakota death certificate, including but not limited to child deaths that occur as a result of child abuse or neglect. These retroactive records reviews also include reviews of child abuse and neglect near deaths. Both types of reviews take place quarterly. The timeline for publication of data reports does become quite lengthy, particularly in cases where criminal charges are pending, due to delays in receiving records for review until after prosecution is complete. There are also limited data resources available to the program. The Child Fatality Review Panel will continue to explore strategies to shorten the timeframe between the case reviews and publication of the data. The North Dakota Child Fatality Review Panel provides case level analysis of system functioning in the investigative, administrative, and judicial handling of child abuse and neglect cases. The Child Fatality Review Panel data report for 2015 and 2016 has been completed and is posted to the state website: <http://www.nd.gov/dhs/info/pubs/docs/cfs/child-fatality-report-2015-2016.pdf>

Recently, in May 2020, the Child Fatality Review Panel/Citizen Review Committee, concluded reviews of those child deaths which occurred in 2017 and 2018. Compilation of the datasets has begun, and publication of the report is expected late 2020. Review of deaths occurring in a single year may not be reviewed for quite a length of time, due to delay in certification of the death certificate by the certifier, inability to obtain records needed for a comprehensive review, or pending criminal investigation or prosecution of the case.

The Child Fatality Review Panel/Citizen Review Committee is required by state law to meet at least semi-annually. In order to accomplish thorough in-depth review of cases of child deaths which are sudden, unexpected, or unexplained, the Committee has continued to meet quarterly through FFY 2019 in order to review these deaths and make recommendations.

Recommendations resulting from reviews in FFY 2019:

## North Dakota Child Fatality Review Panel (NDCFRP) Recommendations

- 1. The Panel recommends continued collaboration with medical professionals, childcare providers, parenting education programs, child welfare, home visiting programs and other entities to provide safe sleep information and tools for discussing safe sleep with parents and caregivers of infants. The information should include the dangers of bed and couch sharing, particularly when the caregiver may be impacted by exhaustion or sedating substances as well as the dangers to infants prenatally or environmentally exposed to alcohol or controlled substances.**
- 2. The Panel recommends continuing to collaborate with existing programs to**

support vehicle safety for young children, teen drivers and their caregivers focusing on continued education through media campaigns, materials and community events to promote car seat safety, safety in and around vehicles, safe driving practices, utilization of helmets and safety gear when operating a bicycle and motorized recreational vehicles, distracted driving and alcohol and drug usage of teens operating a motor vehicle. The panel noted the following as preventable risk factors in motor vehicle related child death reviews completed in FFY19:

- Lack of booster seat for children age 6-8 years
- Driving too fast for gravel road
- Child passenger in the cab of truck
- Children struck by motor vehicle operating in reverse; need for a walkaround of the vehicle before reversing to ensure safety

**3. The Panel recommends that all child deaths receive a thorough, comprehensive investigation of the death scene and circumstances surrounding the death.**

- That a consistent and uniform protocol be utilized for infant/child death scene investigations
- That a standardized statewide protocol be developed for scene investigations of all child/adolescent suicide deaths
- That all children involved in a motor / recreational vehicle fatality receive an autopsy
- Universal alcohol and drug testing for every child fatality
- That, as part of the investigation, law enforcement obtains cell phone records to determine if the child was using the cellular device while operating a motor / recreational vehicle
- That law enforcement officers receive education on scene investigations involving children and firearms
- That physicians and those of the medical field receive education on the timely notification to child protection services when a child presents with trauma and where child abuse and neglect may be reasonably suspected
- That hospitals continue to use the peer review to examine trauma processes and protocols regarding child injuries and death.

**4. The Panel supports the continued work of the Firearm Safety for Children Taskforce and the continued development of a statewide approach to firearm safety education and awareness that includes an examination of current firearm safety messaging, addresses the barriers to easy access and develops public awareness for all gun owners with an emphasis on suicide preventability through utilization of proper gun storage. In addition, there is a need for continued suicide prevention education and training statewide, especially in rural areas where there is a lack of mental health services.**

5. The Panel recommends continued collaboration with existing programs to support water safety and drowning prevention for children and their caregivers focusing on continued education through media campaigns, educational materials, and community events to support water safety. This educational information should include the need for constant supervision of children near water, utilization of coast guard approved lifejackets, watercraft safety, adequate barriers around pools and storm drains, and water competency including safety awareness, basic swim skills and the ability to recognize and respond to a swimmer in trouble.

## Child Fatality Review Panel /Citizen Review Committee



### State Response

The North Dakota Child Fatality Review Panel, which has continued to serve in the role of the Citizen Review Committee, has met on a quarterly basis throughout this reporting year. The Child Fatality Review Panel data report for calendar years 2015 and 2016 has been finalized and is published on the state website: <http://www.nd.gov/dhs/info/pubs/docs/cfs/child-fatality-report-2015-2016.pdf>

Recently, in May 2020, the Child Fatality Review Panel/Citizen Review Committee, concluded reviews of those child deaths which occurred in 2017 and 2018. Compilation of the datasets has begun, and publication of the report is expected yet this calendar year. Review of deaths occurring in a single year may not be reviewed for quite a length of time, due to delay in certification of the death certificate by the certifier, inability to obtain records needed for a comprehensive review, or pending criminal investigation or prosecution of the case.

The Child Fatality Review Panel/ Citizen Review Committee is convened by the Children and Family Services Division (CFS) of the North Dakota Department of Human Services (DHS). CFS/DHS provides staff and resources for preparing and conducting reviews of all child deaths and near deaths caused by child abuse and neglect (0.25 FTE), maintaining documentation and data concerning these reviews (0.25 FTE) and producing and publication of resulting data. CFS/DHS also supports travel costs for members who are not local to the Panel meetings. No state funding is appropriated to support the operation or programming related to Panel/Committee recommendations, necessitating the development of strategies to address concerns and recommendations through partnership and existing resources.

**The following is the state's response to the Panel's recommendations:**

- 1. The Panel recommends continued collaboration with medical professionals, childcare providers, parenting education programs, child welfare, home visiting programs and other entities to provide safe sleep information and tools for discussing safe sleep with parents and caregivers of infants. The information should include the dangers of bed and couch sharing, particularly when the caregiver may be impacted by exhaustion or sedating substances as well as the dangers to infants prenatally or environmentally exposed to alcohol or controlled substances.**

The lead agency will continue to work with the Division of Injury and Violence Prevention Program, Infant and Death Services Program, within the North Dakota Department of Health, and with the Early Childhood Education program to disseminate information regarding safe infant sleep practices. The Healthy and Safe Communities division of the North Dakota Department of Health (MCH) maintains a statewide web-based continuing education course for nurses on reducing the risk of SIDS and other sleep-related causes of infant death. The continuing education activity provides nurses with the information and tools needed to communicate risk reduction messages to parents and caregivers of infants quickly and effectively. Public service announcements discussing safe sleep

practices were broadcast through statewide radio stations and through talking hashtags located statewide in grocery stores, public health offices, Human Service Centers, and medical facilities. These public service announcements are available to the public through the North Dakota Department of Health, Healthy and Safe Community website. The webpage also provides the public with resources on reducing the risks of Sudden Infant Death Syndrome through videos and printable educational materials. North Dakota Child Care Aware, the ND Department of Health and Cribs for Kids partnered in the development of an educational training video for childcare providers regarding the utilization of a Pack and Play for Safe Sleep and infant safe sleep practices. The training is a childcare licensing requirement. The North Dakota Department of Health and Cribs for Kids published a comprehensive Infant Safe Sleep training which is posted on their website and available to all caregivers. The above publications can be accessed with this link: <https://www.health.nd.gov/sudden-infant-death-syndrome-sids>.

The lead agency and the he Department of Health / Infant and Child Death Services and Department of Human Services partnered, developed and provided a statewide training regarding Child Welfare's role in Promoting Safe Sleep; this training was presented at the 2019 Children and Family Services Conference and was recorded so that it is available to the field for ongoing training purposes.

The lead agency in partnership with the North Dakota Department of Health along with the Behavioral Health Division within the North Dakota Department of Human Services continues efforts in the dissemination of prevention and education materials for women of childbearing age, their significant others and families regarding the dangers of substance use / abuse during pregnancy; for educators, health care providers, social workers, child care providers and foster parents about the long term effects of Neonatal Abstinence Syndrome (NAS), signs and symptoms of withdrawal and best practices for the treatment of a substances exposed newborns and their mothers.

The ND State Epidemiologist began collecting Neonatal Abstinence Syndrome counts from ND hospital discharge data in 2018. Collection of this data will allow for systematic prevention efforts.

The Parents LEAD website, a collaboration between the ND Department of Human Services, ND Department of Transportation and the ND University System features printable handouts and resources targeted at professions working with parents and families specific to Substance Exposed Newborns. In addition, the lead agency in partnership with Prevent Child Abuse of ND (PCAND) updated the web-based interactive mandated reporter training as it relates to the identification and notification of substance exposed newborns.

<https://prevention.nd.gov/files/pdf/parentsleadforprof/SubstanceExposedNewborn.pdf>

The lead agency in partnership with the University of North Dakota Children and Family Services Training Center developed a web hub for Child Welfare workers specific to the topic of Substance Exposed Newborns. This website includes a training video, "Introduction to Substance Exposed Mothers and Infants" provided by the Addiction Technology Transfer Center Network; a newly developed online training, "CPS Response to Substance Exposed Newborns"; training resources including a glossary of terms, SEN flow chart for child protection services, protective factor action sheets, and information sheet for mandated reporters about the notification / reporting to CPS involving substance exposed newborns as well as information about the Alternative Response Assessments provided by CPS exclusively for this population; policy and procedure for completing

child protection services assessments regarding reports / notifications of substance exposed newborns, including the multidisciplinary approach in serving the needs of these infants and their caregivers through the development and monitoring of plans of safe care to address the health and safety needs of the substance exposed newborn and the health and substance use disorder treatment needs of the infant's caregivers. <https://und.edu/cfstc/workforce-training/substance-exposed-newborns-training.html>

One of the required components of the plans of safe care for substance exposed newborns is assessment of the infant's sleep environment and referral to safe sleep resources, such as Cribs for Kids. In 2019, 400 additional Pack n Plays were purchased for dissemination statewide, including the four tribal reservations; the state has over 25 Cribs for Kids pick up locations and offers deliveries to other areas when there is a need.

The lead agency in partnership with Prevent Child Abuse of ND (PCAND), Department of Health / Infant and Child Death Services and Cribs for Kids have collaborated with Bismarck and Mandan Police Departments and will be piloting the Cops and Cribs Campaign in the upcoming year. The mission is to increase safe sleep practices in four steps a) educating officers about infant safe sleep b) cribs are provided to the law enforcement station c) ) first responders are on the look out for infants without a safe sleep environment, d) officers offer a crib and educate those without a safe sleep environment.

Healthy Families North Dakota is a home visitation program offering new parents' information, support and referrals regarding topics such as pregnancy wellness, attachment and bonding, care and nutrition, parenting skills, child development, financial empowerment, support networks, stress reduction and health and safety; this includes infant safe sleep practices. Healthy Families North Dakota expanded its service area in 2019 and now serves eleven counties. Healthy Families has also provided safety support services in Plans of Safe Care for substance exposed newborns working with Child Protection Services.

In 2019, the Department of Health / Infant and Child Death Services and Cribs for Kids provided onsite training to the Home Visiting Coalition on the topic of Infant Safe Sleep and how to utilize a Pack n Play as a safe sleep environment.

- 2. The Panel recommends continuing to collaborate with existing programs to support vehicle safety for young children, teen drivers and their caregivers focusing on continued education through media campaigns, materials and community events to promote car seat safety, safety in and around vehicles, safe driving practices, utilization of helmets and safety gear when operating a bicycle and motorized recreational vehicles, distracted driving and alcohol and drug usage of teens operating a motor vehicle. The panel noted the following as preventable risk factors in motor vehicle related child death reviews completed in FFY19:**

- Lack of booster seat for children age 6-8 years
- Driving too fast for gravel road
- Child passenger in the cab of truck

- Children struck by motor vehicle operating in reverse; need for a walkaround of the vehicle before reversing to ensure safety

The lead agency will continue to collaborate with the North Dakota Department of Health /Injury Prevention and Control Division and Child Passenger Safety Program, including the Injury Prevention Task Force, which includes members such as the North Dakota Safety Council, North Dakota Highway Patrol, North Dakota Department of Transportation, and local Safe Kids programs. The Injury Prevention Task Force works together to promote prevention strategies to address vehicle and traffic related system issues including teen graduated driver's licensing, child passenger safety and bicycle and recreational vehicle safety. Emphasis in the upcoming year about safe motor vehicle reversing especially in those areas frequented by and residences of small children.

The North Dakota Department of Health Injury Prevention Division in connection with the *Vision Zero, Zero Fatalities, Zero Excuses* Campaign has developed a Child Passenger Safety webpage that provides the public with printable education on North Dakota child passenger safety laws and best practices when transporting children in vehicles, car seat checkup events, child passenger safety certification training, car seat tether information, vehicle heat stroke prevention, and vehicle recalls. <http://www.ndhealth.gov/injuryprevention/childpassenger/>

The *Vision Zero, Zero Fatalities, Zero Excuses* strategy aims to establish a culture of personal responsibility where motor vehicle fatalities and serious injuries are recognized as preventable and not tolerated. The mission is to eliminate fatalities and serious injuries caused by motor vehicle crashes. Every driver and vehicle occupant in North Dakota can help meet the Vision Zero goal by taking personal responsibility when traveling on the road, this means wearing a seat belt at all times, transporting children in child passenger safety seats appropriate for the child's age, weight and height, driving distraction free, driving sober (i.e. not under the influence of alcohol and/or drugs), and obeying all posted speed limits. The Vision Zero Plan uses data to identify areas of improvement through education, roadway safety enhancements and policy decisions.

The ND Department of Transportation / Safety Division published a new live public crash dashboard - <https://www.dot.nd.gov/divisions/safety/crashdashboard.htm#CrashDashboard>

The North Dakota Department of Health (NDDH) continues to support the Impact Teen Drivers (ITD) program in its strategic approach to stop reckless and distracted driving by addressing safety skills not just for drivers but also passengers; facilitators survey students examining what they consider lethal utilizing the Theory of Planned Behavior (TPB) approach, The TPB assumes that people make rational decisions and that their actual behavior is a product of their attitudes, perceptions of social norms, and perceptions of their own volitional control over the specified behavior. Mathematically, these factors combine to predict behavior intention, which in turn is the most reliable predictor of future behavior. The Impact Teen Drivers program has expanded in each year reaching more students than the previous; in 2019, teenage students in 53 schools participated in the program.



2019 Teen Impact  
Drivers Report.pdf

**3. The Panel recommends that all child deaths receive a thorough, comprehensive investigation of the death scene and circumstances surrounding the death.**

- That a consistent and uniform protocol be utilized for infant/child death scene investigations
- That a standardized statewide protocol be developed for scene investigations of all child/adolescent suicide deaths
- That all children involved in a motor / recreational vehicle fatality receive an autopsy
- Universal alcohol and drug testing for every child fatality
- That, as part of the investigation, law enforcement obtains cell phone records to determine if the child was using the cellular device while operating a motor / recreational vehicle
- That law enforcement officers receive education on scene investigations involving children and firearms
- That, as part of the investigation of drowning deaths, the child's water competency and basic swim skills are documented
- That physicians and those of the medical field receive education on the timely notification to child protection services when a child presents with trauma and where child abuse and neglect may be reasonably suspected
- That hospitals continue to use the peer review to examine trauma processes and protocols regarding child injuries and death.

The lead agency continues working with Child Fatality Review Panel members, such as the Medical Examiner's Office, Bureau of Criminal Investigation, Department of Health Injury Prevention, and the Attorney General's Office, along with the Alliance for Children's Justice (CJA Task Force) to improve the quality of investigations related to child deaths including thorough investigations of the death scenes and the gathering of information pertaining to family violence, mental health, substance use and other such issues, as these are vital to understanding the circumstances surrounding the deaths of children and for planning to prevent future deaths.

The Department of Health Office of the State Epidemiologist began participating in the National Violent Death Reporting System in 2019. NVDRS collects facts from death certificates, coroner/medical examiner reports, law enforcement reports, and toxicology reports into one anonymous database. Data elements collected provide valuable context about violent deaths, such as relationship problems; mental health conditions and treatment; toxicology results; and life stressors, including recent money- or work-related problems or physical health problems. NDVDRS allows for a better understanding of trends, causes of violent deaths, and develop better interventions in North Dakota. The lead agency is an active participant of the ND Violent Death Taskforce, a group developed to assist the efforts of the NDVDRS.



ND Violent Death Taskforce developed and disseminated statewide a law enforcement / coroner death investigation tip card to assist in evidence gathering and an overall better understanding of the circumstances around suicide, homicide, and deaths by firearm.



NDVDRS Reporting  
Pocket Card\_Final.pd

- 4. The Panel supports the continued work of the Firearm Safety for Children Taskforce and the continued development of a statewide approach to firearm safety education and awareness that includes an examination of current firearm safety messaging, addresses the barriers to easy access and develops public awareness for all gun owners with an emphasis on suicide preventability through utilization of proper gun storage. In addition, there is a need for continued suicide prevention education and training statewide, especially in rural areas where there is a lack of mental health services.**

In 2019, the lead agency partnered with the North Dakota Department of Health, Injury Prevention Division, Injury Prevention Task Force, and ND Suicide Prevention Coalition to develop and convene the Firearm Safety for Children Taskforce.

In addition, participants of this multidisciplinary group include representatives from law enforcement, Game and Fish, National Rifle Association, firearm instructors, Human Service Centers, Highway Patrol, domestic violence advocates, Veterans Affairs, ND Safe Kids coordinators, NDSU, ND Violent Death Task Force representatives, Department of Health Infant and Child Death Services, ND Chapter of the American Academy of Pediatrics and Prevent Child Abuse ND. The goal of the group is to reduce firearm injuries and child death resulting from firearms with a focus on access to lethal means (focusing on firearms) and its role in suicide. To prevent suicide, many focus on [why](#) people take their lives, however as we understand more about who attempts suicide and [when](#) and [where](#) and [why](#), it becomes increasingly clear that [how](#) a person attempts—the means they use—plays a key role in whether they live or die.

The Firearm Safety for Children Taskforce is currently exploring the [Be SMART](#) for kids model as a firearm safety framework. The Be SMART framework is designed to help parents and adults normalize conversations about gun safety and take responsible actions that can prevent child gun deaths and injuries. Strategy steps include the NRA and other firearm instructors providing firearm safety education to participating pediatricians, law enforcement and Game and Fish providing the pediatric clinics with gun locks, and the pediatricians educating parents and caregivers on Be SMART for kids and providing gun locks to those needed households.

ND Department of Human Services, Behavioral Health Division published a Suicide Prevention public website in 2019, the site offers links to upcoming suicide prevention training; ND suicide data and reports; resources in recognizing the warning signs of suicide; steps to help someone that is struggling emotionally or having a hard time; and provider directories.  
<https://www.behavioralhealth.nd.gov/prevention/suicide>



ND Suicide  
Prevention Plan 201

- 5. The Panel recommends continued collaboration with existing programs to support water safety and drowning prevention for children and their caregivers focusing on continued education through media campaigns, educational materials, and community events to support water safety. This educational information should include the need for constant supervision of children near water, utilization of coast guard approved lifejackets, watercraft safety, adequate barriers around pools and storm drains, and water competency including safety awareness, basic swim skills and the ability to recognize and respond to a swimmer in trouble.**

The lead agency will continue to collaborate with the North Dakota Department of Health /Injury Prevention and Control Division and the Injury Prevention Task Force, which includes members such as the North Dakota Safety Council, North Dakota Game and Fish, North Dakota Department of Transportation, and local Safe Kids programs to disseminate educational materials regarding water safety, bathing safety and supervision, watercraft safety, and drowning prevention education.

Safe Kids in Grand Forks has offered a class entitled “Kids Don’t Float” each spring for the past 19 years. This class is a water safety course offered held at the University of North Dakota’s pool and arena. During the course of three days, six two-hour long classes are provided to nearly 600 kids and 50 adults.

The North Dakota Game and Fish Department offers the *Boat North Dakota* course for those who are new to boating or who wish to take a refresher. **The course is required for youth ages 12-15 who want to operate a watercraft by themselves or a boat or personal watercraft with at least a 10 horsepower motor.**

## ND Citizen Review Committee/Child Fatality Review Panel Members 2019

□□□□

*CPT* Marlys Baker – Administrator of  
Child Protection Services – DHS

*CPT* Jenn Grabar – Assistant Administrator  
Child Protection Services – DHS

Paul Emerson – ND Attorney  
General's Office

Dr. William Massello – State Forensic  
Medical Examiner

Dr. Mary Ann Sens – Department of  
Pathology – UND

*CPT* Lisa Bjergaard – Division of Juvenile  
Justice

Duane Stanley – Bureau of Criminal  
Investigation

Bobbi Peltier – Indian Health Services  
Injury Prevention

*CPT* Karen Eisenhardt – Citizen Member

Dr. Melissa Seibel- Sanford Health

Carol Meidinger – Citizen Member

Mandy Slag – Injury Prevention  
Administrator- Dept. of Health

Rosalie Etherington – ND State Hospital  
Superintendent

Tracy Miller – Epidemiologist –  
Dept. of Health

Todd Porter – EMT/State Legislator

\*NOTE: The designation “CPT” indicates that the member is also a member of the State Child Protection Team, who by state statute, serves as the Child Fatality Review Panel.

## **Signed Governor's Assurance Statement**

Electronic copy attached. Original document available upon request.

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 Doug Burgum:



Date: June 16, 2020

## Section E. Updates to Targeted Plans within the 2020-2024 CFSP

# 2021 APSR

## Foster and Adoptive Parent Diligent Recruitment Plan Attachment

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**UND CFS Training Center:**

In January 2020, the Department engaged in a formal contract with the University of North Dakota Children and Family Services Training Center (CFSTC) to hire a Foster Care Recruitment Retention Specialist (FPRRS) to lead a statewide recruitment and retention effort. The Foster Parent Recruitment and Retention Specialist was hired and began working in mid-April 2020. The duties of this position include:

- Engage with the department Children and Family Services (CFS) to develop and maintain the North Dakota Recruitment and Retention plan.
- Engage with community stakeholders to provide information and referral for all incoming foster parent inquiries via website, telephone or inquiries forwarded from other partners.
- Support and inform inquiring individuals of foster care licensing and adoption options.
- Co-facilitate Regional Recruitment and Retention Coalition meetings in eight regions
- Co-facilitate the statewide Recruitment and Retention Task Force meeting held annually to bring together all coalitions into one collective team.
- Provide technical assistance and training.
- Assist in efficient statewide planning to maximize funding.
- Administer statewide recruitment and retention funds.
- Oversee a statewide branding effort to establish a single logo and tag line to facilitate common and cohesive message to increase “brand” awareness statewide and reduce advertising/promotional related costs.
- Research and engage in best practice marketing and advertisement, to develop statewide marketing efforts and establish and maintain social media accounts.
- Collect and document quarterly and annual recruitment and retention data
- Provide education and awareness related to recruitment and retention, through social media, marketing efforts, bimonthly newsletter articles, developing community partners, and promotional opportunities.
- Survey foster parents to enhance retention efforts and overcome barriers related to retention and recruitment.

**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/>

or by calling the North Dakota Toll Free Foster Parent Recruitment Line at 1-833-FST-HOME or 1-833378-4663

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 Foster Parent Recruitment and Retention Specialist (FPRRS) at The UND Children and Family Services Training Center (CFSTC). The FPRRS makes telephone and email contact with the interested individuals immediately. The FPRRS gathers information about the



inquiring family, shares information regarding different levels of care, agencies related to level of care, and licensing and training requirements and process. The FPPS and the interested individuals plan which licensing agency(s) to forward their information or follow up by the FPRRS. At the time the interested individuals are ready to move forward, their contact information and other information gathered by the FPRRS is forwarded to the identified agency(s).

### **Updated Recruitment and Retention Forms:**

1. Outcomes (see attachment A)
2. Funding Request (see attachment B)

### **Statewide R&R Accomplishments – Obtained Spring 2020**

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. The contract with the University of North Dakota Children and Family Services Training Center (CFSTC) and addition of the Foster Parent Recruitment and Retention Specialist has allowed for increased attention and responsiveness to statewide recruitment and retention needs. During meetings with the eight regional representatives in March through May 2020, the following accomplishments were reported:

- Implementation of support groups.
- Region III (Devils Lake area) held quarterly full day foster parent training in alternating locations to address foster parent scheduling and to minimize travel.
- Community booth at Home and Garden Show in Grand Forks.
- Participation in community parades Grand Forks, Stanley, Devils Lake, and Bismarck
- Appreciation banquets, picnics, and winter parties in multiple regions
- Planned family events: Pumpkin Patch, YMCA, swimming, and sledding
- Billboards in Grand Forks, Jamestown, Bismarck, and Fargo
- Print ads in Region I and Region V
- Radio advertising spots in Jamestown, Devils Lake, and Bismarck
- Participation in “Family Day “at the State Fair
- Region II (Minot area) has held training events and invited the community- dual goal of retention and recruitment
- Several regions have purchased and utilized yard signs in high traffic areas
- Minot has an annual display from May to September highlighting number of children in care in the region.
- Region III (Devils Lake area) purchased sidewalk easels that have inserts to highlight information
- Bismarck produced a public access commercial and it has been airing
- Region VII (Bismarck area) provided business cards to foster parents as they are an important connection for recruitment
- Region VII (Bismarck area) implemented a Foster Parent Mentoring program
- Use of giveaways pens, stress balls, pizza cutters, and reusable tote bags
- Region IV (Grand Forks) provided reusable tote bags at farmers market
- Blue Ribbon Campaign at West Acres in Fargo during Foster Care Month
- Region VII (Bismarck area) participated in the PATH Fun Run

- Monthly Foster Parent Association meeting
- Region V (Fargo area) has sponsored games with Semiprofessional sports teams- Redhawks and Fargo Force
- Passes to family activities- Court Plus, Devils Lakes swimming pool, and zoo
- Grief counseling available for foster parents
- Booths at community events IE: law enforcement picnics, park district events
- Back to school activities
- Napkins provided to churches for use at events
- Reg VII (Bismarck area) have made connections with community partners that distributed branded reusable tote bags and provide customers with discounts for repeat use.

### **Regional Coalition Plans for 2020-2021**

#### ***Examples of general recruitment activities:***

- Host foster parent inquiry meetings at public establishments/or in virtual environments.
- Establish common statewide logo and tag line with a multiple disciplinary team with representation from all constituents within the foster/adopt community.
- Develop Facebook, Instagram, and Twitter accounts
- Develop targeted advertising plan to maximize exposure utilizing cost effective approaches and outlets
- Develop public service announcements and update current announcements
- Pursue print, television, and radio interviews highlighting specific events or awareness
- Statewide branding on promotional items placed strategically in local businesses and for use during promotional and community events
- Add representation from the retail business community, media network, juvenile justice system and former foster youth to the coalition with the goal of expanding the recruitment message to reach targeted areas more effectively
- 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
- Provide information and tools to current foster parents to empower them as active partners in recruitment efforts
- Pursue relationship with community partners who will support recruitment efforts

#### ***Examples of targeted recruitment activities:***

- 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
- Partner with Native American Training Institute (NATI)
- Partner with the ICWA State Partnership grant managed by UND Social Work Dept.
- Develop Native American Extended Family Program to mentor and remove barriers
- Pursue community partners in cultural groups of color and minority populations

***Examples of retention activities:***

- Provide more frequent training in more than one location for foster parents to best meet their time schedule and minimize travel.
- Increase opportunities of online or virtual training
- Offer sharing opportunities during training sessions to receive the support
- Expand foster parent mentoring opportunities to match new parents with seasoned parents
- Give recognition awards to foster parents for years of service, ‘above and beyond’ awards or ‘thank you’ cards
- Provide grief counseling to foster families struggling with placement transition
- Promote and/or enhance foster and adoptive parent support groups, including online or virtual options
- Grow opportunities to provide access to family activities for foster families at reduced cost or free
- Pursue community partners who want to contribute to foster families to relieve burdens and remove barriers by providing practical support to foster families
- Complete foster parent survey to learn from their viewpoint what is needed to feel supported and appreciated

**Creative Engagement from foster parents during COVID-19 pandemic**

- COVID -19 has not stopped agencies from expressing gratitude for our foster parents and relative caregivers, here is a list of things being done across the state in May 2020:
  - a. Personal handwritten thank you notes
  - b. A Facebook campaign showing worker appreciation by holding signs with words describing foster parents.
  - c. Postponing annual foster parent appreciation luncheons/picnics
  - d. Personal success stories - Foster parents submitting videos including their journey and words of wisdom to help support one another, but maybe even recruit a few fellow North Dakotans to become a foster parent.
- COVID-19 – Foster parents are a SUPPORT to families, not a substitute, below are examples of how ND engaged bio families during this time:
  - a. Increasing phone calls and FaceTime
  - b. Local visitation centers are adjusting business to coordinate and supervise virtual visits for children and their families to support the custodial agencies.
  - c. Foster parents are increasing text updates and pictures to keep families connected.
  - d. Foster parents have prepared meals for birth families and dropped off at their houses with notes/pictures from the children.
  - e. Face-to-Face visits are occurring when able and all parties pass the health screening.

- f. Foster parents supervising visitation with bio family in a park, while on a walk, in ones backyards - while taking safety precautions.
- g. Using virtual platforms available and approved by parents; Google Duo, Face Time, Skype, Zoom, CiscoWebex, Video calling from the wireless providers, Facebook messenger
- h. Foster parents doing crafts (even quilting) via zoom with families; foster parent will drop off a kit outside mom's house and later complete the craft together online/virtually!
- i. Foster parents creating with the children Mother's Day gifts for bio moms, etc.

**Foster Care Data**

**Moment in Time Foster Care Data on 6/1/2020**

Unique Child Totals by Age																									
Region	Ages																								
	Total	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
I - Northwest	99	3	4	9	11	6	9	3	8	7	2		5		6	4	4	9	3	5			1		
II - North Central	181	4	12	11	12	13	13	6	12	10	10	6	9	8	10	7	13	11	5	5	4				
III - Lake Region	348	7	24	25	20	17	23	24	28	25	25	27	18	15	15	11	17	10	9	5	2	1			
IV - Northeast	284	1	19	21	20	29	23	14	10	15	10	20	14	13	11	18	13	11	10	8	2	1	1		
V - Southeast	256	5	26	25	20	12	12	13	12	14	14	10	8	12	8	13	12	11	13	11	3	2			
VI - South Central	96	1	2	5	5	8	4	8	3	7	4	4	4	5	4	6	4	10	5	6	1				
VII - West Central	253	4	23	15	18	18	8	12	16	16	8	14	11	10	6	21	12	15	14	4	3	5			
VIII - Badlands	93	1	4	8	6	5	7	5	6	2	1	6	3	1	2	6	7	12	6	4		1			
<b>Age Totals</b>	<b>1610</b>	<b>26</b>		<b>114</b>	<b>119</b>	<b>112</b>	<b>108</b>		<b>99</b>	<b>85</b>	<b>95</b>	<b>96</b>	<b>74</b>	<b>87</b>	<b>72</b>	<b>64</b>	<b>62</b>	<b>86</b>	<b>82</b>	<b>89</b>	<b>65</b>	<b>48</b>	<b>15</b>	<b>11</b>	<b>1</b>

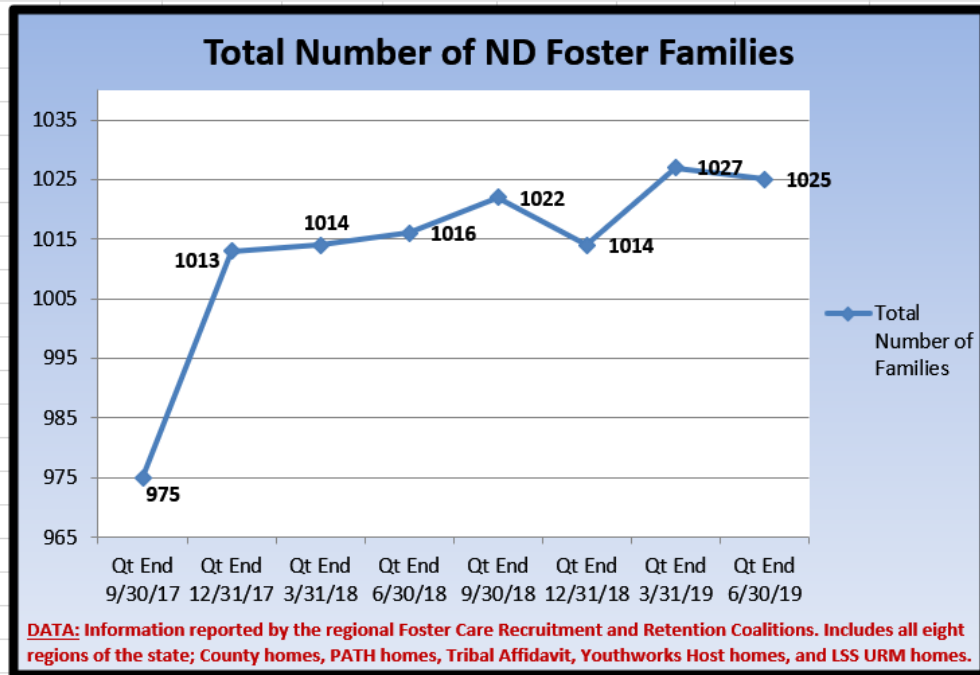
  

Unique Child Totals by Race		Children by Gender	
Race	Total	Gender	Total
American Indian or Alaskan Native	772	Male	853
Asian	11	Female	757
African American	136	<b>Total</b>	<b>1610</b>
Native Hawaiian or Pacific Islander	11		
White	755		
Unable to Determine	58		
Refusal by Client	0		
<b>Total</b>	<b>1743</b>		

**Foster Care Children Demographics:** This report identifies the total number of children in foster care arranged by age, race and gender.

Previous State Biennium Update: July 1, 2017 to June 30, 2019

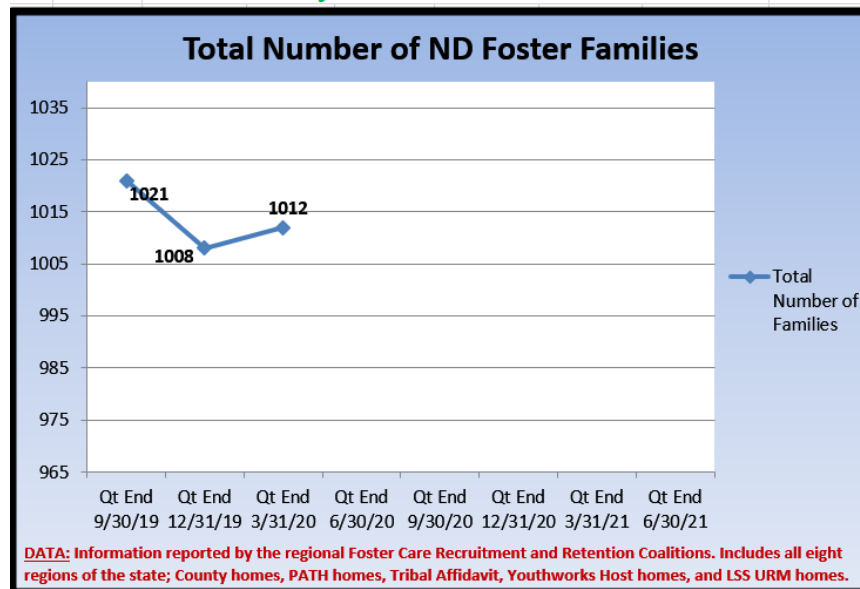
Licensed family foster homes as of 6/30/2017 = 846



During the twenty-four month biennium, North Dakota did experience growth in the overall number of licensed foster homes. Impact was due to better tracking of licensed numbers and inclusion of the Lutheran Social Services licensed foster homes.

Current State Biennium Update: July 1, 2019 to date

Licensed family foster homes as of 6/30/2019 = 1025



During the first nine months of the new biennium, North Dakota did experience a decrease in the overall number of licensed foster homes. The impact can be attributed to increased number of

family moves in the late fall, and families indicating they are no longer interested or getting too busy to meet the needs. History has shown a trend for every 10 homes recruited, likely 9 will terminate their license; reminding North Dakota administration and public/private agency partners that constant education and recruitment is warranted.

### **Quarter 3 (Jan 1, 2020 - Mar 31, 2020) started with 1008 homes and ended with 1012**

- 227 inquiries about becoming a foster parent occurred during the quarter
- 73 new families were licensed (*32% inquired and became licensed this quarter*).
- 69 families ended/terminated their foster care license. Majority of the documented reasons for closure continue to be:
  - No longer interested and too busy
  - Moved
  - Adoption finalized
  - Internal agency transfers from one agency to another
  - Change in family circumstances

### **Adoption Call to Action Update**

An expanded team of individuals attended the Washington DC Call to Action Meeting in January 2020. The team included the states adoption manager, foster care manager, a CIP representative, a private agency contract representative (the AASK program) and a representative from a larger local agency (zone director from Grand Forks County Human Service Zone). This group has begun to meet quarterly to dialog and plan action steps to implement strategies to address barriers to timely adoptions. Some of the strategies being discussed (but not yet formally decided upon) include:

- Some type of rapid permanency reviews (we are contacting Casey Family Services with regard to their model).
- Utilizing our current child and family team meeting to do a more in-depth review of permanency issues. This may be facilitated through the use of a timeline to permanency (referenced below).
- Expansion of a timeline that has been used by Grand Forks County Human Service Zone to tract court work toward termination of parental rights, by adding specific permanency timeframes.
- Zone (formerly county) by zone reviews of cases with TPR to identify and address case specific barriers to permanency.

### **Specific Adoption Recruitment - Update June 2020:**

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, 2019 through May 31, 2020 the AASK Program has completed 109 new assessments, 5 updated and 22 subsequent adoption assessments. In this same time frame, AASK has completed 190 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 3 children who were waiting without an identified family. Additional children will be added before October 2020 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 fiscal year July 1, 2019 through May 31, 2020, AASK has placed 13 children for adoption at the request of the Tribe and has also assisted in the finalization of adoption for 19 children.

# 2021 APSR

## Health Care Oversight and Coordination Plan Attachment

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At the time of this writing, there have been no changes made to the 2020-2024 Healthcare Oversight and Coordination Plan.

# 2021 APSR

## Training Plan Attachment

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At the time of this writing, there have been no changes made to the 2020-2024 Training Plan.

# 2021 APSR

## Disaster Plan Attachment

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### **North Dakota Disaster Plan Overview**

North Dakota was presented with flooding in the spring of 2019, the ND Department of Human Services activated the State Recovery Multi-Agency Coordination Center, led by the state Agriculture Commissioner, the NDDDES Director, the NDDDES Homeland Security Director and the State Engineer, who provided direction to help communities with recovery efforts. The state team conducted extensive outreach with residents and producers, establishing Multi-Agency Resource Centers (MARC) that are staffed by local, state and federal agencies and voluntary organizations whose representatives discussed available assistance, from mental health resources to cleanup help. North Dakota foster parents effected by flooding followed the ND Disaster Plan protocols and re-located if needed, while maintaining communications with custodial agencies of the children and ND Department of Human Services designees.

North Dakota responded to a wet summer and fall, as well as an unprecedented early winter storm in October 2019. Significant flooding impacted families across North Dakota and required a government approach to helping citizens of our state and ensuring child welfare agencies, providers and clients were served and assisted. The ND Disaster Plan was reviewed again and foster parents impacted by flooding followed protocols and re-located if needed, while maintaining communications with custodial agencies of the children and ND Department of Human Services designees. North Dakota State assessments indicated that damage in the 21 counties would exceed \$9.2 million, with an additional \$2 million in damage, which remained underwater. The North Dakota Department of Transportation also reported damages totaling \$29.7 million to its network of Federal Aid System (FAS) roads. The Commissioner urged producers to relocate livestock to areas of protected from the storm and contact the Hay Hotline to access additional hay or transport of supplies to farmers and ranchers in need. North Dakota conducted coordination calls to discuss preparedness measures with representatives of the Department of Transportation, Highway Patrol, National Guard, Department of Agriculture, Department of Human Services, Department of Health, Civil Air Patrol, State Radio, State Water Commission, National Weather Service, Rural Electric Cooperative Association and voluntary agencies, including the American Red Cross.

In the spring of 2020, worldwide pandemic of COVID-19 effected the nation. North Dakota created a website of <http://www.nd.gov/dhs/info/covid-19/index.html>. The State of North Dakota, led by the Governor's office produced daily press conferences and several COVID resource guidelines, documents, and other related information for clients, stakeholders and staff. The North Dakota Department of Human Services worked and is continuing to navigate the risks and concerns with COVID-19. The goal was to minimize the risk for the individuals served and employed. The Department is committed to delivering on its mission of serving people in need across the state of North Dakota. Service delivery locations remained open and continued to serve clients; more virtual and distance learning opportunities available to clients since March 2020. Human Service Centers and authorized agents; ND Human Service Zones (formerly county social service offices) continued to provide necessary services, while screening for COVID-19 illness risk, while monitoring and following recommendation of the Centers for Disease Control and Prevention (CDC). A series of FAQ documents were made available and continue to be updated specific to child protection, foster

parent licensing, case manager-child face-to-face visitation, virtual visitation and more:  
<http://www.nd.gov/dhs/info/covid-19/provider-q-a.html>

*Given the disasters and utilization of the plan, it was determined there was no need to make formal changes to the ND Disaster Plan.*

## Section F. Statistical and Supporting Information

- **CAPTA Annual State Data Report Items:** Please refer to Section D. CAPTA State Plan Requirements and Updates
- **Education and Training Vouchers**

	Total ETVs Awarded	Number of New ETVs
<u>Final Number:</u> <b>2018-2019 School Year</b> (July 1, 2018 to June 30, 2019)	64	23
<b>2019-2020 School Year*</b> (July 1, 2019 to June 30, 2020)	72	27

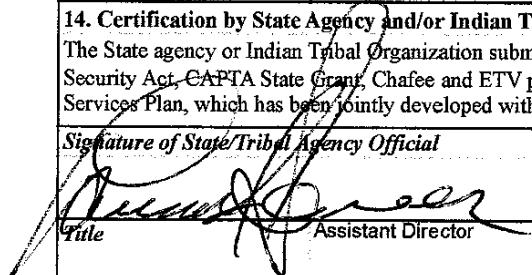
- **Inter-Country Adoptions**
  - There was one youth who was adopted from another country and who entered into State custody in FFY 2019 as a result of the disruption of a placement for adoption or the dissolution of an adoption. This youth was adopted through Catholic Family Service from Guatemala. His case plan goal when entering care was “return to home” and this was accomplished within one month of his entry into care. The reason for entering care was “child behavior problems”.

## Section G. Financial Information



**CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CHAFEE, and ETV and Reallotment for Current Federal Fiscal Year Funding**

For Federal Fiscal Year 2021: October 1, 2020 through September 30, 2021

<b>1. Name of State or Indian Tribal Organization and Department/Division:</b>		<b>3. EIN:</b>	45-0309764
North Dakota		<b>4. DUNS:</b>	802743534
<b>2. Address:</b> (insert mailing address for grant award notices in the two rows below)		<b>5. Submission Type:</b> (select one)	
600 East Boulevard Avenue, Dept. 325			
Bismarck, ND 58505-0250			
a) Email address for grant award notices: lsauer@nd.gov lsehn@nd.gov			
<b>REQUEST FOR FUNDING for FY 2021:</b>			
Hardcode all numbers; no formulas or linked cells.			
<b>6. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:</b>			\$446,292
a) Total administrative costs (not to exceed 10% of the CWS request)			\$44,629
<b>7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:</b>		<b>% of Total</b>	
a) Family Preservation Services		22%	\$79,155
b) Family Support Services		22%	\$79,155
c) Family Reunification Services		22%	\$79,155
d) Adoption Promotion and Support Services		22%	\$79,155
e) Other Service Related Activities (e.g. planning)		0%	\$0
f) Administrative costs			
(STATES ONLY: not to exceed 10% of the PSSF request; TRIBES ONLY: no maximum %)		10.0%	\$35,181
g) Total itemized request for title IV-B Subpart 2 funds: NO ENTRY: Displays the sum of lines 7a-f.		100%	\$351,801
<b>8. Requested Monthly Caseworker Visit (MCV) funds: (For STATES ONLY)</b>			\$22,573
a) Total administrative costs (not to exceed 10% of MCV request)			\$0
<b>9. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: (STATES ONLY)</b>			\$242,025
<b>10. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood: (CHAFEE)</b>			\$500,000
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of Chafee request).			\$0
<b>11. Requested Education and Training Voucher (ETV) funds:</b>			\$143,237
<b>REALLOTMENT REQUEST(S) for FY 2020:</b>			
Complete this section for adjustments to current year awarded funding levels.			
<b>12. Identification of Surplus for Reallotment:</b>			
a) Indicate the amount of the State's/Tribe's FY 2020 allotment that will not be utilized for the following programs:			
<b>CWS</b>	<b>PSSF</b>	<b>MCV (States only)</b>	<b>Chafee Program</b>
\$0	\$0	\$0	\$0
<b>ETV Program</b>			
\$0			
<b>13. Request for additional funds in the current fiscal year (should they become available for re-allotment):</b>			
<b>CWS</b>	<b>PSSF</b>	<b>MCV (States only)</b>	<b>Chafee Program</b>
\$0	\$0	\$0	\$0
<b>ETV Program</b>			
\$0			
<b>14. Certification by State Agency and/or Indian Tribal Organization:</b>			
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, Chafee 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.			
<b>Signature of State/Tribal Agency Official</b>		<b>Signature of Federal Children's Bureau Official</b>	
			
Title Assistant Director		Title	
Date June 29, 2020		Date	

CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services Funds

Name of State or Indian Tribal Organization: For FY 2021: OCTOBER 1, 2020 TO SEPTEMBER 30, 2021

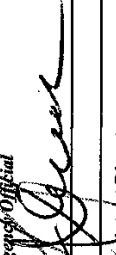
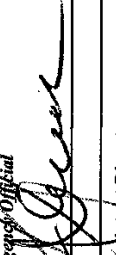
SERVICES/ACTIVITIES	(A) IV-B Subpart 1- CWS	(B) IV-B Subpart 2- PSSF	(C) IV-B Subpart 2- MCV	(D) CAPTA	(E) CHAFEE	(F) ETV	(G) TITLE IV-E	(H) STATE, LOCAL & DONATED FUNDS	(I) Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served	(L) Geog. Area To Be Served
1) PROTECTIVE SERVICES	\$ -	\$ -	\$ -	\$ 209,025				\$ 69,875	4,000	7,500	NA	Statewide
2) CRISIS INTERVENTION (FAMILY PRESERVATION)	\$ 50,839	\$ 79,155		\$ -				\$ 43,331	820	NA	Children of Foster Care	Statewide/Reservations
3) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	\$ 50,839	\$ 79,155		\$ -				\$ 43,331	590,000	1,500	Reports of Abuse & Neglect	Statewide/Reservations
4) FAMILY REUNIFICATION SERVICES	\$ 50,839	\$ 79,155		\$ -				\$ 43,331	510	NA	All Eligible Children	Statewide/Reservations
5) ADOPTION PROMOTION AND SUPPORT SERVICES	\$ 50,839	\$ 79,155		\$ -				\$ 43,331	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	\$ -	\$ -		\$ -				\$ -	NA	NA	NA	NA
(b) GROUP/INSTR CARE	\$ -	\$ -		\$ -				\$ 8,263,124	1,031	NA	All Eligible Children	Statewide/Reservations
8) ADOPTION SUBSIDY PYMTS.	\$ -	\$ -		\$ -				\$ 5,064,466	98	NA	All Eligible Children	Statewide
9) GUARDIANSHIP ASSISTANCE PAYMENTS	\$ 198,307	\$ -		\$ -				\$ 10,430,939	1,693	NA	All Eligible Children	Statewide
10) INDEPENDENT LIVING SERVICES	\$ -	\$ -		\$ -				\$ 404,182	110	NA	All Eligible Children	Statewide
11) EDUCATION AND TRAINING VOUCHERS	\$ -	\$ -		\$ -	\$ 500,000	\$ 143,237		\$ 166,667	-	NA	All Eligible Children	Statewide/Reservations
12) ADMINISTRATIVE COSTS	\$ 44,829	\$ 35,181	\$ -	\$ -	\$ -	\$ -		\$ 47,746	-	NA	All Eligible Children	Statewide/Reservations
13) FOSTER PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -	\$ 7,891,206	\$ -		\$ 7,891,206	-	NA	All Eligible Children	NA
14) ADOPTIVE PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -	\$ 470,251	\$ -		\$ 166,750	-	NA	All Eligible Children	NA
15) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	\$ -	\$ -		\$ -	\$ 124,964	\$ -		\$ 41,655	-	NA	All Eligible Children	NA
16) STAFF & EXTERNAL PARTNERS TRAINING	\$ -	\$ -		\$ 33,000	\$ -	\$ -		\$ -	NA	NA	All Eligible Children	Statewide/Reservations
17) CASEWORKER RETENTION, RECRUITMENT & TRAINING	\$ -	\$ -	\$ 22,573	\$ -	\$ -	\$ -		\$ 78,375	-	NA	All Eligible Children	NA
18) TOTAL	\$ 446,292	\$ 351,801	\$ 22,573	\$ 242,025	\$ 500,000	\$ 143,237	\$ 26,047,536	\$ 32,795,663				
19) TOTALS FROM PART I	\$446,292	\$351,801	\$22,573	\$242,025	\$500,000	\$143,237						
20) Difference (Part I - Part II)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						

21.) Population data required in columns I - L can be found:  
On this form  
In the APSR/CFSF narrative



**CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence and Education and Training Voucher Expenditure Period For Federal Fiscal Year 2018 Grants: October 1, 2017 through September 30, 2019**

Reporting on

1. Name of State or Indian Tribal Organization:		2. Address:		3. EIN: 45-0309764		4. DUNS: 802743534	
North Dakota		600 East Boulevard Avenue, Dept. 325 Bismarck, ND 58505-0250					
5. Submission Type: (select one)		(A) Original Planned Spending for FY 18 Grants (from CFS-101, Pt I)	(B) Actual Expenditures for FY 18 Grants	(C) Number Individuals served	(D) Number Families served	(E) Population served	(F) Geographic area served
<b>6. Total title IV-B, subpart 1 (CWS) funds:</b>		\$ 471,786	\$ 440,011	-	1,138	All Eligible Families	Statewide/Reservations
a) Administrative Costs (not to exceed 10% of CWS allotment)		\$ 47,178	\$ 38,460	-	-	-	-
<b>7. Total title IV-B, subpart 2 (PSSF) funds:</b>		\$ -	\$ -	598,028	3,350	All Eligible Families	Statewide/Reservations
Tribes enter amounts for Estimated and Actuals, or complete 7a-f.							
a) Family Preservation Services		\$ 86,702	\$ 135,872				
b) Family Support Services		\$ 76,297	\$ 114,412				
c) Family Reunification Services		\$ 79,765	\$ 75,236				
d) Adoption Promotion and Support Services		\$ 69,361	\$ 4,774				
e) Other Service Related Activities (e.g. planning)		\$ -	\$ -				
f) Administrative Costs		\$ -	\$ -				
<i>(FOR STATES: not to exceed 10% of PSSF allotment)</i>		\$ 34,681	\$ 15,300				
<b>g) Total title IV-B, subpart 2 funds:</b>		\$ 346,806	\$ 345,594				
NO ENTRY: This line displays the sum of lines a-f.		\$ 29,443	\$ -				
<b>8. Total Monthly Caseworker Visit funds: (STATES ONLY)</b>		\$ -	\$ -				
a) Administrative Costs (not to exceed 10% of MCV allotment)		\$ -	\$ -				
<b>9. Total Chafee Program for Successful Transition to Adulthood Program (Chafee) funds: (optional)</b>		\$ 500,000	\$ 500,000				
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of CFIP allotment)		\$ -	\$ -	NA	NA	NA	NA
<b>10. Total Education and Training Voucher (ETV) funds: (Optional)</b>		\$ 148,372	\$ 136,976	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		Date		Title		Date	
Assistant Director		June 29, 2020					