

# Fiscal Year 2026

Annual Progress & Services Report

Children and Family Service Section

Cory Pedersen, Director



June 30, 2025

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As the director of the Children and Family Services Section within the North Dakota Department of Health and Human Services, I am pleased to present the updates to the 2025-2029 Child and Family Services Plan and the Annual Progress and Services Report for Fiscal Year 2026. The Child and Family Services Plan represents a consolidation of four state plans including Title IV-B Sub Part I, Title IV-B Sub Part II, the Child Abuse Prevention 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,



Cory Pedersen  
Director

**CHILDREN AND FAMILY SERVICES**

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

<https://www.hhs.nd.gov/cfs/publications-children-and-family-services>

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

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## TABLE OF CONTENTS

1. <a href="#">Update to the Vision and Collaboration</a> .....	5
2. <a href="#">Update to the Assessment of Current Performance in Improving Outcomes</a> .....	7
3. <a href="#">Update to the Plan for Enacting the State’s Vision</a> .....	209
4. <a href="#">Quality Assurance System</a> .....	238
5. <a href="#">Update to the Service Descriptions</a> .....	260
6. <a href="#">Consultation and Coordination Between States and Tribes</a> .....	303
7. <a href="#">Child Abuse Prevention and Treatment Act (CAPTA) State Plan Requirements and Update</a> .....	309
8. <a href="#">Update to Targeted Plans within the 2025-2029 CFSP</a> .....	351
9. <a href="#">Financial Information</a> .....	403
10. <a href="#">Attachment A: Organizational Chart</a> .....	407



## 1. UPDATE TO THE VISION AND COLLABORATION

**State Agency Administering the Programs:** During the 67<sup>th</sup> Legislative Assembly in 2021, House Bill [1247](#) was passed into law, which combined the Department of Human Services and the Department of Health. This created one agency of 2,800+ employees focused on building the foundation of well-being for every North Dakotan. The North Dakota Department of Health and Human Services (NDDHHS) has been designated by the Governor of North Dakota as the single state agency responsible for administering Title IV-B of the Social Security Act, Child Welfare Services, CAPTA, and the Chafee Foster Care Independence Program Plan along with Title IV-E and the social services block grant. The Children and Family Services (CFS) Section of the North Dakota Department of Health and Human Services has administrative responsibility for the Child and Family Services Plan (CFSP), the policies and procedures relating to children and families, and for program supervision and technical assistance for the delivery of public child welfare services.

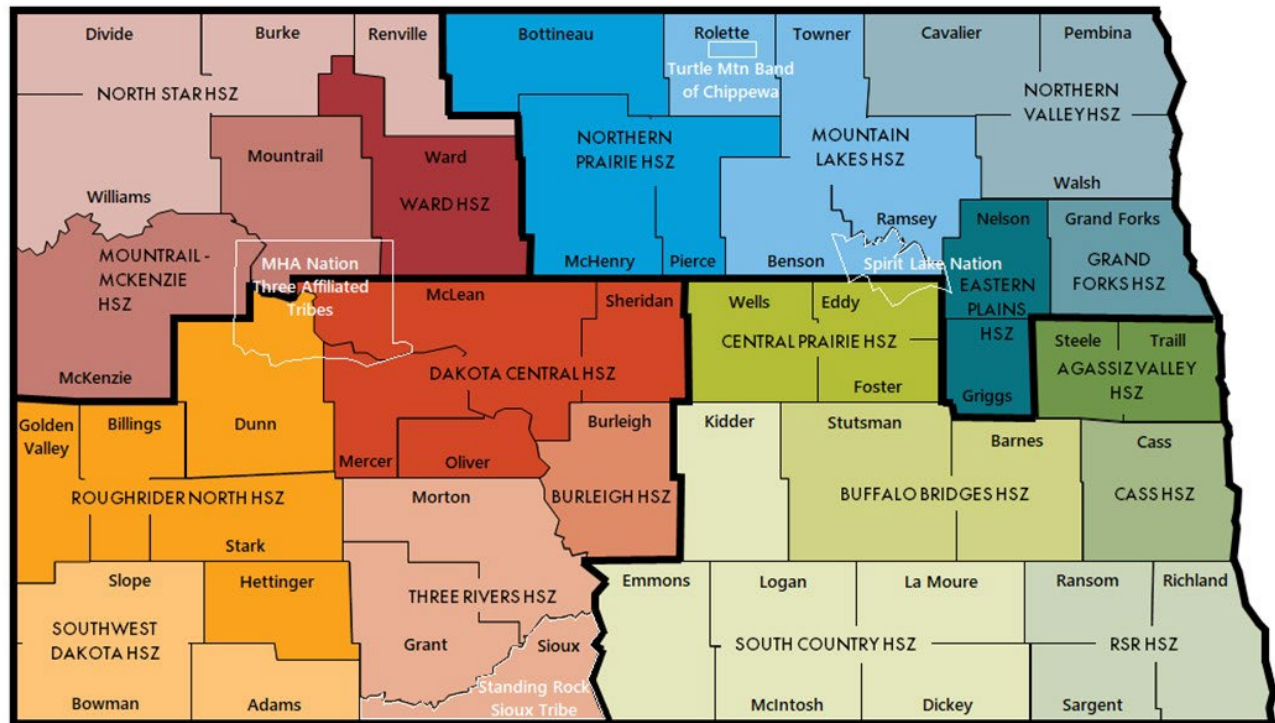
The CFS Section is comprised of 86 staff members organized in 8 units (refer to [Appendix A](#) for the organizational chart). It facilitates the delivery of programs and services that support child safety, child permanency, and wellbeing, which together are designed to prevent and reduce incidence of child abuse and neglect and support family reunification and stability wherever possible. The CFS Section administers the following programs:

**Figure 1.**  
**CFS Section Programs**

Safety	Permanency	Well-being
<ul style="list-style-type: none"><li>• Child protective services</li><li>• Child fatality review panel</li><li>• State Child protection team</li><li>• Parent Resource Centers</li><li>• Alliance for Children's Justice</li></ul>	<ul style="list-style-type: none"><li>• Foster Care</li><li>• Adoption</li><li>• Guardianships</li><li>• Interstate compacts for the placement of children</li><li>• Unaccompanied minor services</li><li>• Independent living services</li><li>• Licensing for Foster homes, QRTPs and LCPAs</li></ul>	<ul style="list-style-type: none"><li>• Family preservation services</li><li>• Intensive In-home therapy</li><li>• Nurturing Parent programs</li><li>• Healthy Families</li><li>• Parent aides</li><li>• In-home case management</li><li>• Respite care</li><li>• Family centered engagement</li><li>• Children in Need of Services</li></ul>

There are 19 human service zones providing child welfare services in North Dakota (refer to the graphic below). The Human Service Zones' local offices in the counties (formerly known as county social service offices) have professionals who can help people who need the following services and supports: Supplemental Nutrition Assistance Program (SNAP/Food Stamps), Temporary Assistance for Needy Families (TANF), heating assistance, Medicaid, including children's health services; 1915i home and community based services; basic care assistance; child care assistance; child welfare (foster care, child protection services); and referrals to other local resources and programs.

**Figure 2.**  
**Human Service Zones**



The child welfare delivery system is county-administered and state-supervised. The human service zone child welfare personnel are zone employees and operate child welfare programs in accordance with state policy, direction, law, regulation, and contracts.

The target populations for the child welfare system are identified as follows:

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

**Mission Statement:** The mission statement of the North Dakota Department of Health and Human Services is:

*HHS fosters positive, comprehensive outcomes by promoting economic, behavioral, and physical health, ensuring a holistic approach to individual and community well-being.*

**Vision Statement:** The vision statement for the child welfare system is:

*Empower families using engagement strategies to improve safety, permanency, and well-being.*

**Collaboration:** The Children and Family Services Section coordinates and collaborates with a multitude of public and private providers to strengthen the continuum of child welfare services. Coordination and collaboration occurs in a variety of capacities, from day-to-day conversations, planned meetings on a regular basis, system redesign efforts, and planning activities. For example, development of the 2025-2029 Children and Family Services (CFSP) was a concerted effort through collaboration with a wide variety of system stakeholders engaged in several CFSP Development Workgroup meetings. The following stakeholders were a part of that effort:

**Table 1.**  
**CFSP Development Workgroup Membership**

NAME	ORGANIZATION	ROLE
Susan Aukes		Foster Care Provider
Kari Bachler	USpire	Program Director for Healthy Families ND
Missi Baranko	USpire	Executive Director
Katie Behrend	North Dakota Department of Health and Human Services	Unaccompanied Minor Refugee Program Administrator
Harmony Bercier	University of North Dakota	Project Manager - North Dakota ICWA Implementation Partnerships
Kelsey Bless	North Dakota Department of Health and Human Services	Licensing Unit Manager
Daniell Breland	Turtle Mountain Child Welfare and Family Services	Director
Paula Condol	Dakota Children's Advocacy Center	Executive Director
Kate Coughlin	Nexus-PATH	Executive Director
Christy Dodd	Prevent Child Abuse North Dakota	Executive Director
Kara Eastland	Catholic Charities	AASK Adoption Program
Morgan Edmundson	North Dakota Department of Public Instruction	Program Administrator – Specially Design Services Office
Tara Erickstad		Foster Care Provider
Laura Feldmann	Home on the Range	Executive Director
Travis Finck	Commission on Legal Counsel for Indigents	Executive Director
Nicole Fleming	North Dakota Department of Health and Human Services	QA Lead – Quality Assurance Unit, Children and Family Services Section
Debora Flowers	Childrens Bureau	Region VIII Children and Families Program Specialist
Kristi Frederick	Ward Human Service Zone	Zone Director
Tim Gienger	Dakota Boys and Girls Ranch	Senior Director of Residential Partnerships

Gillian Plenty Chief	Native American Training Institute	Executive Director
Christal Halseth	Northern Plains Children's Advocacy Center	Executive Director
Kirsten Hansen	North Dakota Department of Health and Human Services	Prevention & Protection Services Administrator, Children and Family Services Section
Kristin Hasbargen	North Dakota Department of Health and Human Services	Director of Zone Operations
Carrie Hjellming	ND Juvenile Court	Director of Juvenile Court Services – Unit 3
Kim Jacobson	Agassiz Valley Human Service Zone	Zone Director
Julie Hoffman	North Dakota Department of Health and Human Services	Adoptions Administrator
Tammie Juneau	RSR Human Service Zone	Foster Care/In-home Case Management Supervisor
Kathy Kalvoda	North Dakota Department of Health and Human Services	Office Manager – Children and Family Services Section
Greg Kasowski	Executive Director	Children's Advocacy Center of North Dakota
Jamie Klauzer	North Dakota Department of Health and Human Services	CPS Field Services Specialist – Children and Family Services Section
Luke Klefstad	Village Family Service Center	Division Director
Allison Kosanda	Ward Human Service Zone	Foster Care/In-home Case Management Supervisor
Tony Kozojed	Division of Juvenile Services	State Supervisor
Nicole Lang	Ward Human Service Zone	Child Welfare Supervisor
Robin Lang	ND Dept. of Public Instruction	Assistant Director
Beth Larson-Steckler	North Dakota Federation of Families for Children's Mental Health	Parent Coordinator
Sara Mathews	Red River Children's Advocacy Center	Executive Director
Carlotta McCleary	North Dakota Federation of Families for Children's Mental Health	Executive Director
Leanne Miller	North Dakota Department of Health and Human Services	QA Unit Manager – Children and Family Services Section
Tracy Miller	North Dakota Department of Health and Human Services	Family Preservation and Prevention Services Administrator
Katie Nelson	North Dakota Department of Health and Human Services	Case Management Field Services Specialist – Children and Family Services Section
Amy Oehlke	University of North Dakota Children and Family Services Training Center	Director
Cory Pedersen	North Dakota Department of Health and Human Services	Director – Children and Family Services Section
Christiana Pond	North Dakota Department of Health and Human Services	Kinship Navigator and Kinship ND Administrator – Children and Family Services Section
Sam Pulvermacher	North Star Human Service Zone	Child Welfare Supervisor
Joy Ryan	Dakota Boys and Girls Ranch	Chief Executive Officer
Lauren J. Sauer	North Dakota Department of Health and Human Services	Assistant Director – Children and Family Services Section
Jeremy Smith	Burleigh Human Service Zone	Child Welfare Manager
Desiree Sorenson	Mountrail McKenzie Human Service Zone	Zone Director
Kortney Sturgess	RSR Human Service Zone	CPS and Intake Supervisor

Dean Sturn	North Dakota Department of Health and Human Services	Permanency Administrator
Kassie Thielen	North Dakota Department of Health and Human Services	Field Services Specialist, Children and Family Services Section
Heather Traynor	ND Supreme Court	CIP Coordinator
Tracy Van Beek	Grand Forks Human Service Zone	CFS Program Administrator
Diana Weber	North Dakota Department of Health and Human Services	SFPM Administrator – Children and Family Services Section
Jennifer Withers	North Dakota Department of Public Instruction	Program Administrator – Office of Educational Improvement and Support
Michelle Woodcock	North Dakota Department of Public Instruction	Special Education Strategist
Carl Young	Family Services Network	Executive Director

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, 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:

*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 implement a new practice model.

*Catholic Charities North Dakota* for special needs adoption services (collaboration takes place through monthly meetings, staff review, placement proposals, review of contract work, etc.) and for post adoption/post guardianship services (ND Post Adopt Network)

*The Chafee Program/ETV program:* the following highlights coordination 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.
- *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 Transition 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 Administrator and Chafee Transition Coordinators email program and contact information to

the Tribal Directors as needed to ensure adequate referral opportunities are available. Children & Family Services utilizes the State/Tribal IV-E Agreement Workgroup 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.

*Child Advocacy Centers (CACs)* to assist in the assessments of child physical and sexual abuse. Children's Advocacy Centers (CACs) in North Dakota are located in 11 communities across the state with five of those communities having on-site full-time staff, while the other six are served by staff who travel to the location. The CAC Directors are member of the Children Justice Alliance and meet with this multi-disciplinary team quarterly.

*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).

*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 care providers/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.

*Cross Zonal CQI Teams* are the drivers for the local CQI process with a focus on improving child welfare agency case practice, service delivery and the achievement of outcomes for North Dakota children and families. Cross-Zonal CQI Teams meet quarterly and are comprised of a wide range of stakeholders including (but not limited to) human service zone staff, Field Services Specialists, QA Reviewers, the Division of Juvenile Services, Courts, States Attorneys, those with lived experience, and Tribal Social Services.

*Division of Juvenile Services, Nexus-PATH and Behavioral Health Division* for collaboration and implementation of the Wraparound process across systems.

*Field Services Specialists:* Now a part of the CFS Division, Field Services Specialists provide technical assistance to the field monthly to discuss program and policy issues and changes. Information shared at the

meetings have included, but are not limited to, CPS Manual, Child Welfare Practice Manual, Kinship Care, Relative Search, Subsidized Guardianship, Background Checks, CFSR, Adoption, among others.

*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.

*Human Service Zone Child Welfare Supervisors:* The CFS Division staff will continue to meet with the Supervisors upon invitation to provide policy updates and technical assistance related to all of the child welfare programs and the FRAME system as well.

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

*Nexus-PATH Family Healing Family* provides foster homes, therapeutic family foster homes (Nexus-PATH), 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 NDDHHS, coalition attendance by all, ongoing dialogue with all, policy issuances from department). They also provides in-home family support, respite, reunification services, assessment homes, ongoing meetings for discussion of issues, licensure through the North Dakota, case reviews for licensure and audits, policy issuances from the department), and Independent Living Services

*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). CFS administration collaborates with local Foster Adopt Parent Associations, when contacted, related to foster and adopt parent issues, concerns, needed programming and training.

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

*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).

*Flourishing Families North Dakota previously known as 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).

*State CQI Council* is the primary driver for North Dakota's statewide CQI process and is comprised of a wide range of state-level agency staff and stakeholders including (but not limited to) the Division of Juvenile Services, Courts, Tribal Nations, and those with lived experience. They meet quarterly to analyze data, identify system strengths and challenges, and develop plans to address identified challenges.

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

*State/Tribal IV-E Agreement Workgroup*: CFS continues collaboration and partnership with the Native American Training Institute (NATI) and the tribal social service agencies through 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.

*The University of North Dakota* for training of foster and adoptive parents, child welfare case managers and system partners.

*The Village Family Service Center* For Family Centered Engagement which 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 purpose is to make critical decisions with families regarding keeping the child in the home or if removed go to the least restrictive and safest placements.

*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. 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.

*Youthworks* operates shelter care services certified by the Department in Minot, ND. Youthworks is making efforts to expand shelter care services in Bismarck/Mandan and Fargo communities. Youthworks also provides treatment and specialized services for youth determine at risk of or confirmed as sex trafficking victims.



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

North Dakota's data on child and family outcomes and agency systemic factors are described below. North Dakota participated in Round 4 (R4) of the Children and Family Services Review (CFSR) from October 1, 2024, to March 31, 2025. Trend data regarding each outcome and systemic factor can be found in the R4 Statewide Assessment, available at <https://www.hhs.nd.gov/CFS/publications-children-and-family-services>. The information in this year's ASPR for the outcomes will focus on the results of the first state-led CFSR completed during this timeframe and will be labeled "R4 CFSR." North Dakota is awaiting the R4 CFSR Final Report from the Children's Bureau. Still, a data review suggests that North Dakota did not reach substantial conformity on any of the outcomes or systemic factors. North Dakota is now preparing for the upcoming R4 Program Improvement Plan (PIP), where deeper analysis of these results will occur in the coming year.

### SAFETY

#### Safety Outcomes Statewide Data Indicators

North Dakota's CFSR Round 4 Data Profile, dated February 2025, indicates that the state's performance was better than national performance for both safety indicators, where lower values are desired. For the Maltreatment in Care indicator, North Dakota's Risk-Standardized Performance (RSP) is 3.16 victimizations per 100,000 days in foster care, which is below the National Performance (NP) of 9.07. For the Recurrence of Maltreatment indicator, North Dakota's RSP is 3.8%, also better than the NP of 9.7%. North Dakota has consistently performed better than the national standard for both safety indicators.

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

In Round 4, 65% of the 26 applicable cases were rated as substantially achieved, below the CFSR standard of 95%. North Dakota has identified Safety Outcome 1 as an area of focus for R4 PIP.

Reports that fall within the parameters of state law and do not meet the "Administrative Assessment" or "Administrative Referral" definitions are deemed appropriate for a full assessment and relevant to CFSR Safety Outcome 1, Item 1. Administrative Assessments are reports that do not fulfill the criteria for a full CPS response, such as when the child in question is 18 years or older or when the report lacks sufficient information to identify or locate the alleged victim. Administrative Referrals are reports of suspected child abuse or neglect that lie outside North Dakota CPS jurisdiction, such as when a child is physically present in another jurisdiction (state or tribal), or when the report involves an individual who is not responsible for the child's welfare. Accepted maltreatment reports are assigned a response time designation. State policy directs agencies facing delays or barriers to timely initiation to assess the impact on child safety. If a different response time is warranted, documentation of the supervisory consultation and the decision for a different response time must be recorded in the state's information system, FRAME. Policy outlines the

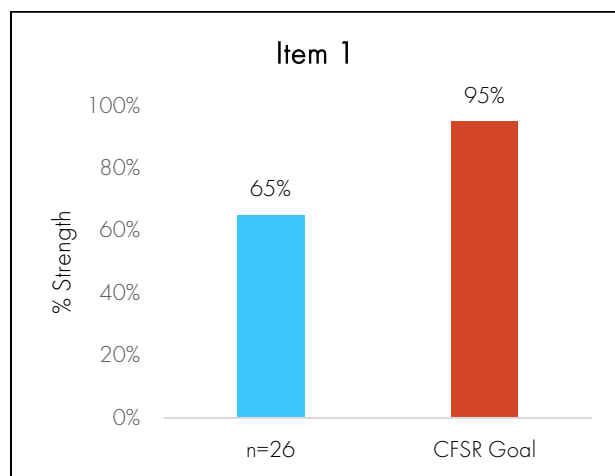
timeframe requirements for initiation and face-to-face contact with all alleged victims, as noted in the table below:

**Table 2.**  
**Priority Level (Response Time): CPS policy 10/01/2023-current**

Response Time	Initiation through F2F with Alleged Victim(s) Required
Response Time A	Within 24 hours from when the assessing agency receives the report
Response Time B	Within 3 days (72 hours) or earlier, as determined by the CPS Supervisor from when the assessing agency receives the report from Central Intake
Response Time C	Within 1 - 14 calendar days, as determined by the CPS Supervisor from when the assessing agency receives the report from Central Intake

In Round 4, North Dakota received an overall rating of an area needing improvement for Item 1, as 65% of the 26 applicable cases were rated a strength, which was below the CFSR standard of 95%.

**Figure 3.**  
**Item 1 - Timeliness of Initiating Investigation of Reports of Child Maltreatment (R4 CFSR)**



Source: R4 Online Management System

**Table 3.**  
**Practice Performance Report, R4 CFSR**

Practice Description	All Case Types – Performance of Applicable Cases
Investigations or assessments were initiated in accordance with the state's timeframes and requirements in cases.	69% (18 of 26)

Face-to-face contact with the child(ren) who is (are) the subject of the report were made in accordance with the state's timeframes and requirements in cases.	62% (16 of 26)
Reasons for delays in initiation of investigations or assessments and/or face-to-face contact were due to circumstances beyond the control of the agency.	10% (1 of 10)
Item 1 Strength Ratings	65% (17 of 26)

Source: R4 Online Management System

Of the 26 applicable cases by Cross Zonal CQI Team:

- 1 - 71% strength (n=7)
- 2 - 40% strength (n=5)
  - Metro - 50% strength (n=2)
- 3 - 67 % strength (n=9)
- 4 - 80% strength (n=5)

The R4 CFSR data identified these key takeaways:

- All cases rated needing improvement (ANI) involved response time "B" cases.
- A qualitative analysis of these cases reflects a primary practice where state policy for documenting delayed face-to-face timelines was not followed. This challenge affected four of the nine instances rated ANI.
- Other challenges, such as staffing issues within an agency, coordinating between two jurisdictions, and delays related to situations where child protection services and case management services are involved with the same family, impacted a small number of cases. Therefore, caution is advised when attributing these latter reasons as contributors to the ANI rating.

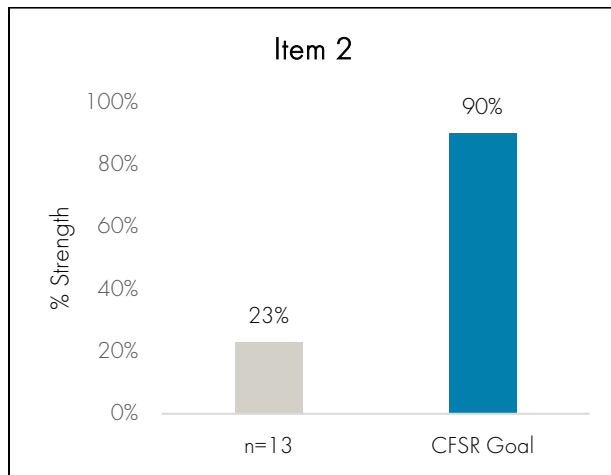
**Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.**

In Round 4, 58% of the 65 applicable cases were rated as substantially achieved, below the CFSR standard of 95%. North Dakota has identified Safety Outcome 2 as an area of focus for R4 PIP.

In Round 4 CFSR, North Dakota received an overall rating of an area needing improvement for **Item 2**, as 23% of the 13 applicable cases were rated a strength below the CFSR standard of 90%.

**Figure 4.**

**Item 2- Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care (R4 CFSR)**



Source: R4 Online Management System

**Table 4.**

**Practice Performance Report, R4 CFSR**

Practice Description	Foster Care – Performance of Applicable Cases	In-Home Services – Performance of Applicable Cases	All Case Types – Performance of Applicable Cases
Agency made concerted efforts to provide or arrange for appropriate services for the family to protect the children and prevent their entry or reentry into foster care.	14% (1 of 7)	17% (1 of 6)	15% (2 of 13)
Although the agency did not make concerted efforts to provide or arrange for appropriate services for the family to protect the children and prevent their entry into foster care, the child(ren) was removed from the home because this action was necessary to ensure the child's safety.	14.29% (1 of 7)	Not Applicable	14.29% (1 of 7)
Item 2 Strength Ratings	29% (2 of 7)	17% (1 of 6)	23% (3 of 13)

Source: R4 Online Management System

Of the 13 applicable cases by Cross Zonal CQI Team:

- 1 - 0% strength (n=3)
- 2 - 0% strength (n=1)
  - Metro - 0% strength (n=1)
- 3 - 40% strength (n=5)

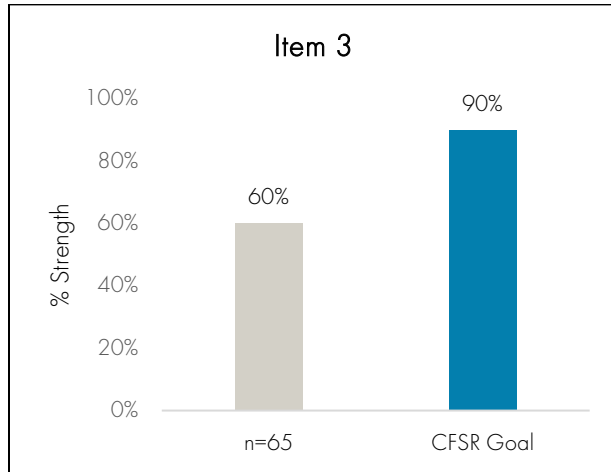
- 4 - 25% strength (n=4)

The R4 CFSR data identified these key takeaways:

- The primary risk and safety concerns noted in the relevant instances involved concerns related to child maltreatment because of parental substance abuse, domestic violence, or parental mental health challenges.
- When rated as an area needing improvement, qualitative analysis of the rationale statements showed that what was lacking were concerted efforts by the agency to provide existing services, as opposed to a gap in the overall service array. Sometimes, an agency would focus efforts on one parent, but not all parents.
- When alternate caregivers were involved due to a voluntary agreement with the parents, results indicated that, in most situations, the agency did not make concerted efforts to provide respite or primetime daycare services. Similar to efforts with parents, when rated as an area needing improvement due to services required by alternate caregivers, the challenge was not related to a lack of services in the service array. Rather, the review found the agency did not make concerted efforts to provide the service.
- A qualitative analysis of all rationale statements found that cases rated a strength involved agencies making concerted efforts to provide immediate substance abuse treatment (such as outpatient treatment or community recovery groups), parent aide services, intensive in-home therapy services, Family Centered Engagement services, community mental health services (such as open-access counseling at a local human service center), transportation services to support a parent's access to services, and services aimed to address immediate needs related to addressing domestic violence concerns (such as accessing shelter services, assistance accessing protection orders, or counseling/supportive services).
- Caution is urged, given the low numbers of applicable cases for this item.

In Round 4 CFSR, North Dakota received an overall rating of an area needing improvement for **Item 3**, as 60% of the 65 applicable cases were rated a strength below the CFSR standard of 90%.

**Figure 5.**  
**Item 3- Risk and Safety Assessment and Management (R4 CFSR)**



Source: R4 Online Management System

**Table 5.**  
**Practice Performance Report, R4 CFSR**

Practice Description	Foster Care – Performance of Applicable Cases	In-Home Services – Performance of Applicable Cases	All Case Types – Performance of Applicable Cases
The agency conducted an initial assessment that accurately assessed all risk and safety concerns.	100% (2 of 2)	67% (8 of 12)	71% (10 of 14)
The agency conducted ongoing assessments that accurately assessed all risk and safety concerns.	73% (29 of 40)	52% (13 of 25)	65% (42 of 65)
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.	50% (1 of 2)	50% (3 of 6)	50% (4 of 8)
There were no safety concerns pertaining to children in the family home that were not adequately or appropriately addressed by the agency.	83% (5 of 6)	75% (3 of 4)	80% (8 of 10)
There were no concerns related to the safety of the	97% (31 of 32)	Not Applicable	97% (31 of 32)

target child in foster care during visitation with parent(s)/caregiver(s) or other family members that were not adequately or appropriately addressed by the agency.			
There were no concerns for the target child's safety in the foster home or placement facility that were not adequately or appropriately addressed by the agency.	100% (40 of 40)	Not Applicable	100% (40 of 40)
Item 3 Strength Ratings	73% (29 of 40)	40% (10 of 25)	60% (39 of 65)

Source: R4 Online Management System

Of the 65 applicable cases by Cross Zonal CQI Team:

- 1 - 56% strength (n=18)
- 2 - 71% strength (n=14)
  - Metro - 75% strength (n=8)
- 3 - 55% strength (n=20)
- 4 - 62% strength (n=13)

The R4 CFSR data identified these key takeaways:

- When rated as an area needing improvement, initial risk and safety assessments reflect challenges related to significant time gaps during an open child protection assessment. Some or all the children were not seen in their living situations for a considerable timeframe, including some situations involving an alternate caregiver.
- Ongoing risk and safety assessments were also challenged by significant gaps in time for some or all the children in their own homes. Results also indicate that risk and safety assessment practice during critical case junctures did not consistently occur in all cases.
- The review found that risk and safety assessments are generally accurate and comprehensive for children in their foster setting. However, practice is not consistent for children living in their own homes. Thus, practice in this area tends to be stronger for foster care cases. Hence, when rated as an area needing improvement in foster care cases, the concerns generally evolve around assessing risk and safety in the family home.
- Results indicate that practice assessing safety is generally stronger and more comprehensive than assessing risk. The state's practice model, which relies on distinguishing between 'present danger' and 'impending danger,' generally leads to an accurate understanding of safety concerns.



- When concerns about agency efforts with safety planning were present, the primary contributing factor was the agency's lack of concerted efforts to monitor established safety plans or modify plans when needed.
- Strong performance was noted for children in foster care experiencing safety during visitation with family members and in their foster care setting.

## PERMANENCY

### Permanency Outcomes Statewide Data Indicators

North Dakota's CFSR Round 4 Data Profile, dated February 2025, indicates that the state was better than or no different for all but one Permanency indicator. For the Permanency in 12 months (entries) indicator, North Dakota's Risk-Standardized Performance (RSP) is 40.6%, which is better than the National Performance (NP) of 35.2%. For the Permanency in 12 months (12-23 mos) indicator, North Dakota's RSP is 41.6%, no different than the NP of 43.8%. This reflected a noted improvement from the prior reporting period, where ND's RSP was 29.2% and was worse than national performance. For the Permanency in 12 months (24+ mos), North Dakota's RSP is 38.8%, which is no different than the NP of 37.3%. For the Reentry to Foster Care indicator, North Dakota's RSP is 5.7%, no different than the NP of 5.6%.

North Dakota's performance, however, on the Placement Stability indicator is an area for focus as it enters R4 PIP development. North Dakota's RSP was at 7.83 moves per 1,000 days in care, worse than the NP of 4.48 moves per 1,000 days in care.

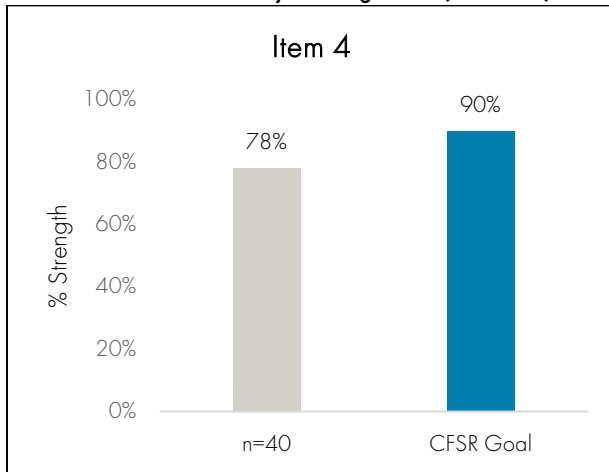
### Permanency Outcome 1: Children have permanency and stability in their living situations.

In Round 4, 20% of the 40 applicable cases were rated as substantially achieved, below the CFSR standard of 95%.

In Round 4 CFSR, North Dakota received an overall rating of an area needing improvement for **Item 4**, as 78% of the 40 applicable cases were rated a strength, below the CFSR standard of 90%.

**Figure 6.**

**Item 4- Placement Stability Management (R4 CFSR)**



Source: R4 Online Management System

**Table 6.**

**Practice Performance Report, R4 CFSR**

Practice Description	Foster Care – Performance of Applicable Cases
Placement changes for the child were planned by the agency in an effort to achieve the child's case goals or to meet the needs of the child.	38% (5 of 13)
The child's current or most recent placement setting is stable.	93% (37 of 40)
Item 4 Strength Ratings	78% (31 of 40)

Source: R4 Online Management System

Of the 40 applicable cases by Cross Zonal CQI Team:

- 1 - 93% strength (n=14)
- 2 - 67% strength (n=9)
  - Metro - 71% strength (n=7)
- 3 - 56% strength (n=9)
- 4 - 88% strength (n=8)

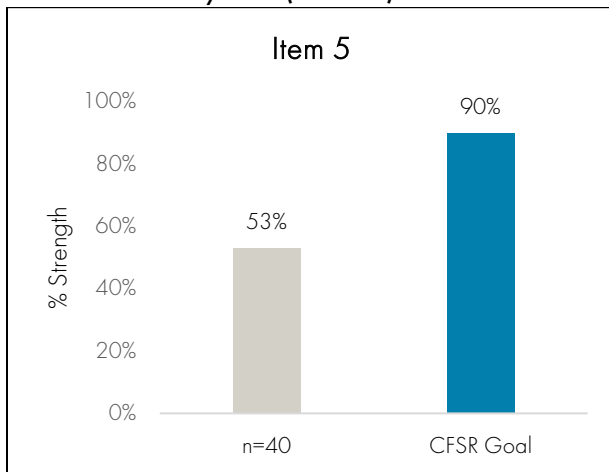
The R4 CFSR data identified these key takeaways:

- Of the 40 applicable cases during the period under review:
  - 27 children/youth experienced one placement setting
  - 8 children experienced two placement settings
  - 1 child experienced three placement settings
  - 4 children experience four placement settings

- Children placed with relatives tended to have stronger placement stability than children not placed with relatives. Of the 40 applicable cases, 14 children/youth's current or most recent placement was with relatives at the time of review (48%). For each of these situations, a strength rating was achieved. Caution is urged as the role of relatives in achieving placement stability is considered; some cases rated as an area needing improvement involved situations of children not currently placed with relatives but had experienced a relative setting during the period under review that resulted in an unplanned or unexpected move.
- Of the nine (9) cases rated as needing improvement, most (67%) had a permanency goal of adoption. Four (4) of these children (44%) had been in foster care for over 24 months at the time of the review.

In Round 4 CFSR, North Dakota received an overall rating of an area needing improvement for **Item 5**, as 53% of the 40 applicable cases were rated a strength, below the CFSR standard of 90%.

**Figure 7.**  
**Item 5- Permanency Goal (R4 CFSR)**



Source: R4 Online Management System

**Table 7.**  
**Practice Performance Report, R4 CFSR**

Practice Description	Foster Care – Performance of Applicable Cases
Permanency goals in effect during the period under review (PUR) were established in a timely manner.	68% (27 of 40)
Permanency goals in effect during the PUR were appropriate to the child's needs for permanency and to the circumstances of the case.	83% (33 of 40)
Child has been in foster care for at least 15 of the most recent 22 months.	68% (27 of 40)
Child meets other Adoption and Safe Families Act criteria for termination of parental rights (TPR).	0% (0 of 13)
The agency filed or joined a TPR petition before the PUR or in a timely manner during the PUR or an exception applied.	85% (23 of 27)
Item 5 Strength Ratings	53% (21 of 40)

Source: R4 Online Management System

Of the 40 applicable cases by Cross Zonal CQI Team:

- 1 - 43% strength (n=14)
- 2 - 67% strength (n=9)
  - Metro - 57% strength (n=7)
- 3 - 56% strength (n=9)
- 4 - 50% strength (n=8)

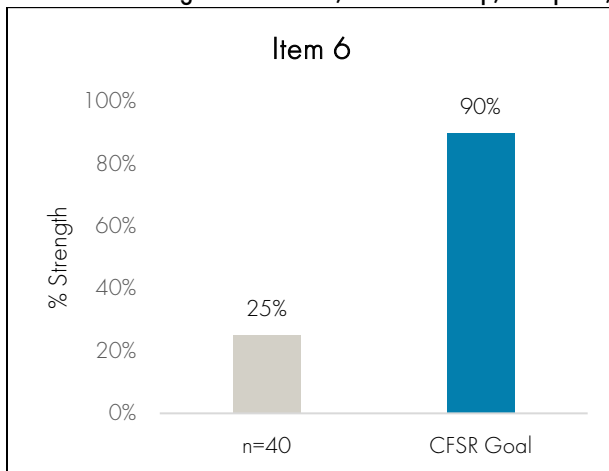
The R4 CFSR data identified these key takeaways:

- When permanency goals are not established timely, results indicate the agency did not add a concurrent goal of adoption in a timely manner for the circumstances of the case. This practice challenge was noted in 100% of the cases with untimely goals (n=13).
- When permanency goals were not appropriate during the period under review, results indicate the agency maintained a goal of reunification with a parent or parents despite circumstances indicating reunification was not likely or desired by that parent. This practice challenge was noted in 100% of the cases with inappropriate goals (n=7).
- State performance specific to ASFA compliance varied. Of the seven (7) applicable situations, 57% of petitions for termination of parental rights were not filed timely.

In Round 4 CFSR, North Dakota received an overall rating of an area needing improvement for **Item 6**, as 25% of the 40 applicable cases were rated a strength, below the CFSR standard of 90%.

**Figure 8.**

#### Item 6- Achieving Reunification, Guardianship, Adoption, or Another Planning Living Arrangement (R4 CFSR)



Source: R4 Online Management System

Table 8.

#### Practice Improvement Report, R4 CFSR

Practice Description	Foster Care – Performance of Applicable Cases
The agency and court made concerted efforts to achieve <b>reunification</b> in a timely manner.	56% (5 of 9)
The agency and court made concerted efforts to achieve <b>guardianship</b> in a timely manner.	0% (0 of 1)
The agency and court made concerted efforts to achieve <b>adoption</b> in a timely manner.	0% (0 of 23)
The agency and court made concerted efforts to place a child with a goal of Another Planned Permanent Living Arrangement ( <b>APPLA</b> ) in a living arrangement that can be considered permanent until discharge from foster care.	100% (4 of 4)
The agency and court made concerted efforts to achieve concurrent goals. If one of two concurrent goals was achieved during the period under review, rating is based on the goal that was achieved.	33% (1 of 3)
Item 6 Strength Ratings	25% (10 of 40)

Source: R4 Online Management System

Of the 40 applicable cases by Cross Zonal CQI Team:

- 1 - 29% strength (n=14)
- 2 - 22% strength (n=9)
  - Metro - 29% strength (n=7)
- 3 - 11% strength (n=9)
- 4 - 38% strength (n=8)

The R4 CFSR data identified these key takeaways:

- Of the cases rated as needing improvement, 77% involved a permanency goal of adoption. A preliminary qualitative analysis of the rationale statements reflects the lack of effective concurrent

planning efforts, delays in the TPR filing by the agency or the court, and significant delays related to the adoption referral and paperwork process as contributing factors negatively impacting timely permanency.

- Of the cases rated as a strength (n=10), 50% involved a goal of reunification, and the other 50% involved an Another Planned Permanent Living Arrangement (APPLA) or guardianship goal. Furthermore, over 60% of the children achieved permanency in under 11 months.

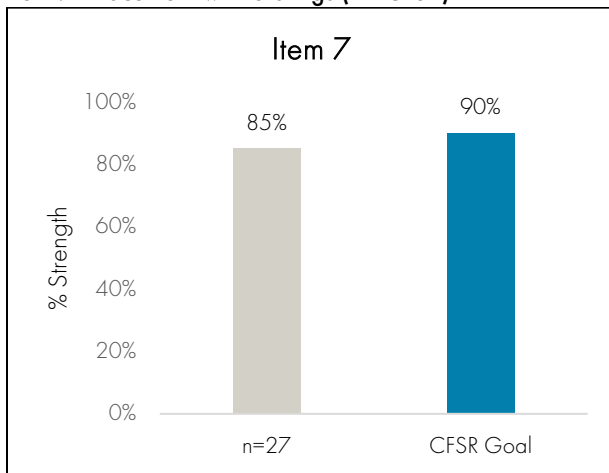
**Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.**

In Round 4, 85% of the 40 applicable cases were rated as substantially achieved, below the CFSR standard of 95%.

In Round 4 CFSR, North Dakota received an overall rating of an area needing improvement for **Item 7**, as 85% of the 27 applicable cases were rated a strength, below the CFSR standard of 90%.

**Figure 9.**

**Item 7- Placement with Siblings (R4 CFSR)**



Source: R4 Online Management System

**Table 9.**

**Practice Performance Report, R4 CFSR**

Practice Description	Foster Care – Performance of Applicable Cases
The child was placed with all siblings who also were in foster care.	41% (11 of 27)
There was a valid reason for the child's separation from siblings in placement.	75% (12 of 16)
Item 7 Strength Ratings	85% (23 of 27)

Source: R4 Online Management System

Of the 27 applicable cases by Cross Zonal CQI Team:

- 1 - 90% strength (n=10)
- 2 - 75% strength (n=4)
  - Metro - 75% strength (n=4)
- 3 - 86% strength (n=7)
- 4 - 83% strength (n=6)

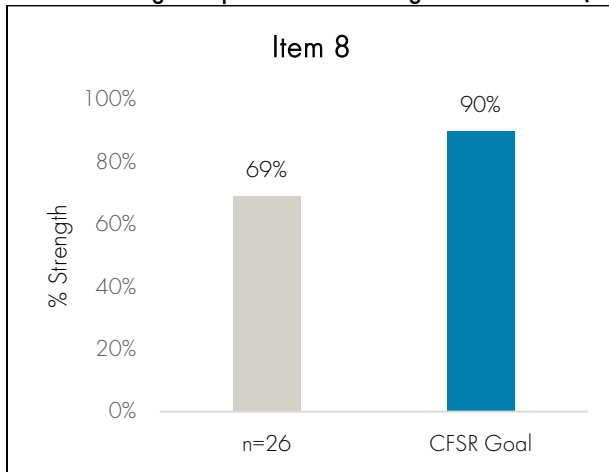
The R4 CFSR data identified these key takeaways:

- Placing siblings together is a general area of strength for North Dakota.
- When rated as needing improvement, concerted efforts to consider or reconsider siblings being placed together were the primary challenge. While specifics varied, the review found a general theme that agencies may have considered placing siblings together in the early stages of the case. However, continued concerted efforts to revisit that arrangement or overcome barriers were not evident.

In Round 4 CFSR, North Dakota received an overall rating of an area needing improvement for **Item 8**, as 85% of the 26 applicable cases were rated a strength, below the CFSR standard of 90%.

**Figure 10.**

**Item 8- Visiting with parents and siblings in foster care (R4 CFSR)**



Source: R4 Online Management System

**Table 10.**

**Practice Performance Report, R4 CFSR**

Practice Description	Foster Care – Performance of Applicable Cases
The frequency and quality of visitation between the child and <b>mother</b> was sufficient to maintain and promote the continuity of the relationship.	86% (12 of 14)
The frequency and quality of visitation between the child and <b>father</b> was sufficient to maintain and promote the continuity of the relationship.	73% (8 of 11)
The frequency and quality of visitation with <b>siblings in foster care</b> was sufficient to maintain and promote the continuity of the relationship.	63% (10 of 16)
Item 8 Strength Ratings	69% (18 of 26)

Source: R4 Online Management System

Of the 26 applicable cases by Cross Zonal CQI Team:

- 1 - 55% strength (n=11)
- 2 - 67% strength (n=3)
  - Metro - 100% strength (n=2)
- 3 - 83% strength (n=6)
- 4 - 83% strength (n=6)

The R4 CFSR data identified these key takeaways:

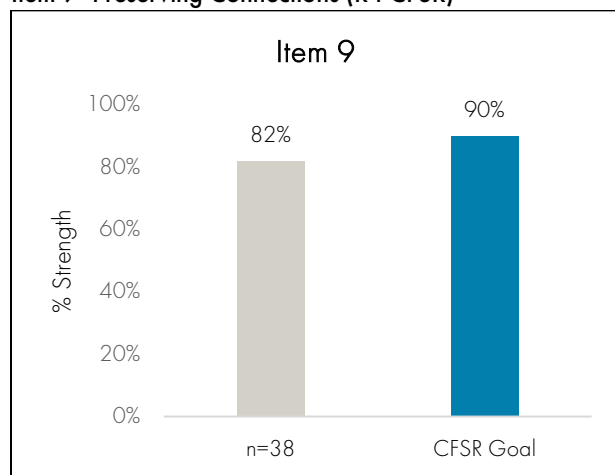
- Data suggests the visitation frequency between the child in care and their mother is relatively strong (86%), and of the visits that occur are primarily of good quality (85%).
- Data suggests the frequency of visitation between the child in care and their father is an area for improvement (73%), yet the visits that do occur are primarily of good quality (82%).
- Data suggests the frequency of visitation between the child in care and their siblings also in care (with whom they are not placed) is an area for improvement (63%). However, when visits do occur, visits are of high quality (100%).

In Round 4 CFSR, North Dakota received an overall rating of an area needing improvement for **Item 9**, as 82% of the 38 applicable cases were rated a strength, below the CFSR standard of 90%.



**Figure 11.**

**Item 9- Preserving Connections (R4 CFSR)**



Source: R4 Online Management System

**Table 11.**

**Practice Performance Report, R4 CFSR**

Practice Description	Foster Care – Performance of Applicable Cases
Concerted efforts were made to maintain the child's important connections (for example: neighborhood, community, faith, language, extended family members, including siblings who are not in foster care, Tribe, school, and/or friends).	82% (31 of 38)
Item 9 Strength Ratings	82% (31 of 38)

Source: R4 Online Management System

Of the 38 applicable cases by Cross Zonal CQI Team:

- 1 - 79% strength (n=14)
- 2 - 67% strength (n=9)
  - Metro - 57% strength (n=7)
- 3 - 88% strength (n=8)
- 4 - 100% strength (n=7)

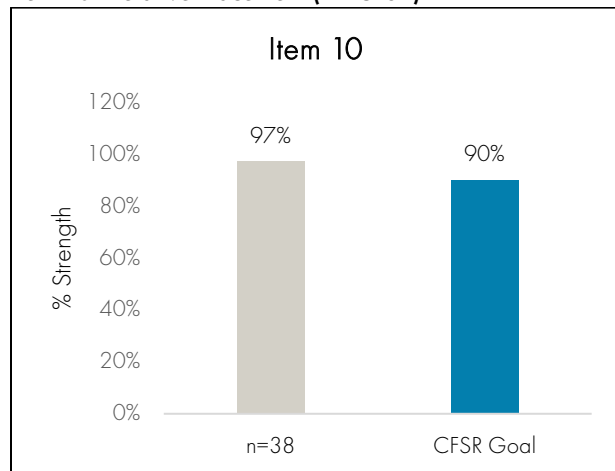
The R4 CFSR data identified these key takeaways:

- Concerted efforts to maintain connections with siblings not in foster care were a contributing factor in many cases rated as needing improvement. In addition, important connections to paternal family members and tribal connections were noted in these cases.
- Some of the frequently commented concerted efforts noted in cases rated as a strength included many creative efforts, such as the use of video technology, connecting the child with other tribal members, supporting the child's participation in drumming, signing, and dancing events, as well as supporting frequent and relative involvement in holiday and birthday celebrations.

In Round 4 CFSR, North Dakota received an overall Strength rating for **Item 10**, as 97% of the 38 applicable cases were rated a strength, surpassing the CFSR standard of 90%.

**Figure 12.**

**Item 10- Relative Placement (R4 CFSR)**



Source: R4 Online Management System

**Table 12.**

**Practice Performance Report, R4 CFSR**

Practice Description	Foster Care – Performance of Applicable Cases
The child's current, or most recent, placement was with a relative.	37% (14 of 38)
The child's current or most recent placement with a relative was appropriate to the child's needs.	100% (14 of 14)
Cases in which concerns existed due to a lack of efforts to locate, inform, and evaluate <b>maternal relatives</b> , <b>AND</b> to identify, locate, inform, and evaluate <b>paternal relatives</b> .	100% (1 of 1)
Item 10 Strength Ratings	97% (37 of 38)

Source: R4 Online Management System

Of the 38 applicable cases by Cross Zonal CQI Team:

- 1 - 100% strength (n=13)
- 2 - 100% strength (n=8)
  - Metro - 100% strength (n=6)
- 3 - 89% strength (n=9)
- 4 - 100% strength (n=8)

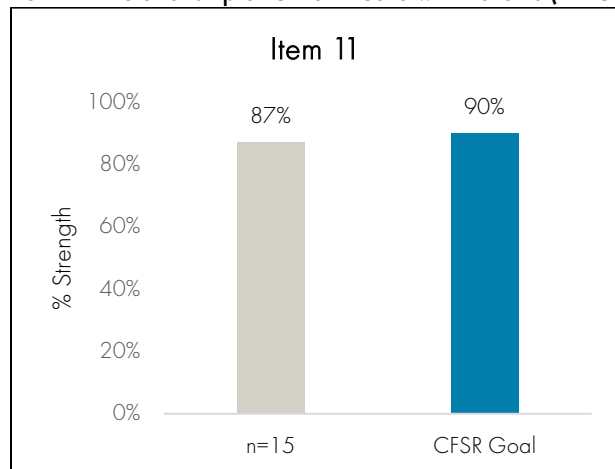
The R4 CFSR data identified this key takeaway:

- This was the highest performing item for the CFSR and recognizes the efforts the state has made in the last several years to strengthen relative search and placement practices.

In Round 4 CFSR, North Dakota received an overall rating of an area needing improvement for **Item 11**, as 87% of the 15 applicable cases were rated a strength, below the CFSR standard of 90%.

**Figure 13**

**Item 11 - Relationship of Child in Care with Parents (R4 CFSR)**



Source: R4 Online Management System

**Table 13.**

**Practice Performance Report, R4 CFSR**

Practice Description	Foster Care – Performance of Applicable Cases
Concerted efforts were made to promote, support, and otherwise maintain a positive, nurturing relationship between the child in foster care and his or her mother.	92% (12 of 13)
Concerted efforts were made to promote, support, and otherwise maintain a positive, nurturing relationship between the child in foster care and his or her father.	80% (8 of 10)
Item 9 Strength Ratings	87% (13 of 15)

Source: R4 Online Management System

Of the 15 applicable cases by Cross Zonal CQI Team:

- 1 - 100% strength (n=5)
- 2 – 0% (n=1)
  - Metro - N/A (n=0)
- 3 - 80% strength (n=5)
- 4 - 100% strength (n=4)

The R4 CFSR data identified these key takeaways:

- Efforts to strengthen the relationship between the child and their parents were another area of strong performance for North Dakota.
- Results indicate that strengthening efforts with fathers would improve overall performance for this item.

## WELL-BEING

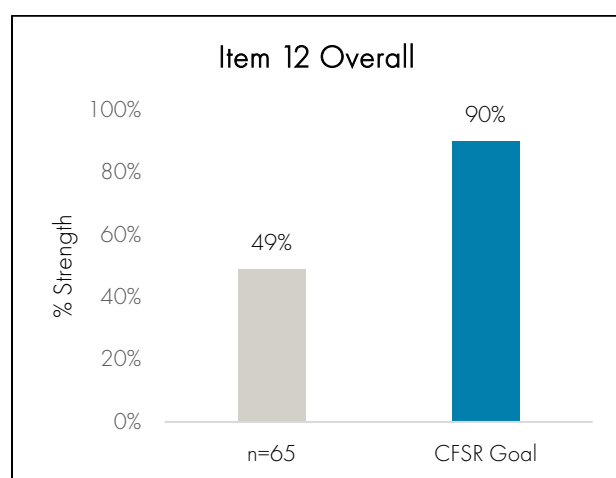
### Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

In Round 4, 48% of the 65 applicable cases were rated as substantially achieved, below the CFSR standard of 95%.

In Round 4 CFSR, North Dakota received an overall rating of an area needing improvement for **Item 12**, as 49% of the 65 applicable cases were rated a strength, below the CFSR standard of 90%.

**Figure 14.**

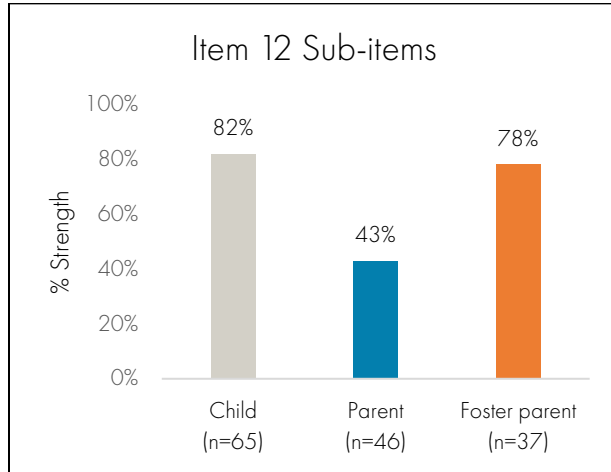
**Item 12 Overall- Needs and Services to Child, Parents, and Foster Parents (R4 CFSR)**



Source: R4 Online Management System

**Figure 15.**

**Item 12 Sub-items: Needs and Services to Children (12A), Parents (12B), and Foster Parents (12C)**



**Table 14.**

**Practice Performance Report, R4 CFSR**

Practice Description	Foster Care – Performance of Applicable Cases	In-Home Services – Performance of Applicable Cases	All Case Types – Performance of Applicable Cases
The agency conducted formal or informal initial and/or ongoing comprehensive assessments that accurately assessed the <b>children's</b> needs.	85% (34 of 40)	84% (21 of 25)	85% (55 of 65)
Appropriate services were provided to meet the <b>children's</b> needs.	84% (27 of 32)	75% (12 of 16)	81% (39 of 48)
The agency conducted formal or informal initial and/or ongoing comprehensive assessments that accurately assessed the <b>mother's</b> needs.	44% (8 of 18)	70% (16 of 23)	59% (24 of 41)
Appropriate services were provided to meet the <b>mother's</b> needs.	39% (7 of 18)	62% (13 of 21)	51% (20 of 39)
The agency conducted formal or informal initial and/or ongoing comprehensive assessments that accurately assessed the <b>father's</b> needs.	58% (11 of 19)	50% (8 of 16)	54% (19 of 35)
Appropriate services were provided to meet the <b>father's</b> needs.	38% (6 of 16)	20% (2 of 10)	31% (8 of 26)
The agency adequately	78%	Not Applicable	78%

assessed the needs of the foster or pre-adoptive parents related to caring for children in their care on an ongoing basis.	(29 of 37)		(29 of 37)
The agency provided appropriate services to foster and pre-adoptive parents related to caring for children in their care.	78% (28 of 36)	Not Applicable	78% (28 of 36)
Item 12 Overall Strength Ratings	53% (21 of 40)	44% (11 of 25)	49% (32 of 65)

Source: R4 Online Management System

Of the 65 applicable cases for Item 12 overall by Cross Zonal CQI Team:

- 1 - 44% strength (n=18)
- 2 - 57% strength (n=14)
  - Metro - 50% strength (n=8)
- 3 - 55% strength (n=20)
- 4 - 38% strength (n=13)

The R4 CFSR data identified these key takeaways:

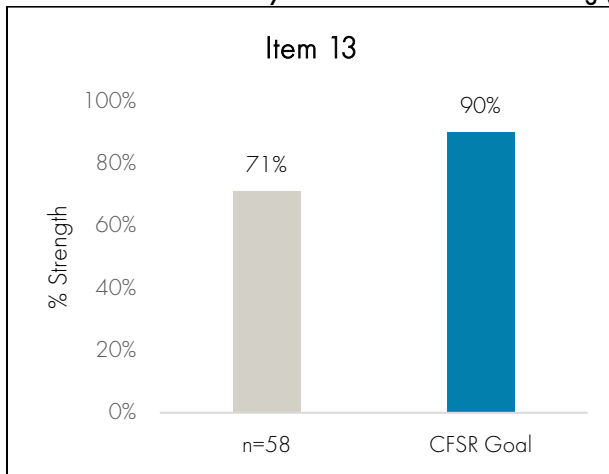
- Practice assessing the needs of parents is the most significant contributor to this item's overall rating (see Figure 13). A closer look at the challenges in this sub-item reveals that practice is equally challenged when assessing the needs of mothers and fathers for all case types, yet efforts to assess the needs of mothers are stronger for those served through in-home services than foster care.
- The challenges when assessing or addressing the needs of parents do not appear to be significantly influenced by the lack of agency efforts to locate absent parents. Of the 46 applicable cases for sub-item 12B, only 7% (n=3) were rated as areas needing improvement due to the lack of concerted efforts by the agency to locate a parent.
- When Sub-item 12B (Parents) was rated as a strength (n=20), 95% (n=19) cases were also rated as a strength for agency practice assessing and addressing the needs of children, and 88% (n=7) for the agency's efforts assessing and addressing the needs of foster parents.
- Strength performance in assessing and addressing the needs of parents was evident in 8 of the 21 (38%) foster care cases where parents were still involved. Of these 8 cases, 75% involved an adoption goal and only 25% involved a reunification goal. Conversely, of the 13 instances rated as needing improvement, only 15% involved an adoption goal. The predominant permanency goal for the cases rated as needing improvement involved a reunification goal (54% (n=7).
- Practice related to assessing and addressing the needs of foster parents was equally challenged by the lack of accurate and comprehensive assessments and providing services to match the foster provider's needs. Areas of challenge noted primarily, but not exclusively, involved the lack of assessments for non-licensed families and pre-adoptive families. In some situations when

children had multiple foster providers, the needs of some families were thoroughly assessed and addressed, while others were not. Needs related to financial assistance, communication, and assistance with paperwork to support a legal process (guardianship or adoption) were some of the most frequently noted areas not fully assessed by agencies.

- While caution on the low number of cases is urged, some situations specifically pointed out that the lack of these critical services impacted the foster child's placement stability, so further analysis is encouraged in the upcoming PIP development process on how performance for this sub-item (12C) correlates with the state's performance on the Placement Stability Statewide Data Indicator.

In Round 4 CFSR, North Dakota received an overall rating of an area needing improvement for **Item 13**, as 71% of the 58 applicable cases were rated a strength, below the CFSR standard of 90%.

**Figure 16.**  
**Item 13- Child and Family Involvement in Case Planning (R4 CFSR)**



Source: R4 Online Management System

**Table 15.**  
**Practice Performance Report, R4 CFSR**

Practice Description	Foster Care – Performance of Applicable Cases	In-Home Services – Performance of Applicable Cases	All Case Types – Performance of Applicable Cases
The agency made concerted efforts to actively involve the <b>child</b> in the case planning process.	95% (20 of 21)	90% (18 of 20)	93% (38 of 41)
The agency made concerted efforts to actively involve the <b>mother</b> in the case planning process.	56% (10 of 18)	74% (17 of 23)	66% (27 of 41)
The agency made concerted efforts to actively involve the <b>father</b> in the case planning process.	61% (11 of 18)	69% (11 of 16)	65% (22 of 34)
<b>Item 13 Strength Ratings</b>	<b>70% (23 of 33)</b>	<b>72% (18 of 25)</b>	<b>71% (41 of 58)</b>

Source: R4 Online Management System

Of the 58 applicable cases by Cross Zonal CQI Team:

- 1 - 65% strength (n=17)
- 2 - 73% strength (n=11)
  - Metro - 80% strength (n=5)
- 3 - 74% strength (n=19)
- 4 - 73% strength (n=11)

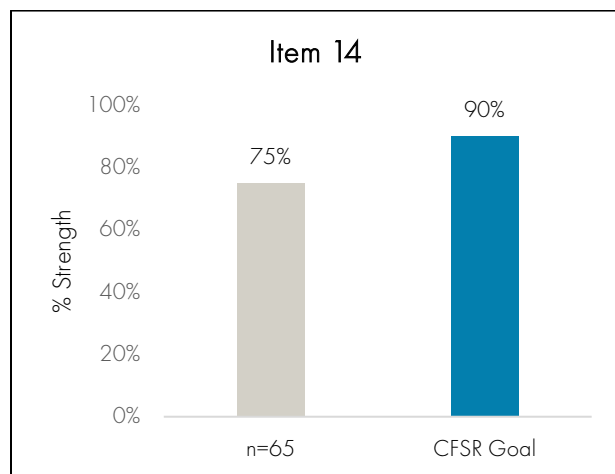
The R4 CFSR data identified these key takeaways:

- Agency efforts to actively involve children in case planning at a level appropriate to their age and development were strong in both program areas.
- Overall, performance was equally challenged for mothers and fathers when considering parental involvement in case planning. Preliminary results of the qualitative analysis of the rationale statements suggest that practice challenges related to the engagement of parents as active participants in the case planning process may be the primary driver for cases rated as needing improvement. Additional concerns noted included the absence of case planning during in-home services, involving only one of two parents in case planning, and the lack of efforts for incarcerated parents as contributing factors to improvement opportunities.

In Round 4 CFSR, North Dakota received an overall rating of an area needing improvement for **Item 14**, as 75% of the 65 applicable cases were rated a strength, below the CFSR standard of 90%.

**Figure 17.**

**Item 14- Caseworker Visits with Child (R4 CFSR)**



Source: R4 Online Management System



**Table 16.**

**Practice Performance Report, R4 CFSR**

Practice Description	Foster Care – Performance of Applicable Cases	In-Home Services – Performance of Applicable Cases	All Case Types – Performance of Applicable Cases
The typical pattern of visits between the caseworker and the child(ren) was sufficient.	83% (33 of 40)	96% (24 of 25)	88% (57 of 65)
The quality of visits between the caseworker and the child(ren) was sufficient.	82.5% (33 of 40)	84% (21 of 25)	83% (54 of 65)
Item 14 Strength Ratings	70% (28 of 40)	84% (21 of 25)	75% (49 of 65)

Source: R4 Online Management System

Of the 65 applicable cases by Cross Zonal CQI Team:

- 1 - 56% strength (n=18)
- 2 - 86% strength (n=14)
  - Metro - 75% strength (n=8)
- 3 - 85% strength (n=20)
- 4 - 77% strength (n=13)

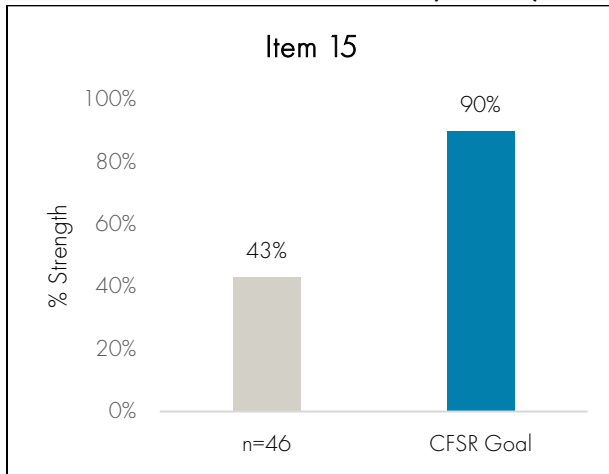
The R4 CFSR data identified these key takeaways:

- Outcomes for children served through the foster care program could be strengthened by ensuring caseworkers' visits are based on the needs of each situation, not simply once a month.
- An element of quality missing in either foster care or in-home services was that the case manager was not meeting alone with them for a portion of each visit to monitor for safety and well-being sufficiently.
- Results suggest that when frequent and quality caseworker visits occur for children, strong performance is noted in other related items, such as:
  - Safety/Risk assessment (Item 3), where 65% of cases also received a strength rating,
  - Needs and Services (Sub-Item 12A), where 86% of cases also received a strength rating, and
  - Case Planning (Item 13), where 77% of the cases also received a strength rating.

In Round 4 CFSR, North Dakota received an overall rating of an area needing improvement for **Item 15**, as 75% of the 46 applicable cases were rated a strength, below the CFSR standard of 90%.

**Figure 18.**

**Item 15- Caseworker Visits with Parents (R4 CFSR)**



Source: R4 Online Management System

**Table 17.**

**Practice Performance Report, R4 CFSR**

Practice Description	Foster Care – Performance of Applicable Cases	In-Home Services – Performance of Applicable Cases	All Case Types – Performance of Applicable Cases
The typical pattern of visits between the caseworker and the <b>mother</b> was sufficient.	44% (8 of 18)	91% (21 of 23)	71% (29 of 41)
The quality of visits between the caseworker and the <b>mother</b> was sufficient.	47% (7 of 15)	70% (16 of 23)	61% (23 of 38)
The typical pattern of visits between the caseworker and the <b>father</b> was sufficient.	50% (9 of 18)	56% (9 of 16)	53% (18 of 34)
The quality of visits between the caseworker and the <b>father</b> was sufficient.	46% (6 of 13)	75% (9 of 12)	60% (15 of 25)
Item 15 Strength Ratings	29% (6 of 21)	56% (14 of 25)	43% (20 of 46)

Of the 46 applicable cases by Cross Zonal CQI Team:

- 1 - 25% strength (n=12)
- 2 - 38% strength (n=8)
  - Metro - 0% strength (n=2)
- 3 - 50% strength (n=16)
- 4 - 60% strength (n=10)

The R4 CFSR data identified these key takeaways:

- The most typical visitation pattern for the caseworker and mother served by in-home services was less than once a week but at least twice a month (65%). In contrast, only 22% of mothers served through the foster care program received this same pattern of visitation. The most typical pattern

for these mothers was less than once a month, and 17% had no visits from the caseworker during the period under review.

- The most typical visitation pattern for the caseworker and fathers served by in-home services was less than once a week, but at least twice a month (31%). However, 25% of the fathers had less than monthly visits with the caseworker, and 25% of the fathers had no visits at all. The most typical visitation pattern for the caseworker and fathers served through foster care varied from at least once a week (6%) to 28% having at least once a month visits. However, roughly 55% of the fathers had less than monthly visits (28%) or no visits (28%).
- Of the visits that did occur, quality visitation was evident in only roughly 60% of the cases (see Table 16 for specific breakdowns). A predominant aspect of quality missing in many of these cases was the lack of in-depth and focused discussions sufficient to address key issues with the mother/father.
- Results suggest that when frequent and quality caseworker visits occur for parents, strong performance is also noted in assessing and addressing their needs (Sub-Item 12B). Data shows that when item 15 is rated as a strength (n=20), 80% of the cases were also rated as a strength for Sub-Item 12B. Likewise, when item 15 is rated as needing improvement (n=26), 85% of the cases were also rated as needing improvement for Sub-Item 12B.

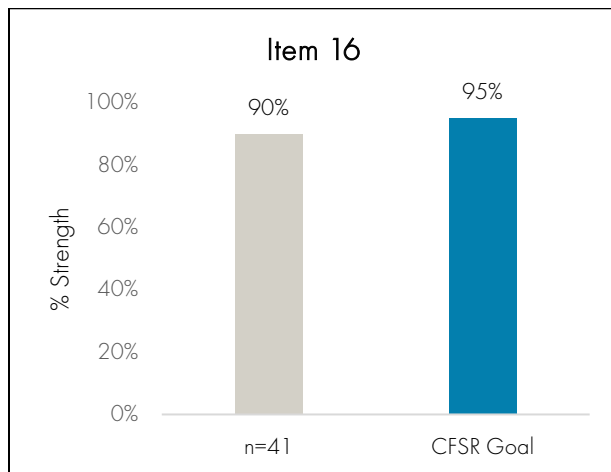
### Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

In Round 4, 90% of the 41 applicable cases were rated as substantially achieved, below the CFSR standard of 95%.

In Round 4 CFSR, North Dakota received an overall rating of an area needing improvement for **Item 16**, as 90% of the 41 applicable cases were rated a strength, below the CFSR standard of 95%.

**Figure 19.**

**Item 16- Educational Needs of the Child (R4 CFSR)**



Source: R4 Online Management System

**Table 18.**

**Practice Performance Report, R4 CFSR**

Practice Description	Foster Care – Performance of Applicable Cases	In-Home Services – Performance of Applicable Cases	All Case Types – Performance of Applicable Cases
The agency made concerted efforts to accurately assess the children's educational needs.	100% (32 of 32)	67% (6 of 9)	93% (38 of 41)
The agency made concerted efforts to address the children's educational needs through appropriate services.	100% (18 of 18)	40% (2 of 5)	87% (20 of 23)
Item 16 Strength Ratings	100% (32 of 32)	56% (5 of 9)	90% (37 of 41)

Of the 41 applicable cases by Cross Zonal CQI Team:

- 1 - 100% strength (n=13)
- 2 - 100% strength (n=7)
  - Metro - 100% strength (n=6)
- 3 - 90% strength (n=11)
- 4 - 70% strength (n=10)

The R4 CFSR data identified these key takeaways:

- Performance was strong for children served through the foster care program.
- Services to address absenteeism and failing grades for children served by the in-home services program were the most common service needed but not provided. In these cases, the agency was involved with the family for reasons other than educational neglect, yet circumstances warranted agency intervention.

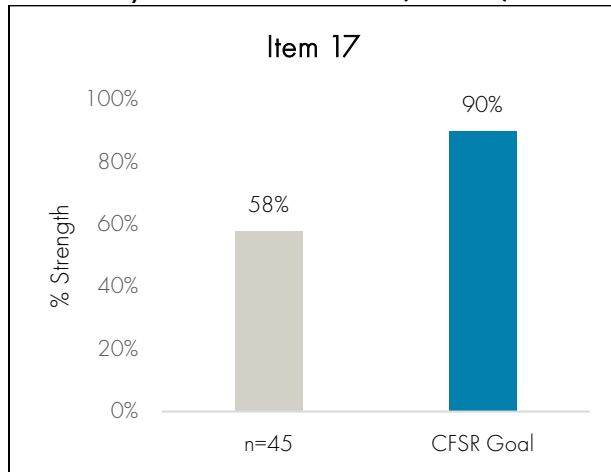
**Well-Being Outcome 3: Children receive appropriate services to meet their physical and mental health needs.**

In Round 4, 55% of the 58 applicable cases were rated as substantially achieved, below the CFSR standard of 95%.

In Round 4 CFSR, North Dakota received an overall rating of an area needing improvement for **Item 17**, as 58% of the 45 applicable cases were rated a strength, below the CFSR standard of 90%.

**Figure 20.**

**Item 17- Physical Health of the Child (R4 CFSR)**



Source: R4 Online Management System

**Table 19.**

**Practice Performance Report, R4 CFSR**

Practice Description	Foster Care – Performance of Applicable Cases	In-Home Services – Performance of Applicable Cases	All Case Types – Performance of Applicable Cases
The agency accurately assessed the children's physical health care needs.	95% (38 of 40)	80% (4 of 5)	93% (42 of 45)
The agency provided appropriate oversight of prescription medications for the physical health issues of the target child in foster care.	94% (17 of 18)	Not Applicable	94% (17 of 18)
The agency ensured that appropriate services were provided to the children to address all identified physical health needs.	80% (28 of 35)	50% (2 of 4)	77% (30 of 39)
The agency accurately assessed the children's dental health care needs.	92% (36 of 39)	100% (3 of 3)	93% (39 of 42)
The agency ensured that appropriate services were provided to the children to address all identified dental health needs.	50% (16 of 32)	67% (2 of 3)	51% (18 of 35)
Item 17 Strength Ratings	58% (23 of 40)	60% (3 of 5)	58% (26 of 45)

Of the 45 applicable cases by Cross Zonal CQI Team:

- 1 - 67% strength (n=15)
- 2 - 40% strength (n=10)
  - Metro - 38% (n=8)
- 3 - 60% strength (n=10)
- 4 - 60% strength (n=10)

The R4 CFSR data identified these key takeaways:

- A lack of timely dental services was noted in 17 of 19 cases rated as needing improvement. This was not the only service needed, not provided for these cases, but it was the most common. Challenges described in the case review process involved a lack of providers in many areas of the state that accepted Medicaid, resulting in a shortage of available providers. In addition, some agencies experienced a challenge locating providers that would treat toddlers and young children.

In Round 4 CFSR, North Dakota received an overall rating of an area needing improvement for **Item 18**, as 68% of the 41 applicable cases were rated a strength, below the CFSR standard of 90%.

**Figure 21.**

**Item 18- Mental/Behavioral Health of the Child (R4 CFSR)**



Source: R4 Online Management System

**Table 20.**

**Practice Performance Report, R4 CFSR**

Practice Description	Foster Care – Performance of Applicable Cases	In-Home Services – Performance of Applicable Cases	All Case Types – Performance of Applicable Cases
The agency accurately assessed the children's mental/behavioral health needs.	76% (19 of 25)	75% (12 of 16)	76% (31 of 41)
The agency provided appropriate oversight of prescription medications for the mental/behavioral health issues of the target child in foster care.	86% (12 of 14)	Not Applicable	86% (12 of 14)
The agency ensured that appropriate services were provided to the children to address all identified mental/behavioral health needs.	79% (15 of 19)	73% (11 of 15)	76% (26 of 34)
Item 18 Strength Ratings	72% (18 of 25)	63% (10 of 16)	68% (28 of 41)

Of the 41 applicable cases by Cross Zonal CQI Team:

- 1 - 78% strength (n=9)
- 2 - 67% strength (n=6)
  - Metro - 75% (n=4)
- 3 - 86% strength (n=14)
- 4 - 42% strength (n=12)

The R4 CFSR data identified these key takeaways:

- Limited service providers and wait lists for several mental/behavioral health services, especially in the state's Cross Zonal CQI Team 4 region, impacted the agencies' ability to meet the needs of children, especially for children served through the in-home services program. The review identified delays and waitlists for psychological evaluations, trauma-informed therapy services, and youth skills providers in these areas.
- Additional contributing factors to the area needing improvement ratings pointed out in the rationale statements were a lack of comprehensive assessment of the child's needs and the lack of monitoring services provided to the child. Consequently, when assessments were not thorough or accurate, services to address the need were not provided.
- When rated a strength, the review found evidence of strong formal and informal assessments of the children's mental/behavioral health needs being completed. Agency use of the state's practice model tools, conversations with children, family members, service providers, schools, and utilization of formal psychological/psychiatric evaluations were practices that contributed to the strong performance.

## ASSESSMENT OF SYSTEMIC FACTORS

### A. Statewide Information System

#### Item 19: 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?*

North Dakota continues to use the FRAME and CCWIPS (Comprehensive Child Welfare Information and Payment System) information systems as described in the 2025 – 2029 Child and Family Services Plan. These two systems represent the state's child welfare information system. North Dakota remains a non-SACWIS state. There are, however, efforts underway to replace FRAME and CCWIPS with a state-of-the-art child welfare information system (CWIS), referred to as the Organized Child Electronic Assessment, Needs, and Services (OCEANS).

The systems are always fully operational and available, except during brief periods of routine maintenance. North Dakota continues to utilize CCWIPS as the legacy system 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 human service zones or state office. Field Service Specialists 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 generate the required information for AFCARS, NCANDS, and NYTD.

Pursuant to the State/Tribal Title IV-E agreements and established policies, Field Service Specialists enter information into FRAME/CCWIPS on behalf of children in the Tribe's custody deemed eligible for Title IV-E. The agreement identifies the following timeframes for data entry:

#### ***Foster Care Data***

- Child Demographic Information: Within 10 business days of change in circumstance
- Current Placement Settings: All Placements must be updated within 2 business days of change in placement.
- Most Recent Case Plan Goal: Creation or changes in case plan goals must be reported within 10 business days.
- Principle Caretaker Information: Must be reported within 5 business days.



- Termination of Parental Rights: Within 10 days of receipt of court order.
- Foster Parent Data: Within 2 business days of provider change.
- Discharge Data: Within 2 business days of discharge.

### ***Adoption Data***

- Special Needs Status: At time of application for adoption subsidy.
- Termination of Parental Rights: At time of application of adoption subsidy.
- Date Adoption Legalized: Within 10 days after receipt of adoption decree.
- Adoptive Parent Data: At time of application of adoption subsidy.
- Placement Information: At time of application of adoption subsidy.

FRAME captures all required information for children in foster care through discharge. The FRAME case is generally closed by the case manager at the point the human service zone case management responsibilities end. Data relative to this systemic factor for children in adoptive placement not yet finalized is captured in the CCWIPS system when case management responsibilities for this populations transfers to the state's contracted provider at the point of adoptive placement. Data at the time of finalization of adoption is captured in CCWIPS.

The information collected through FRAME includes:

- **Status**
  - FRAME can 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.

- o Because North Dakota does not pay for 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**
  - o Permanency goals for children in foster care are captured in FRAME and can be updated at any time.
  - o 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.
  - o FRAME can track the accomplishment of case goals. This information is updated following each child and family team meeting.

To assess accuracy of information within the FRAME case, CFS conducted a repeat of the Round 3 Statewide Assessment data quality review in April 2024. Using the same sampling methodology as that used for the quality assurance case review process helped to ensure that a representative sample of cases was drawn. From 1,648 unduplicated cases, 98 were reviewed by field services specialists. Cases were drawn from the four Cross Zonal CQI Team areas with the following distribution:

**Table 21.**  
**Distribution of Sampled Cases by Cross Zonal Team Area**

Area	Cases
Cross Zonal CQI Team 1	32
Cross Zonal CQI Team 2	7
Cross Zonal CQI Team 2 – Metro Area	16
Cross Zonal CQI Team 3	24
Cross Zonal CQI Team 4	19

Source: Information System Assessment

A survey using Qualtrics was used to gather information for this systemic factor. Reviewer comments were also collected, when appropriate. Below is the item used:

**Table 22.**  
**Information System Assessment Questions**

1. Has the following information been completely and accurately entered into FRAME for the target child:		
	Yes	No
Demographic characteristics (the "home" case details page and the applicable fields on the child's "Members Detail" page of FRAME):	<input type="radio"/>	<input type="radio"/>
Placement history, including the current/last placement:	<input type="radio"/>	<input type="radio"/>
Current permanency goals(s):	<input type="radio"/>	<input type="radio"/>
Status of foster care episode (i.e. foster care program was opened in a timely manner, court orders were entered with a complete placement history recorded):	<input type="radio"/>	<input type="radio"/>

Source: Information System Assessment

Results can be found below:

**Table 23.**

**Case Accuracy Results for Demographics, Placement History, Permanency Goal, Status of Foster Care Episode.**

DATA QUALITY REVIEW				
	Demographics	Placement History	Permanency Goal	Status of FC Episode
Rd 3 CFSR Statewide Assessment	98%	98%	93%	98%
Rd 4 CFSR Statewide Assessment	82%	95%	96%	90%

**Source: Information System Assessment**

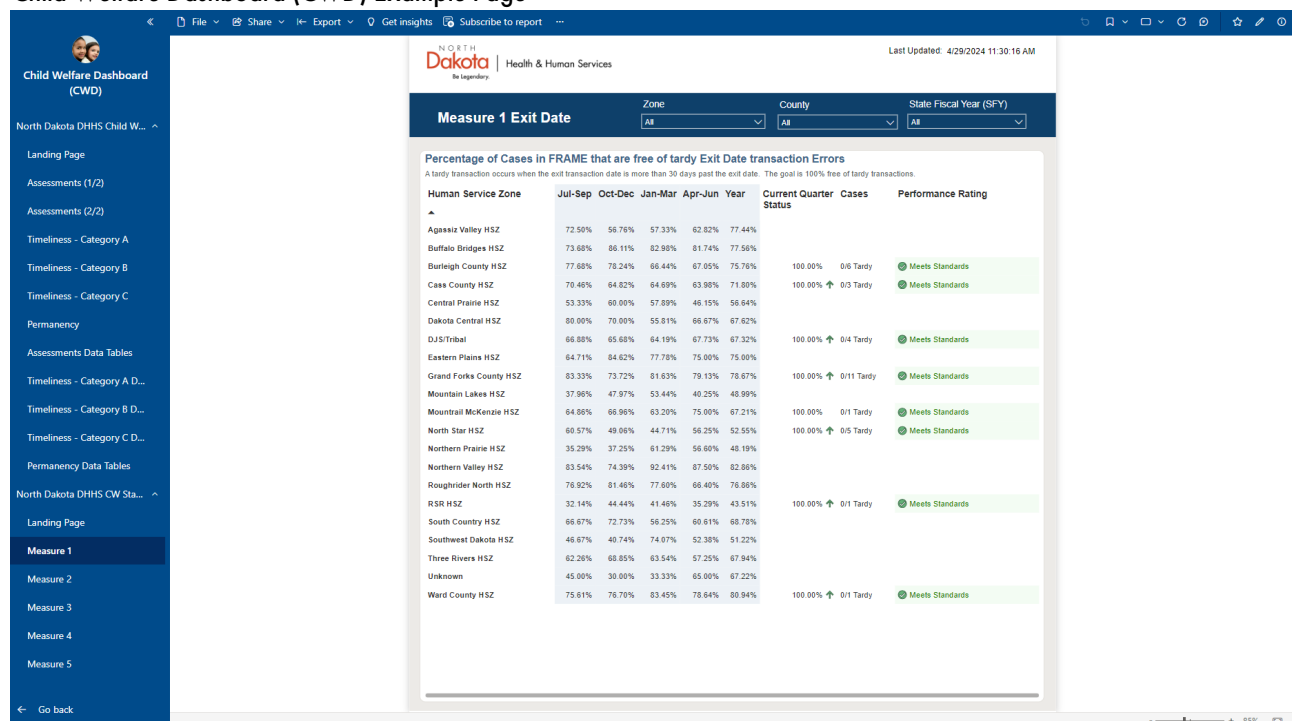
Optional comments entered for demographics showed that 10 cases were missing the Social Security Number. Optional comments entered for placement history showed one case where the case was left open but had no current placement noted. Through the QA case reviews and conversations with FRAME users, missing data is often a result of workers failing to return to a data field to enter information they initially didn't have. For permanency goal, optional comments noted one case where an adoption permanency goal was entered three times with ending dates for each only to enter a new goal of adoption. Another case showed a permanency goal of guardianship when exiting care, but the child had been adopted. The status of the foster care episode included the following comments: Lapsed court order (2 cases) and missing date (1 case). The comments highlight weaknesses of the setup of the FRAME system including the absence of mandatory fields that may result in missing data (as in the case of missing demographic information), automated validation rules that could help flag potential accuracy errors or discrepancies (as in missing court orders/dates), or data entry restrictions (entering repeated identical permanency goals). A repeat of the assessment was not completed this year as CFS has begun work on data cleaning in preparation for moving all data into the new CWIS: OCEANS.

Data quality is an ongoing focus for North Dakota. To minimize threats to data quality and provide access to consistent, accurate, and reliable data, several processes have been used. These include:

- **Policy regarding timely entry of required data:** A review of child welfare policy manuals found 70 separate data entry policies.
- **Data quality and error reporting:** The continuous quality improvement program, through the FRAME Help Desk, perform ongoing data quality checks for errors in preparation for submission of the federal AFCARS and NCANDS reports. This involves Help Desk staff transmitting the AFCARS file into the National Child Welfare Data Management System (NCWDMS) and working through any issues showing in the Compliance Report and the Quality Report. When issues are found, Help Desk personnel work with Field Service Specialists, case workers, and supervisors to make needed changes. This resulted in compliant submissions since AFCARS 2023A.
- **Data quality performance standards:** North Dakota Century Code (NDCC) 50-01.1-08 outlines an expectation that the North Dakota Department of Health and Human Services establish standards for acceptable administration of the human services that are delivered by Human Service Zones. These standards will help assure that all parties have a shared understanding of successful performance and will also serve as a marker for any determination of "failure to administer". The Department established 5 child welfare specific performance indicators, of which data quality is one.

Measure 1 reads: 100% of cases in FRAME will be free of *Tardy Transaction Errors*. This data element supplies one of the foundational facts about a case; accuracy of performance measures is not possible if information is not entered timely. Additionally, the accuracy of timely data entry will enable the use of system helpers and accelerators that will support efficient delivery of services, providing a direct benefit to team members in the field. A dashboard was created to monitor zone performance using PowerBI. Progressive disciplinary action occurs when there is evidence of failure to meet standards, with escalation of disciplinary action tied to persistence and prevalence of a pattern of non-compliance. The establishment of a “pattern” of non-compliance will be measured by looking at performance over consecutive quarters or by cumulative performance, or both.

**Figure 22.**  
**Child Welfare Dashboard (CWD) Example Page**

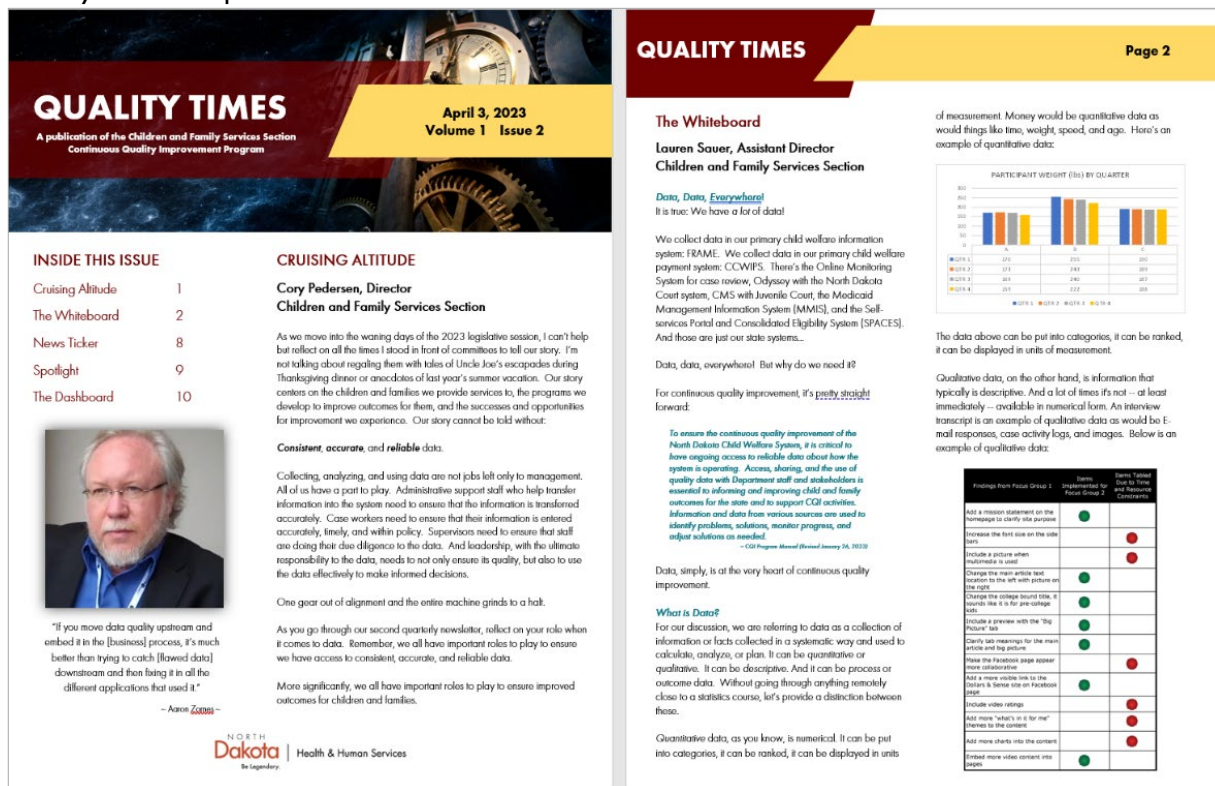


Source: Information System Assessment

- **Initial and ongoing training:** New child welfare workers receive training on data entry into the management information systems and receive updated training, as needed. The Child Welfare Certification training that all new child welfare workers go through includes a continuous quality improvement learning module that – among other topics – addresses data quality. Field Service Specialists, through their ongoing contact with case managers, arrange for or provide updated training in data quality issues, as well.
- **Workforce supervision ensuring timely entry of accurate data:** Supervisors monitor workers’ data entry and addresses data quality issues as part of their supervisory activities. They arrange for additional worker training on data entry/quality, as needed. Field Service Specialists, during child and family team meetings, identify data issues and work with case managers to address any issues.

- **Communication to the workforce stressing the importance of data quality:** Regular communication with the workforce helps to keep the data quality at the forefront of everyday work. This included Volume 1, Issue 2 of Quality Times, the quarterly publication of the Children and Family Services Section's Continuous Quality Improvement Program. This issue was dedicated to consistent, accurate, and reliable data (see next page).
- **Data Steward:** To oversee the development of a new child welfare information system and a data governance program for child welfare, the Children and Family Services Section hired a data steward. As part of the development and implementation of the new CWIS, the data steward led efforts to create a data quality plan to govern the use of child welfare data.
- **Data Quality Plan:** Working with the planning vendor, CSG, the Data Steward drafted and submitted to ACF a Data Quality Plan for OCEANS: the new child welfare information system being developed. The Plan outlines the strategies, processes, and standards that will be employed to ensure that data migrated from the legacy systems are accurate, complete, consistent, and reliable. The Plan describes the current data ecosystem across several CFS tools and systems that provide child welfare services in North Dakota. It also describes data strategy initiatives underway in HHS and North Dakota Information Technology (NDIT) that could lead to significant improvements in data quality within CFS, even before implementing OCEANS. The Plan provides a comprehensive framework for managing and assuring data quality during the transition from CCWIPS and FRAME to CCWIS and beyond.

Figure 23.  
Quality Times Example



- **Continuous Quality Improvement Program:** Since the last Child and Family Services Review, North Dakota successfully implemented a continuous quality improvement program. Key stakeholders of this program – which include the State CQI Council, cross zonal CQI teams, Data Analytics Team, North Dakota Information Technology, Data Science and Analytics, and others – review child welfare data regularly. For instance, the Data Analytics Team – the primary data subgroup of the State CQI Council – meets twice per quarter to analyze available data. The CQI Administrator distributes the Key Performance Data Report on a quarterly basis. When potential data quality issues are noted, further exploration by the Children and Family Services Section, NDIT, and Data Science and Analytics is requested. This allows for ongoing monitoring of data issues and rapid adjustment of identified problems.

## B. Case Review System

### Item 20: Written Case Plan

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

Pursuant to ND policy [624-05-15-50](#), each child in foster care is required to have a case plan. North Dakota has implemented a new practice model, Safety Framework Practice Model (SFPM) which utilizes tools as working documents to identify the strengths, needs, and safety management of the families. The case plan is developed with the family through a Protective Capacity Family Assessment (PCFA). The PCFA identifies the reason for agency involvement, the enhanced and diminished protective capacities of the caregivers, the areas of agreement and disagreement with the family, and the safety analysis to include what danger exists and what level of intrusion is necessary to control the danger. Through that PCFA process the caregivers and agency jointly identify what protective capacities are diminished that are leading to danger within the family. Goals are identified around those specific areas and a case plan is written to include tasks that will support progress toward those goals. The case plan is reviewed through the Protective Capacity Progress Assessments (PCPAs) at each Child and Family Team Meeting (CFTM) and should be reviewed frequently with the parents while the assessment is taking place. These are done quarterly at a minimum.

Policy requires parents and children (age 14 and older) have the opportunity to participate as active members on their child and family team. CFTMs 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.

To assess current functionality of this systemic factor more specifically, CFS considered data collected from the statewide stakeholder survey and a random sample conducted of foster care cases in 2024. CFS was not able to conduct a random sample of cases for 2025 however intends to put into action a plan of bi-yearly random case pulls to survey this systemic factor more frequently and comprehensively.

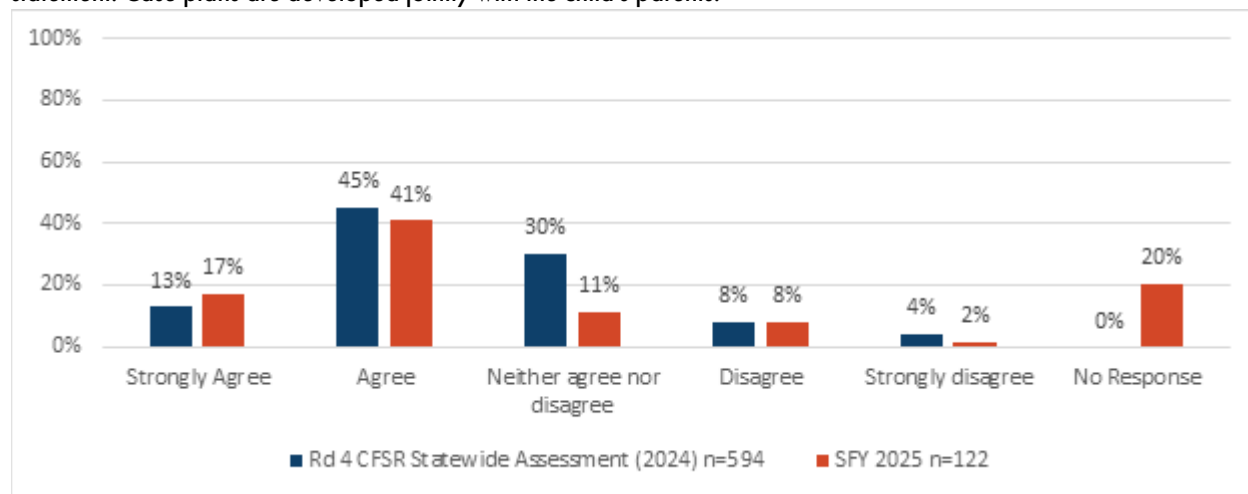
In the child welfare stakeholder survey, participants were asked "Please indicate your level of agreement with the following statement: Case plans are developed jointly with the child's parents". Respondents included the following roles:

- Parent (Mother, Step-Mother, Father, Step-Father)
- Youth/Foster Care Alumni
- Foster/Adoptive Parent/Caregiver (Licensed Foster Care Provider, Unlicensed Foster Caregiver, Adoptive Parent)
- Public Agency Child Welfare Worker (Human Service Zone, Division of Juvenile Services)
- Public Agency Child Welfare Management (Team Lead, Supervisor, Director)
- Tribal Agency Child Welfare Worker
- Tribal Agency Child Welfare Management (Team Lead, Supervisor, Director)
- Legal Partner (Judge, Defense Attorney, Guardian Ad Litem, States Attorney)
- Community Partner (Mental Health Provider, Private Child Welfare Agency, Health Provider, Education Provider, Law Enforcement)

There were 594 responses in 2024 and 122 in SFY 2025. In 2024 and 2025, 58% of the respondents indicated that they either strongly agree or agree that the case plans are developed jointly with the child's parents.

**Figure 24.**

**Percentage of Respondents by Answer to the Question, "Please indicate your level of agreement with the following statement: Case plans are developed jointly with the child's parents."**

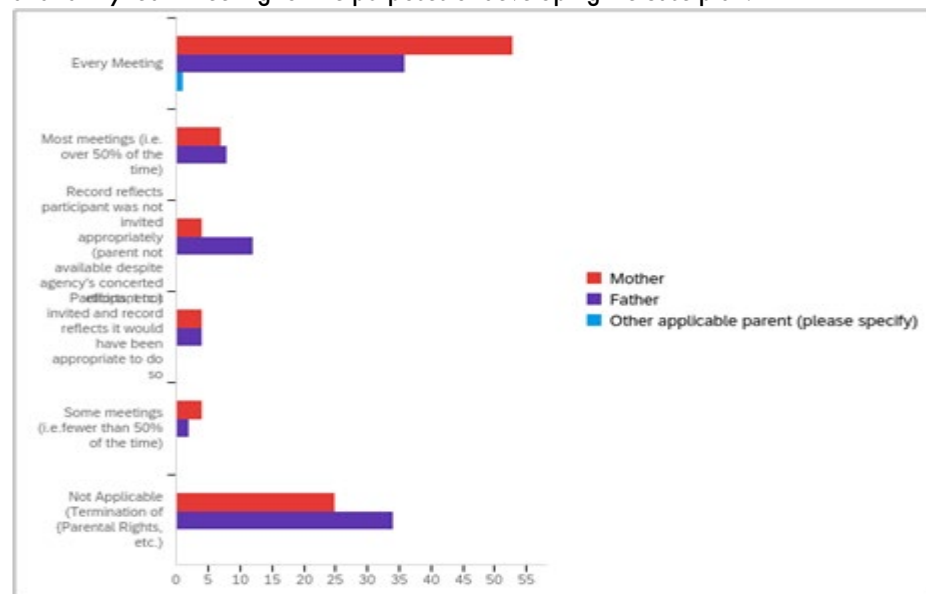


Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey

North Dakota included a question about parental involvement in the quality assurance review discussed in Item 19 for the Round 4 CFSR in 2024. During this review, Field Service Specialists were asked the following to rate the typical pattern of agency efforts to invite parents to the case planning process, known as the child and family team meeting. The questions read as follows:

**Figure 25.**

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

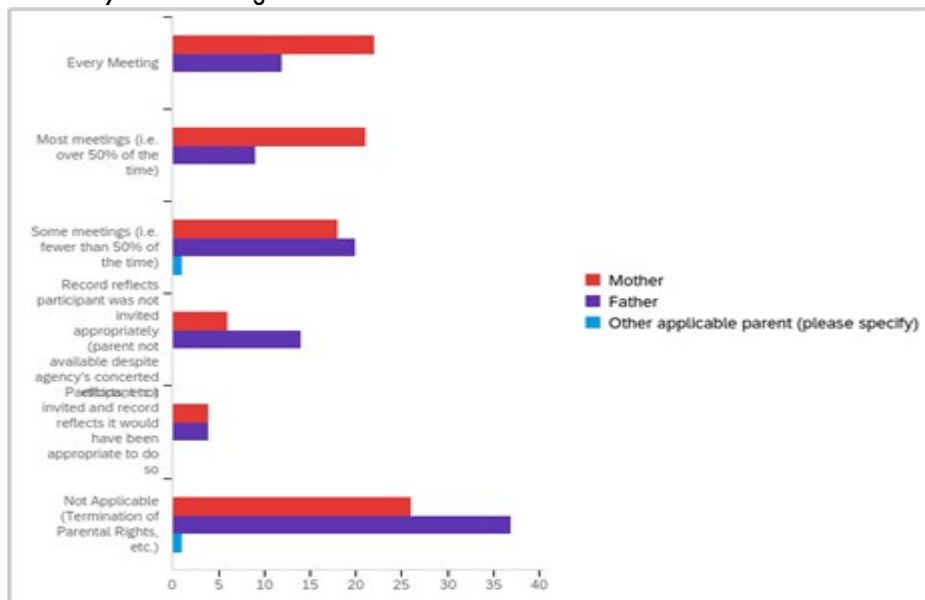


Source: Information System Assessment



Figure 26.

Number of Responses to the Item, “The FRAME records indicate the following pattern of participation in each child and family team meeting.”



Source: Information System Assessment

For the purposes of this question, the following scale should be utilized:

- o Every meeting = 5
- o Most meetings (i.e. over 50% of the time) = 4
- o Some meetings (i.e. fewer than 50% of the time) = 3
- o Record reflects participant was not invited appropriately (parent not available despite agency's concerted efforts, etc.) = 2
- o Participant not invited and record reflects it would have been appropriate to do so = 1
- o Not Applicable (Termination of Parental Rights, etc.) = 0
- a. Mother \_\_\_\_\_
- b. Father \_\_\_\_\_
- c. Other applicable parent (please specify) \_\_\_\_\_

Comments (optional):

A case was considered in compliance if the response was rated a 5, 4, 2 or 0. A case was not considered in compliance if the response was rated 3 or 1.

North Dakota also looked to Item 13: Child and Family Involvement in Case Planning to inform this Item. For Case Reviews held in 2024 [rolling PURs (Jan, Apr, Jul, Oct 2024)] it would indicate that 70% of applicable foster care cases reviewed had an overall strength rating.

**Table 24.**

**Practice Performance Report, R4 CFSR**

Practice Description	Foster Care – Performance of Applicable Cases	In-Home Services – Performance of Applicable Cases	All Case Types – Performance of Applicable Cases
The agency made concerted efforts to actively involve the <b>child</b> in the case planning process.	95% (20 of 21)	90% (18 of 20)	93% (38 of 41)
The agency made concerted efforts to actively involve the <b>mother</b> in the case planning process.	56% (10 of 18)	74% (17 of 23)	66% (27 of 41)
The agency made concerted efforts to actively involve the <b>father</b> in the case planning process.	61% (11 of 18)	69% (11 of 16)	65% (22 of 34)
Item 13 Strength Ratings	70% (23 of 33)	72% (18 of 25)	71% (41 of 58)

Source: R4 Online Management System

## 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?***

The occurrence of periodic reviews for each child in foster care no less frequently than once every 6 months is a strength for North Dakota's child welfare system.

North Dakota's periodic review is defined as an administrative review in North Dakota policy under Case Plan Reviews [624-05-15-50-03](#) and Child and Family Team Case Review [624-05-15-20-15](#). North Dakota's administrative review occurs through foster care Child and Family Team Meetings (CFTM) when a Field Service Specialist (FSS) is present. ND policy was updated on July 1, 2023 to specify that administrative review is required a minimum of every six months for every child who is in foster care. While the requirements for quarterly CFTMs remains, the attendance of a FSS to complete an administrative review was updated to reflect the minimum of once every six months requirement.

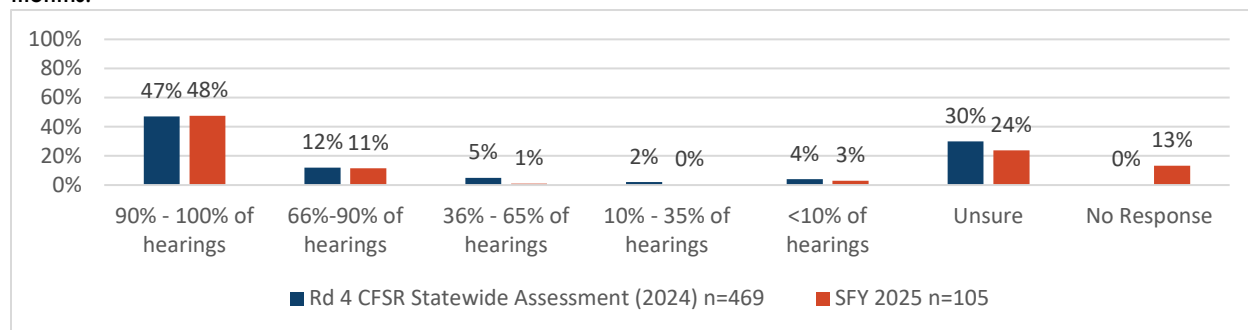
In addition, North Dakota policy addresses frequency of court hearings and options for review through the court system. Pursuant to ND policy [624-05-15-20-20](#) every child in foster care must have a permanency hearing within 12 months of the child's entry to foster care or continuing in foster care following a previous permanency hearing. Pursuant to ND policy [624-05-15-13](#) a review of custody hearing can be brought forth at any time by any of the parties to the case.

These combined policies support the state's efforts in complying with this systemic factor.

In the child welfare stakeholder survey, participants were asked "How often does a periodic review (court hearing or administrative/CFTM) for each child in foster care occur at least every six months". In 2024, 59% of respondents indicated that periodic reviews were held at least 66% of the time. This was the same for SFY 2025.

**Figure 27.**

**Percentage of Respondents by Answer to the Question, "How often does a periodic review (court hearing or administrative/CFTM) for each child in foster care occur at least every six months."**



Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey

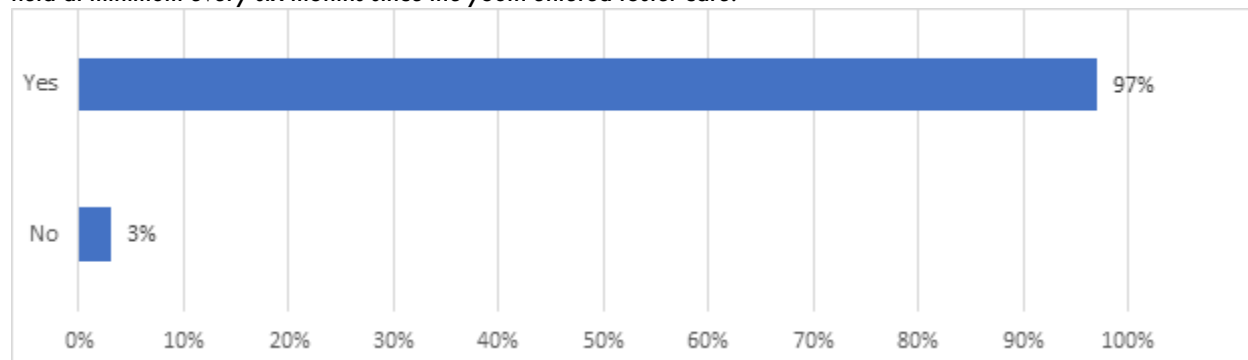
When the term 'periodic review' is used in the state, it most frequently refers to the CFTM date. It is this date that is reported to the state's AFCARS file under the current report logic. That being said, our current data management system reports were not able to be updated to discern whether a Field Service Specialist was present at the recorded CFTMs or not. Because of this, further assessment of this item was conducted through a random survey of children in foster care referenced in the state's response to Item 19 for the Round 4 CFSR in 2024.

In that survey, the Field Service Specialist was asked to go into the FRAME case and determine if there was a quarterly CFTM on behalf of the selected child in accordance with the state's policies throughout the child's foster care episode. Unfortunately, there was an error in the way the question was asked compared to policy. Because the question was asked whether a CFTM was held every 90 days rather than quarterly, the answers were mixed. However, the comments support that CFTMs are consistently occurring on a quarterly basis. Additionally, the survey asked "Was a foster care child and family team meeting OR court review hearing held at a minimum every six months since the youth entered foster care?" The results were 97% positive and the 3% that were negative indicated through comments that either the case wasn't open long enough to require a CFTM or that the documentation in FRAME does not match the FSS outside tracking system\* to ensure the presence required for an administrative review. Although the random case pull and survey was not completed for SFY 2025, CFS has reason to believe that this information would remain accurate for SFY 2025 based off the outside tracking system.

\*Field Service Specialists have outside tracking systems to monitor their cases within their coverage areas to include whether they were at the CFTMs or not in order to ensure they are meeting the requirements of administrative review.

**Figure 28.**

**Percentage of cases reviewed for whether a foster care child and family team meeting OR court review hearing was held at minimum every six months since the youth entered foster care.**

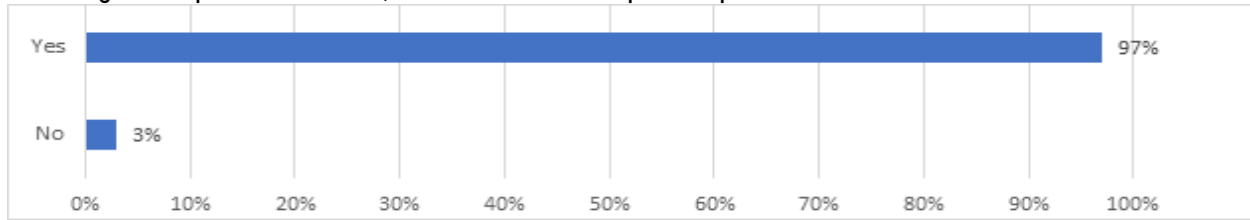


Source: Information System Assessment

For those that answered yes, the survey also asked "Was a field service specialist present at the CFTM" to indicate whether it was compliant with policy to meet the requirements of an administrative review. The responses indicated that 97% of children in that survey received an administrative review through a quarterly CFTM.

Figure 29.

Percentage of Responses to the Item, "Was a field service specialist present at the CFTM?"



Source: Information System Assessment

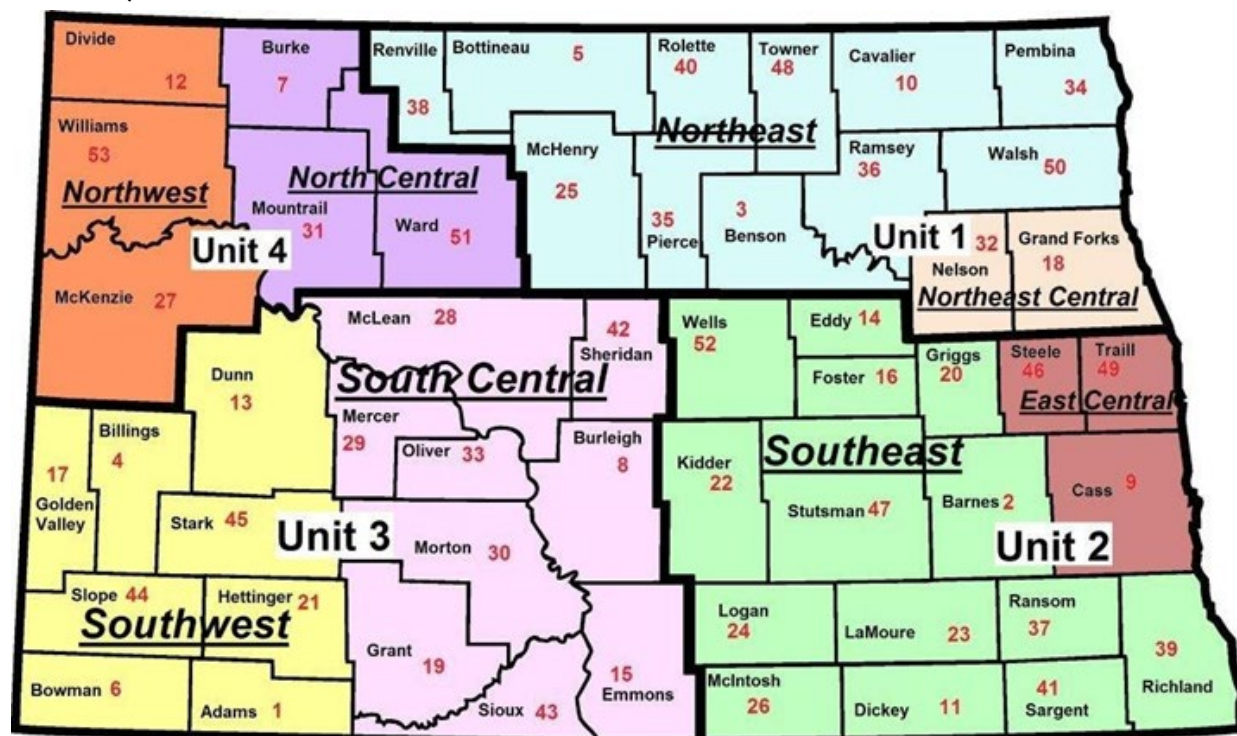
## Item 22: Permanency Hearings

*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?*

In accordance with NDCC 27-20.3-26(3)(4), an order of disposition pursuant to which a child is placed in foster care may not continue in force for more than twelve months after the child is considered to have entered foster care. Before the extension of any court order, a permanency hearing must be conducted. Any other order of disposition may not continue in force for more than twelve months. Unless the requirements of a permanency hearing were fulfilled at the hearing, a permanency hearing must be held within thirty days of the court's determination that reasonable efforts to return the child home are not required.

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. See Figure 41 below for the court units/districts.

Figure 30.  
Court Units/Districts



Source: North Dakota Supreme Court

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.

The North Dakota Supreme Court, Court Improvement Program (CIP) provided CFS with the below data related to this systemic factor and the performance can be seen in these measures. The timeliness measure was gathered by reviewing CHIPS cases where a permanency hearing was held within one year from the CHIPS case being filed in the court case management system Odyssey. A report was generated of cases with that had a CHIPS case filing date in 2022 and 2023. Of those CHIPS cases filed, the review then deduced the statewide numbers to represent those that had a permanency hearing no later than 12 months from the date the child entered foster care. The same method was used to look at time to subsequent permanency hearings.

Time to first permanency hearing was determined by calculating the number of days between the CHIPS case filing date and the permanency hearing date. 215 cases statewide were used to calculate the average days to first permanency hearing for calendar year 2022. Statewide, 209 cases were used to calculate the average days to first permanency hearing for calendar year 2023. All data for this systemic factor was obtained by the North Dakota Supreme Court Administrators Office from each district court entering data into the statewide database. District courts are known to enter permanency hearing data timely.

Below is a chart of the statewide average time to permanency hearings and the statewide percentage of cases that received a timely hearing for calendar year 2022 and 2023.

**Table 25.**  
**Statewide Percentage of Cases That Received A Timely Hearing (CY2021 and CY 2022)**

	CY 2022 Average	CY 2023 Average
Time to first Permanency Hearing	312	326
Time to Subsequent Permanency Hearing	274	179

Source: North Dakota Supreme Court Administrators Office Statewide Database

**Table 26.**  
**Statewide Average Time to Permanency Hearings (CY2021 and CY 2022)**

Calendar Year	% receiving a timely initial permanency hearing	% receiving a timely subsequent hearing
2022	95% (205/215)	98% (56/57)
2023	92% (192/206)	99% (105/106)

Source: North Dakota Supreme Court Administrators Office Statewide Database

A review of the data shows that from CY 2022 to CY 2023 there was a slight decrease in timeliness to initial permanency hearings. There was an improvement in timeliness to subsequent permanency hearings.

It is important to note that the percentage of cases receiving a timely permanency hearing may be slightly affected and misrepresented as the numbers reflect time between case filing in Odyssey to first and subsequent permanency hearings, which can vary by a few days depending on when the child was removed from care. For example, if the child was removed from care on a Saturday, the case filed date would not be documented until the following Monday, leaving a two-day gap in the 12-month window. The removal date in the court case management system can only be found within the court order and that would require a tedious manual case file review.

It should also be noted, if a hearing as not occurred it is not captured in the court's database. The court does not collect data on children in foster care and is not responsible for determining the date when a permanency hearing is required. Nor does the state's child welfare data system have a current reporting mechanism able to capture timely permanency hearing data. Therefore, the state is only able to report timeliness information for hearings that have occurred.

More detailed data for CY 2022 and CY 2023 can be seen in Tables 13 and 14 (next page) and represents statewide and juvenile court unit percentages. Please see the map at the bottom of the response for the various units.

In CY 2022 and 2023 all court units were above 90% compliance in time to initial permanency hearing occurring within 12 months of the case filing, with the exception of Unit 3 in CY 2023 which was 82%.

**Table 27.**

**Statewide and Juvenile Court Unit Permanency Hearings Data (CY 2022)**

	2022				
	Statewide	Unit 1	Unit 2	Unit 3	Unit 4
Number of CHIPS cases filed	792	177	198	223	194
Of the CHIPS cases filed, number of cases with perm hearing	215	41	25	85	64
Of the CHIPS cases filed, number of cases with perm hearing within a year	205	41	23	83	58
% of cases filed that had a permanency hearing within 12 months from entering foster care	95.35%	100%	92.00%	97.65%	90.63%
% of cases filed that had a perm hearing <u>more than 12</u> months from a child entering foster care	4.65%	0.00%	8.00%	2.35%	9.38%
Of the cases that had a perm hearing within a year, number of cases that had a subsequent hearing	57	4	14	27	12
Of the cases that had a perm hearing within a year, number of cases that had a subsequent hearing within a year	56	4	14	27	11
% of cases that had a perm hearing within a year and then a subsequent hearing within a year	98.25%	100%	100%	100%	92%
% of cases that had a perm hearing within a year and then NOT a subsequent hearing within a year	1.75%	0%	0%	0%	8%
Average amount of days to first perm hearing	312.8	331	245.6	312.5	328
Average amount of days to subsequent perm hearing	274	305.8	327.6	264.4	260.7

Source: North Dakota Supreme Court Administrators Office Statewide Database



**Table 28.**

**Statewide and Juvenile Court Unit Permanency Hearings Data (CY 2023)**

	2023				
	Statewide	Unit 1	Unit 2	Unit 3	Unit 4
Number of CHIPS cases filed					
Of the CHIPS cases filed, number of cases with perm hearing	209	50	28	66	65
Of the CHIPS cases filed, number of cases with perm hearing within a year	192	50	28	54	60
% of cases filed that had a permanency hearing within 12 months from entering foster care	92%	100%	100%	82%	92%
% of cases filed that had a perm hearing <u>more than 12</u> months from a child entering foster care	8%	0%	0%	18%	8%
Of the cases that had a perm hearing within a year, number of cases that had a subsequent hearing	106	32	17	23	34
Of the cases that had a perm hearing within a year, number of cases that had a subsequent hearing within a year	105	32	17	22	34
% of cases that had a perm hearing within a year and then a subsequent hearing within a year	99%	100%	100%	96%	100%
% of cases that had a perm hearing within a year and then NOT a subsequent hearing within a year	1%	0%	0%	4%	0%
Average amount of days to first perm hearing	326	321	287	342	330
Average amount of days to subsequent perm hearing	179	61	291	234	170

Barriers that may account for initial permanency hearings not happening within the 365-day timeframe are reflected in the stakeholder survey responses below:

**Table 29.**

**Barriers Impacting Timely Initial Permanency Hearings**

	False		True		Total
Case management staff was not able to submit the necessary paperwork to request the hearing within required time frames .	25.00%	20	75.00%	60	80
The State's Attorney's office was not able to submit the request in a timely fashion.	13.33%	8	86.67%	52	60
The court's calendar was full and a hearing could not be scheduled within the required time frames.	23.68%	18	76.32%	58	76
A continuance was needed (i.e. parent changed attorneys).	19.74%	30	80.26%	122	152
I am not aware of delays to initial permanency hearings in my area.	26.92%	84	73.08%	228	312
Other (please specify)	37.29%	22	62.71%	37	59

**Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey**

Barriers that may account for subsequent permanency hearings not happening within the 365-day timeframe are reflected in the stakeholder survey responses below:

**Table 30.****Barriers Impacting Timely Subsequent Permanency Hearings**

	<b>False</b>		<b>True</b>		<b>Total</b>
Case management staff was not able to submit the necessary paperwork to request the hearing in a timely fashion	17.33%	13	82.67%	62	75
The State's Attorney's office was not able to submit the request in a timely fashion.	3.70%	2	96.30%	52	54
The court's calendar was full and a hearing could not be scheduled within the required time frames.	12.50%	9	87.50%	63	72
A continuance was needed (i.e. parent requested or changed attorneys).	14.60%	20	85.40%	117	137
I am not aware of delays to subsequent permanency hearings in my area.	20.27%	60	79.73%	236	296
Other (please specify)	28.57%	14	71.43%	35	49

Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey

Other survey responses as to the reason for exceeding the initial and subsequent 12-month timeframe include:

- Court hearing was delayed due the parent not showing up at the hearing
- Court hearing was continued due the parent needing to apply for an attorney
- Tribal court issues. Tribal court needs more time so request a continuance
- New case workers unaware of the timeframes

### **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?***

In North Dakota, a Termination of Parental Rights (TPR) petition must be filed when a child is in out of home, custodial placement for at least 450 of the previous 660 nights ([NDCC 27-20.3-21\(3\)](#)). The petition is not required if the child is in approved relative care, compelling reasons not to file exist, or reasonable efforts were required and not provided pursuant to [North Dakota Century Code 27-20.3-21.4](#).

In accordance with ND CFS policy [624-05-15-30-10](#) the custodial agency must file a petition to the court for Termination of Parental Rights on or before the day when the child has been in foster care for 450 out of the previous 660 nights; or within 60 days after the court has found the child to be an abandoned infant; or within 60 days after the court has convicted the child's parent of one of the following crimes in North Dakota, or a substantially similar offense under the laws of another jurisdiction: murder, manslaughter, or negligent homicide of a child of the parent; aiding, abetting, attempting, conspiring, or soliciting the same crimes; or aggravated assault in which the victim is a child of the parent and has suffered serious bodily injury.

ND CFS Policy [624-05-15-30-05](#) also states that the custodial agency may file a petition to the court for Termination of Parental Rights at any time if any one of the three following conditions pertains:

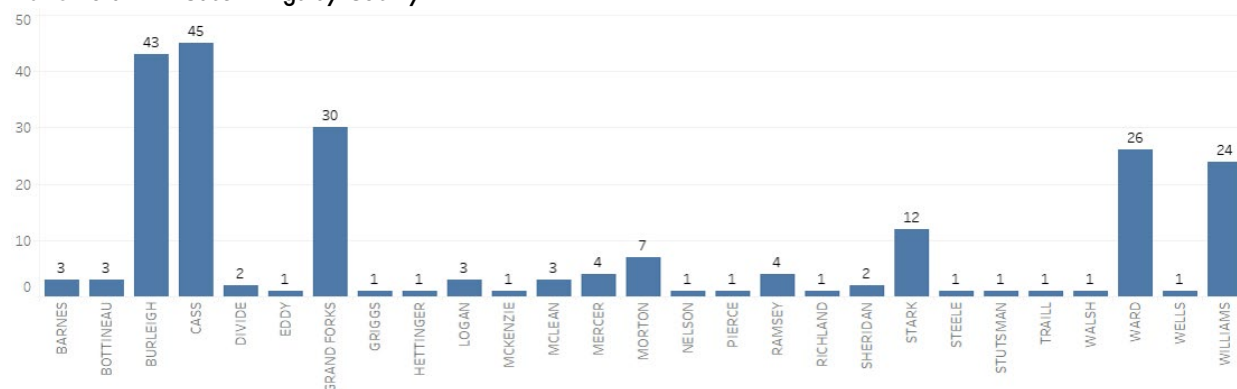
1. The parent has abandoned the child.
2. The child is subjected to aggravated circumstances;
3. The child is in need of services or protection and the court finds:
  - a. The conditions and causes of the need for services or protection are likely to continue or will not be remedied and for that reason the child is suffering or will probably suffer serious physical, mental, moral, or emotional harm; or
  - b. The child has been in foster care, in the care, custody, and control of the department or human service zone, or, in cases arising out of an adjudication by the juvenile court that a child is in need of services, the division of juvenile services, for at least 450 out of the previous 660 nights;
4. Written consent of the parent, acknowledged before the court, has been given; or
5. The parent has pled guilty or nolo contendere to or has been found guilty of engaging in a sexual act under section 12.1-20-03 or 12.1-20-04, the sexual act led to the birth of the parent's child, and termination of the parental rights of the parent is in the best interests of the child. If the court does not make an order of termination of parental rights, it may grant an order under section 27-20.3-16 if the court finds from clear and convincing evidence that the child is in need of protection.

A review of data provided by North Dakota's Supreme Court's Court Improvement Program (CIP) indicates that the average number of days from CHIPS petition to TPR petition statewide is 497 days in CY 2024. This timeliness measure was gathered by reviewing TPR cases in the court case management system, Odyssey that reached final resolution in CY 2024 and manually calculating the time from the file date of the CHIPS petition to the file date of the TPR petition.

While Children and Family Services has data regarding the number of children who have been in care 15 of the most recent 22 months, there is no way to filter out in FRAME those who should have had a TPR filed and those who already had a TPR filed and are still in custody. The total number of days in care reported include children who have already had a TPR and therefore is not an accurate portrayal of those who should have had a filing within the timeliness measure.

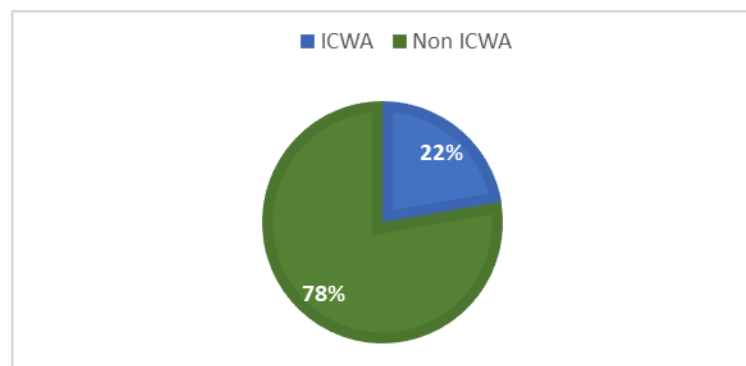
In CY 2024 there were a total of 223 TPR case filings:

**Figure 31.**  
**2023 Total TPR Case Filings by County**



Source: ODYSSEY

**Figure 32.**  
**2024 ICWA Applicable TPR Cases**



Source: ODYSSEY

Of the 223 total TPR filings in 2024 there were 148 family cases. The above pie chart shows the percentage of ICWA applicable TPR cases for 2024 (representing one case per family).

Data for the average days to the filing and the percentage of cases for CY 2023 and 2024 can be seen in the chart below.

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

Table 31.

## Average Days to TPR Petition (CY2023 – CY 2024)

Average Days to TPR Petition	Unit 1	Unit 2	Unit 3	Unit 4
CY 2024	477	354	602	585
CY 2023	570	475	604	641

Source: Odyssey

\* please refer to the map of cross zonal teams and judicial units provided in Item 22. Data reflects one case review per family

Below are charts that break out TPR petitions filed by individual court unit and county. The circled numbers are those in each Unit that had the longest number of days from CHIPS filing to TPR petition filing.

Table 32.

## Unit 1 TPR Date 2024

County	Number of Total Case Filings	Number of TPR Cases Reviewed	Average time between CHIPS case filing and TPR petition Filed	Average time between affidavit to state's attorney and when TPR petition filed	Average time between TPR file to final order	Average time between CHIPS file to TPR final order	ICWA
Bottineau	3	2	503	17	93	596	0
Grand Forks	30	20	376	31	113	476	2
Nelson	1	1	N/A	N/A	N/A	N/A	0
Peirce	1	1	1952	0	119	2071	1
Ramsey	4	3	731	27	84	653	3
Walsh	1	1	129	12	38	167	0
	40	28	477	27	100	561	6

Source: Odyssey

\*Case Still Active = Case was still active at time of year end report so no final TPR order was recorded. N/A = There was no affidavit or the case was dismissed

Table 33.  
Unit 2 TPR Date 2024

Source: Odyssey

County	Number of Total Case Filings	Number of TPR Cases Reviewed	Average time between CHIPS case filing and TPR petition Filed	Average time between affidavit to state's attorney and when TPR petition filed	Average time between TPR file to final order	Average time between Dep file to TPR final order	ICWA
Barnes	3	2	515	33	113	628	0
Cass	45	33	290	2	121	406	7
Eddy	1	1	602	71	149	751	0
Griggs	1	1	660	112	172	832	0
Logan	3	2	630	17	110	740	0
Richland	1	1	671	31	5	676	0
Steele	1	1	N/A	N/A	N/A	N/A	0
Stutsman	1	1	28	16	7	35	0
Traill	1	1	334	0	102	436	0
Wells	1	1	932	60	64	699	0
	<b>58</b>	<b>44</b>	<b>354</b>	<b>11</b>	<b>112</b>	<b>474</b>	<b>7</b>

\*Case Still Active = Case was still active at time of year end report so no final TPR order was recorded. N/A = There was no affidavit or the case was dismissed

Table 34.  
Unit 3 TPR Date 2024

County	Number of Total Case Filings	Number of TPR Cases Reviewed	Average time between CHIPS case filing and TPR petition Filed	Average time between affidavit to state's attorney and when TPR petition filed	Average time between TPR file to final order	Average time between CHIPS file to TPR final order	ICWA
Burleigh	43	24	652	3	151	766	15
Hettinger	1	1	481	11	72	553	0
McLean	3	3	367	4	178	545	0
Mercer	4	1	456	4	157	613	0
Morton	7	5	588	588	168	756	2
Sheridan	2	1	462	9	242	704	1
Stark	12	6	608	15	92	607	0
	72	41	602	3	151	701	18

Source: Odyssey

\*Case Still Active = Case was still active at time of year end report so no final TPR order was recorded. N/A = There was no affidavit or the case was dismissed

Table 35.  
Unit 4 TPR Date 2024

County	Number of Total Case Filings	Number of TPR Cases Reviewed	Average time between CHIPS case filing and TPR petition Filed	Average time between affidavit to state's attorney and when TPR petition filed	Average time between TPR file to final order	Average time between CHIPS file to TPR final order	ICWA
Divide	2	2	453	76	282	611	5
McKenzie	1	1	825	85	13	838	0
Ward	26	15	508	7	100	530	0
Williams	24	17	687	23	171	861	0
	53	35	585	21	150	710	5

Source: Odyssey

**Table 36.**

**The percentage of cases filed within 660 days**

Calendar Year	TPR Petition filed within 660 days
2024	70% (104/148)
2023	71% (155/219)

Source: Odyssey

As noted, the above statistics from the CIP are reflective of one case per family and of dates for petitions that reached final resolution.

For the purposes of assessing performance relative to this systemic factor, the CIP coordinator provided the following data for TPR petitions filed within 450 days. This data is only of petitions that were filed and does not include cases in which a petition should have been filed per the statute:

**Table 37.**

**The percentage of cases filed within 450 days**

Calendar Year	TPR Petition filed within 450 days
2024	40% (60/148)
2023	44% (96/219)

Source: Odyssey

A slight decrease in the average statewide performance can be seen from calendar year 2023 to 2024. The statewide average seems to reflect that the case review system is not functioning well statewide to ensure that the filing of TPR proceedings occurs within the required provisions, further analysis indicates there are specific Zones and or counties in North Dakota that even fall outside of the 660 day(circled in the Unit charts above) The data may include children with prior foster care episodes impacting further their total time in foster care.

A limitation of FRAME is data relative to the petition date, which is entered in the system only after an order, has been issued. Thus, child welfare data was not deemed a viable source to further analyze this systemic factor. Discussion regarding the need and timing to file a petition of termination of parental rights occurs during the child and family meetings, so although CFS believes this systemic factor to be functioning as intended, improved data is needed to support this finding.

Quantitative data is not available for some of these challenges at this time, yet they represent common themes heard during CIP Taskforce meetings, from Human Service Zone staff, Lay Guardian Ad Litems as well as various other stakeholders who work within the child welfare system. Barriers to timely filing of TPR petitions identified by statewide stakeholders have been provided anecdotally. When reviewing cases where the petition for filing for TPR was over the 450 day timeframe, the below scenarios were provided:

- Case worker didn't file ICPC timely for placement, did not initiate TPR affidavit for unknown reason, that worker left the agency and the newly assigned worker submitted upon receiving the case.



- Delay by case worker- When the case worker was looking at filing TPR affidavit, mom had a second baby come into care at birth and mom began engaging. Case worker explored guardianship or adoption with the relative caregivers for both children. The zone identified the child should have had TPR affidavit submitted to the state's attorney office after 6 months in care.
- Case worker submitted TPR Affidavit to State's attorney at 450 days, state's attorney held it on their desk for an extended period of time before filing TPR petition
- State Attorney's office has stated to the zone that juvenile cases are not a priority when they are handling criminal cases. In the last year, at least two children, with concerns of more coming up, have gone home because of the length of time the state's attorney's office takes to file TPR petitions once they receive the TPR affidavit from case workers. For the past year, Directors and FC Supervisors were meeting monthly with the State's Attorney to address these delay's, with no resolution. The State's Attorney's office will not look at a TPR affidavit until it has been, at minimum, in care for the 450 nights. North Star's foster care supervisor now tracks when TPR affidavits are submitted by her case workers to the state's attorney's office. (Zone Case Management Field Service Specialist)

**Table 38.**

**Percentage of Respondents by Answer to the Question, "What are the barriers that affect your agency's ability to the required time frames when the filing of TPR proceedings do not occur in accordance with the required provision for a child in foster care? (Check all that apply)"**

	<b>Rd 4 CFSR</b>	<b>SFY 2025</b>
High caseloads for State's Attorney	92.31%	23.17%
High caseloads for case management staff	83.33%	21.95%
Case management's knowledge of requirements	91.67%	6.10%
State's Attorney's knowledge of requirements	100.00%	12.20%
Lack of effective tracking systems to identify when filing requirements are nearing	100.00%	6.10%
None of the above	90.00%	19.51%
Other (please specify)	77.14%	10.98%

**Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey**

Another barrier identified has been staff resource limitations of the State's Attorney's offices. CFS and the CIP has received anecdotal feedback from zone and court stakeholders that some jurisdictions will not file a petition, regardless of the circumstances, until at least day 450. It has also been reported that in some areas of the state, the state's attorney does not file the petition for TPR until long after the Human Service Zone has submitted their affidavit for TPR. The CIP coordinator manually calculated the time between the zone submission of affidavit for TPR to the state's attorney and when the petition was filed in the court case management system.

**Table 39.**

**The Average Number of Days Between Affidavit Submission And Petition Filing By Unit CCY2023-CY2024)**

	<b>Unit 1</b>	<b>Unit 2</b>	<b>Unit 3</b>	<b>Unit 4</b>
CY 2024	27	11	3	21
CY 2023	56	22	6	11

**Source: Odyssey**

North Dakota does not capture quantitative data relating to compelling reasons. According to 27-20-21.4 (b), the court is to be notified that the compelling reasons not to terminate have been documented in the case plan and are available for review. ND CFS policy [624-05-15-30-15](#) provides direction to case managers regarding compelling reasons. Yet, neither information system provides a method to capture data relative to how this aspect is functioning.

### 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 (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child?*

North Dakota believes this is an Item for which interviews with key Stakeholders may assist in better assessing the state's performance, given the amount of unsure responses. In the child welfare survey stakeholders survey in 2024, there were 283 participants that fall under the "foster/adoptive parent/caregiver; however, the question was asked of all participants and therefore we are unable to discern if the below results are an inclusive understanding of this Item.

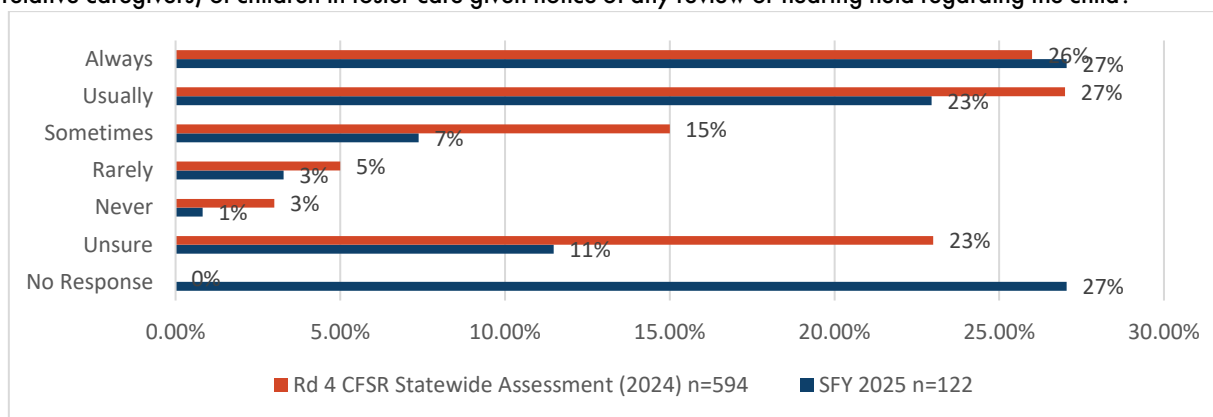
The North Dakota Rule of [Juvenile Procedure 15](#) requires that in any matter involving a child in foster care under the responsibility of the state, the state must notify the child's foster parents, pre-adoptive parents, and relatives providing care for the child whenever any proceeding is held with 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. ND CFS Policy addresses this as well as the right to be heard in [624-05-15-20-20](#) and [624-05-15-13](#).

### Notice of Hearings and Reviews to Caregivers

In the 2025 Statewide Survey, participants were asked, "Are the caregivers (foster parents, pre-adoptive parents, relative caregivers) of children in foster care given notice of any review or hearing held regarding the child?". The 122 respondents represented all regions and judicial districts in North Dakota. Participants were not limited to caregivers. The data reveals that the majority of those surveyed (57%) indicated they are given notice of reviews or hearings held on behalf of the children in their care at least some of the time with 27% of them responding 'always'. Eleven percent indicated they were unsure which likely means that they do not work directly with caregivers or they are not aware of the process.

Figure 33.

Percentage of Respondents by Answer to the Question, "Are the caregivers (foster parents, pre-adoptive parents, relative caregivers) of children in foster care given notice of any review or hearing held regarding the child?"

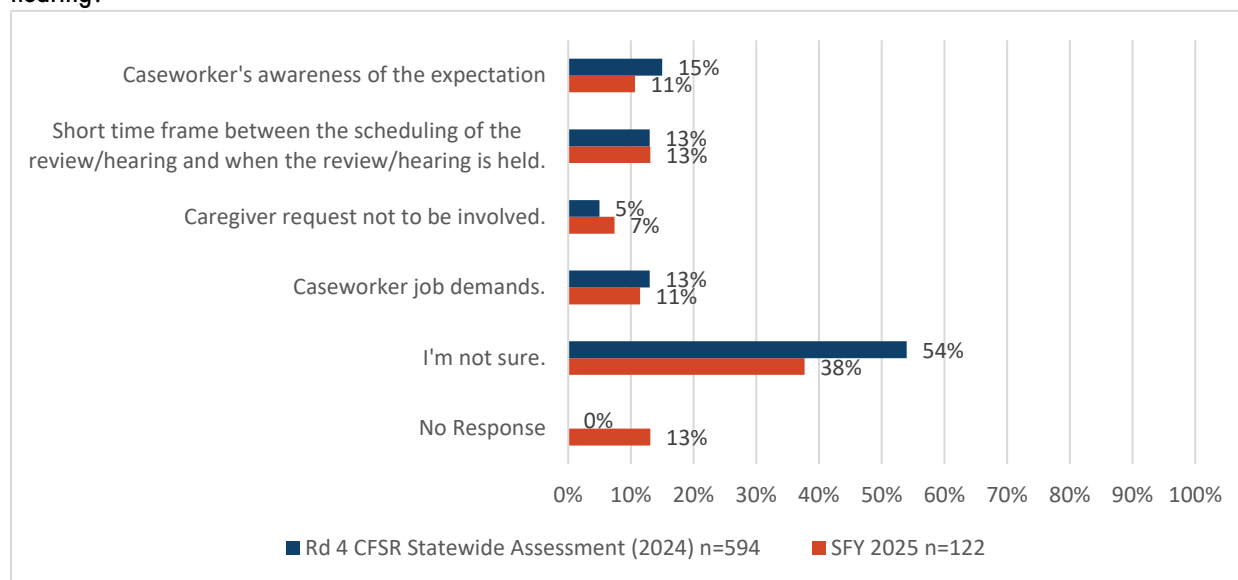


Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey

Survey participants were also asked, “What factor(s) are present when caregivers (foster parents, pre-adopt parents, relative caregivers) of children in foster care are not provided notice of a review or hearing?” There were a total of 122 respondents, however 38% of those indicated ‘(I’m) not sure’. Of those that chose one of the listed options, 13% indicated that the timeframe between the date the hearing is scheduled, and the date it’s held, is too short. With similar percentages, ‘case worker job demands’ and ‘caseworker’s awareness of the expectation’ were indicated 11% for both.

**Figure 34.**

**Percentage of Respondents by Answer to the Question, “What factor(s) are present when caregivers (foster parents, pre-adoptive parents, relative caregivers) of children in foster care are not provided notice of a review or hearing?”**



Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey

Reasons given by the nearly 38% answering ‘other’ included these and phrases similar to them:

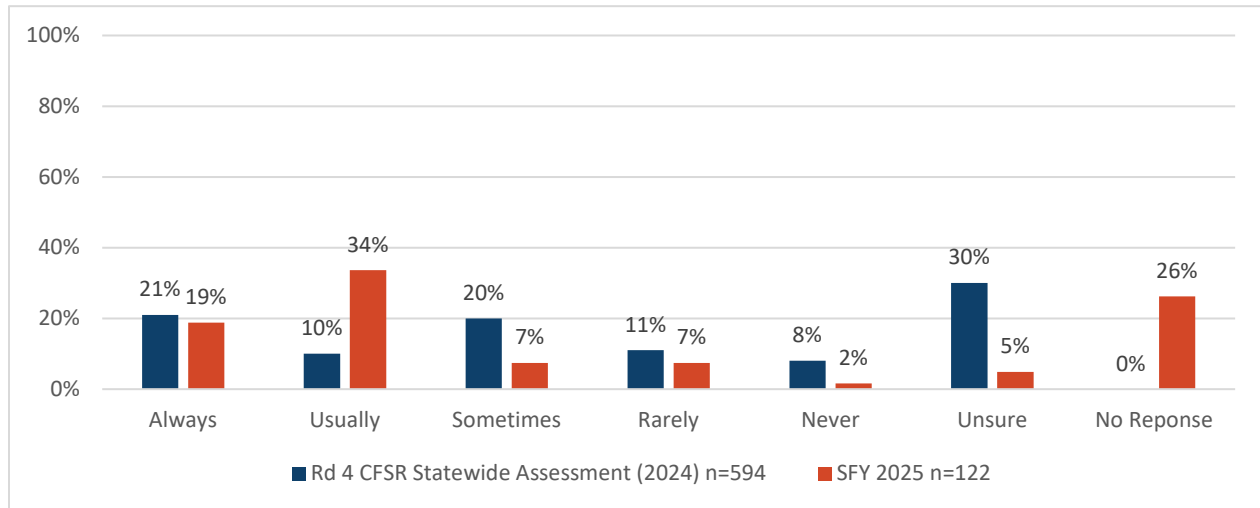
- “Not given any information”
- “Inadequate caseworkers, don’t feel it’s necessary to communicate with the foster parent.”
- “Child moved to a new provider” or “child recently placed in home”.

### **Opportunity for Caregivers to be Heard**

As part of the 2024 Statewide Survey, participants were also asked, “Are the caregivers (foster parents, pre-adopt parents, relative caregivers) of children in foster care notified of their right to be heard in any review or hearing held regarding the child?” There were 548 respondents which was not inclusive of only caregivers. The data shows that 51% of respondents indicated caregivers are given the right to be heard either ‘always’, ‘sometimes’, or ‘usually’. Additionally, of the 548 respondents, 164 indicated they were unsure which would likely indicate that they do not work directly with caregivers or have an understanding of this process.

Figure 35.

Percentage of Respondents by Answer to the Question, “Are the caregivers (foster parents, pre-adopt parents, relative caregivers) of children in foster care notified of their right to be heard in any review or hearing held regarding the child?”



Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey5

## C. Quality Assurance System

### *Item 25: Quality Assurance System*

*How well is the quality assurance system functioning statewide to ensure that it (1) is operating in the jurisdictions where the services included in the Child and Family Services (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.*

During the Round 3 CFSR, North Dakota received a Needs Improvement rating for Item 25: Quality Assurance System. Since then, North Dakota expended a tremendous amount of effort and resources – including successfully completing a PIP Goal – to implement a CQI/QA system.

North Dakota's CQI/QA system is *in place and functioning statewide*.

**Quality Assurance Unit:** Since 2019, the North Dakota Department of Health and Human Services has employed a dedicated Quality Assurance Unit to facilitate the case review process for North Dakota's child welfare system. Prior to then the Children and Family Services Division struggled to implement a quality assurance process, relying on sporadic in-house case reviews and contracting with the University of North Dakota to conduct onsite case reviews. The unit consists of a QA Unit Manager and nine QA Reviewers.

With the creation of the QA Unit, the state has implemented a statewide process that ensures consistent monitoring of child welfare practice and makes needed adjustments in a timely manner.

Case reviews are conducted remotely on a quarterly basis throughout the year to meet federal requirements. The general framework for reviews includes the following steps:

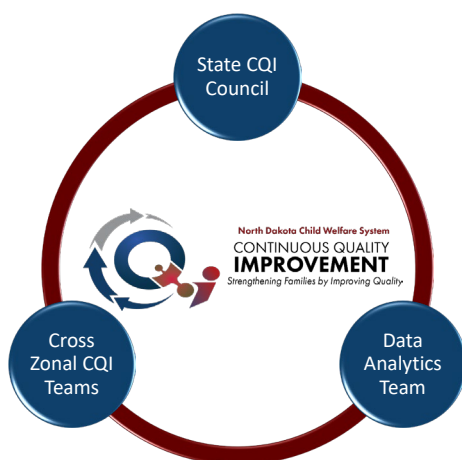
1. Case Sample: Foster Care cases and In-Home Services cases during a defined period are subject to a random sampling process with five strata that correlate to four (4) Cross-Zonal CQI Teams and the state's metro area. The number of cases reviewed from each stratum is proportional to the number of cases from the stratum in the statewide random sample, with a minimum of one case of each case type per stratum for each quarterly review.
2. Case Review Preparation: Local agencies will receive an orientation to each review event and resources to aid the preparation of selected cases.
3. QA Case Review: The review process includes a review of the case file and interviews with key case participants for each case and first level quality assurance.
4. Reporting and Sharing of Findings: Cumulative case review data is compiled into a final report completed by the QA Manager. Results are submitted to all agencies for use in their ongoing continuous quality improvement efforts.

Policy for the quality assurance case review process can be found in [Service Chapter 605: Continuous Quality Improvement](#). It is recognized that the policy documents need updating.

**Continuous Quality Improvement Program:** North Dakota also implemented a statewide continuous quality improvement program. Activities began in 2017 with a group of Children and Family Services program administrators and key system stakeholders completing the CQI Academy. In 2020, CFS engaged with the Capacity Building Center for States to further define and operationalize its CQI approach which led to release of the CQI Program Manual on March 31, 2021. The manual is intended for use by child welfare agency staff, system partners, and stakeholders and for anyone who wants or needs to understand how to participate in North Dakota's CQI process and activities.

**CQI Teaming Structure:** The teaming structure for the program is composed of three primary team levels: the State CQI Council, four Cross-Zonal CQI Teams, and the Data Analytics Team (see below).

**Figure 36.**  
**Continuous Quality Improvement Program Teaming Structure**



The **State CQI Council** is the primary driver for North Dakota's statewide CQI process and is comprised of a wide range of state-level agency staff and stakeholders including (but not limited to) the Division of Juvenile Services, Courts, Tribal Nations, and those with lived experience. While all tribal nations are represented on the Council, attendance at meeting is sporadic. CFS continually reaches out to them with meeting information and encourages participation. Similarly, recruitment and retention of those with lived experience on the Council is a continual struggle and focus for the group. Council members continually look for individuals with lived experience who could become a member. When individuals are identified, they are provided verbal and written information about the Council including the purpose, activities, and time commitment. However, individuals tend to drop off after a few meetings. Feedback received indicates that participants become overwhelmed with the subject matter. This issue a continual focus of the Council.

As shown in the graphic in Section II (page 6), the 19 human service zones were divided into four **Cross Zonal CQI Teams**. These teams are the drivers for the local CQI process with a focus on improving child welfare agency case practice, service delivery and the achievement of outcomes for North Dakota children and families. Cross-Zonal CQI Teams are comprised of a wide range of stakeholders including (but not limited to) human service zone staff, Field Services Specialists, QA Reviewers, the Division of Juvenile Services, Courts, States Attorneys, those with lived experience, and Tribal Social Services. Like the struggles at the Council level, CQI Teams struggle with Tribal Nation participation and recruitment/retention of those with lived experience.

The **Data Analytics Team** is the primary support team for both the Council and Cross Zonal Teams. The team consists of:

**Table 40.**

**Data Analytics Team Membership**

Assistant Section Director/CQI Administrator	Children and Family Services Section
Foster Care Licensing Unit Manager	Children and Family Services Section
Foster Care Case Management Supervisor	RSR Human Service Zone
CIP Administrator	ND Supreme Court
QA Specialist	Children and Family Services Section
Data Scientist	Data Science and Analytics

The team helps with the compilation and analysis of data used in the CQI process. The Data Analytics Team was instrumental in establishing the key performance indicators and assisting in the identification of the source data.

Work on implementation of continuous quality improvement continued in 2021 with technical assistance from the Capacity Building Center for States. In July of 2021, the CQI Implementation Team was created. The Team is made up of a wide range of system stakeholders including representation from the Children and Family Services Division, Human Service Zone Operations, RSR Human Service Zone, Ward Human Service Zone, South Country Human Service Zone, the Native American Training Institute, the Division of Juvenile Services, the Supreme Court's Court Improvement Program, the MHA Nation, the Standing Rock Sioux Tribe, the Turtle Mountain Band of Chippewa, the Adults Adopting Special Kids program, and foster parents.

During the summer and early fall of 2021, Division staff worked on a monthly data report using data pulled from the Departments information system (FRAME) and Cognos, and PowerBI. The intent of the **Context and Key Performance Indicators** report was to provide monthly data on specific key data that could be broken down by county and human service zone and accessed by human service zones and central office staff. As can be seen in the narrative later in this item, this report is used by the CQI Council and teams as well as human service zone supervisors and directors and other key stakeholders.

In March of 2022, the Implementation Team issued a Readiness Survey to the human service zones, Central Office, and the Division of Juvenile Services to determine the level of motivation and capacity to



implement continuous quality improvement. Results (below) indicated that Cross Zonal CQI Team 4 was most ready to implement CQI in their areas whereas Cross Zonal CQI Team 2 was least ready to implement.

**Table 41.**  
**Continuous Quality Improvement Program Readiness Survey Results.**

	Strongly Agree	Partially Agree	Disagree	Not Sure
<b>Cross Zonal CQI Team 1</b>	18	0	3	10
<b>Cross Zonal CQI Team 2</b>	0	8	24	13
<b>Cross Zonal CQI Team 3</b>	1	9	0	7
<b>Cross Zonal CQI Team 4</b>	11	13	3	0

The results were vetted with the Children and Family Services Division's leadership team and the directors of the human service zones. Both bodies agreed with the results, indicating that the current state of those areas support a plan to implement first in Team 4. The remaining teams were brought in using the order of Team 1, Team 3, Team 2.

In April of 2022, the Implementation Team started work identifying individuals to serve on the State CQI Council, while human service zone directors began work to identify members of the four Cross Zonal CQI Teams. Also, work began on a communication plan and training plan. The CQI Training Workgroup was established and began work on developing the training curriculum. By November 2, 2022 all CQI groups (which include key stakeholders and partners) had completed the 10 ½ hour Foundation of CQI training (see below) and had begun meeting.

**Table 42.**

**Foundations of CQI Training Curriculum**

<b>3 Sessions (3.5 hrs. each)</b> <b>Total: 10.5 hrs.</b> <b>Delivery: Virtual</b>	<b>Customizing Curriculum to North Dakota</b>
<b>Session 1: Total 3.5 hrs.</b> <ul style="list-style-type: none"> <li>• <b>Unit 1:</b> Welcome, Introductions, Overview and Objectives (45 min.)</li> <li>• <b>Unit 2:</b> Climate Count (45 min.)</li> <li>• <b>Break</b> (30 min.)</li> <li>• <b>Unit 3:</b> Administrative Structure for the CQI Process (1.5 hr.)</li> </ul>	<ul style="list-style-type: none"> <li>• Incorporate ND CQI vision and strategic priorities into Unit 1 and/or 2.</li> <li>• Incorporate high-level overview of ND core components OR ND CQI Plan into discussion as appropriate.</li> <li>• Customize to ND CQI teaming structure, roles, responsibilities, and opportunities in Unit 3.</li> </ul>
<b>Session 2: Total 3.5 hrs.</b> <ul style="list-style-type: none"> <li>• <b>Unit 4:</b> Leading with Data (1.5 hrs.)</li> <li>• <b>Break</b> (15 mins)</li> <li>• <b>Unit 5:</b> Promoting High-Quality Data from Your MIS (45 min.)</li> <li>• <b>Unit 6:</b> Promoting High-Quality Data Through Case Reviews, Surveys, and Interviews (1 hr.)</li> </ul>	<ul style="list-style-type: none"> <li>• Consider inclusion of a “data walk” activity in Unit 4 using ND child welfare key performance measures to familiarize participants with agency performance.</li> <li>• Focus on the responsibilities for agency staff at all levels to ensure quality data in Unit 5.</li> <li>• Incorporate overview of ND’s OSRI/Case Review process into Unit 6</li> </ul>
<b>Session 3: Total 3.5 hrs.</b> <ul style="list-style-type: none"> <li>• <b>Unit 7:</b> High-Quality Data Analysis Process (1.5 hrs.)</li> <li>• <b>Break</b> (15 min.)</li> <li>• <b>Unit 8:</b> Staff and Stakeholder Engagement (1 hr. 15 min.)</li> <li>• <b>Unit 9:</b> Closing (30 min.)</li> </ul>	<ul style="list-style-type: none"> <li>• Focus on methods to analyze ND data as part of CQI process as part of Unit 7.</li> <li>• Identify key ND stakeholders, highlight importance and ways to effectively engage stakeholders with particular focus on those with lived expertise in CQI process in Unit 8.</li> <li>• Communicate next steps and anticipated timeline for launching CQI activities.</li> </ul>

***Focus Group Feedback:*** During the February 2024 Cross Zonal CQI Team focus groups, participants noted the following when asked, “From your perspective, how well are QA and CQI processes functioning throughout the state? (i.e., at the state, cross-zonal, and zones/offices)?”

Table 43.

Cross Zonal CQI Team Focus Groups Participant Comments to the Question, "From your perspective, how well are QA and CQI processes functioning throughout the state? (i.e., at the state, cross-zonal, and zones/offices)?"

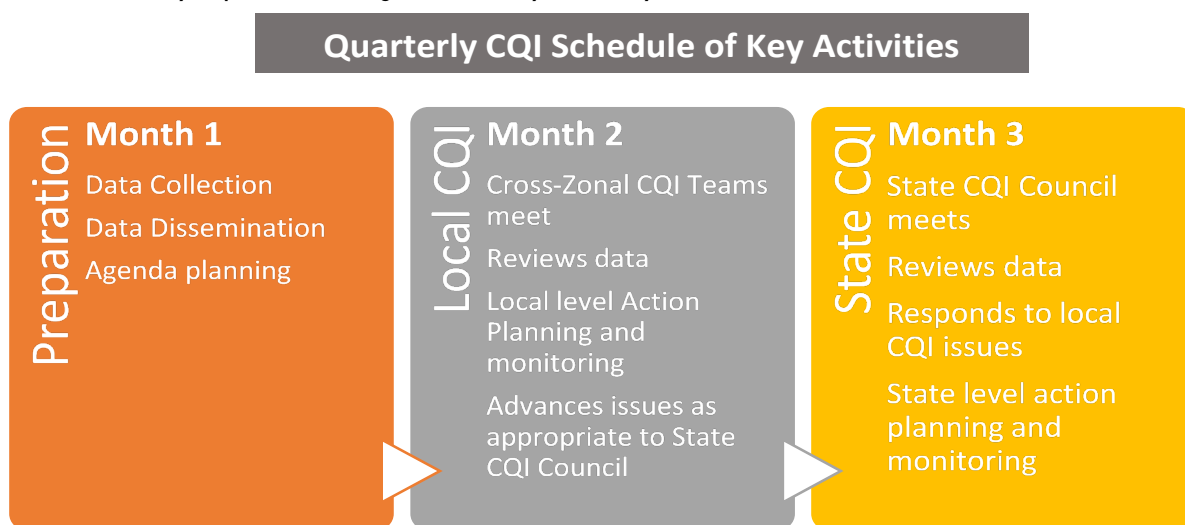
Comments Received	
Conversations now compared to where we were before are better. It has been hard, but it is definitely better and more focused on quality.	More focused on decision-making, allows for better conversations, less confrontational.
Still new, a little clunky, trying to find the purpose.	CQI feels new to some. On the QA side (i.e., case review) it is a little more straightforward in terms of how to participate.
Feels a little repetitive to current folks as new folks are coming on since we do not have a firm foundation/team yet. Must constantly keep onboarding people.	QA unit is relatively new but more comfortable to work with. The QA process is more solid and in a much better place than Round 3. People know what to expect. The process is efficient.
Being in different groups – i.e., System of Care, CFSR workgroups – they are all tied together, using data to see how things are actually happening – it is helpful.	Engagement improved. Working well with the QA team, engagement with zones has been great in terms of following up on QA reviews, QA reviewer training, what it means to the field, using data.
Helpful to have access to available CQI data via participating in various workgroups.	Engaging with the courts – using time in care data, permanency hearings, and looking at the data at the local level and being able to make those comparisons.
Cross-zonal teams/data breakdown is helpful – i.e., system of care data so having the data at this level and being able to make comparisons and knowing what the benchmarks are. As a zone director is helpful.	Time is an issue – timing of meetings etc.
CQI Cycle – we use it in our team/unit meetings (use the graphic) with staff. A great visual for staff who are looking for immediate change when it takes longer. It is a continual process, need to be patient.	More prep for meetings would be helpful so that everyone sees the value of CQI. Still trying to get off the ground – in its early stages. Need to put more time into prep.
Participation on CQI teams	
Need more from staff of different levels on the CQI teams who can speak more about caseloads and complexities.	Need more representation from the Tribes.
Great consistency from staff/zones, CAC's.	Internal engagement is good, need to work more on external engagement.
External messaging re: the value of the CQI process – i.e., we had a parent on, and we lost her. Prepping more would have helped.	Participation has been spottier than we would like.
Possible Improvements	
Making better use of the data from the QA reviews.	Getting more support to our partners in accessing and understanding the data.

**CQI Work Rhythm:** To continually identify strengths and needs of the service delivery system across the state, a quarterly work rhythm was established for the State CQI Council and Cross Zonal CQI Teams (refer to graphic on the next page). The schedule provides the opportunity for Cross-Zonal CQI Teams to meet in advance of the State CQI Council so that local trends can be elevated as appropriate for the purpose of promoting effective statewide program improvement planning activities.

Standing meeting agenda items for the teams connect to current child welfare agency and system strategic priorities along with a focus on the use of available data and evidence. Agenda items include but are not limited to:

1. Review and evaluation on the progress of PIP strategies, CFSP goals and other agency priorities and recommend program adjustments as needed to support successful implementation towards improved outcomes.
2. Review of agency key performance measures, including safety and permanency outcome data such as AFCARS, NCANDS, NYTD, and other reports.

**Figure 37.**  
**Continuous Quality Improvement Program Quarterly Work Rhythm.**



Source: CQI Program Manual

3. Review of quarterly case review (OSRI) results and discussion of state and regional initiatives and issues in need of improvement.
4. Provide ongoing consultation and collaboration to Cross-Zonal CQI Teams regarding issues being raised from the local level.
5. Determination for the need of state or Cross-Zonal level action plans based on review of performance data and use of CQI Cycle, where appropriate.
6. As needed, develop, and implement state level action plans using the CQI cycle.

Since August of 2022, the teams have maintained a regular schedule of meetings (refer to the figure on the following page).

As an example, the State CQI Council and all Cross Zonal CQI Teams addressed challenges to Item 1: Timeliness of Initiating Investigations of Reports and to Item 5: Permanency Goal for Child. These items were identified as issues remaining from our last Performance Improvement Plan. Root cause analysis for

Item 1 identified a lack of understanding by workers on the timeliness policy as the primary reason for poor results for this item. Focused education was provided during quarterly statewide CPS Calls with follow-up 1:1 education and monitoring by supervisors. Results of the solution are being monitored through the QA Case Record Review data and, if data indicates, adjustments will be made to the solution to improve results.

**Table 44.**

**Continuous Quality Improvement Program Meetings Schedule (August 2022 – June 2025).**

	Cross Zonal CQI Team 1	Cross Zonal CQI Team 2	Cross Zonal CQI Team 3	Cross Zonal CQI Team 4	State CQI Council	Data Analytics Team
August-22					8/18/2022	8/24/2022
September-22						9/21/2022
October-22						
November-22				11/2/2022		
December-22					12/15/2022	
January-23						1/18/2023
February-23	2/22/2023			2/2/2023		2/15/2023
March-23					3/16/2023	
April-23						4/19/2023
May-23	5/9/2023		5/16/2023	5/2/2023		5/17/2023
June-23					6/15/2023	
July-23						7/12/2023
August-23	8/9/2023	8/23/2023	8/16/2023	8/2/2023		8/16/2023
September-23					9/16/2023	
October-23						10/18/2023
November-23	11/9/2023	11/21/2023	11/16/2023	11/7/2023		11/15/2023
December-23					12/21/2023	
January-24						1/17/2024
February-24	2/9/2024	2/12/2024	2/16/2024	2/22/2024		2/21/2024
March-24					3/21/2024	
April-24						4/17/2024
May-24	5/9/2024	5/13/2024	5/23/2024	TBD		5/15/2024
June-24					6/20/2024	
July-24						
August-24	8/22/2024	8/12/2024	8/22/2024	8/15/2024		
September-24						
October-24						
November-24			11/21/24	11/21/24		
December-24					12/19/2024	
January-25						1/17/2025
February-25						2/12/2025
March-25					3/20/2025	
April-25						4/9/2025
May-25						5/19/2025
June-25					6/19/2025	6/12/2025

**Focus Group Feedback:** During the February 2024 Cross Zonal CQI Team focus groups, participants noted the following when asked, “Does your QA/CQI process identify strengths and needs of ND’s service delivery system? Can you share any examples from your experience?”

**Table 45.**

**Cross Zonal CQI Team Focus Groups Participant Comments to the Question, “Does your QA/CQI process identify strengths and needs of ND’s service delivery system? Can you share any examples from your experience?”**

Comments Received	
Case review does identify strengths and needs (there are limitations however due to the small number of cases and whether the data is truly representative).	The case review process is overall very good. The OSRI tool however is rigid and not left to reviewers’ discretion at the case level. i.e., a child had very high needs and the worker did a great job but missed one dental appointment, so the case scored lower.
There is a disconnect sometimes between federal policy and Safety Practice Framework Model.	The focus on assessing the systemic factors as part of the SWA has been helpful through our CZ CQI teams.
Mini-case reviews at the zone level would help.	We identify challenges pretty good but at a high level but it is not granular enough. QA reviewers try and identify the more detailed information via the rationale statement.
Prior to reviews, workers felt anxiety. After having sat in on feedback sessions and hearing both strengths as well as challenges, it was helpful and made it a positive experience.	Case reviews – lots of focus on timeliness of permanency goals, concurrent goals – this is an area that was an identified need, and the Adoption Redesign is addressing that.
We do hear a lot of good work going on with parents and families to identify services and working with them to have a voice in the case plan.	Challenges – access to services across different areas.

Quality assurance activities aren’t limited to conducting case record reviews. In 2020, North Dakota implemented a new practice model: ***Safety Framework Practice Model***. SFPM uses standardized tools and decision-making criteria to assess family behaviors, conditions, and circumstances, including individual child vulnerabilities and parent/caregiver protective capacities, to make well-founded child safety decisions. The practice model’s approach to safety assessment and management recognizes that issues concerned with child safety change as the child welfare’s intervention proceeds. To ensure that the services are provided with quality to ensure the health and safety of children in foster care, quarterly fidelity reviews are conducted. For the Year 1 (June 2022 – March 2023) reviews, 193 cases were reviewed by 105 reviewers using a review instrument looking at 200 questions. Results indicated:

- Intakes are “full-kitted” for CPS. Full kit refers to having all documents/tasks completed during the intake process before moving the case on CPS workers (interview with reporter, completion of full intake forms, identify emergency cases and pass on to CPS supervisor within 30 minutes with follow-up, completion of tasks within 24 hours, triage administrative assessment and administrative referral cases).
- Present Danger Assessments and Present Danger Plans at case initiation are keeping children safe.
- Introduction Stage within the PCFA indicates assessment skills are getting stronger.
- There was a 36% improvement in assuring children remain safely at home.
- There was a 13% improvement in children remaining connected to people, places, that are important to them.

- There was a 28% decrease in the number of children in foster care, when compared to the prior three years.

Inter-rater reliability in the SFPM Fidelity Support Case Reviews is important. Therefore, a thorough understanding by reviewers of SFPM and best practice standards as defined in policy and with model resources is critical. Reviews must have received training in SFPM and have a foundational understanding of the practice model. They must accurately reflect information from the assigned case tools into the Qualtrics review instrument. They need to know where to find policy and reference guides to assist in accurately assessing casework practice against best practice expectations.

Additional quality assurance processes are in place in the child welfare services across the state. For example:

- o **Child Protection Services:** A distinct quality assurance process also occurs with the Child Protection Services cases on a zonal level, *per CPS Policy 640-01-10-10-20*. When the tasks of initiating the assessment are complete, the CPS Worker updates the TAB to the "Quality Assurance Staffing" column. The Supervisor meets individual with the CPS Worker to discuss a newly assigned assessment and plan the assessment, identifying the key participants, first steps and a response time. The Supervisor schedules a Quality Assurance Staffing with each worker for each assigned assessment every 7-10 days at a minimum. The purpose of this staffing is to review the Present Danger Assessment and Plan (if needed), identify the next steps in the assessment and identify any additional information needed for a quality assessment and assure that assessment documentation is completed timely.
- o **In-Home Services:** *Per Child Welfare Practice Policy Manual 607-05-30*, the requirement of "Quality at the Source" is part of the continuous quality improvement process. It is the manner in which child welfare agencies assure quality practice with families through processes that are designed to support strong engagement and positive outcomes. Quality at the source focuses on fidelity to practice standards and policies by making sure errors, or mistakes, do not occur. In the event practice errors/mistakes occur, quality at the source requires those involved to make every effort to redirect the trajectory of the case. CPS workers, case managers, supervisors, and field service specialists all have an integral role to assure quality at the source.
- o **Licensure Reviews:** *Per NDAC 75-03-40*, CFS staff direct and/or participate in the following licensure reviews: 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.

**Focus Group Feedback:** Cross Zonal CQI Team focus group participants in February of 2024 noted the following when asked, “What types of standards are being used to evaluate the quality of services to ND children and families?”

**Table 46.**

**Cross Zonal CQI Team Focus Groups Participant Comments to the Question, “What types of standards are being used to evaluate the quality of services to ND children and families?”**

Comments Received	
Law and policy – both State and Federal	QA reviews around safety, permanency, and well-being – case practice and outcomes
Fidelity reviews of the Safety Framework Practice Model (Courageous Case Management (CCM) reviews)	CQI Manual
ICWA standards	Accrediting bodies – CARF standards
Licensing standards	Social worker standards, confidentiality, ethics

To ensure that the child welfare system has access to the **Relevant Reports** that contain data needed to identify the strength and needs of the service delivery system and implement/monitor viable solutions, the Children and Family Services Section developed several reports, slide decks, and dashboards. All reports and dashboards are directly accessible by DHHS staff and human service zone staff with hardcopies provided to external stakeholders, as needed.

FRAME has several **Standard Reports** built into the system. The *Foster Care Demographic* report identifies the total number of children in foster care based on selected criteria of birthday, age, and open foster care program dates. This report offers sub-report features to capture information related to youth in need of credit reporting, NYTD surveying, and Chafee Independent Living participation. The *Foster Care Indian Child Welfare Act Report* identifies foster youth which are covered under the Indian Child Welfare Act (ICWA) and identifies the tribal affiliation and custodial agency of the youth as well as the removal and placement dates of the youth. The *Foster Care Placement Location by Worker Report* identified where youth are placed including the provider’s name and address. The report is presented by human service zone worker.

Developed using IBM Cognos Analytics, the **CFS KPI Summary** is a dashboard containing a set of key performance measures that are used to assess system functioning from receipt of a CPS report to a youth’s exit to permanency. Reports can be filtered by date range, Cross Zonal CQI Team area, Human Service Zone, and County and include breakdowns by youth gender, age, race, and ethnicity. The CFS KPI Summary contains the following individual reports:



Table 47.

## CFS KPI Summary Listing of Report

CPS REPORTS	
Count of Reports Received	Count of Reports that Lead to an Assessment
Count of Reports of Abuse (by type)	Count of Reports of Neglect
CPS ASSESSMENTS	
Count of Open Assessments	County of New Assessments
Count of Closed Assessments	Timeliness for Closed Assessments
Count of Closed Assessments by Decision Type	
CPS ASSESSMENTS MALTREATMENTS	
Count of Assessed Maltreatments (by type)	County of Confirmed Maltreatments (by type)
CPS ASSESSMENTS INDIVIDUALS	
County of Subjects and Victims in Confirmed Assessments	Count of Substance Exposed Newborns
CPS ASSESSMENT SERVICES	
Average Time from Assessment Decision to Beginning of In-Home Services	Count of Assessments that led to an In-Home or Foster Care Service
FOSTER CARE	
Count of Individuals in Closed Foster Care Cases	Count of Individuals in New Foster Care Cases
Count of Individuals in Closed Foster Care Cases	Termination of Parental Rights in Open Foster Care Cases
Count of Open Foster Care Episodes by Eligibility	Monthly Visitation with Foster Care Youth
Count of ICWA Inquiry for Children in Open Foster Care Episodes	
FOSTER CARE PROGRAMS	
Average Length of Foster Care Program	Educational Training Voucher Awards
Permanency Goals of Open Foster Care Cases	Open Chafee Programs
Chafee Services Count	18+ Continued Care
End Reason of Closed Foster Care Cases	
FOSTER CARE PLACEMENTS	
Placement Stability – During Reporting Period	Placement Stability – Programs that Started During Reporting Period
Entities in an Open Placement in a Qualified Residential Treatment Program	Average Length of Qualified Residential Treatment Placements
Placements Level of Care	
FAMILY PRESERVATION	
Count of Open In-Home Case Management Cases	Count of Family Services by Type
Count of Victims with an Open In-Home Case Management Cases with a Services Required Assessment	Count of Victims with Open In-Home Case Management Cases with a No Services Required Assessment
ADOPTION	
Count of Children in a Pre-Adoption Foster Care Placement	Count of Children with a Closed Pre-Adoption Foster Care Placement by End Reason

Using data from the *CFS KPI Summary*, the CQI Administrator and QA Unit Manager updates and disseminates the ***Context and Key Performance Indicators***. The KPI are presented in a PowerPoint deck and includes updated case review data. Indicators include:

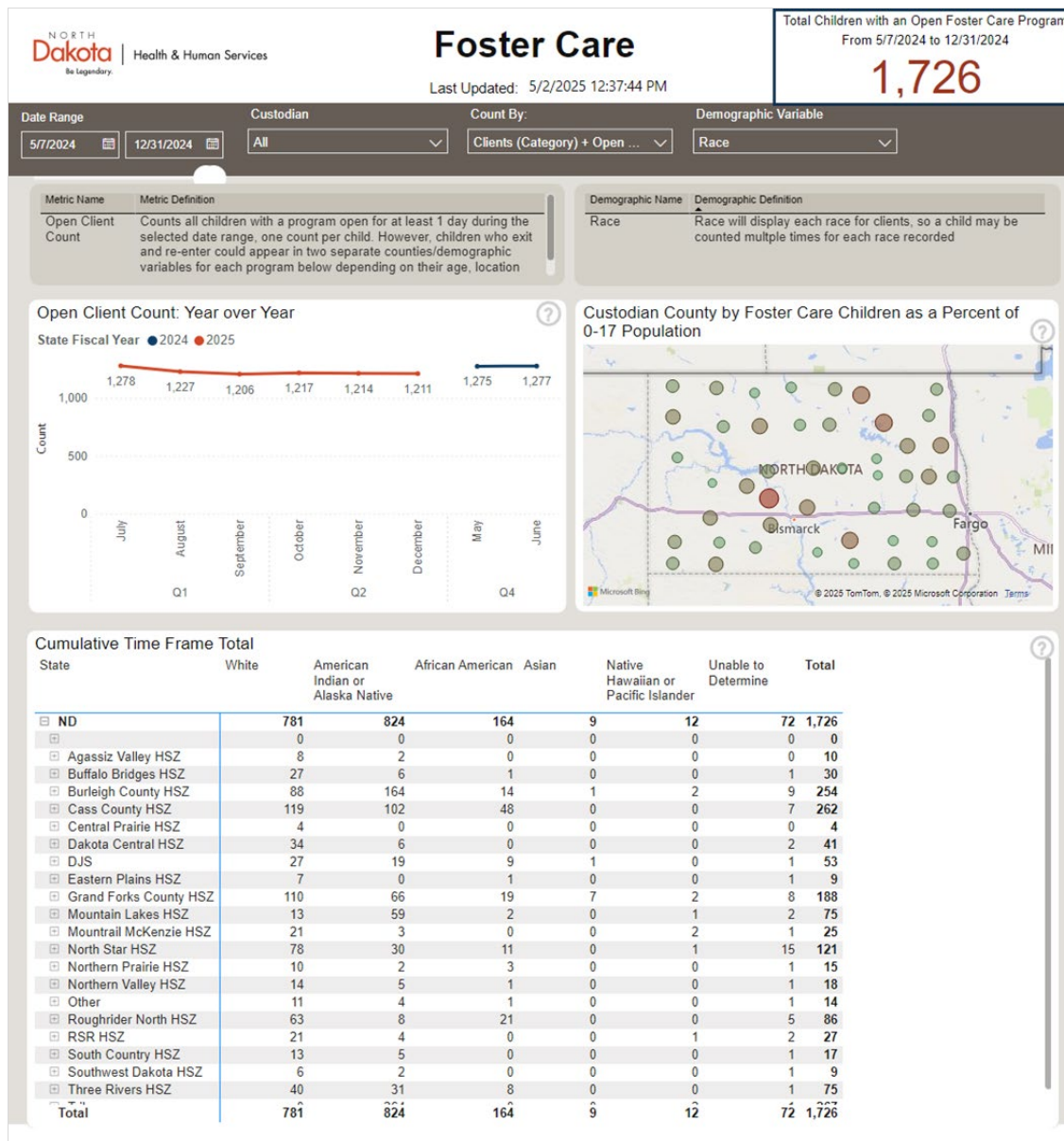
Table 48.

## Context and Key Performance Indicators Report Listing of Measures

Number Of CPS Reports Received	Number (And Percentage) Of CPS Reports That Led to An Assessment
Number Of Children Who Are Victims of Abuse and Neglect Per 1,000 In the Population	Number Of New CPS Assessments
CPS Assessment Decisions by Month	Number Of CPS Assessments That Lead to In-Home and Foster Care Services
Number Of Children in Foster Care	Number Of Children Entering and Exiting Foster Care
Age Of Children in Foster Care	Race Of Children in Foster Care
Race Of Children in Care, By Custodian	Disparity By Race at Key Decision Points
Number Of Young People Aged 18-21 Years in Foster Care	Length Of Stay in Days for Children Who Exited Foster Care
Percentage Of Children Exiting Care Who Were Adopted	Percentage Of Children Exiting Care Who Were Reunited with Their Parents
Rate Of Maltreatment in Care Per 100,000 Days in Care	Recurrence Of Maltreatment In 12 Months
Timeliness Of Initiating Investigations of Reports	Services To Protect Child in The Home and Prevent Removal or Reentry
Risk And Safety Assessment and Management	Permanency In 12 Months for Children Entering Care
Permanency In 12 Months for Children in Care 12-23 Months at Year Start	Permanency In 12 Months for Children in Care 24 Months+ At Year Start
Reentry To Foster Care In 12 Months After Exit	Placement Stability
Stability Of Foster Care Placement	Permanency Goal for Child
Achieving The Permanency Goal	Placement With Siblings
Visiting With Parents and Siblings in Foster Care	Preserving Connections
Relative Placement	Relationship Of Child in Care with Parents
Needs Assessment and Services to Children	Needs Assessment and Services to Parents
Needs Assessment and Services to Foster Parents	Child And Family Involvement in Case Planning
Caseworker Visits with Child	Caseworker Visits with Parents
Educational Needs of The Child	Physical Health of The Child
Mental/Behavioral Health of The Child	

During the Spring of 2025, the Children and Family Services Section, the State CQI Council's Data Analytics Team, and Data Science and Analytics worked on a dashboard for the above key performance indicators. Called the *Child Welfare Continuous Quality Improvement Dashboard*, (see below for an example), it will allow Council members, Department leadership, and other stakeholders to review key performance indicators in real-time. At the time of this writing, the dashboard is being transferred into the same app used by the *Child Welfare Dashboard* (see below). This will provide users with three dashboards of child welfare data. Additions to the dashboard, including case review data, will be made as resources allow. With the new CWIS (planned implementation in 2028), dashboarding and reporting will be built into it.

Figure 38.  
Child Welfare Continuous Quality Improvement Dashboard Example.

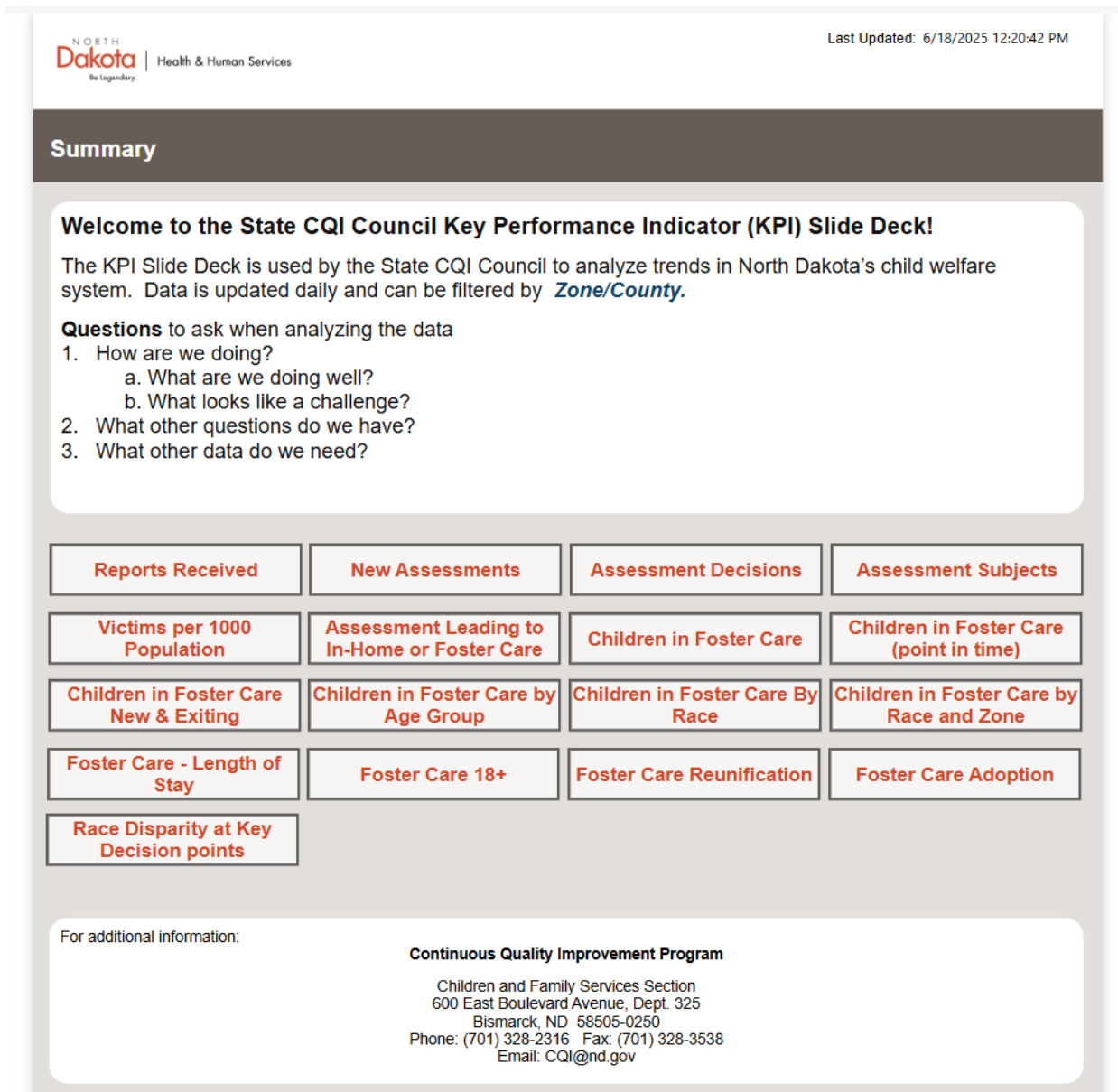


In addition to the dashboard, the *State CQI Council Key Performance Indicator (KPI) Slide Deck* used by the State CQI Council has been moved into PowerBI and will be accessible with the CQI dashboard (see below for examples). This eliminates the need for the CQI Administrator to compile data and create the slide deck. Users will be able to see all of the slides at will. The original slide deck was updated on a quarterly basis. The new slide deck in PowerBI will be updated daily, providing the user with near real time data. The slides have “Smart Sentences” built into them to provide brief analysis on

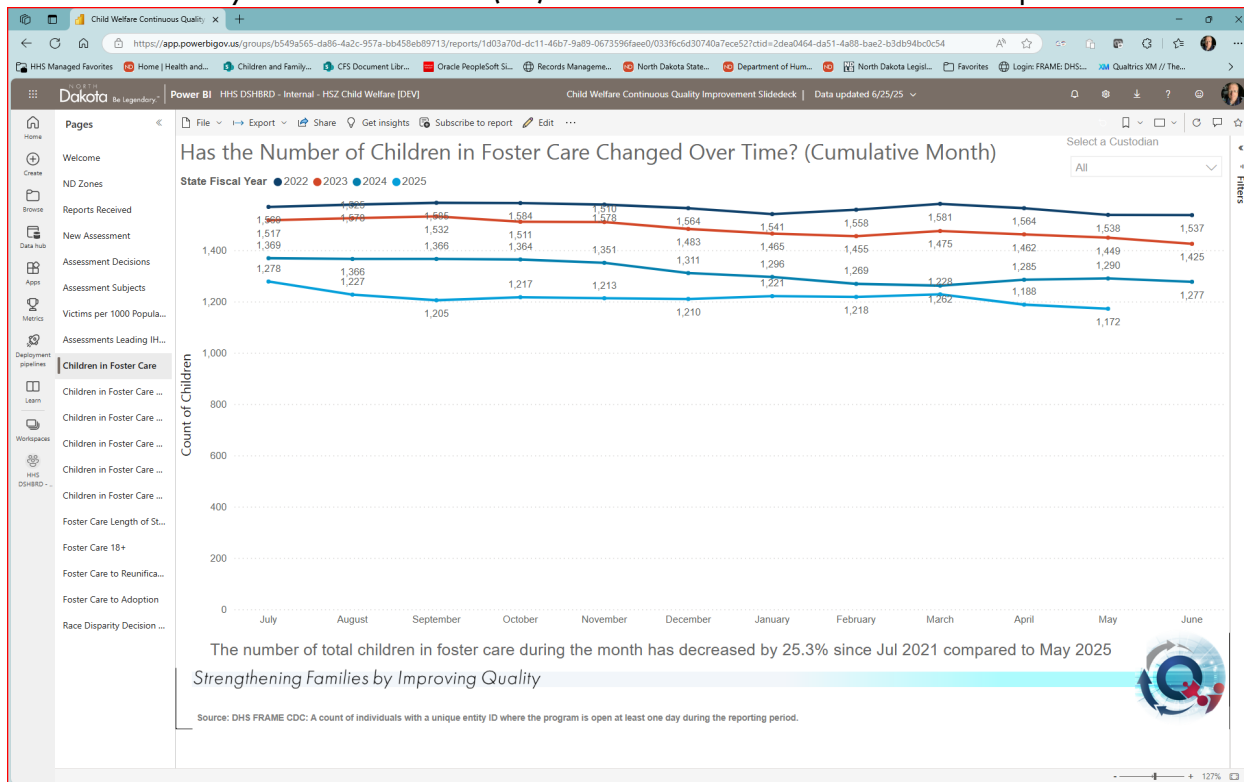
trends. It is planned access to the dashboard will be provided on the Department's website, allowing the general public to access data when desired.

**Figure 39.**

**State CQI Council Key Performance Indicator (KPI) Slide Deck Example.**



**Figure 40.**  
**State CQI Council Key Performance Indicator (KPI) Slide Deck – Foster Care Census Slide Example.**



The Children and Family Services Section also developed a *Child Welfare Dashboard* to provide snapshots on CPS reports, assessments, and timeliness as well as foster care and in-home case management census (below).

A second dashboard has been developed (*Standards of Administration for Child Welfare*) that provides a snapshot of human service zone performance in five key measures: Tardiness of Transaction, Foster Care Visitation Rates, In-Home Care Visitation Rates, Timely Completeness of CPS Assessments, and Timeliness of Face-to-Face Contacts. Data on each identified Standard of Administration is reported by the Department to each HSZ Director and HSZ Board no less than quarterly. Each standard is reported within one of five categories:

- Exceeds Standards (5)
- Meets Standards (4)
- Failure to Meet Standards (3)
- Severe Failure to Meet Standards (2)
- Chronic Failure to Meet Standards (1)

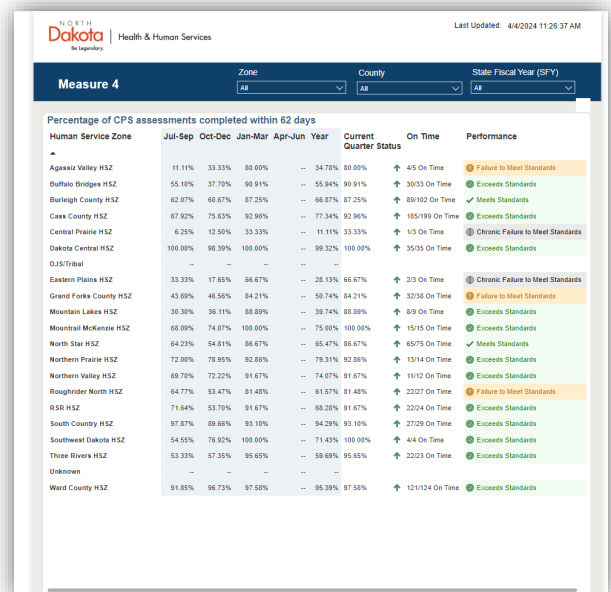
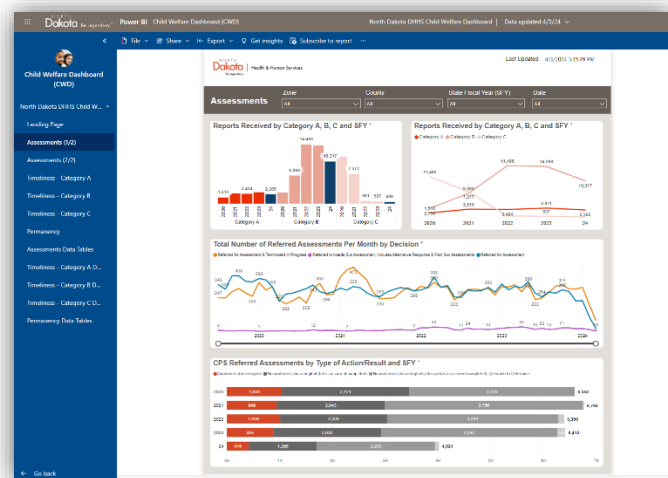
Progressive disciplinary action occurs when there is evidence of failure to meet standards, with escalation of disciplinary action tied to persistence and prevalence of a pattern of non-compliance. The

establishment of a “pattern” of non-compliance is measured by looking at performance over consecutive quarters or by cumulative performance, or both.

1. **Targeted Training Strategy:** The Department will work directly with the HSZ to deliver training and professional development targeted to the areas of non-compliance.
  - Trigger: “Failure to Meet Standards” in 3+ Measures.
2. **Corrective Action Plan:** The HSZ Director shall draft a Corrective Action Plan, which will include use of Continuous Quality Improvement processes to identify problems and develop, implement, and monitor solutions. Each Corrective Action Plan will establish aggressive but achievable goals to demonstrate performance improvement and must be approved by the Department.
  - Trigger: “Severe Failure to Meet Standards” in 5+ measures.
3. **Performance Improvement Plan:** The HSZ Board shall implement progressive disciplinary action to begin with developing a Performance Improvement Plan for the HSZ Director as appropriate. The HSZ Director shall implement progressive disciplinary action to begin with developing a Performance Improvement Plan for HSZ Supervisory staff as appropriate.
  - Trigger: “Severe Failure to Meet Standards” in 5+ measures for 3 or more consecutive quarters.
4. **Structural Re-alignment:** The State shall pursue structural re-alignment of the HSZ including rescission of the HSZ Plan, disciplinary action for the HSZ Director, recommend re-constitution of the HSZ Board, dissolution and re-constitution of the HSZ, or any combination thereof.
  - Trigger: “Chronic Failure to Meet Standards” in 5+ measures for 4 or more consecutive quarters.

Figure 41.

Examples of Child Welfare Dashboard (L) and Standards of Administration for Child Welfare Dashboard (R)



The Children and Family Section works with Data Science and Analytics – a unit of North Dakota Information Technology (a separate state agency) – to develop *Ad Hoc Reports* as needed. Examples

of ad hoc reports include: *CPS Assessments in Childcare Settings, by Assessment Decision, Region, and County*; *Closed Foster Care – Runaway Status*; and *Termination of Parental Rights (TPR) and Adoption*.

**Focus Group Feedback.** The written data reports are disseminated widely and used to identify system strengths and challenges and implement, monitor, and refine solutions. Cross Zonal CQI Team focus group participants in February of 2024 noted the following when asked, “How is data/information shared with staff and stakeholders?”

**Table 49.**

**Cross Zonal CQI Team Focus Groups Participant Comments to the Question, “How is data/information shared with staff and stakeholders?”**

Comments Received	
Via email	Division shares monthly and quarterly reports with Counties and Probation, with courts et al.
With Schools etc., it is being shared but more at an individual level.	Shared within zones – i.e., F2F contact data.
Meet with supervisors to share the data.]	Meet in statewide CPS meetings bi-monthly.
Case Management meetings.	CQI meetings – KPI slide deck.
Use of the CQI cycle, sharing data, setting benchmarks in zone meetings.	1/1’s with workers.
Through workgroups – i.e., GAL workgroup	Quarterly CPS calls
Zone Boards – there are stakeholders that sit on these.	Case Review – via PRM’s (preliminary results meetings) data is shared asap; after each review, data is sent out; CB sends out final reports.

**Monitoring and evaluating implemented program improvement solutions** takes on multiple forms in the quality assurance system in North Dakota’s child welfare system. Data reports are monitored to determine impact from implemented programs. If needed, new performance measures and reports are created to highlight performance and identify needed adjustments. A good example of this in practice is with the implementation of the *Safety Framework Practice Model*. Not only were metrics from already-created reports used to monitor performance, a fidelity monitoring tool and corresponding reports were developed (please see above). Adjustments to practice are made based on data collected from the numerous sources described above.

Supervisors and workers review the results of QA Case Record Reviews to highlight successes and challenges in current practice. Lessons learned are brought to larger Zone meetings for further discussion and follow-up. Change to practice is evaluated through continual monitoring of subsequent case review data and the *Context and Key Performance Indicators*.

Identified as issues remaining from our last Performance Improvement Plan, the State CQI Council and all Cross Zonal CQI Teams addressed challenges to Item 1: Timeliness of Initiating Investigations of Reports and to Item 5: Permanency Goal for Child. Root cause analysis for Item 1 identified a lack of understanding by workers on the timeliness policy as the primary reason for poor results for this item. Focused education was provided during quarterly statewide CPS Calls with follow-up 1:1 education



and monitoring by supervisors. Results of the solution are being monitored through the QA Case Record Review data and, if data indicates, adjustments will be made to the solution to improve results. Though the evaluation of improvement measures is occurring across the system, it is an area for strengthening and growth.

**Focus Group Feedback:** Cross Zonal CQI Team focus group participants in February of 2024 noted the following when asked, “How are identified strengths and needs from case reviews followed up on?”

**Table 50.**

**Cross Zonal CQI Team Focus Groups Participant Comments to the Question, “How are identified strengths and needs from case reviews followed up on?”**

Comments Received	
1/1 meetings between the QA reviewer with the worker and supervisor. If there are lessons learned (S/ANI) we bring it to the larger group (i.e., at a weekly Zone meeting) to further discuss and follow up on.	Via supervision – we use case review data at the team level and higher to highlight trends.
We do a good job of going through the cases following the review – we do a much better job than before.	We are using the data at a higher level – i.e., with a statewide focus on improving performance around Items 1 and 5.
CZ CQI teams review case review and other data and raise issues as needed to the State CQI team.	We follow up with the worker on case review findings and ensure that the practice has improved.
It is a slow process. i.e., Item 1 – seeing cases that could have been given a strength, but it was not documented – i.e., a timeframe issue. This was communicated to staff as a way to follow up with the field to improve.	Try and communicate with the field to ensure proper follow up.
Booster sessions and monthly calls to keep the focus on identified ANI's.	
Areas For Improvement	
We get the review findings, but the follow-up and monitoring could be improved; Not consistent across the state/zone.	We are better at identifying S/N's, however the process of implementation is slow lots of times, like changes in policy – makes the overall process slower.
Would be helpful for all staff to get training on the case review tool and process.	

### **CQI Implementation Survey & Follow-Up**

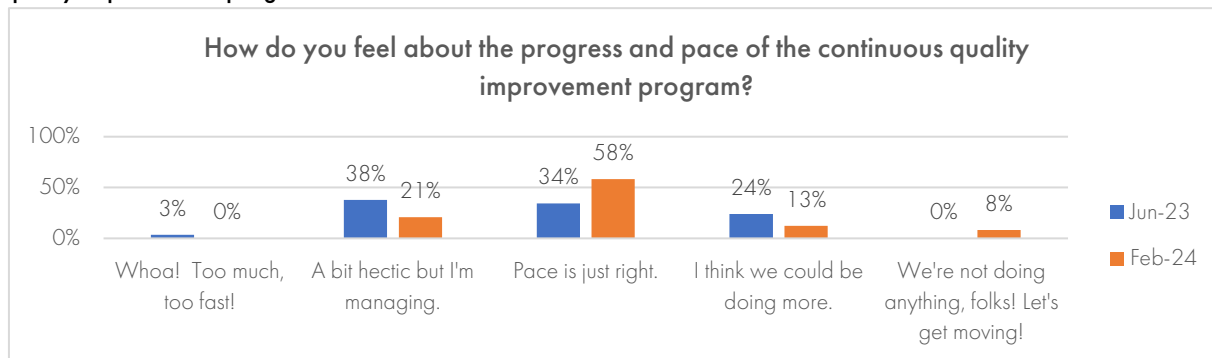
In June of 2023, the CQI Administrator with the Children and Family Services Section surveyed individuals involved in the CQI program, including members of the State CQI Council and Cross Zonal CQI Teams, to obtain a “temperature check” on the CQI Program. Ninety-one individuals were asked to participate and 47 responses were collected. This was repeated in February of 2024. Eighty-seven individuals were asked to participate and 40 responses were collected.

Results (below) indicate that people are feeling more comfortable with the progress and pace of the CQI program, with a 24% increase for those feeling the pace is just right and a 17% decrease for those feeling it is a bit hectic. Similarly, more respondents feel they have the knowledge needed to actively participate in CQI (5% increase in those agreeing, 6% decrease in those disagreeing).



**Figure 52.**

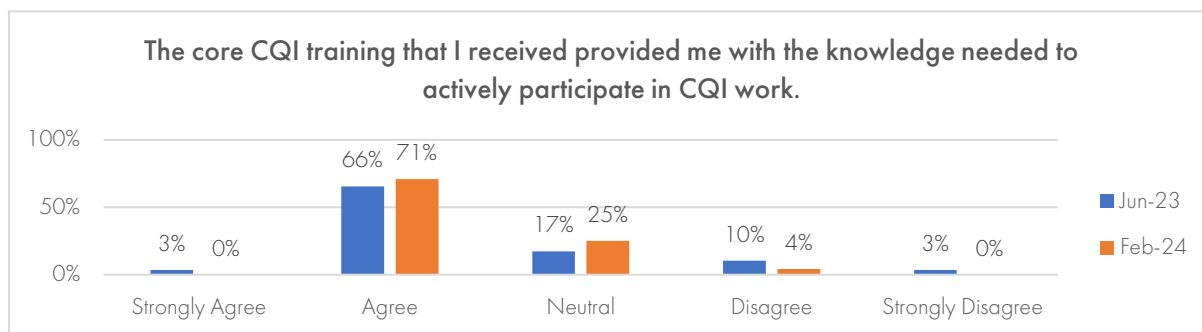
**Percentage of Respondents by Survey Question, “How do you feel about the progress and pace of the continuous quality improvement program?”**



Source: CQI Implementation Follow-up Survey

**Figure 53.**

**Percentage of Respondents by Survey Question, “The core CQI training that I received provided me with the knowledge needed to actively participate in CQI work.”**



Source: CQI Implementation Follow-up Survey

In May of 2025, funding was obtained that allows the Section to hire a full-time CQI Administrator. Until now, the Assistant Section Director served as the CQI Administrator with a very small percentage of his time devoted to CQI work. This placed strain on the implementation of the program. With the addition of a full-time CQI Administrator, implementation work will strengthen, enhancing work to improve the quality of services statewide.

## D. 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 so that:*

- *Staff receive training in accordance with the established curriculum and timeframes for the provision of initial training; and*
- *The system demonstrates how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties?*

North Dakota believes the training system is functioning, flexible and further adapting to the needs of the workforce. 2020 brought forth new challenges for the ND child welfare system, which dramatically changed the landscape for training statewide staff and providers. Providing an increased volume of virtual learning opportunities opened up access and support to the workforce and providers when in-person meetings were not an option or more difficult to manage. North Dakota has two training contracts; one with University of North Dakota Children and Family Services Training Center (CFSTC) and the other with the Native American Training Institute (NATI). The two training contracts assist the North Dakota child welfare system in providing initial and ongoing training opportunities for staff, foster care providers and adoptive families.

North Dakota child welfare has staff hired by Human Service Zones, Division of Juvenile Services (DJS), Tribal Nations and provider agencies such as Catholic Charities, Nexus PATH Family Healing and Qualified Residential Treatment Programs. How quickly a staff member completes their initial training is not data that is tracked, but state policy does reiterate the importance of enrollment and completion of the Child Welfare Certification training within the first 12 months of employment for all foster care case managers hired by the Human Service Zone. In communicating with child welfare supervisors and directors from the Human Service Zones, it is projected that majority (estimated over 80%) of staff complete the required initial training within the first twelve months with internal and supplemental training being completed within the first 60 days of employment. In further discussing the training, it was questioned if staff obtain a caseload before they are formally trained with the Child Welfare Certification initial training, there was unanimous response that a high percentage of staff (most, if not all) do carry a caseload. It was also noted when staff carry a caseload before completion of initial training, they are supervised and have ongoing technical assistance provided to them, along with offerings of supplemental initial trainings or micro learnings to help bridge the gap before the next Child Welfare Certification class is available. Supervisors and directors reflect that each staff has an annual evaluation, including an assessment of training and professional development needs.

North Dakota is fortunate to have a volume of high-quality trainings, diverse in topic and offered as frequent as possible both online or in person by the contracted training vendors. The summary below provides highlights into the initial trainings offered and reiteration of workforce support for the strength rating.

## Initial Child Welfare Worker Training

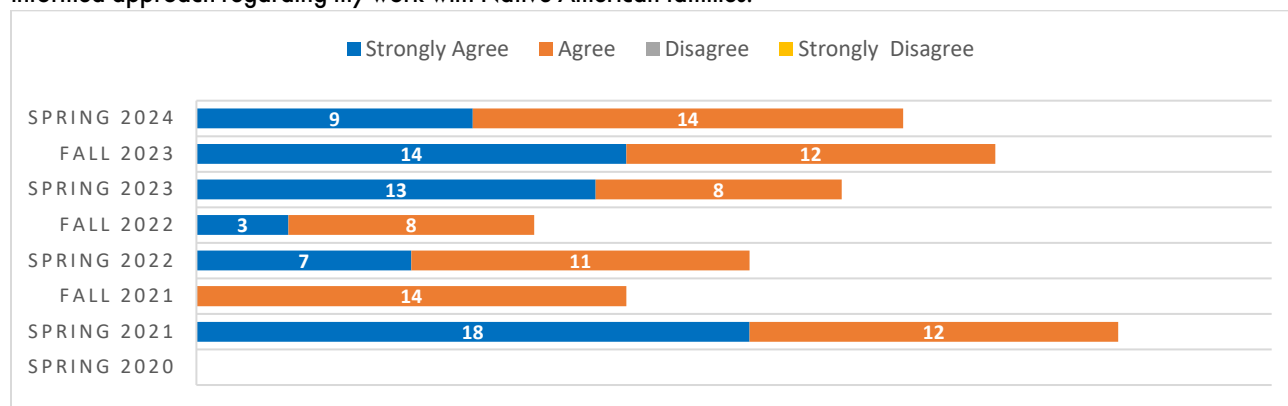
The department contracts with the UND Children Family Services Training Center (CFSTC) to provide initial child welfare worker training. A significant and important training offered to staff and providers statewide is the Child Welfare Certification Training Program. This initial child welfare training requirement consists of in-person and online learning sessions as well as learning modules designed to address specific competencies necessary for child welfare practice. While the majority of the training is conducted by the core trainers of CFSTC, they also partner with child welfare experts to provide subject specific curriculum such as trauma informed practice, secondary trauma, juvenile court and legal process, engagement with families, and ICWA.

Child Welfare Certification Training is delivered as five sessions over the course of four months (approximately 100 hours of training), with a new cohort of 30-40 staff starting each Spring and another session of additional staff beginning each Fall. To accommodate the workforce, two of these sessions are face to face and three sessions are held virtually. During each of the training sessions, modules and quizzes are completed by trainees that assess their level of knowledge and skill on several of the training topics. Successful completion of these tasks, as well as participation in all sessions, is required for certification. Child welfare workers are required to complete this training within their first year of employment. Each session provides special emphasis:

Session One: Philosophical, and legal mandates of child welfare and the wraparound philosophy. Introduction of the Indian Child Welfare Act: history, significance of the law, legal requirements, and the Spirit of ICWA. Trauma Informed Child Welfare Practice. Participants anonymously responded to post-training survey questions. A sampling of these results from the SFY 2020-2023 surveys results are shown below.

**Figure 54.**

**Number of Respondents by Answer to the Question, “I have gained a baseline knowledge and I understand the importance of developing capacity for Native American; as well as understanding the need to have a trauma informed approach regarding my work with Native American families.”**



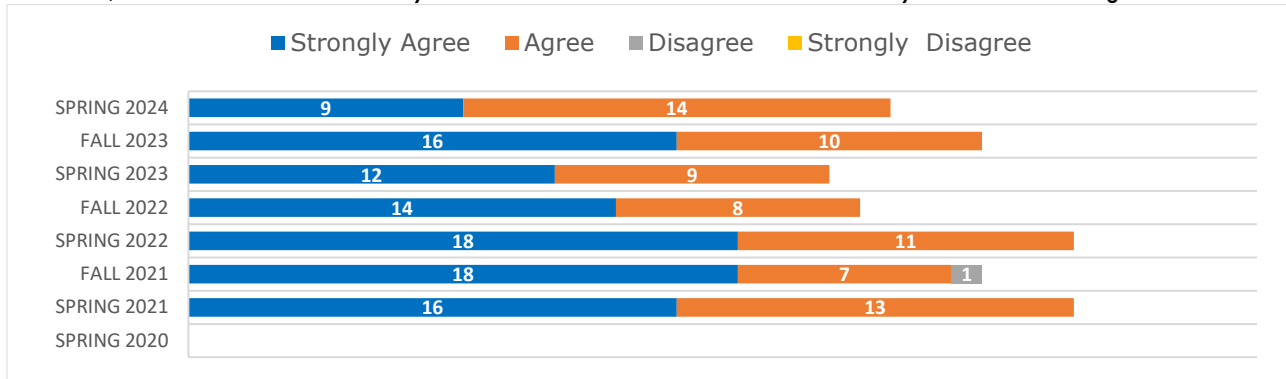
Source: Child Welfare Certification Training Post-Training Survey

\* Question was worded slightly different for Spring 2021

\*\*Content was covered in different session during Spring 2020, thus not collected during session one survey.

**Figure 55.**

**Number of Respondents by Answer to the Question, "I understand how trauma impacts the children and families that I work with, and what I can do differently to service children and families with sensitivity and understanding."**



Source: Child Welfare Certification Training Post-Training Survey

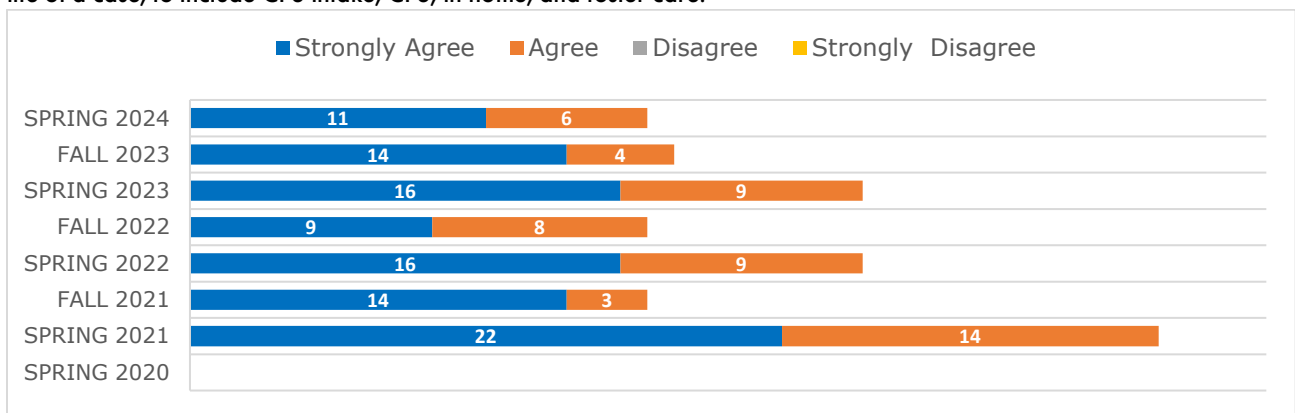
*\*\*Content was covered in different session during Spring 2020 thus not collected during session one survey.*

Participant responses reiterate that the participants felt a strong agreement that the training offered to them was going to benefit them in their work.

Session Two: Introduction of the Safety Framework Practice Model addressing Caregiver Protective Capacities, safety assessment, present danger and present danger plans, impending danger and safety planning. Information collection and documentation as well as policies and standards within child welfare in ND as it relates to the Safety Framework Practice Model. Participants anonymously responded to post-training survey questions. A sampling of these results from the SFY 2020-2023 surveys results are shown below.

**Figure 56.**

**Number of Respondents by Answer to the Question, "I understand the need for safety to be assessed throughout the life of a case, to include CPS intake, CPS, in home, and foster care."**

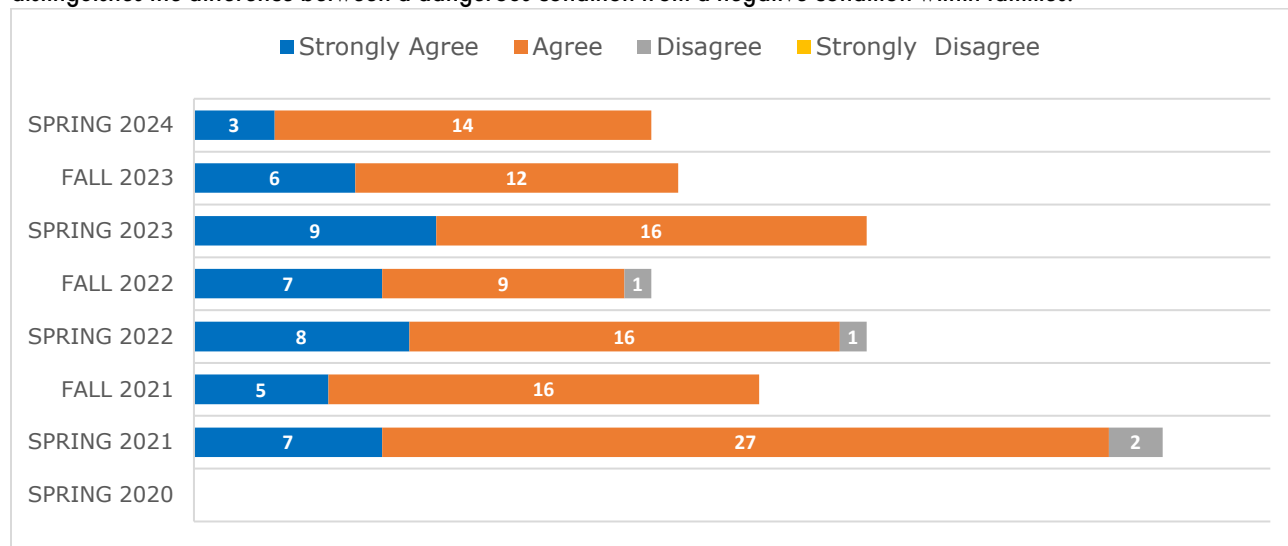


Source: Child Welfare Certification Training Post-Training Survey

*\*\*Content was covered in different session during Spring 2020 thus not collected during session one survey.*

**Figure 57.**

**Number of Respondents by Answer to the Question, "I understand the danger threshold criteria and how it distinguishes the difference between a dangerous condition from a negative condition within families."**



**Source: Child Welfare Certification Training Post-Training Survey**

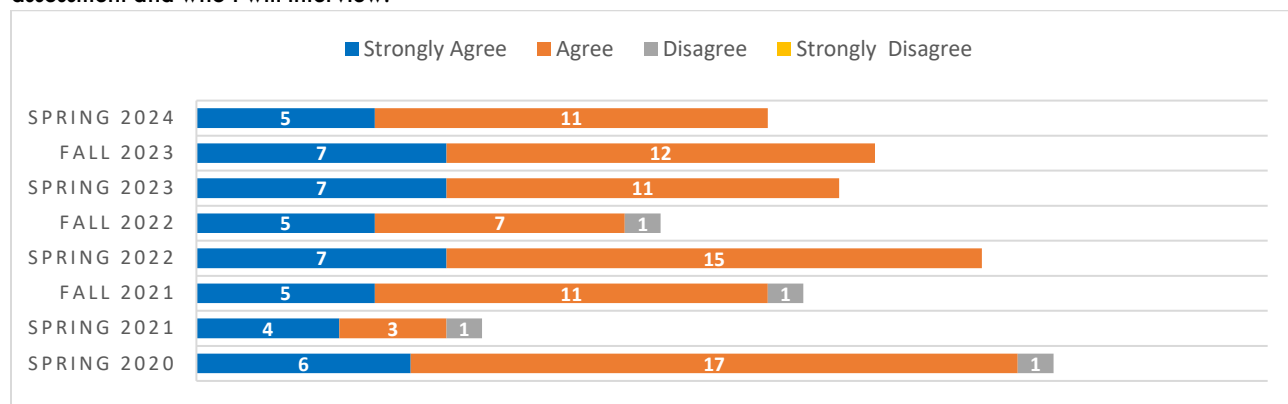
*\*\*Content was covered in different session during Spring session thus not collected during session one survey.*

Participant responses reiterate an overwhelming high agreement with understanding and desire to understand the threshold of safety and how the safety framework was intended to assist workforce in monitoring and assessing impending and present dangers in families.

Session Three: Child Protection roles and responsibilities; policies and standards during the child protection process; legal rights of parents and 4th amendment limitations. Conducting children and family team meetings; concurrent planning; Application of the Adoption and Safe Families Act and Fostering Connections in child welfare, procedures, and requirements. Participants anonymously responded to post-training survey questions. A sampling of these results from the SFY 2020-2023 surveys results are shown below.

**Figure 58.**

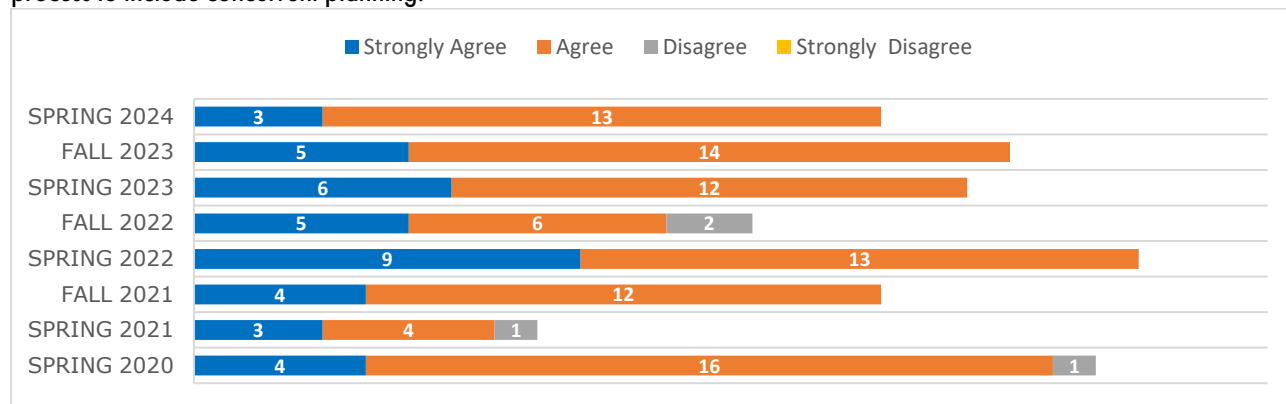
**Number of Respondents by Answer to the Question, "I am able to formulate a plan on how I will conduct an assessment and who I will interview."**



**Source: Child Welfare Certification Training Post-Training Survey**

**Figure 59.**

**Number of Respondents by Answer to the Question, "I understand and can implement the permanency planning process to include concurrent planning."**



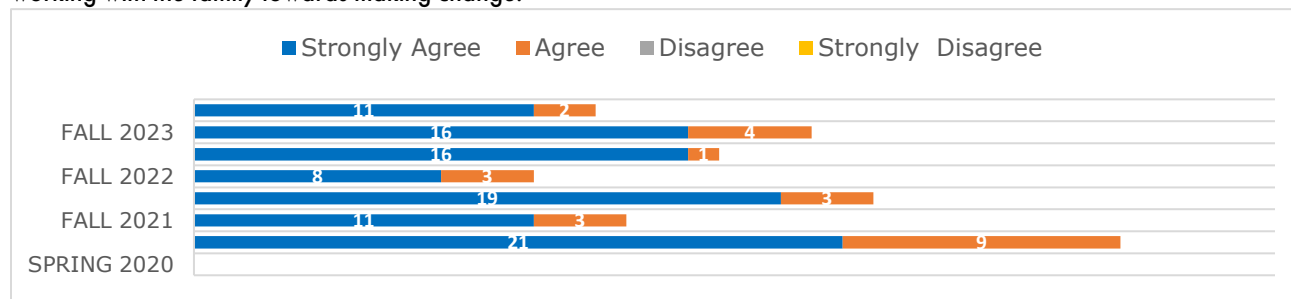
**Source: Child Welfare Certification Training Post-Training Survey**

Participant responses reiterate strong agreement that the session was impactful in helping staff understand child protection assessments and how to implement plans to best support children and families.

Session Four: The Family Assessment Process within the Safety Framework Practice Model. This includes emphasis on engagement with families while identifying strengths and needs using the family assessment tools. Teaming with youth and families, engaging absent parents through the teaming process. Policies and Standards within Child Welfare in North Dakota as it relates to the Safety Framework Practice Model. Family Interaction Plans- Conducting planned, purposeful, and progressive visits between children and their families. Understanding and working with children and families in out-of-home care with emphasis on attachment and separation issues, concurrent and permanency planning, visitation, reunification and providing support to the foster family. Case worker contacts with children, parents, and foster care providers with a focus on safety, permanency, and well-being. Participants anonymously responded to post-training survey questions. A sampling of these results from the SFY 2020-2023 surveys results are shown below.

**Figure 60.**

**Number of Respondents by Answer to the Question, "I understand the importance of engaging with families and developing a strong working relationship with the family in order to assess families' strengths and needs as well as working with the family towards making change."**

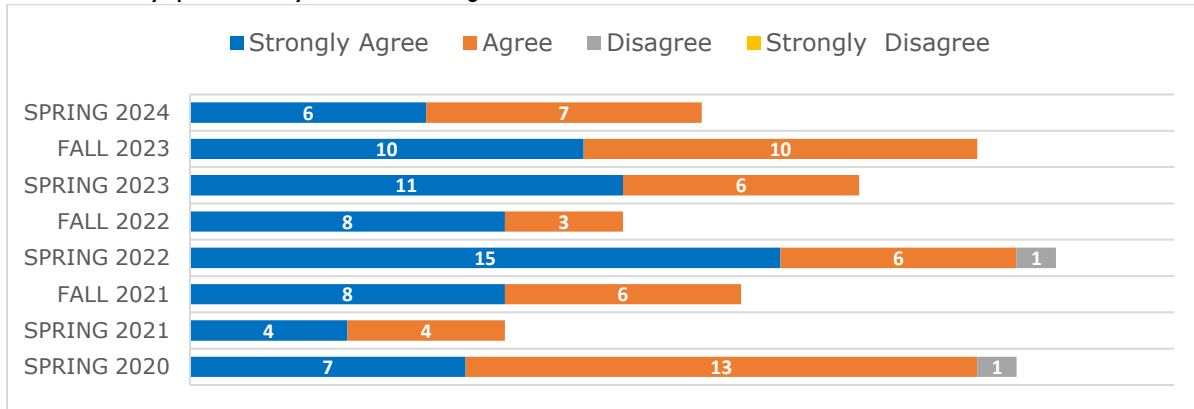


**Source: Child Welfare Certification Training Post-Training Survey**

*\*\*Content was covered in different session during spring session thus not collected during session one survey.*

**Figure 61.**

**Number of Respondents by Answer to the Question, "I am able to conduct caseworker and child visits focusing on the issues of safety, permanency, and well-being."**



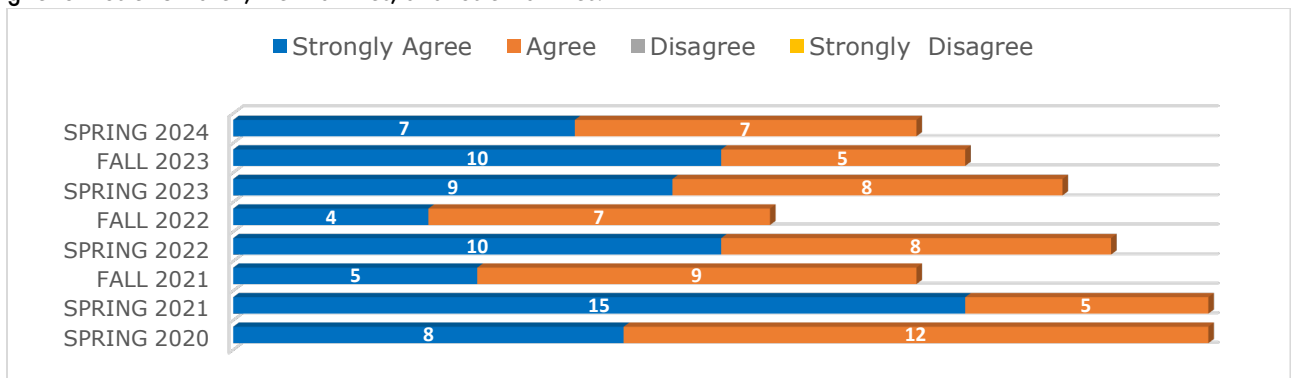
Source: Child Welfare Certification Training Post-Training Survey

Participant responses emphasize strong agreement that session four prepares the workforce to manage the case and engage with families in a way that is meaningful and supportive.

Session Five: Legal Process and the Child Welfare system. Impact of attachment, separation and loss for foster children, their families, and foster families. Impact of multiple out of home placements on bonding. Looking at what we can do as an agency to work with children and parents affected by this as we work towards safety, permanency, and well-being. Foster Care Provider & Adoptive Family PRIDE training and Mutual Family Assessment. Secondary Trauma and ethics for all workers in child welfare. Participants anonymously responded to post-training survey questions. A sampling of these results from the SFY 2020-2023 surveys results are shown below.

**Figure 62.**

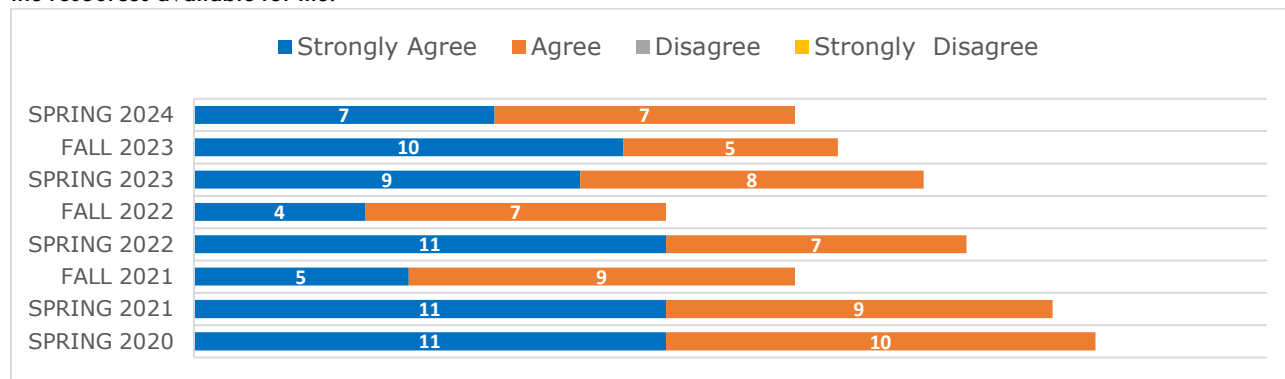
**Number of Respondents by Answer to the Question, "I understand the impact of attachment, separation, loss, and grief on foster children, their families, and foster families."**



Source: Child Welfare Certification Training Post-Training Survey

Figure 63.

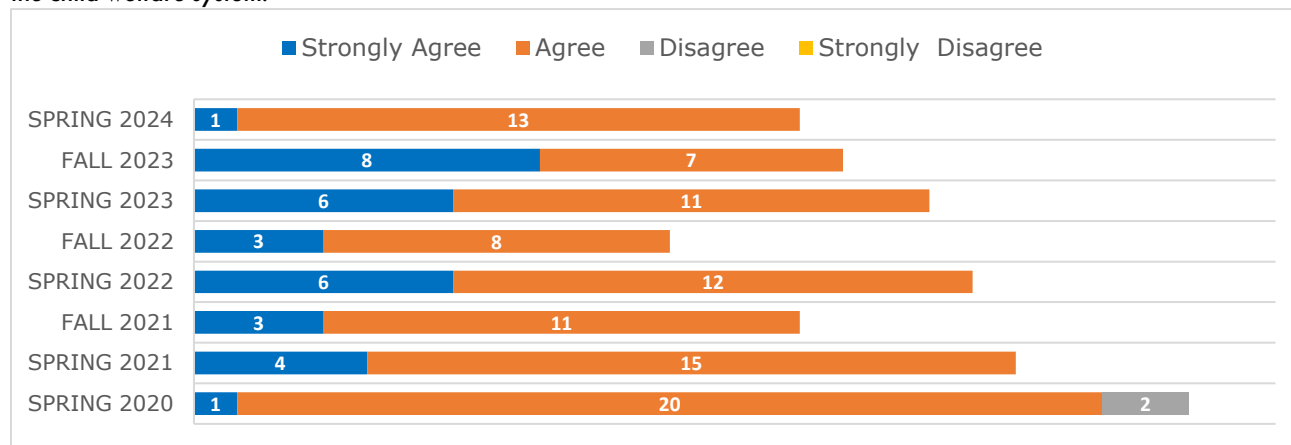
Number of Respondents by Answer to the Question, "I understand the impact of secondary trauma on my work and the resources available for me."



Source: Child Welfare Certification Training Post-Training Survey

Figure 64.

Number of Respondents by Answer to the Question, "I understand the juvenile court process and how it applies to the child welfare system."



Source: Child Welfare Certification Training Post-Training Survey

Participant responses reiterate a high agreement that session five helped to prepare the workforce in their ability to understand attachment, trauma, and the juvenile court process. The percentage of staff who agreed it was helpful greatly improved since spring of 2020, however, at that time ND was also experiencing discord and required flexibilities with COVID 19 pandemic, which made court interactions less consistent statewide. Over time, court rooms reverted back to in-person and the expectations became clearer.

### Child Welfare Certification Transfer of Learning for Supervisors

In September 2019, the Transfer of Learning Bulletin for Supervisors was created as a resource for Child Welfare Supervisors to offer insight into what is taught each session during Child Welfare Certification Training, as well as to provide questions and topics for supervisors to cover with their worker when they return to enhance their critical thinking skills around the topics covered. The overall concept of this Transfer of Learning Bulletin is to remind supervisors that the learning curve for new workers is high, and



that they cannot learn everything through the foundational training, that the real learning and implementation of the skills will take place back at the agency and through their work with children and families. Having discussions about what is learned, and how to incorporate this information into one's daily work, will not only enhance the learning of the new worker, but is also a way to evaluate what areas a worker may need additional support, additional training, or where they are already exceeding expectations. This is sent out to supervisors the week prior to each session of the Child Welfare Certification Training, reminding them that workers will be in training the upcoming week. They are provided with the schedule for the week as well as reminders in how they can support their worker while they are at training in order to enhance their overall training experience. The full bulletin can be found on the Children and Family Services Training website.

### **Midway and Final Check Ins**

In January 2021, the Midway Check In and Final Check In were implemented as a strategy in the middle of the training sessions as well as at the end in order to prompt the new worker and their supervisor to discuss the many skills and concepts that are being trained in Child Welfare Certification Training. Trainers remind supervisors that for most workers, they would likely fall into the beginning stages of mastering these skills. The goal is that the supervisor and the worker will see growth in the new worker's skill set over time. The forms are to be completed separately by the worker and one by the supervisor and then they are asked to meet to discuss and compare the growth, or areas of need, in the skill set topics. They then send a form to the Training Center, signed by both the worker and the supervisor, for verification that the meeting took place.

As shown above, 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. SFY 2020-2024, 268 people participated in the Child Welfare Certification Training Program.

**Table 51.**

**Number of Participants in the Child Welfare Certification Training Program (FFY 2021- FFY 2024)**

Child Welfare Certification Training	
FFY 2021	56
FFY 2022	72
FFY 2023	68
FFY 2024	72

Source: University of North Dakota Children and Family Services Training Center

### **Safety Framework Practice Model Implementation Training**

In December 2020, a new foundation of assessing safety and engaging with families was implemented in North Dakota. In August of 2020, intensive training began with the Human Service Zone Supervisors.

Over the course of four months, training was broken down into two different courses for the child welfare workforce. The first portion consisted of nine different training cohorts that were one week in duration. The second portion included a two-day training covered in 10 different cohorts. All trainings covered the specifics around the new Safety Framework Practice Model.

In September of 2020, training for the new framework was launched. There were 9 cohorts total for part I of the training. In September 2020, 163 workers and supervisors were trained in the new Safety Framework Model. Starting in October of 2020, an additional 236 workers and supervisors were trained in the model. In January of 2021, part II of the training took place over the course of 10 cohorts with 270 in attendance.

**Table 52.**

**Number of Participants in the Safety Framework Practice Model Training**

Safety Framework Practice Model – Initial Training		
	Part I	Part II
September 2020	163	-
FFY 2021	236	270
Total	399	270

Source: University of North Dakota Children and Family Services Training Center

### **Safety Framework Practice Model New Worker Training**

This training was created by the Children and Family Services Field Service Specialists to offer foundational concepts of the Safety Framework Practice Model and launched in 2022. These trainings are held virtually and open to all new workforce as well as ongoing staff as a booster to their learning in the model. This training offers the workforce the opportunity to receive foundational training on framework definitions, case examples, and also encourages discussion on how to incorporate the framework into daily practice. In the Fall of 2023, Motivational Interviewing was also added to the concepts covered. Typically, these trainings are offered two times a month and attendance has averaged 50-75 participants for each session. From August of 2022 through June of 2024, 37 sessions have been held.

### **Child Welfare Supervisor Foundation Training**

In February 2018, the UND Children and Family Services Training Center launched the Child Welfare Supervisor Foundation Training to support North Dakota Child Welfare Supervisors. This implementation was due to the importance of supervision in child welfare and the belief that good supervision can lead to better recruitment, training and retention of quality workers leading to better outcomes for children and families. The Training Center, along with the Children and Family Services Division, developed a comprehensive foundation training for supervisors which consists of the following four sessions:

- Administrative Supervision in Child Welfare: Supervisors will be able to manage the feelings and duties related to making the transition to management while responding effectively to staff and their needs. Participants will examine their own leadership style and identify where changes or

accommodations may be necessary to enhance effectiveness. Team development and group cohesion is also imperative in worker success, and supervisors will identify group stages of development and strategies to address group conflict effectively. Participants will learn the four types of feedback and basic steps in providing that feedback effectively.

- Educational Supervision in Child Welfare: Learning the style of each worker and learning to adapt how they teach and develop staff is a critical skill for supervisors. Supervisors will learn strategies that will enhance the learning and development of workers and how to facilitate the transfer and integration of knowledge and skills, gained through training, to the job. Supervisors will learn the importance of, and how to create an environment that promotes education, individual growth, and professional development.
- Basics of Clinical Supervision in Child Welfare: Supervisors will learn the importance of personal templates and how they influence the decisions made by employees. Strategies to address templates that may be negatively impacting practice will be identified. Supervisors also learn the importance of individual and group supervision and how both can be effective. Strategies in scheduling, preparing, and presenting will be identified. Lastly, we will address the importance of how supervision can be an integral piece to workers conducting quality contacts with families and how to promote critical thinking as they address safety, permanency, and wellbeing.
- Leadership & Supervision in Child Welfare: The supervisor is essential in providing staff with the vision of the agency and is a main determinant of how the staff will weather the ongoing change conditions. Participants will identify the four changing conditions and how they impact staff and how we can ensure that continued growth is the outcome. Participants will also learn about the four domains of strength-based leadership as well as the difference between management and leadership, and why both are important. Lastly, leadership is also a critical factor in the recruitment and retention of quality staff, participants will learn strategies that will assist in both areas.

All sessions of the Foundation Training for Supervisors end with “Transfer of Learning” activities. The group is then invited to an online Transfer of Learning Session where it can be explored how individuals have incorporated the knowledge and skills that they gained through training into their work back at the agency. The group also takes the time to discuss barriers and challenges in doing so. Individuals learn from each other in regard to how they are surpassing those challenges and learn new and creative ideas for implementation.

Supervisor training is evaluated through pre-training surveys and post-training surveys regarding the participant’s knowledge about course content before and after the training is complete. Additional survey questions collect information on what was the most helpful, least helpful and inquiries regarding additional training needs.

The Foundation Trainings are stand-alone sessions and supervisors can join at any time and do not need

to take the training courses in order. Since implementation in 2018, sessions have been held on a regular basis with the exception of 2020-2021 when the COVID 19 pandemic interrupted all face-to-face trainings in North Dakota. The Training Center feels strongly that this training be held face to face due to the interactive curriculum and the needs of the supervisors. Since implementation, 75 supervisors have participated in at least one or more sessions, with 18 completing the entire Foundation course.

### **Initial Parent Aide Training**

Per the contract with CFS-ND HHS, CFSTC provides an annual 4½ day initial Parent Aide Training designed to provide newly or recently hired parent aides an understanding of the child welfare system and their role in the system. Training topics include an overview of parent aide services, the Wraparound philosophy, overview of the Safety Framework Practice Model, understanding the influence of when working with families, an overview of child abuse and neglect, overview of addiction and domestic violence, child development overview, building relationships with parents, understanding trauma, supervising visits between children and parents, secondary trauma, and self-care. Parent aides and their supervisors are invited to complete this training. During SFY 2020-2024, 51 parent aides were trained.

**Table 53.**  
**Number of Participants in the Initial Parent Aide Training**

Parent Aid Training	
FFY 2021	17
FFY 2022	7
FFY 2023	12
FFY 2024	15

Source: University of North Dakota Children and Family Services Training Center

**PRIDE Model – Conducting a Mutual Family Assessment** is a course designed for the licensor/adoption worker in applying the PRIDE competencies to the family study process. During SFY 2020-2024, 54 case managers, licensing workers or adoption specialists were trained.

**Table 54.**  
**Number of Participants in the PRIDE Model – Conducting a Mutual Family Assessment Training**

Mutual Family Assessment	
FFY 2021	No session due to COVID
FFY 2022	33
FFY 2023	10
FFY 2024	11

Source: University of North Dakota Children and Family Services Training Center

### **Initial Training for Partner Agencies**

Nexus-PATH, DJS case workers, Qualified Residential Treatment Program (QRTP) employees, and AASK adoption specialists complete Wraparound Child Welfare Partner Orientation Training. This is required within policy and to satisfy the initial Wraparound Certification requirement. Concepts covered in training include: Wraparound Philosophy; Assessment of the family unit; Review of ND's Child Protection process;

Overview of the child welfare legal system; Understanding the work with children and families in out-of-home care; and an overview of the North Dakota's Safety Framework Practice Model; During SFY 2020-2024, five cohorts were offered and 114 participants were trained.

**Table 55.**

**Number of Participants in the Initial Wraparound Child Welfare Partner Orientation Training**

Initial Wraparound Child Welfare Partner Orientation Training	
FFY 2021	19
FFY 2022	17
FFY 2023	36
FFY 2024	42

Source: University of North Dakota Children and Family Services Training Center

Since Spring 2021, completing the full Child Welfare Certification Training has been required for initial wraparound certification. Previously, attendees only needed to complete a specific week of training. However, essential wraparound curriculum has since been integrated throughout the entire training program. As a result, CFS Administration and the CFS Training Center Director jointly decided that full certification is now necessary to qualify for wraparound certification.

### **Adults Adopting Special Kids (AASK) Specialized Training**

AASK is a North Dakota Licensed Child Placing Agency (LCPA), contracted with the department to complete home studies of families seeking to adopt, while matching children in need of placement through the adoption process. AASK specialists are required to complete several initial trainings including ND Child Welfare Certification Training, ND Wraparound Certification Training, and Parents Resource for Information Development and Education (PRIDE). AASK specialists complete the National Adoption Competency Mental Health Training Initiative (NTI) training and CORE Teen (Critical On-Going Resource Family Education) adoption training within the first six months of employment, along with a formal internal AASK 101 training for an in depth understanding of AASK process, policy, and procedure. All AASK specialists complete PRIDE Mutual Family Assessment training when it is offered. Each staff attends a variety of trainings each year ongoing, internally and externally, related to serving children and families. Statewide adoption specific trainings are provided on a regular basis to all AASK specialists and determined by the needs of children and families and best practice pertaining to adoption.

### **Nexus PATH Family Healing**

Nexus-PATH Family Healing is a North Dakota Licensed Child Placing Agency (LCPA), contracted with the department to offer treatment foster care to children in need of placement and to offer Chafee transition services and supervised independent living opportunities. Nexus PATH has 41 foster care staff (treatment foster care, regular foster care and family support) and 12 Chafee/SIL staff. Nexus-PATH requires staff to complete the new hire training inclusive of topics such as: Agency policy, Trauma-Informed Care, Code of Ethics, Assessing & Screening for Suicide Risk, ND Mandated Reporter Training, and more. New hires have 90 days to complete the trainings. Nexus PATH has various training

opportunities for staff dependent on their role within the agency. Nexus PATH reports that 100% of Chafee/SIL staff are compliant with their trainings and 76% of foster care staff are current with their trainings. Below is a chart of all the required trainings and frequency the trainings occur for all Nexus PATH employees:

Table 56.

Nexus-PATH New Hire Training Requirements

Nexus-PATH New Hire Training - Due in 90 Days	Ops / Clinical Director CBS	Exec / Fin. Director	Admin / Comp. Coord	Office Admin	FCIL Prog Directors	TFC Sups	TFC Worker	FSP Worker	SIL Worker	Chafee	R & L	Referral Mang	TFC YCP
Nexus-PATH Required													
Welcome to Nexus Family Healing (NHO Assigned)	x	x	x	x	x	x	x	x	x	x	x	x	x
90-Day Evaluation Training Employees (NHO Assigned)	x	x	x	x	x	x	x	x	x	x	x	x	x
Pronouns Information: DEI (NHO Assigned)	x	x	x	x	x	x	x	x	x	x	x	x	x
Employee HUB Overview (NHO Assigned)	x	x	x	x	x	x	x	x	x	x	x	x	x
Medicare & Medicaid Fraud, Waste and Abuse Prevention (NHO Assigned)	x	x	x	x	x	x	x	x	x	x	x	x	x
PATH - Policies to Acknowledge (Annual for Everyone)	x	x	x	x	x	x	x	x	x	x	x	x	x
PATH - Welcome to Nexus-PATH	x	x	x	x	x	x	x	x	x	x	x	x	x
PATH - Practice Principles Model & Document	x	x	x	x	x	x	x	x	x	x	x	x	x
PATH - Annual Policy & NDCAN Acknowledgement (Annual for Everyone)	x	x	x	x	x	x	x	x	x	x	x	x	x
Nexus Family Healing - Trauma-Informed Care	x	x	x	x	x	x	x	x	x	x	x	x	x
PATH - Nexus-PATH Code of Ethics	x	x	x	x	x	x	x	x	x	x	x	x	x
PATH - Boundaries, Red Flag Behavior and Professionalism	x	x	x	x	x	x	x	x	x	x	x	x	x
Assessing & Screening for Suicide Risk	x	x	x	x	x	x	x	x	x	x	x	x	x
PATH - ND Mandated Reporter	x	x	x	x	x	x	x	x	x	x	x	x	x
HIPAA Do's and Don'ts: Electronic Communication & Social Media	x	x	x	x	x	x	x	x	x	x	x	x	x
HIPAA: The Basics	x	x	x	x	x	x	x	x	x	x	x	x	x
Harassment in the Workplace	x	x	x	x	x	x	x	x	x	x	x	x	x
Your Role in Workplace Diversity	x	x	x	x	x	x	x	x	x	x	x	x	x
Overcoming Your Own Unconscious Bias	x	x	x	x	x	x	x	x	x	x	x	x	x
Cultural Competence	x	x	x	x	x	x	x	x	x	x	x	x	x
Working More Effectively with LGBTQ+ Children and Youth	x	x	x	x	x	x	x	x	x	x	x	x	x
Basics of Defensive Driving	x	x	x	x	x	x	x	x	x	x	x	x	x
Nexus IT-Email Phishing-How to Spot Malicious Emails	x	x	x	x	x	x	x	x	x	x	x	x	x
Bloodborne Pathogens & Standard Precautions	x	x	x	x	x	x	x	x	x	x	x	x	x
Fire Safety	x	x	x	x	x	x	x	x	x	x	x	x	x
PATH - Annual Fire Extinguisher Training (Annual for Everyone)	x	x	x	x	x	x	x	x	x	x	x	x	x
Nexus-PATH Required Based on Role - Due in 90 Days													
PATH - Case Management Standards of Practice	x								x	x		x	
PATH - Columbia Suicide Severity Rating Scale Training (C-SSRS)	x				x	x	x	x	x	x	x	x	x
PATH - Ecomaps & Genograms					x	x	x		x	x	x	x	x
PATH - Expense Reports	x	x	x	x		x	x	x	x	x	x	x	x
PATH - Initial Licensing & Orientation Checklist for Resource Parents					x	x	x				x		
PATH - ND Safety Framework Practice Model (SFFM)					x	x	x					x	
PATH - Nexus Foundational De-Escalation Training (Annually for IL)	x	x	x	x					x	x	x	x	
PATH - ND Medicaid TCM: Child Welfare Training	x				x	x	x	x					
PATH - Standards for Technology in Social Work Practice					x	x	x	x					
PATH - WHODAS 2.0	x												
Nexus Home Office Required if Not Completed in Past Year (Done Annually)													
Nexus Family Healing - Trauma-Informed Care	x	x	x	x	x	x	x	x	x	x	x	x	x
Nexus Family Healing - Nexus Family Healing Overview	x	x	x	x	x	x	x	x	x	x	x	x	x
Nexus Family Healing - HIPAA: The Basics; Do's & Don'ts: Electronic Comm&Social Media	x	x	x	x	x	x	x	x	x	x	x	x	x
Nexus Family Healing - Harassment in the Workplace	x	x	x	x	x	x	x	x	x	x	x	x	x
Nexus Family Healing - Your Role in Workplace Diversity	x	x	x	x	x	x	x	x	x	x	x	x	x
Nexus Family Healing - Overcoming Your Own Unconscious Bias; Unconscious Bias	x	x	x	x	x	x	x	x	x	x	x	x	x
Nexus Family Healing - Cultural Competence; Culture of Care	x	x	x	x	x	x	x	x	x	x	x	x	x
Nexus Family Healing - Boundaries, Red Flag Behavior and Professionalism	x	x	x	x	x	x	x	x	x	x	x	x	x
Nexus Family Healing - Assessing and Screening for Suicide Risk	x	x	x	x	x	x	x	x	x	x	x	x	x
Nexus Family Healing - Customer Service at Nexus Family Healing	x	x	x	x	x	x	x	x	x	x	x	x	x
Nexus Family Healing - Trust Building Through Effective Communication	x	x	x	x	x	x	x	x	x	x	x	x	x
Nexus-PATH Required Based on Role - Not in Relias													
Wraparound Certification (Refresher) X2 years	x				x	x	x		x	x			
Wraparound Certification (Initial) - Feb & June	x				x	x	x		x	x			
CANS Certification Training (Initial)	x				x	x	x	x					
CANS Superuser Training (Supervisors and Up)	x				x	x							
CANS Recertification Training (Annually)	x				x	x	x	x					
ANSA-T Certification Training (Initial)									x				
ANSA-T Certification Training (Annually)									x				
CPI Annual Refresher					x	x	x	x					x
CPI Initial					x	x	x	x					x
Trauma 101 - 1 day training	x	x							x	x			
CPR/First Aid/AED					x	x	x	x	x	x			x
TFC Weekend					x	x	x	x					
Mutual Family Assessment Training											x		

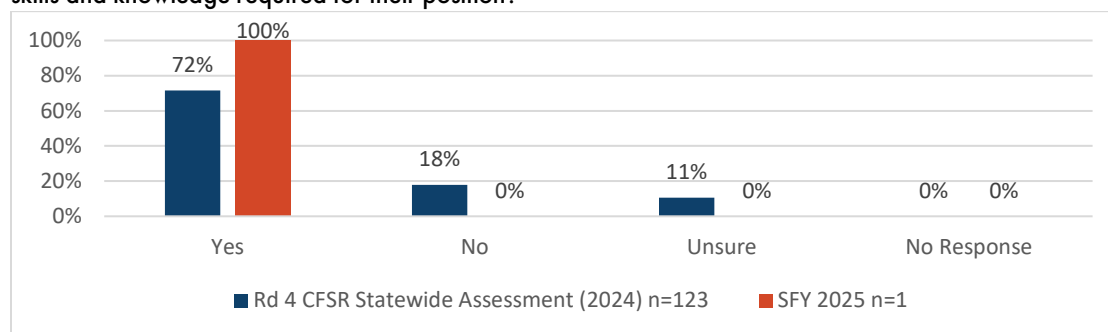
Source: Nexus-PATH Family Healing

## Initial Training - Statewide Survey Responses

This data represents the most recent quantitative data available for North Dakota specific to this item of the systemic factor. In addition, in March of 2024, Children and Family Services requested various workforce and provider partners to complete a survey to collect qualitative data specific to various systemic factor items. In summary, the qualitative data helps to reinforce the strength rating as nearly 72% of respondents feel that agency staff receive initial training that provides basic skills and knowledge required for their position. 86% of staff are trained timely, and 83% feel the agencies have training and policy for staff to understand what is expected of the staff and their role. In asking foster care providers and adoptive families, only 15% of respondents felt the child welfare agency staff did not receive adequate initial training.

**Figure 65.**

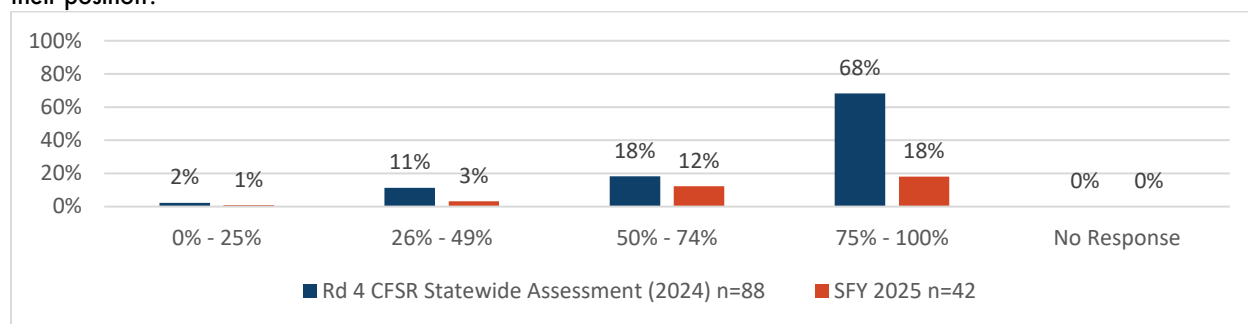
**Number of Respondents by Answer to the Question, “Do you think agency staff (workers, case managers, supervisors, directors, staff with direct contact to clients) receive initial training (child welfare certification, including new worker training, partner wraparound orientation, agency initial trainings) that provides basic skills and knowledge required for their position?”**



Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey

**Figure 66.**

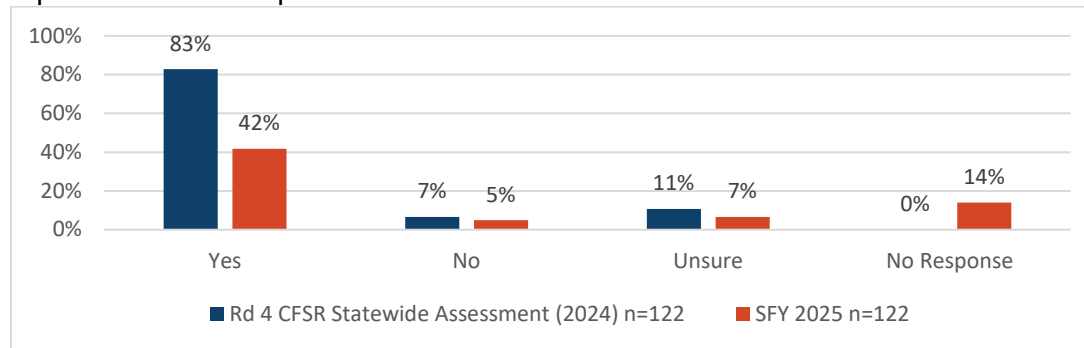
**Number of Respondents by Answer to the Question, “What % of your agency staff are initially trained in a timely manner (agency specific: 90 days, 6-month, one year) to gain basic skills and knowledge required for their position?”**



Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey

**Figure 67.**

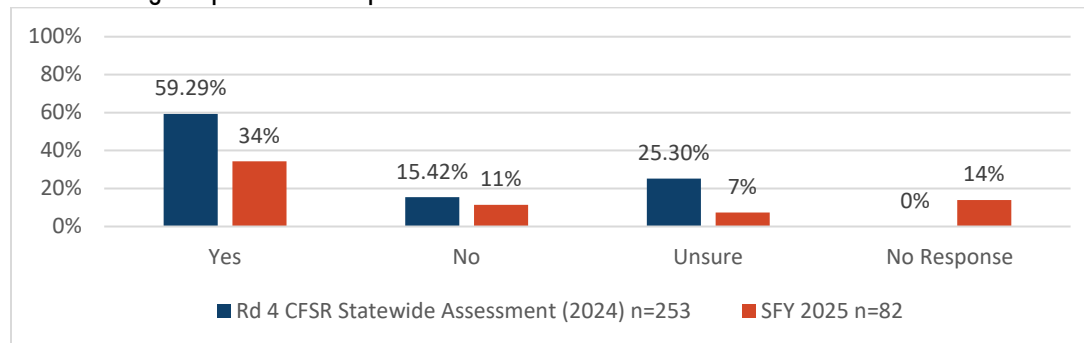
Number of Respondents by Answer to the Question, “Are child welfare program policy requirements reviewed within your agency to ensure staff (workers, case managers, supervisors) have an understanding of what is expected of them in their position?”



Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey

Figure 68.

Number of Respondents by Answer to the Question, “Do you think child welfare agency staff (case managers, supervisors, directors, staff with direct contact to clients) have initial training available to provide basic skills and knowledge required for their position?”



Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey

### Strengths:

- Children and Family Services Training Center (CFSTC) is a longstanding contracted vendor and partner in the effort to provide initial and ongoing training for child welfare staff, providers, adoptive families, unlicensed caregivers and the communities across the state of North Dakota for the past forty years. CFSTC is highly regarded in the state and the agency is an active participant working closely with CFS to identify and provide necessary training.
- CFSTC partners with child welfare experts to provide subject specific curriculum to the workforce throughout the initial Child Welfare Certification Training, such as: trauma informed practice, secondary trauma, juvenile court and legal process, engagement with families, and ICWA.
- North Dakota has flexibility and innovation to create trainings necessary to best support the workforce. Flexibility was required in order to meet the demands of the workforce in offering face to face and



virtual learning sessions and there is continual work between each session of certification training to ensure that the most up to date policy and procedures are mirrored within the training curriculum. New avenues of how to incorporate the Safety Framework Practice Model was necessary in order to create curriculum that would be engaging as well as informative. To do this, efforts were made to incorporate videos, training examples, as well as hands on learning experiences, in order to create a learning environment that promoted a higher level of comprehension of the material.

- Foundation training has been implemented for child welfare supervisors. This foundation training has four sessions providing foundational concepts and knowledge necessary in order to create confident and competent workers. Overall feedback from supervisors attending has been positive, noting that all sessions are directly beneficial to their role and in creating a stronger workforce.
- There have been ongoing efforts to involve Child Welfare supervisors into the ongoing learning and training of new workers. To stimulate growth in that area, supervisors are provided with information about the importance of transfer of learning and how they can support their new workers that are attending Child Welfare Certification. The transfer of learning brief that is sent to them provides prompts and resources that will assist them in supporting the ongoing learning of the workforce. The feedback received from supervisors is that the transfer of learning brief has been helpful in keeping the supervisor connected to the training and has enhanced their ability to support the workers before, during, and after training.
- New Safety Framework Practice Model New Worker Training was developed to accommodate the turnover in the workforce. This training complements the formal training that they will receive in Child Welfare Certification Training and is accessible upon hire, allowing workers to bridge the gap until they enter a training cohort.

### Challenges:

- Staff turnover across the child welfare system creates increasing demands for child welfare certification training. This impacts increased class sizes and provides challenges when considering scheduling additional cohorts. The initial training is a five-week course and cannot be offered monthly. Offering additional child welfare certification training dates would not be a solution at this time due to the required time for trainers, coordination of space, and the need for specific content to be delivered in-person. This face-to-face training for two of the sessions is imperative because this learning is best done collectively as a group and includes hands on learning activities that are interactive and require collaborative work between participants.
- Child Welfare Certification for new staff is offered in cohorts of 30-40, twice per year. While this may be perceived as causing delays in workers completing their certification many other factors impact the timeliness for new employees completing training. Due to the nature of the work in child welfare, a number of participants in Child Welfare Certification are often unable to attend all trainings because of competing commitments in the field, thus requiring them to miss portions of sessions and/or unable to complete all of the required modules/assignments, which delays completion of training.

- Child welfare supervisors have expressed concerns about the amount of time their new hires must spend in trainings, which pull the new staff out of the office. Training often places a burden on the agency if they are unable to provide adequate back-up support while the worker is away.
- Child welfare supervisors have been attending the Foundations of Supervision Training that is offered; however, there is no mandatory training for supervisors upon hire so there is not consistency in what types of training are needed or necessary for supervisors across the state.

### ***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 so that:***

- Staff receive ongoing training pursuant to the established curriculum and timeframes for the provision of ongoing training; and***
- The system demonstrates how well the ongoing training addresses basic skills and knowledge needed by staff to carry out their duties?***

North Dakota believes this ongoing training system is functioning, flexible and further adapting to the needs of the workforce. 2020 brought forth new challenges for the child welfare system, which dramatically changed the landscape for training staff and providers statewide. The contracted training team (University of North Dakota Children and Family Services Training Center (CFSTC) and the Native American Training Institute (NATI)), individual custodial agency offices, along with the department provided an increased volume of virtual learning opportunities, opening up access and support to workforce and providers when in-person meetings were not an option or more difficult to manage.

In communicating with child welfare supervisors from the Human Service Zones, there was confidence that staff receive and complete ongoing training. ND offers various opportunities, and many staff hold licenses that require continued education. Supervisors review training and professional development needs during staff evaluations. In addition, there are components of the Foundation Training for Supervisors, as well as the Transfer of Learning briefs that have been developed to aide supervisors in discussions with staff about application of skills and knowledge required for their positions.

North Dakota is fortunate to have a volume of quality trainings, diverse in topic and offered as frequent as possible by the contracted training vendors. Child welfare case managers are encouraged to identify, with their supervisors, any training needs as part of ongoing supervision. There are a number of ongoing training opportunities available to staff throughout the year that are designed to strengthen knowledge, skills and competencies ongoing for the workforce, which support a strength rating.

### **Native American Training Institute**

The Native American Training Institute (NATI) is a contracted training vendor and a key partner in the provision of ongoing staff development opportunities. NATI organizes many training events aimed at improving services to Native American communities. The North Dakota Indian Child Welfare & Wellness Conference has grown and developed over the years and now attracts national participation. The conference is a primary means to increase the child welfare workforce knowledge of policies and practice opportunities when working with Native American communities. In addition, NATI provides regional trainings on such topics as "Extending Our Families through Unity," "Wraparound in Indian County," "We Are All Related: A Guide for Native American Youth," and "Historical Trauma in Native America: Learning and Healing."

**Table 57.**

Number of Participants in Training from the Native American Training Center

Name of Training	2020	2021	2022	2023	2024
ND Indian Child Welfare & Wellness Conference	125	139	146	260	168
Extending Our Families through Unity	-	-	21	20	42
Wraparound in Indian Country	-	-	17	15	21
Historical Trauma in Native America: Learning & Healing	-	-	75	105	119
Intro to UNITY <i>(mostly for providers)</i>	-	-	178	359	76
Child Welfare Certification	-	-	-	-	35
Child Welfare Festival	-	-	-	-	23

Source: Native American Training Center

**Wraparound Recertification**

The child welfare workforce is required to maintain Wraparound Certification by completing approved training once every two years, thus becoming Wraparound Recertified. CFS Administration approves specific conferences, seminars, and training events that qualify for Wraparound Recertification training. For the time period of CY 2024 to present, 662 child welfare staff were categorized as Wraparound Certified. Of those, 403 (61%) required Wraparound Recertification during that timeframe. Per the data included in the table below, 98% of those needing to recertify, completed the requirement and 2% (i.e., 7) did not.

**Table 58.**

Number of Child Welfare Workforce Wraparound Recertified by Agency

AGENCY	# WRAPAROUND RECERTIFIED	% CURRENT WRAPAROUND CERTIFICATION	
AASK	28	100%	
CFS Services Section	56	100%	
Human Service Zone	215	100%	
DJS	15	100%	
Nexus-PATH	41	98%	
Qualified Residential Treatment Centers	16	97%	
Tribal Social Services	14	75%	
UND Children & Family Services Training Center	5	100%	
Other- Private providers, HHS Exec, NATI, ICWA	13	100%	
<b>TOTAL</b>	<b>403</b>	<b>AVERAGE</b>	<b>98%</b>

Source: Wraparound Certification Database, NDHHS

### **Secondary Trauma Training**

CFSTC coordinates the Secondary Trauma Education, Prevention and Support Project. During SFY 2020-2024, 233 Secondary Trauma/Trauma and Stress Reduction trainings were delivered to the Child Welfare Human Service Zones (as part of Child Welfare Certification and agency workshops). The Trauma and Stress Reduction training sessions are offered to promote resiliency among North Dakota Child Welfare. An underlying goal of these sessions is to promote social support and strengthen staff relationships. Equally important, the sessions provide staff with an opportunity to expand their understanding of resiliency, which includes identifying and utilizing protective strategies. These trainings have been delivered through in person and virtual classroom settings.

### **CFS Case Management Calls**

Children and Family Services offers a monthly case management call. The 90-minute meeting structure has evolved over time. Originally, implementation began in March of 2018 led by the CFS Permanency Unit for 60-minutes per month to ensure case managers and supervisors across the state were aware of updates to law, rule, and policy specific to foster care case management, court orders and maintenance payments. Overtime, the meeting was expanded to include topics related to QA Reviews, Licensing, and Safety Framework, all topics added to the case managers platform to offer clarification of new initiatives and space for staff to ask questions of CFS administration. In general, these technical assistance calls/meetings average over 150 workforce participants in attendance.

### **CFS Child Protection Calls**

Children and Family Services offers a quarterly 90-minute Child Protection statewide meeting. The meeting was implemented within the past 5 years and is intended to provide updates on law, rule policy, and offer clarification to new initiatives in a collaborative model where staff can ask questions of child protection administration. In general, these technical assistance calls/meetings average over 100 participants from the child welfare workforce in attendance.

### **Safety Framework Practice Model Booster Sessions**

The Booster Sessions were launched in 2021 as a means to enhance and support direct line workers in implementing the Safety Framework Practice Model that was implemented in 2020. Sessions were held from 2021-2023 on a monthly basis and covered multiple topics related to the Safety Framework. This provided an opportunity to review initial training content as well as for workers to inquire about case specifics and to engage in practical application of the model.

**Table 59.**

**Number of Participants in Safety Framework Practice Model Booster Sessions**

SFPM Boosters Training		
FFY	#Sessions held	#Participants
FFY 2021	6	1,206
FFY 2022	10	1,444
FFY 2023	7	777
TOTAL	23	3,427

Source: University of North Dakota Children and Family Services Training Center

### **Courageous Case Management Site Visits**

Implemented in August 2023 to cultivate partnerships between the Human Service Zone (HSZ) and the State, as well as to discover the strengths and challenges of each HSZ as they continue to implement the Safety Framework Practice Model across the state. In this process the HSZ pulls priority cases to fully review the decision-making process to ensure consistent application of the Safety Framework Practice Model. Through this process, timely permanency and appropriate level of intrusion are assessed at length through a team approach. Case Management Field Service Specialists from across the state travel to the specified HSZ for the Courageous Case Management Site visit, which takes place over the course of three and a half days.

**Table 60.**

**Number of Participants in Courageous Case Management Site Visits**

<i>Dates</i>	<i>Zones</i>	<i># Cases Staffed</i>	<i># Caseworkers</i>	<i>Others Attending (Directors, Supervisors)</i>
<i>2023-Present</i>	<i>7</i>	<i>103</i>	<i>57</i>	<i>20</i>

### **Additional Workforce Trainings Offered**

The Children and Family Services Training Center (CFTSC) offered a variety of ongoing trainings to the field, trainings addressed above are critical components to the daily work and technical assistance needs of the workforce. The trainings noted below were to assist with growth and development, were not required, but received higher attendance. Trainings offered prior to and after the FFY timelines included Trauma Informed Parenting as well as Reasonable and Prudent Parenting. Additional micro-learnings around topics related to the Safety Framework Practice Model have been created and are housed on the Children and Family Services Training Center website as a resource for workers and supervisors. In addition, community trainings were facilitated by Human Service Zone staff with ND Courts and schools regarding the Safety Framework Practice Model, the impacts on safety and threshold for removal. Various opportunities presented themselves for the Human Service Zone and Children and Family Services leadership to be present to educate at the Behavioral Health Summit, which included staff from ND Department of Public Instruction, Behavioral Health (BHD), statewide schools, and Juvenile Court. Nexus PATH Family Healing was also instrumental in providing education to the workforce and local partners regarding their behavior management specialists working in the schools, partnering with child welfare cases. CFS partnered with BHD to offer motivational interviewing training in three locations across the state. There are plans for that training again in 2024-2025. Below is chart of additional trainings offered by FFY and how many attendees participated in the trainings.

Table 61.

**Number of Participants in Additional Workforce Trainings Offered**

<i>Dates</i>	<i>Additional Training</i>	<i># Participants</i>
FFY 2021	Fred Remer- SW Ethics	170
	Fred Remer – SW Supervisor Ethics ( <i>Supervisor Training</i> )	68
FFY 2022	ND CPS Family Assessment Training	187
	Abused Child- Physical Abuse	56
	Family Centered Engagement	235
	CFS Licensing 101	69
	Balancing Bias ( <i>Supervisor Training</i> )	37
	ND Foster Care Reimbursement	73
	ICWA Letter of the Law	201
	FRAME Case Registration, Screen Info & Tips	74
	ND Provider Opportunities	142
FFY 2023	Facilitating Partnership & Change ( <i>Supervisor Training</i> )	24
	Child Sexual Abuse & Shaken Baby Syndrome/Abusive Head Trauma	154
FFY 2024		
	Motivational Interview Training with Jeremy Evenden	32
	Motivational Interview Training with Michael Sanford	28

Source: University of North Dakota Children and Family Services Training Center

**Safety Framework Practice Model – Supervisor Sessions**

The Supervisor Sessions were also launched in 2021 to further support the development of child welfare supervisors. The Supervisor Sessions were strategically held prior to the SFPM Booster Sessions so that supervisors had the opportunity to process material and apply the concepts prior to the Booster sessions. This enabled supervisors to practice the skills and ask questions amongst other supervisors. This was an intentional decision between CFS administrators and the CFS Training Center as they felt it was important for supervisors to receive the curriculum prior to the workforce to enhance the transfer of learning as well as to promote consistent implementation of the model across the state.

Table 62.

**Number of Participants in Safety Framework Practice Model – Supervisor Sessions**

SFPM Supervisor Support Sessions		
FFY	#Sessions held	#Participants
FFY 2021	11	563
FFY 2022	8	315
FFY 2023	6	256
TOTAL	25	1,134

Source: University of North Dakota Children and Family Services Training Center

**Ongoing Supervisor Training**

In addition to the Foundation Training offered to Child Welfare Supervisors, there is a commitment to bring specialized training for supervisors. In SFY 2020-2023, there was the opportunity to bring

specialized training with national speakers during each biennium. In 2021, CFS and the CFSTC hosted nationally known expert in social work ethics, Frederic Remer, for an ethics in supervision training titled “Ethical and Risk Management Issues in Child Welfare for Supervisors”. 68 supervisors attended this virtual training. In addition, in 2023, CFS and the CFSTC hosted Dan Comer from the Butler Institute on “Facilitating Partnership and Change”. 24 supervisors attended the in-person training.

### **Supervisors Brief**

In April 2018, the Child Welfare Supervisor Brief “ND Child Welfare Supervision” was launched with the idea that supervisors don’t always have the time to conduct research on specialty topics that have a great deal of influence over the work that they do. The goal of the supervisor briefs is to get information and resources out to supervisors on specific topics such as policy, why engagement and partnership are critical to the work, the benefits of recognition, and leading through times of change. This is intended to provide them with a brief overview of the topic, ways to integrate this into their work as supervisors, as well as provide additional resources related to the topic so that it is a “one stop shop” and easily accessible. The briefs are emailed to supervisors and all briefs are accessible on the Children and Family Services Training Center website.

### **Cross-Discipline Training/Statewide Conference**

In addition to structured ongoing training opportunities, the department merged two separate conferences into one statewide training in collaboration with Children and Family Services, Children and Family Services Training Center (CFSTC) and the Behavioral Health division. The fall of 2021 marked the first collaborative training opportunity for the workforce. This effort brought together partners from both child welfare and behavioral health professional sectors, including child welfare, counseling, addiction recovery, peer support, courts, education and nursing.

The goal of the conference is to provide training material that impacts both systems. Focus areas include ethics, mental health, addiction, child abuse and neglect, engagement with families, self-care, supervision, purpose and partnership. ND has continued to prioritize the needs of supervisors and strives to incorporate them into each annual conference. The conference has been successful at enhancing the partnership between the two entities to better serve the families of ND. Attendance has increased from 689 in 2021 to 1217 in 2024.

**Table 63.**  
**Number of Participants in HHS Collaborative Conference Behavioral Health & Children and Family Services**

HHS Collaborative Conference Behavioral Health & Children and Family Services	
FFY 2021	689
FFY 2022	903
FFY 2023	985
FFY 2024	1217

Source: University of North Dakota Children and Family Services Training Center



### **CQI Training**

In October 2022, the Children and Family Services Training Center and the Children and Family Services administration collaborated with the Capacity Building Center for States to adapt and create the curriculum for Continuous Quality Improvement Training. In FY 2023, 61 child welfare workers, supervisors, and administrators participated in the training.

### **Child and Family Services Review (CFSR) & QA Training**

Children and Family Services administration, in partnership with CFSTC has provided historical training related to the CFSR process, onsite review instrument, policy related issues, and documentation of case related best practices. The inception of the Quality Assurance Unit within Children and Family Services has allowed for a more streamlined, efficient approach to reviewing case files and managing the workforce knowledge needed to remain in compliance with federal standards, but also consistently apply the instrument. The QA Unit has created a module of learning embedded into Child Welfare Certification Training, offers a resource page for staff to reference, completes a MythBusters activity and mini educational topics through the case management and child protection statewide calls, as well as produces a quarterly QA newsletter.

- Modules: <https://und.edu/cfstc/nd-quality-assurance-education.html>
- QA Unit Resources: <https://und.edu/cfstc/workforce-training/cfs-quality-assurance.html>

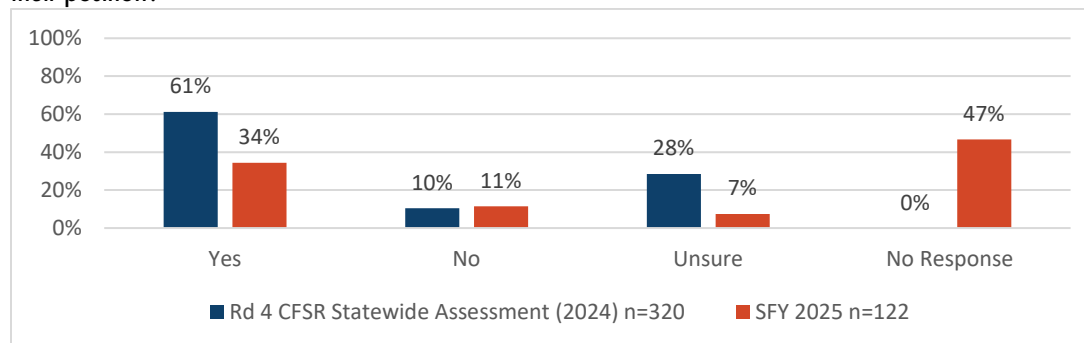
The CFS QA Unit is a leader in helping to prepare North Dakota workforce, administration and reviewers for Round 4 CFSR onsite case review. Trainers will receive specialized training in September 2024 as Team ND prepares to use the CFSR Instrument for Round 4 CFSR.

### **Ongoing Training - Statewide Survey Responses**

This data represents the most recent quantitative data available for North Dakota specific to this item of the systemic factor. In addition, in March of 2024, Children and Family Services requested various workforce and provider partners to complete a survey to collect qualitative data specific to various systemic factor items. In summary, the qualitative data indicates that 61% of respondents feel that agency staff receive ongoing training that provides basic skills and knowledge required for their position, while nearly 30% did not feel they could answer if the staff receive ongoing training. Overall, 94% of staff were reported to have received ongoing training. Foster care providers and adoptive families were asked about ongoing training for child welfare staff and only 12% felt that staff were not trained ongoing.

Figure 69.

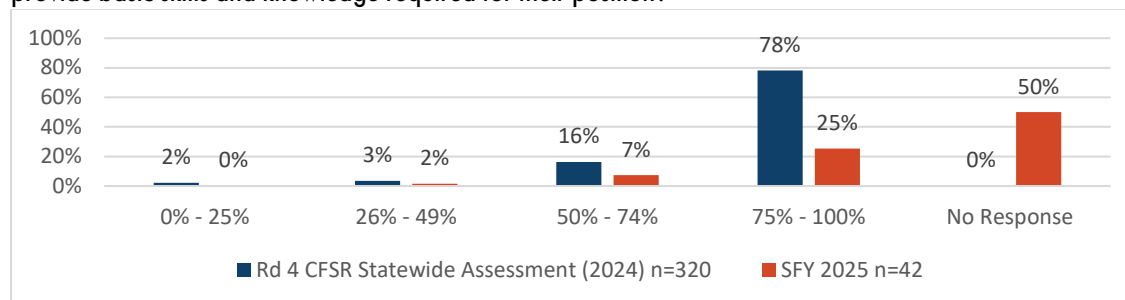
Number of Respondents by Answer to the Question, "Do you think agency staff (workers, case managers, supervisors, directors, staff with direct contact to clients) receive ongoing training (Safety Framework boosters, Wraparound, any topics required by the agency, etc.) that provides basic skills and knowledge required for their position?"



Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey

Figure 70.

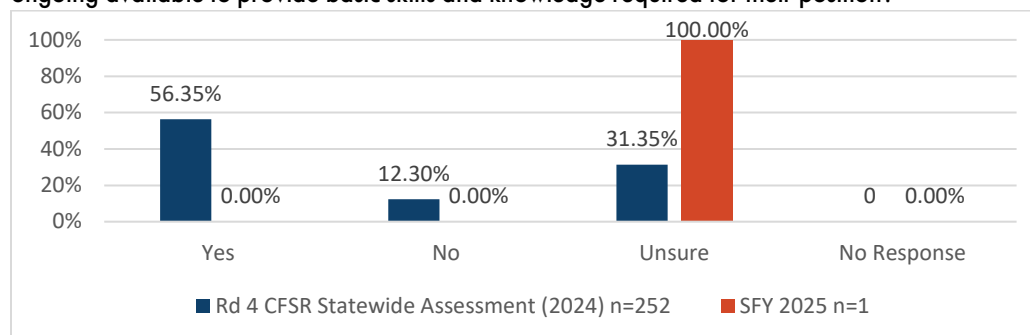
Number of Respondents by Answer to the Question, "What % of your agency staff receive ongoing training to provide basic skills and knowledge required for their position?"



Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey

Figure 71.

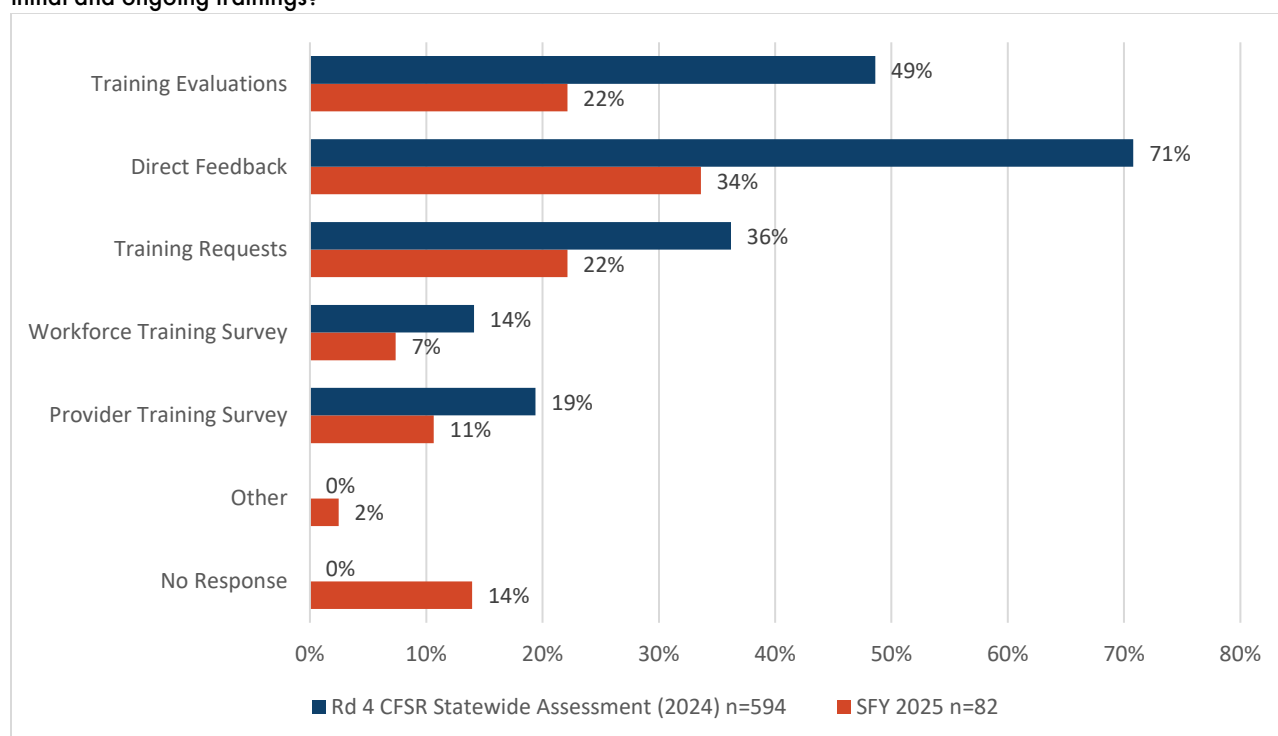
Number of Respondents by Answer to the Question, "Foster/Adoptive Parents were asked: Do you think child welfare agency staff (case managers, supervisors, directors, staff with direct contact to clients) have training ongoing available to provide basic skills and knowledge required for their position?"



Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey

The statewide survey asked respondents to indicate how the field is able to provide feedback to the Department, Children and Family Services Training Center and or Native American Training Institute and various options were highlighted as methods of communication, with nearly 86% providing direct feedback.

**Figure 72.**  
**Number of Respondents by Answer to the Question, “What methods are used to provide feedback regarding initial and ongoing trainings?”**



Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey

### **Strengths:**

- The majority of survey responses evaluating the ongoing child welfare workforce trainings indicate that participants agree/strongly agree that staff have obtained the knowledge and skills necessary to competently carry out their duties.
- CFS, CFSTC, and NATI have discussed the need to find a balance in offering in-person versus virtual trainings for staff and providers. There has been a commendable effort to provide online/virtual and in-person training opportunities. Feedback from participants of ongoing training is widespread; many appreciate the opportunity to connect virtually, reduce travel time, and cost savings over arriving to a face-to-face training, while others crave the personal touch of an in-person training where there are greater opportunities to engage and build a rapport with others with similar interests or positions. Because of the ability to provide both virtual and in-person training, there has been an increased access to a larger variety of training to meet the needs of the workforce.

- Three large conferences (in person and virtual) are organized and offered each year for workforce and providers to receive continuing education through the HHS Behavioral Health and Children and Family Services Conference (Fall), Family Based Conference (Spring) and ICWA Conference (Summer).
- CFS and CFSTC see supervisor training as a key component to retention of quality workers within the child welfare workforce and continue to offer training specific to supervisors each biennium.

**Challenges:**

- North Dakota is a county administered system, there are internal agency training requirements that may be offered and delivered differently from one Zone to another across the state. Differing internal policies and procedures have impacts if not consistently offered or fully embraced by staff and supervisors statewide.
- North Dakota does not have policies that mandate specific ongoing training beyond that of the Wraparound Certification. Due to this, some workers may not attend ongoing training that is applicable to the work unless their Agency and/or supervisor require them to do so.

### ***Item 28: Foster and Adoptive Parent Training***

***How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents and staff of licensed or approved facilities; establishing continued initial and ongoing training requirements to demonstrate skills and knowledge to carry out the duties.***

North Dakota believes the training system is functioning, flexible and further adapting to the needs of the licensed providers, unlicensed caregivers, and adoptive families. 2020 and the COVID 19 pandemic brought forth interesting and new challenges for the child welfare system, which dramatically changed the landscape for training providers, caregivers, and adoptive families. The contracted training team (University of North Dakota Children and Family Services Training Center (CFSTC) and the Native American Training Institute (NATI)), increased the volume of virtual learning opportunities.

The volume of trainings offered to licensed foster care providers, unlicensed caregivers and adoptive families has consistency been diverse in topic and frequency. The largest strengths of the trainings offered include the initial pre-service training curriculum, PRIDE, as well as the volume of different trainings made available to providers, caregivers, and adoptive families. North Dakota is blessed to have professional connections, reasonable cost to facilitate a training and the willingness of trainers to present on relevant and important topics. The largest challenge of initial and ongoing training includes the desire of providers, caregivers and adoptive families to want to sit in a classroom face-to-face, come to a learning space and gather to build comradery and connections, however when the live/in-person trainings are made available the attendance is extremely low. North Dakota has seen an increased reliance on virtual trainings, where providers, caregivers and adoptive families can join remotely from the comfort of their own home. The training team has found virtual trainings to be effective, but there is a loss of connection when not in the same room together. The summary below provides highlights of ongoing trainings offered and reiteration of workforce support for the strength rating.

North Dakota has historically licensed foster care providers under one set of licensing standards. In January 2023, ND state legislature allowed for the CFS Licensing Unit to develop parameters and gain approval through administrative rules to proceed with a licensing level of care specific to short-term placements (respite and emergency shelter for less than 30 days), as well as work with the federal government to gain approval for PI-23 relative licensing. In mid-May 2024, Children and Family Services received federal approval under the federal Title IV-E State Plan amendment to have separate standards for relatives licensed to provide foster care to related children. These three levels of licensure will help meet the varied needs of children in need of out of home placement. North Dakota family licensing includes:

- Licensed – Full
  - Care to children in need of out of home placement including long term, short term, respite, and shelter care.
  - Providers are licensed by the State, Nexus PATH (treatment) or Tribal Nation.
- Licensed – Relative
  - Care to relative children only.

- Providers are licensed by the State or Tribal Nation.
- Certified - Short term care
  - Care to children for 30 days or less inclusive of emergency shelter care (14 days or less), or planned respite care (4 days or less).
  - Providers are licensed by the State

Foster care providers are required by licensing law, rule, and policy to engage in initial and ongoing training to best meet the needs of children in placement. Training is an opportunity to remain educated on relevant topics and learn new techniques to manage child behavior or engagement strategies. Unlicensed caregivers are given the same opportunities, but not required to participate in any training. Adoptive families are also invited to participate in ongoing trainings; however, they are required to complete pre-service training as part of the adoption approval process. The licensing initial and ongoing training standards are noted in the chart below:

**Table 64.**  
**Licensed Foster Care Provider Initial and Ongoing Training Standards**

	Licensed - Full	Licensed - Relative	Certified
<b>Initial Training</b>	<ul style="list-style-type: none"> <li>• Orientation (90 minutes) training details the North Dakota child welfare system and licensing process.</li> <li>• Pre-Service Trainings:               <ul style="list-style-type: none"> <li>✓ PRIDE (27 hr.) = online + pre/post meetings</li> <li>✓ UNITY (30 hr.) in-person</li> </ul> </li> <li>• Fire Safety Training (2 Hours)</li> </ul>	<ul style="list-style-type: none"> <li>• Orientation (90 minutes) training detailing the North Dakota child welfare system and licensing process.</li> <li>• Pre-Service Trainings:               <ul style="list-style-type: none"> <li>✓ Abbreviated PRIDE = (3 hours) + pre/post meeting or</li> <li>✓ UNITY 101 (3 hours)</li> </ul> </li> <li>• Fire Safety Training (2 hours)</li> </ul>	<ul style="list-style-type: none"> <li>• Orientation (90 minutes) training detailing the North Dakota child welfare system and licensing process.</li> <li>• Pre-Service Trainings:               <ul style="list-style-type: none"> <li>✓ Abbreviated PRIDE = (3 hours) + pre/post meeting or</li> <li>✓ UNITY 101 (3 hours)</li> </ul> </li> <li>• Fire Safety Training (2 hours)</li> </ul>
<b>Renewal Training</b>	<ul style="list-style-type: none"> <li>• 16 hours, which must include one hour of fire safety training.</li> </ul>	<ul style="list-style-type: none"> <li>• 8 hours, which must include one hour of fire safety training.</li> </ul>	<ul style="list-style-type: none"> <li>• 8 hours, which must include one hour of fire safety training.</li> </ul>

Source: Children and Family Services Section – Licensing Unit

### **Nexus PATH - Additional Initial Training Opportunities**

Nexus-PATH treatment foster care providers are required to complete pre-service training, orientation, and specialized treatment training to offer treatment foster care in their home. Nexus-PATH treatment providers then complete 30 hours of renewal/ongoing training after the first year. The ongoing training includes 12 hours of non-violent crisis intervention and 17 hours of treatment/therapeutic foster care training centered around trauma informed care. Nexus PATH providers are also required to complete CPR and First Aid. The additional requirements are to be completed in the first year of fostering.

**Table 65.**  
**Nexus PATH - Additional Initial Training Opportunities**

	FFY 2021	FFY 2022	FFY 2023
CPI Training	94	77	37
Nexus-PATH Treatment Foster Care Training	34	95	41

Source: Nexis-PATH Family Healing

### **Initial Training for Foster Care Providers 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. The North Dakota foster care and AASK 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 care providers and adoptive parents.

The Child Welfare League of America states, "For over two decades the PRIDE Model of Practice has increased opportunities for child welfare agencies to provide a standardized, consistent, structured framework for the competency-based recruitment, preparation, assessment and selection of foster and adoptive (resource) parents, and for foster care provider in-service training and ongoing professional development. The PRIDE Model of Practice is used, in whole or in part, across the United States and in more than 25 countries." This widely accepted training program has been field tested and modified to meet identified pre-service training needs over the years.

### **PRIDE Pre-Service Training**

The PRIDE (Parent Resources for Information, Development, and Education) online training program is one way in which North Dakota foster providers and AASK adoptive parents can begin learning about the skills needed to provide quality care for the children coming into their homes. The state of ND believes caregivers should be qualified, prepared, developed, and ultimately equipped to protect and nurture the children they will serve in their homes.

Once a family is connected to an agency, and the agency determines the family is ready to proceed to the initial PRIDE training, they can make a referral to the PRIDE online training program. The PRIDE educational program is a completely online process with the following steps:

- Enroll in and complete a recorded video introduction pre-training module.
- Complete the PRIDE online curriculum, which is nine (9) sessions of online self-directed learning.
- Attend a final online virtual post-training meeting facilitated by CFS Licensing Unit staff.

Each applicant for foster care must complete the online sessions individually and not as a couple, although couples can attend the initial and final meetings together. The total estimated time to complete this PRIDE pre-service training process is around 30 hours. The ND Licensing Unit coordinates and provides all virtual meetings and CFSTC facilitates access to the PRIDE Online curriculum as well as technical support for all participants. Evaluations are offered to every participant who completes the PRIDE training, and all records of PRIDE completion are maintained by CFSTC.

The PRIDE program is based on the specific knowledge and skills needed to successfully perform the tasks of foster and adoptive care. The PRIDE program offers agencies an approach to training that identifies and builds on the necessary competencies all related to the tasks required to provide care for

foster and adoptive children. With this in mind, the PRIDE program has established five essential competency categories:

- Protecting and nurturing children
- Meeting children’s developmental needs and addressing developmental delays
- Supporting relationships between children and their families
- Connecting children to safe, nurturing relationships intended to last a lifetime
- Working as a member of a professional team

Overall, the PRIDE curriculum follows principles relating to what is best for the children coming into foster care or entering the world of adoption. These principles include the importance of knowing how children best grow and develop given their unique circumstances. Keeping children safe, helping them maintain or develop nurturing attachments, promoting their self-esteem and identity, and keeping them connected to lifetime relationships. It is the belief of the PRIDE program these are all essential components that providers understand prior to foster care or adoption.

The nine online sessions must be completed independently by each applicant or parent before attending the final PRIDE meeting. These sessions are all developed with the five core competencies as the foundation of each session.

- Connecting to PRIDE
- Teamwork Towards Permanence
- Meeting Developmental Needs: Attachment
- Meeting Developmental Needs: Loss
- Strengthening Family Relationships
- Meeting Developmental Needs: Discipline
- Continuing Family Relationships
- Planning for Change
- Making an Informed Decision

PRIDE Online is designed to strengthen the quality of family foster care and adoption services by providing a standardized, structured framework for preparing and selecting foster care providers and adoptive parents into their respective programs. During SFY 2020-2024, 1,552 prospective foster care providers and adoptive parents completed the PRIDE Pre-Service training.

**Table 66.**  
**Number of Participants in Pride Pre-Service Training by Federal Fiscal Year**

Pride Pre-Service Training				
FFY	#Pre-Sessions	#Pre-Session Attendees	#Post-Sessions	#Post-Session Attendees
FFY 2021	28	572	26	392
FFY 2022	25	644	25	429
FFY 2023	22	491	24	435
FFY 2024	29	347	22	296
	<b>Total:</b>	<b>2,054</b>	<b>Total:</b>	<b>1,552</b>

Source: University of North Dakota Children and Family Services Training Center



### **UNITY Pre-Service Training**

The Native American Training Institute (NATI) created a pre-service training similar to that of the PRIDE pre-service training, in efforts to offer providers and adoptive families a level of training specific to the volume of Native American children involved in the ND child welfare system. Native American children have unique issues and challenges. UNITY educates current and potential foster care providers and adoptive families about their critical role as caregivers for these children. In Native American tradition, children are considered sacred beings. The underlying philosophy of this training is to help children grow to meet their potential in mind, body, spirit, and emotions.

This 4-day training (30 hours) takes a deep dive in the following areas:

- Foster care provider Orientation
- Human Growth and Development
- Attachment and Loss
- Protecting, Nurturing, and Meeting Needs Through Discipline
- Historical Trauma and Intergenerational Grief
- Effects of Addiction on Children
- Child Abuse/Neglect and Sexual Abuse
- Promoting Permanency Outcomes

### **Abbreviated UNITY**

In February 2022, the Native American Training Institute (NATI) created a 3-hour training that touches on all pieces of full UNITY, but condensed to provide providers, caregivers and adoptive families an overview. Abbreviated UNITY was required of all licensing staff and providers from April 2022 – June 2023, 537 licensed providers completed the training. In June 2023, CFS Licensing Unit assessed the volume of participants and determined the large mass of licensed providers had received the training and are not choosing to take the training ongoing or annually, therefore, the training became recommended for all new providers as an optional training. This is a great opportunity for foster care providers and adoptive families to get an overview of the issues that Native American children and families face.

### **Abbreviated PRIDE**

In April 2024, the CFS Licensing Unit worked closely with CFSTC and Governors State to create a 3-hour abbreviated version of the PRIDE curriculum foster care provider pre-service training. This training was developed as a high-level foundation focusing on the five core competencies covered in PRIDE pre-service. Abbreviated PRIDE details how North Dakota foster care law, rule, policy and practice uniquely fit into the competencies. In addition to competencies, Abbreviated PRIDE highlights trauma informed parenting, and other relevant topics to provide high-level education for foster care providers or adoptive families. The training is self-driven; it can start, stop and save progress until completed. This training was created for licensed relatives and certified foster care providers offering a reduction of the original 27-hour requirement. The abbreviated training will serve as dual purpose, not only for new relative or certified applicants to provide foster care, but it can also be utilized by currently licensed providers

needing a refresher of the 5 PRIDE competencies and for individuals arriving to North Dakota from another state who previously completed a different pre-service training curriculum, and for prospective AASK adoptive families.

The Abbreviated PRIDE online training is designed for our Certified level of foster care and is used for relative caregivers who wish to become licensed or for families only looking to get licensed for short-term placements (less than 30 days). Once a family is connected to an agency and the agency determines the family fits the requirements for Abbreviated PRIDE online training, the agency can make a referral to the Abbreviated PRIDE training program. The Abbreviated PRIDE training is a completely online process with the following steps:

- Enroll in and complete a recorded introduction pre-training module.
- Complete the Abbreviated PRIDE online training, which is a single session of 3.5 hours and is self-directed learning.
- Attend a final online virtual post-training meeting facilitated by CFS licensing Unit staff.

Each participant completing the Abbreviated PRIDE training must complete the session individually and not as a couple or small group. The total estimated time to complete the Abbreviated PRIDE online training is about 4 hours total. The ND Licensing Unit coordinates and provides all final virtual meetings and CFSTC facilitates access to the Abbreviated PRIDE online session as well as providing technical support for all participants. Evaluations are offered to every participant who completes the Abbreviated PRIDE training and all records of completion are maintained by CFSTC.

The Abbreviated PRIDE pre-service training session is built around the five (5) essential competency categories identified as:

- Protecting and nurturing children
- Meeting children's developmental needs and addressing developmental delays
- Supporting relationships between children and their families
- Connecting children to safe, nurturing relationships intended to last a lifetime
- Working as a member of a professional team

The Abbreviated PRIDE training was designed to follow the principles of what is best for the children who are entering foster care or adoption. The essential components of the PRIDE training are highlighted with the primary ideas of keeping children safe, helping them maintain or develop nurturing attachments, promoting their self-esteem and identity, and keeping them connected to lifetime relationships. It is the belief that these are all essential components that providers understand prior to fostering or adopting.

The Abbreviated PRIDE training provides and was constructed around the belief that the five (5) essential competencies are critical to the work of helping children who come into foster care or adoption. The Abbreviated PRIDE training process provides a standardized and structured framework for instructing participants about the importance of understanding the complexities of foster care and adoption. During SFY 2024, 53 prospective foster care providers and adoptive parents completed the Abbreviated PRIDE Pre-Service training.

**Table 67.****Number of Participants in Abbreviated Pride Pre-Service Training by Federal Fiscal Year**

Abbreviated Pride Pre-Service Training				
FFY	#Pre-Sessions	#Pre-Session Attendees	#Post-Sessions	#Post-Session Attendees
FFY 2024	12	71	7	53
	Total:	71	Total:	53

Source: University of North Dakota Children and Family Services Training Center

\*\* Reminder, Abbreviated PRIDE launched officially online in June 2024. Data reflected is June 1 to September 30, 2024

**Fire Safety**

North Dakota requires by NDCC 50-11 that all foster care providers receive initial and ongoing fire safety training. Historically, fire safety trainings were offered in person and online. In June 2022, Children and Family Services dramatically enhance the fire safety curriculum available to providers. In collaboration with CFSTC and the State Fire Marshal's office, the training courses were updated and became available on the CFSTC website. By completing a fire safety course online, foster care providers can meet the fire safety training requirement prior to initial licensure, or at annual re-licensure in the comfort of their own home according to their own schedule. Effective May 2024, CFSTC enhanced the mechanism to track the completion of fire safety by adding a learning management system (LMS). Trainings can now be completed on computers, tablets, and cell phones, as they are housed within the LMS and no longer require downloads. Attendees complete the training online, take a quiz, and receive a certificate of completion that is immediately available for download and sent via email. The CFS Training Center also provides Children and Family Services with a comprehensive list of all training completions on a regular basis.

**Table 68****Number of Participants in Fire Safety by Federal Fiscal Year**

Fire Safety Training				
FFY	Initial Fire Safety	Juvenile Fire Safety	Holiday Fire Safety	Outdoor & Summer Fire Safety
FFY 2024	199	45	54	82
			Total:	380

Source: University of North Dakota Children and Family Services Training Center

\*Reminder, LMS Fire Safety launched June 2024

**Foster Care Provider Orientation**

In April 2024, the CFS Licensing Unit developed a 90-minute foster care provider orientation. This training provides a high-level overview of the North Dakota child welfare system and the licensing process. It was added to the CFS Training Center's online learning management system (LMS) in June 2024. Live online orientation sessions continue to be delivered quarterly in collaboration between the CFS Licensing Unit and the CFS Training Center.

**Table 69****Number of Participants in Orientation Training by Federal Fiscal Year**

Fire Safety Training		
FFY	LMS Orientation	Live Orientation Training
FFY 2024	220	204 (3 sessions)
	<b>Total:</b>	<b>424</b>

Source: University of North Dakota Children and Family Services Training Center

\*Reminder, LMS Orientation launched June 2024 and Live Orientation April 2024.

In addition to the pre-service training, orientation, and fire safety, foster care providers, caregivers and adoptive families receive training opportunities consisting of various topics that may include, but are not limited to:

- Adolescent Substance Use
- Behavioral/Mental Health Diagnosis
- Bias
- Child and Adolescent Development
- Child Abuse and Neglect
- Complex Behavioral Health Needs
- Awareness/Humility
- Competency
- De-escalation Techniques
- Family Engagement Strategies
- Fetal Alcohol Spectrum Disorder (FASD)
- First Aid and CPR
- Grief and Loss
- Home Safety
- Human Sexuality
- ND Roles and Responsibilities
- Self-Care
- Sex Trafficking Awareness
- Sexualized Behaviors
- Trauma Informed Care

CFSTC conducts annual surveys asking for feedback from unlicensed kinship caregivers, foster care providers and adoptive families as well as professional child welfare staff. This feedback is received through an online survey. Information gained from this feedback is used to plan various trainings throughout the following year, which are held both in-person and online.

Table 70

## Number of Participants in Foster Care Provider Training by Federal Fiscal Year

FFY	Type of Training	# of Attendees
FFY 2021	0	0
FFY 2022	Foster Care Provider Online Fall Festival 1. Rethinking Challenges Kids Collaborative Problem Solving 2. Staying Connected Through Challenge: Nurturing Resilience When Kids Need It Most	157
	Foster Care Provider Online Spring Festival	166
	Foster Care Provider Online Reimbursement Training	84
	Online ND Foster Care Provider Opportunities Training	142
FFY 2023	Foster Care Provider In-Person Fall Festival 1. Hurricanes to Healing Recognizing Escalating 2. Behaviors and Techniques to Calm the Storm 3. Behavioral Intervention for Adolescents Co-Occurring Disorders 5. The Impact of Parental Substance Use Disorder on Children 6. You Have to Flourish	32
	Trauma Informed Parenting Online Series: 1. Where Do I begin 2. Relationships Matter 3. Trauma Informed Discipline 4. Building Resilience	Session 1. 187 Session 2. 188 Session 3. 132 Session 4. 142
	Foster Care Provider In-Person Spring Festival 1. Problematic Sexual Behaviors 2. ND Alcohol & Narcotics Usage & Awareness 3. Understanding Native Resources & Assistance 4. You Have to Flourish	35
	Be the Difference Online Training	94
	Respite Care & Shelter Care Overview Online Training	164
FFY 2024	Reasonable & Prudent Parenting: Normalcy for Children in Foster Care	97
	Foster Care Provider Online Fall Festival 1. Introduction to Empathetic Strain and Building Resiliency 2. Reignite Your WHY... 3. Demographics, Outcomes, and Hope	95
	Indigenous Resilience: What Does That Even Mean	107
	Help, Hope, & Healing Mini Online Series: 1. Trauma, the Brain & Hope for Weary Caregiver 2. Making Sense of Meltdowns 3. Creating Space for Better Behavior	Session 1. 73 Session 2. 68 Session 3. 73
	Foster Care Provider Online Virtual Spring Festival 1. Mother Rage 2. Helping Youth Transition to & from Home Visitation 3. Introduction to Empathetic Strain and Building Resiliency 4. Promoting Resiliency Through an Indigenous Lens	23
		Total: 2,059

Source: University of North Dakota Children and Family Services Training Center

### **AASK Ongoing Training's – Adoptive Families**

Throughout the year, the ND Post Adopt Network/AASK offers trainings to prospective adoptive parents, finalized adoptive families, and to guardianship families caring for children. One of these trainings is entitled, "The Trauma Knowledge Masterclass". This virtual training was developed by The Resilient Caregiver and is designed specifically for foster and adoptive parents to teach about trauma basics, behavior response, attachment basics, and regulation strategies when caring for children and teens who have experienced traumatic stress. Although not required, adoptive parents are encouraged to attend this training if additional parental tools are needed. From July 1, 2024 to June 1, 2025, 11 prospective adoptive parents, finalized adoptive parents, and guardianship parents completed the training.

AASK recently implemented a process flow to support families who are not yet matched with a child. This process includes the requirement of families to engage in various trainings, resources, and tools on a quarterly basis to ensure families are well-equipped to transition into caring for an adopted child long-term. Resources from the National Adoption Competency Mental Health Training Initiative (NTI) are accessed along with other adoption-competent sources to support this effort.

The ND Post Adopt Network offers and posts webinars on their website on a variety of topics each month. Families are encouraged to view these trainings when they are wanting additional information on a specific topic they are struggling with and simply wanting to know more about a topic. The North Dakota Post Adopt Network also provides parent education training sessions throughout the year where topics vary based on requests and needs. During fiscal year 2024, post adopt coordinators facilitated education around internet safety, birth family connections, childhood trauma, parent child interaction therapy (PCIT), sexual behaviors in youth, Individual Education Plans (IEP's), and autism. Some trainings include inviting professionals from community partner agencies to help support parent learning.

### **ND Newsletters**

North Dakota offers additional outreach and engagement with providers, caregivers and adoptive families as an ongoing training technique. Various newsletter options include:

1. CFSTC continues to issue a quarterly online newsletter. This newsletter is published online and then distributed by CFSTC to all child welfare workforce and licensed providers by email as it routinely includes a variety of educational content to support the daily efforts as caregivers. The newsletter can be found at: <https://und.edu/cfstc/foster-care-provider-education/foster-communications-newsletter.html>
2. The CFS Licensing Unit issues a quarterly electronic newsletter featuring staff spotlight, access to training opportunities, reflection of data, policy and practice updates and positive encouraging stories to maintain communication with providers and workforce.

The adoption agency, AASK also issues an ongoing electronic newsletter, The Heart Times, featuring an educational component to supplement the recruitment opportunities provided by such a publication. The Heart Times is made available to all current unmatched adoptive families in the AASK program, all adoptive families who have finalized their adoption in the past five years, and to all working community partners in North Dakota. The most recent newsletter can be viewed at:

[https://files.ecatholic.com/34994/documents/2025/4/Heart%20Times\\_Spring%202025.pdf?t=17446653](https://files.ecatholic.com/34994/documents/2025/4/Heart%20Times_Spring%202025.pdf?t=17446653)

**Facility Staff: Qualified Residential Treatment Program (QRTF)**

North Dakota Qualified Residential Treatment Programs (QRTF) are required by ND administrative code (NDAC) 75-03-40 to offer a structured employee orientation, initial and ongoing training opportunities. In October 2019, North Dakota had six licensed QRTF's statewide, over time natural attrition reduced the volume of qualified residential treatment programs down to two QRTF's; The Dakota Boys and Girls Ranch (DBGR) in Minot (north central ND) and Home on The Range (HOTR) in Sentinel Butte (western ND). 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:

- Certified First Aid
- Certified CPR and Automated External Defibrillator Training
- Certified Nonviolent Crisis Intervention Training
- Child Abuse and Neglect Mandated Reporter Training
- Training Addressing Children's Emotional Needs
- Suicide Prevention Training

In addition to initial and typical ongoing trainings for staff, Children and Family Services offers up to \$2500 per year for QRTF's to request if a specialized training is needed. Typically, each QRTF requests the training funds once per biennium (every other year).

**DBGR Training**

The Ranch Training is reviewed annually and amended per training needs assessments and job requirements. DBGR employees working in the residential programs have specific training requirements. All employees must complete a minimum of 30 hours of training annually, including:

- New Employee Orientation (first 45 days of hire)
- Person-Centered Planning
- Therapeutic Boundaries
- Safety and Security
- Trauma-Informed Care
- Emergency Procedures and Disaster Plan
- Food Safety
- Human Resource Manual
- Infection Control
- Institutional 960s
- Operation Manual
- HIPAA Confidentiality
- Sexual Harassment for Employees
- State Mandated Reporting Course

- Understanding Workplace Violence
- Children's Emotional Developmental need
- CPR/AED/First Aid: CPR/AED/First Aid classes are required within the first 45 days of employment, and every other year thereafter. CPR/AED/First Aid competency checks are required at one year of employment, and every other year thereafter.
- Defensive Driving (every three years)
- Medication Administration and annual recertification
- Nonviolent Crisis Intervention Training. Required annually with refreshers required 6 months after each Nonviolent Crisis Intervention Training.
- Suicide Awareness and Prevention
- EQ2 Trauma Informed Training

### HOTR Training

Home On the Range staff are required to have initial training be completed before they can work with residents. Supervisors must review initial and ongoing training with new employees, plus collect their "Orientation Training" checklist for the employee file.

- Mandated Reporter Training (annually)
- Human Trafficking - Working with Survivors
- Engaging Our Youth - Human Trafficking
- Suicide Prevention (quarterly)
- Trauma-Informed Care - 3 days of Risking Connections Training (quarterly refreshers)
- Non-violent Crisis Intervention (semi-annually)
- CPR/AED, First Aid (every other year)
- Child Abuse & Neglect Law (annually)
- Confidentiality, Disclosure & Ethics (annually)
- Disaster Plan (annually)
- Safe Driver Policy (annually)
- Review of Safety & Health Program (annually)
- Location of AEDs, Suicide Response Kits, and Body Fluid Spill Kits (quarterly)
- Blood Borne Pathogens/Universal Precautions (annually)

### **Facility Staff: Psychiatric Residential Treatment Facilities**

The ND Department of Health and Human Services, Behavioral Health Division is responsible for the licensing the six Psychiatric Treatment Facilities for Children (PRTFs) in North Dakota. A ND PRTF is considered a medical placement, not a foster care placement, however on occasion there are children in foster care placed in a PRTF for a short treatment stay.

PRTF's are mandated to follow administrative rules, [NDAC 75-03-17](#) and 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:



**Table 65.**

**Required Training Topics for PRTF Staff**

Certified First Aid
Therapeutic Crisis Intervention/Prevention Intervention *
Suicide Awareness and Prevention Training
Standard Precautions as used by the Center for Disease Control and Prevention
Institutional Child Abuse and Neglect
Cardiopulmonary Resuscitation *

**Source: NDAC 75-03-17; NDCC 25-03.2-10**

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

**Provider Annual & Exit Survey Responses**

This data represents the most recent quantitative data available for North Dakota specific to this item of the systemic factor collected from the CFC Licensing Unit provider surveys. In summary, the qualitative data represents a consolidation of comments received from the last two years (April 2022 – April 2024) of annual and exit surveys given to foster care providers. Children and Family Services works closely with the ND Provider Task Force to solicit feedback ongoing, but the CFS Licensing Unit reviews the independent survey responses on a monthly basis. The anonymous survey allows for the providers to voice concerns and successes related to training, case management, licensing and more. Overall, providers share that they are pleased with the access, opportunities and content of training provided to them. There are challenges voiced as well, but they are not the majority, and the comments tend to center around the willingness to be flexible in attending trainings, which are offered in person, virtually, on different days of the week and different hours of the day to accommodate the various schedules statewide. Trainings are offered evenings, weekends, over the noon hour as a lunch and learn format, etc.

Strengths of the training opportunities

- *"We frequently got emails showing us new education and classes, very helpful!"*
- *"I think every new parent, teacher, anyone who has any sort of interaction with kids should go through Pride training."*
- *"Great training options, just tough times to participate."*
- *"Licensing Specialist and UND send many trainings and supports weekly via email."*
- *"The trainings offered by Licensing Specialist were great."*
- *"The training opportunities and topics are really interesting and beneficial. They're frequent enough to receive training hours; I appreciate the flexibility of when they opportunities are offered."*

Challenges of the training opportunities

- *"The training opportunities were near impossible to reach, it is a waste of time to go out of your way/take off work etc. for a 1-2 hour training. There's no reason that cannot be simplified. Foster parents are so needed here but this system is literally failing because of how hard and complicated it is to be a foster parent."*

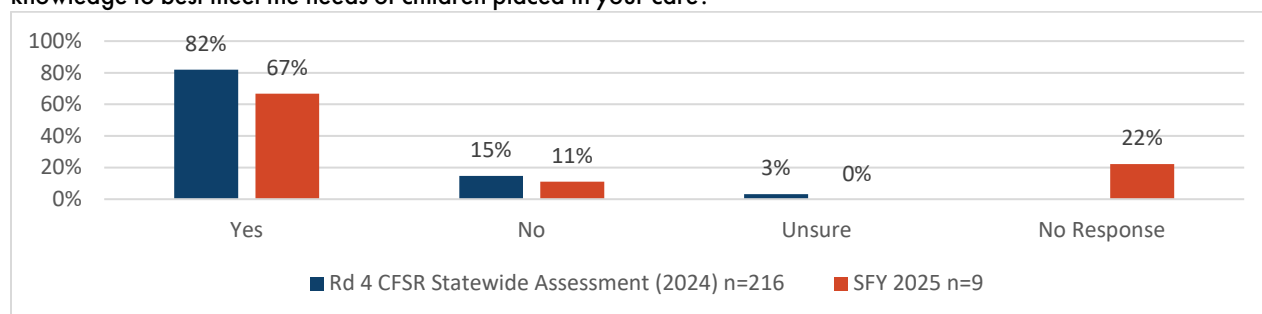
- “I do think the training requirements are hard for some people as they can't do the hours in person due to jobs.”

### **Provider and Adoptive Parent Training - Statewide Survey**

This data represents the most recent quantitative data available for North Dakota specific to this item of the systemic factor. In addition, in March of 2024, Children and Family Services requested various workforce and provider partners to complete a survey to collect qualitative data specific to various systemic factor items. In summary, the qualitative data helps to reinforce the strength rating as nearly 82% of respondents feel that initial training is available to build basic skills and knowledge required to provide care. 84% of respondents felt that ongoing training was also available. In asking foster care providers and adoptive families, many respondents felt they were able to provide feedback through evaluations, provider surveys and direct feedback.

**Figure 73.**

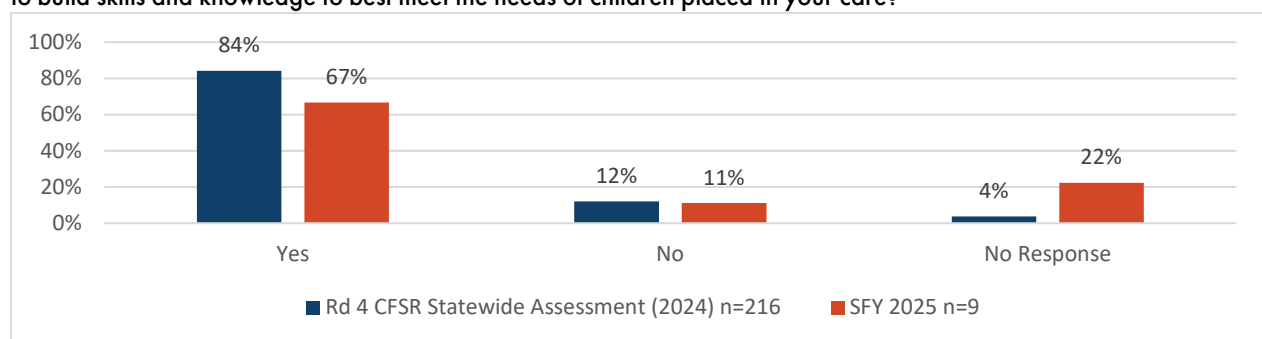
**Number of Respondents by Answer to the Question, “Was initial training available to you to build skills and knowledge to best meet the needs of children placed in your care?”**



Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey

**Figure 74.**

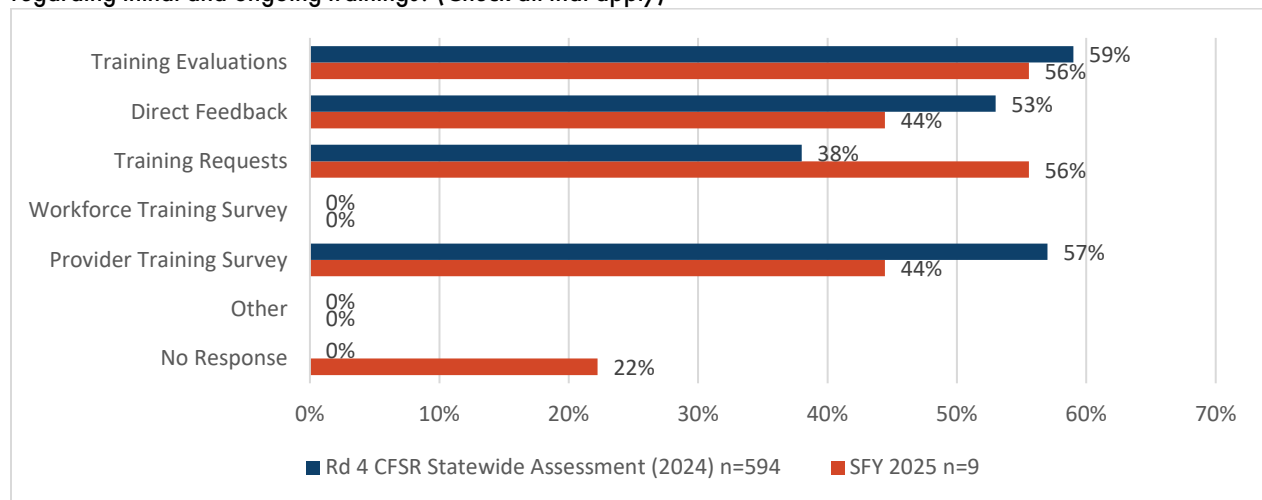
**Number and Percentage of Respondents by Answer to the Question, “Was ongoing training available to you to build skills and knowledge to best meet the needs of children placed in your care?”**



Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey

**Figure 75.**

**Percentage of Respondents by Answer to the Question, “What methods are available to provide feedback regarding initial and ongoing trainings? (Check all that apply)”**



Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey

### **Strengths:**

- North Dakota has a willingness to enhance and upgrade training modules to ensure continuity of care, consistency in delivery and offering a modernized approach to capture the attention and maintain interest of the staff and providers. Various updates or enhancements include but are not limited to fire safety, orientation, UNITY 101, Abbreviated PRIDE for providers, Child Protection and Licensing, Prevention strategies by utilizing shelter and respite, understanding provider reimbursement and various workforce modules and trainings including Safety Framework Practice Model.
- The variety of trainings for both the workforce and foster care providers and adoptive families is extensive. Options in topics, times and delivery platforms are varied to accommodate for many differing needs. For instance, training for providers is held during evenings as well as over weekends throughout the year in order to provide multiple opportunities to engage in learning as well as meet their licensing requirements for training hours.

### **Challenges:**

- Similar to workforce feedback, regardless of how often a training is made available; providers and adoptive families will not all be able to join when the training is offered or may prefer face-to-face over virtual learning opportunities.

## E. Service Array and Resource Development

### *Item 29: Array of Services*

**How well is the service array and resource development system functioning to ensure that the range of services specified below is available and accessible in all political jurisdictions covered by the CFSP?**

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

North Dakota strives to ensure that children and families have access to the services and supports they need to accomplish their case plan goals and lead safe, stable lives without agency intervention. However, we acknowledge service needs are not universally met due to the rural landscape within our sizeable geographic area. The services described within this Statewide Assessment reflect those in place at the time of this writing.

North Dakota launched Social Service Redesign in 2019 in a strategic effort to better serve North Dakotans by delivering services in a more efficient way. Service access points meet clients where they are by reducing the distance to supports and assistance. Since the Round 3 CFSR, ND's social service structure shifted from 47 single-county units to 19 multi-county units to promote collaboration by erasing rigid county boundaries for service delivery. This structure better accommodates the needs of citizens and scales best practices.

Included in Social Service Redesign were cohesive strategies to expand access to community-based behavioral health supports through 1915i Medicaid State Plan Amendment, the development of a voucher payment for substance use disorder treatment and recovery services for adults and adolescents, services to address behavioral health challenges in schools, the creation of a community behavioral health program focusing on families utilizing outcome based payments, the development of a Children's Cabinet, the System of Care Grant, expansion of targeted case management for youth with severe emotional disturbances, the establishment of a Commission on Juvenile Justice, and the growth of evidence-based practices through implementation of our Title IV-E Prevention Services Plan.

Services provided under Title IV-B Subparts 1 & 2, Chafee, ETV, CAPTA, Title IV-E, CBCAP, Adoptions and Legal Guardianship Incentive Funds, and State General Fund appropriations to CFS have been identified under the following categories:

- Category 1: Services to assess the strengths and needs of children and families

- Category 2: Services to address the needs of families – in addition to individual children – to create a safe home environment and enable children to remain safely with their parents when reasonable
- Category 3: Services to help children in foster and adoptive placements achieve permanency

Within the subsequent tables, services in **blue bold font** above are available statewide. Services available in only select areas are in black font.

## CATEGORY 1

Services that assess the strengths and needs of children and families and determine other service needs

### Intake Assessment

Trained child protection intake specialists collect essential information, enabling local CPS workers in human service zones to respond swiftly in safeguarding children. Tribal child welfare agencies operate within their own systems for handling reports of suspected abuse or neglect. When intake specialists receive a call about a child living on tribal lands, they promptly direct the information to the relevant tribal child welfare agency

### Child Protection Services Assessments

Review reports of child maltreatment to determine appropriate assessment actions. Examine concerns within each report to establish the facts and assess the situation. Decide whether allegations of maltreatment are confirmed or unconfirmed. When necessary, refer cases for case management (protective services). CPS services are provided through human service zones, while tribal child welfare agencies operate independently from the state system

### Institutional Child Protection Services

Assessments of suspected child maltreatment in North Dakota facilities—including schools and residential facilities—are conducted when those facilities are licensed, certified, approved by, or receive funding from the North Dakota Department of Health and Human Services (NDHHS). Child and Family Services (CFS) field service specialists perform onsite visits at these locations, compiling summaries of all Initial Child Protection Services (ICPS) assessments. These summaries are then reviewed by the State Child Protection Team, which determines whether child abuse or neglect is indicated. The team also issues reports or recommendations regarding any aspect of child maltreatment when appropriate. Facilities located on Indian reservations do not fall under the state's ICPS system

### Family Services Assessments

A CPS response to reports of suspected child abuse or neglect in which the child is determined to be at low risk and safety concerns for the child are not evident according to guidelines developed by the department. These assessments are available in all human service zones. Because tribal child welfare agencies provide CPS independent from the state system, their response to suspected child maltreatment differs from the state's

### Substance Exposed Infants (Alternative Response)

Assess the well-being of infants who have been prenatally exposed to substances, ensuring their safety while offering referral services and ongoing support for their caregivers. Develop and implement a plan of safe care tailored to both the infant and their caregiver(s), promoting stability within the home environment. These assessments are accessible across all human service zones. Since tribal child welfare agencies operate independently from the state system in handling child protective services, their approach to addressing suspected child maltreatment may differ

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### Children's Advocacy Centers Assessment

Children's Advocacy Centers (CACs) in North Dakota are located in 11 communities across the state with five of those communities having on-site full-time staff, while the other six are served by staff who travel to the location. All human service zones, tribal child welfare agencies, and law enforcement jurisdictions have access to a CAC nearby, which provides child and adolescent victims of abuse access to a multidisciplinary team approach to their case and care, all in a safe, child-focused environment. The multidisciplinary team includes law enforcement, human services, prosecution, victim advocacy, medical and mental health professionals who work together to provide comprehensive, coordinated and compassionate care to children affected by child sexual abuse, physical abuse, and other forms of child maltreatment. CACs are accredited through the National Children's Alliance and are members of the Alliance for Children's Justice, a state-facilitated multidisciplinary team that meets quarterly.

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### Case Management

Work collaboratively with families in need of protective services; complete comprehensive initial and ongoing assessments of the child and family to assure child safety and determine service needs.

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### Protective Capacities Family Assessments

Collaborative process between the case manager and the parent/caregiver to examine and understand the behaviors, conditions, or circumstances that resulted in a child being unsafe, identify protective capacities that can be employed to promote and reinforce change, and diminished protective capacities that must change in order for the parent/caregiver to regain full responsibility for the safety of the child. These assessments are available in all human service zones. Because DJS and tribal child welfare agencies provide case management per their own policies, their assessments differ.

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### Protective Capacities Progress Assessments

Re-assessment on the quality of the helping relationship between the parents/caregivers and the agency, and the degree to which specific behaviors or conditions are changing in the intended direction. These assessments are available in all human service zones. Because DJS and tribal child welfare agencies provide case management per their own policies, their assessments differ.

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### Regional Human Service Center Intake Assessments

Public agency mental/behavioral health assessments of children and parents and referral for services. These assessments are available through public and private providers throughout the state, available to human service zones, DJS, and tribal child welfare agencies.

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### Parental Capacity Assessments

Comprehensive assessment to evaluate a parent's ability to meet their child's physical, emotional, and developmental needs; determine whether the parent possesses the necessary skills, knowledge, and resources to provide a safe and nurturing environment for their child. These assessments are available through public and private providers throughout the state, available to human service zones, DJS, and tribal child welfare agencies.

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### Title IV-E Prevention Services Outcomes

Title IV-E Prevention Services are available in select areas of ND at this time. Ongoing recruitment of public and private providers to opt into the Title IV-E prevention service array continues. Prevention service providers complete initial and ongoing monthly outcomes surveys (similar to an assessment) on the effectiveness of the services provided to each child/family. These areas include housing, social supports, employment/financial needs, health, and education/childcare.

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### Nexus-PATH Family Healing Foster Care Assessments

Social workers complete initial and ongoing assessments to ensure children placed in the family foster homes receive adequate services to support their physical, emotional, and social needs at the appropriate level. These assessments are coordinated with the child welfare agency (human service zone, DJS, or tribal).

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### Qualified Residential Treatment Program Assessments

Initially and ongoing during the child's placement at the QRTP, facility case managers use the Child and Adolescent Strengths and Needs (CANS) assessment, a multi-purpose tool developed to support decision making, level of care and service planning, and outcome monitoring. QRTPs also offer aftercare services post discharge for a period of six months to track client outcomes. Human service zones, DJS, and tribal child welfare agencies have the ability to place children in these facilities.

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### Chafee Program

Services and supports for foster individuals, age 16+, who have been identified as "likely to age out of foster care", and for individuals who have aged out of the system and have not yet reached their 23rd birthday. This program is available to human service zones, DJS, and tribal child welfare agencies.

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### YouthWorks

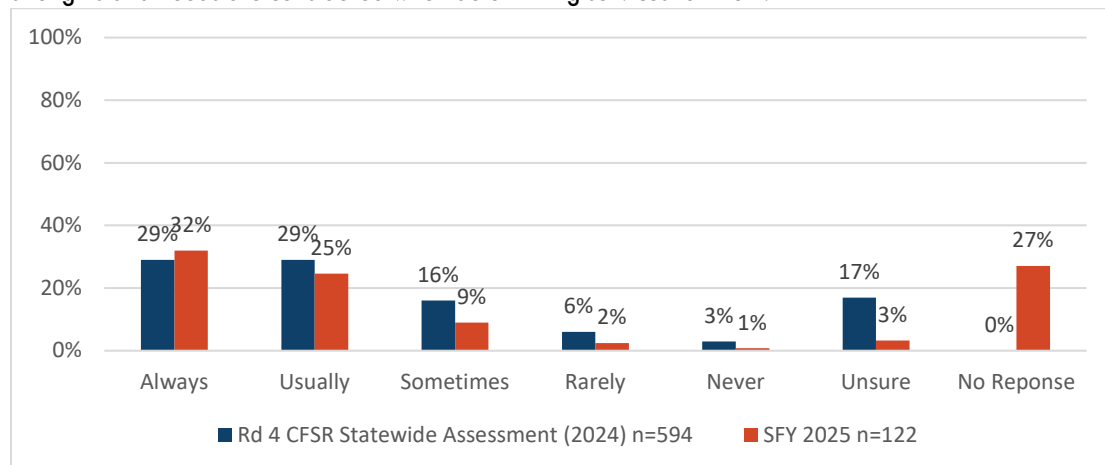
Provides services to runaway, homeless, trafficked, and street youth including mentorship, support, and emergency shelter that helps them find safety and belonging in their communities. YouthWorks serves Bismarck, Fargo, Dickinson, Minot, and Grand Forks with outreach to outlying areas. Staff assess youth and their families to leverage their strengths and find solutions to the problems they may be experiencing.

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Respondents of the child welfare stakeholder survey were asked to indicate their level of agreement with the following statement: *"Children's and family's strengths and needs are considered when determining services for them."* A majority of respondents (58%) answered 'always' or 'usually.'

**Figure 76.**

**Percentage of respondents indicating their level of agreement with the statement, "Children's and family's strengths and needs are considered when determining services for them."**



Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey

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## CATEGORY 2

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Services to address the needs of families – in addition to individual children – to create a safe home environment and enable children to remain safely with their parents when reasonable

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### Prevent Child Abuse North Dakota

A key primary prevention organization but not a direct service provider. 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. Flourishing Families North Dakota previously known as 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 includes the Adverse Childhood Experiences (ACE) Interface Master Trainer program, which provides an educational framework and strategy for rapidly disseminating information about the ACE study including what efforts can 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.

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### Healthy Families

Healthy Families is an evidence-based 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. This service is available in select communities in North Dakota, with ongoing expansion as resources allow. It is an approved service of the ND Title IV-E Prevention Services Plan.

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### Brief Strategic Family Therapy

Brief Strategic Family Therapy (BSFT) uses a structured family systems approach to treat families with children or adolescents 6 to 17 years old who display (or are at risk for developing) problem behaviors including substance abuse, conduct problems, and delinquency. BSFT is delivered by therapists with clinical skills common to many behavioral intervention and family systems theory. BSFT is typically delivered in 12 to 16 weekly sessions in community centers, clinics, health agencies, or homes. This service is available in select communities in North Dakota, with ongoing expansion as resources allow. It is an approved service of the ND Title IV-E Prevention Services Plan.

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### Parent Child Interaction Therapy

Parent-Child Interaction Therapy (PCIT) is a program for 2 to 7 year old children and their parents/caregivers that aims to decrease externalizing child behavior problems, increase positive parenting behaviors, and improve the quality of the parent-child relationship. During weekly sessions, therapists coach parents/caregivers in skills such as child centered play, communication, increasing child compliance, and problem-solving. Parents/caregivers progress through treatment as they master specific competencies, thus, there is no fixed length of treatment. Master’s level therapists who have received specialized training provide PCIT services to children and their parents or caregivers. This service is available in select communities in North Dakota, with ongoing expansion as resources allow. It is an approved service of the ND Title IV-E Prevention Services Plan.

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### Family Check-Up/Everyday Parenting

Family Check-Up® is a brief, strengths-based intervention for families with children ages 2 through 17. The intervention aims to promote positive family management and addresses child and adolescent adjustment problems. The Family Check-Up® has two phases.

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Phase one includes three main components: (1) an initial interview that involves rapport building and motivational interviewing to explore parental strengths and challenges related to parenting and the family context; (2) an ecological family assessment that includes parent and child questionnaires, a teacher questionnaire for children that are in school, and a videotaped observation of family interactions; and (3) tailored feedback that involves reviewing assessment results and discussing follow-up service options for the family. Follow up services will include Everyday Parenting and may include clinical or other support services in the community.

Phase two is parent management training (Everyday Parenting), a skills-based curriculum designed to support development of positive parenting skills. The curriculum is modular, and sessions can be tailored to the family's specific needs and readiness.

Family Check-Up® can be delivered in a variety of settings, including in the home, schools, community mental health settings, health centers, hospitals, primary care, and Native American tribal communities. This service is available in select communities in North Dakota, with ongoing expansion as resources allow. It is an approved service of the ND Title IV-E Prevention Services Plan.

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### Multisystemic Therapy

Multisystemic Therapy (MST) is an intensive family and community-based treatment program for youth 12 to 17 years old delivered in multiple settings. This program aims to promote pro-social behavior and reduce criminal activity, mental health symptomology, out-of-home placements, and substance use in youth. The MST program addresses the core causes of delinquent and antisocial conduct by identifying key drivers of the behaviors through an ecological assessment of the youth, his or her family, and school and community. The intervention strategies are personalized to address the identified drivers. The program is delivered for an average of three to five months, and services are available 24/7, which enables timely crisis management and allows families to choose which times will work best for them. Master's level therapists from licensed MST providers take on only a small caseload at any given time so that they can be available to meet their clients' needs. This service is available in select communities in North Dakota, with ongoing expansion as resources allow. It is an approved service of the ND Title IV-E Prevention Services Plan.

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### Nurse Family Partnership

Nurse Family Partnership (NFP) is a home visiting program that has specially trained nurses regularly visit first time moms-to-be (28 weeks pregnant or less) through the child's second birthday. The primary outcomes of NFP are to improve the health, relationships, and economic well-being of mothers and their children. The content of the program can vary based on the needs and requests of the mother. The nurse provides new moms with the confidence and the tools they need not only to assure a healthy start for their babies, but to envision a life of stability and opportunities for success for both mom and child. This service is available in select communities in North Dakota, with ongoing expansion as resources allow. It is an approved service of the ND Title IV-E Prevention Services Plan.

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### Parents as Teachers

Parents as Teachers (PAT) is a home-visiting parent education program that teaches new and expectant parents skills intended to promote positive child development and prevent child maltreatment. Title IV-E enrollment begins at birth and continues through 5 years of age. PAT aims to increase parent knowledge of early childhood development, improve parenting practices, promote early detection of developmental delays and health issues, prevent child abuse and neglect and increase school readiness and success. PAT is designed to be delivered to diverse families with diverse needs, although PAT sites typically target families with specific risk factors. Families can begin the program prenatally and continue through when their child enters kindergarten. It is an approved service of the ND Title IV-E Prevention Services Plan.

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### Substance Exposed Infants (Alternative Response) Assessments

Provide referral services and monitor support services for the caregiver(s) of the substance exposed infant while keeping the infant safe at home; develop a plan of safe care for the substance exposed infant and his/her

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caregiver(s). These assessments are available in all human service zones. Because tribal child welfare agencies provide CPS independent from the state system, their response to substance exposed infants differs from the state's.

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### Nurturing Parenting Program

The Nurturing Parenting Program 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. Sessions are held in person and online.

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### Early Intervention Services

Early intervention services identifies infants and young children (from birth until their third birthday) who have developmental delays. Developmental assessments and evaluations are provided at no cost to families. If a child qualifies, a plan is developed with parents to meet the unique needs of the child and family. Service plans may include ongoing home visits, consultations, and parent coaching. Home visitors may include (based on child's needs) early intervention service coordinator, special education teachers, occupational therapists, physical therapists, social workers, and/or speech language pathologists. This program is run through the regional Human Service Centers in North Dakota.

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### Right Track Developmental Screening

A free developmental screening and follow-along program for parents with children from birth to three years of age. Right Track Consultants meet with parents in the privacy of their own homes and can provide developmental screenings, ideas on supporting child development, and referrals to public and private service organizations.

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### Parent and Family Resource Centers

The parent and family resource centers provide educational opportunities, information, and support for individuals at all points within the family life cycle. This work furthers developing the continuum of family centered, holistic, preventative services for children and families.

The regional parent and family resource centers provide:

- Parenting education (in person and virtually statewide) 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 regionally based and collaborate with local efforts providing opportunities for parents. Each PFRC participates in the Parent Education 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.

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### Family Centered Engagement Meetings

A participatory and inclusive process that brings together those with relationships to the children and services providers to improve child welfare decision-making and outcomes for children who are temporarily removed per the present danger plan, at risk of removal, and children involved in both the child welfare and juvenile justice systems. These meetings are available in all human service zones. DJS and tribal child welfare agencies do not have access to refer families to Family Centered Engagement meetings.

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### ICWA Family Preservationists

ICWA Family Preservationists (IFP) are representatives of the North Dakota Tribes in Indian child welfare cases. As ICWA states, *"A person may be designated by the Indian child's Tribe as being qualified to testify to the prevailing social standards of the Indian child's Tribe,"* the IFP Model was developed from input from all four ND Tribes and is a result of tribal sovereignty and self-determination. IFPs provide training on ICWA and the prevailing social and standards of the family's Tribe to the child welfare agency and child and family team. They identify and address barriers to family preservation and assist with coordinating services when appropriate. IFPs are available in several human service zones and services will expand as resources allow.

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### Case Management

Provided to families who have come to the attention of the child welfare agency through a child protection report that results in a referral for protective services. Case management services provided in the family's home are designed to ensure the safety and well-being of children; prevent their initial placement or re-entry into foster care; and preserve, support, and stabilize their families.

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### Parent Aide

Parent aides are paraprofessional safety service providers assigned to specific activities or services with parents and/or caregivers with the expressed purpose of ensuring child safety. Parent aide services are focused on a collaborative relationship with the parents/caregivers. Parent aide services are directly connected to safety planning and case planning activities. These responsibilities most often involve the following:

- Confirm that threats of present and/or impending danger are no longer active;
- Support the individualized case plan goals that are intended to enhance parental capacities to assure child safety;
- Maintain close communication with the case worker;
- Connect with community supports and resources that can assist families during services and after case closure; and/or
- Support timely reunification plans (when a child has been placed out of the home).

Human service zones and tribal child welfare agencies make independent budgetary decisions regarding employment of parent aides.

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### Respite Care

Respite care is a pre-planned arrangement available to a parent/caregiver who needs temporary relief of duties for the child whose mental or physical conditions require special or intensive supervision or care. Respite care is provided by a licensed foster care provider or licensed childcare provider.

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### Shelter Care

Emergency out of home care for children and youth in either a family setting or certified program that functions as a diversion to foster care. Shelter care stays provide a comfortable placement setting for the child until the family home is stabilized and safe for their return. Shelter care stays do not exceed seven days per episode.

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### Prime Time Funds

Prime time funds are used to pay approved providers for the temporary care of children and allow parents to attend treatment, therapy, parenting education, and other services to support achievement of their case plan goals. Approved providers of prime time funds are licensed childcares and licensed family foster homes for children. Prime Time funds are included in human service zone budgets.

### Safety Permanency Funds

This flexible funding can be accessed through human service zones on behalf of families where children are at risk of out-of-home placement. Safety permanency funds are intentionally flexible so that each family's needs can be appropriately addressed. Examples of appropriate use for safety permanency funds include:

- Childcare or education/recreation
- Evaluations and therapy
- Housing or Household items
- Legal expenses
- Health care
- Parenting classes
- Transportation

Safety permanency funds are included in human service zone budgets.

### Children in Need of Services Program

The CHINS program serves children who have not committed crimes and can be served in the community outside of the juvenile court system. This program intends to divert children from deeper involvement in the child welfare system. Needs assessed and addressed through CHINS include truancy, habitual disobedience, runaway, and underage use of tobacco. A CHINS case manager is assigned to provide services and interventions at varied levels of intensity to eligible children and their families. This program is open to children and families served through human service zones.

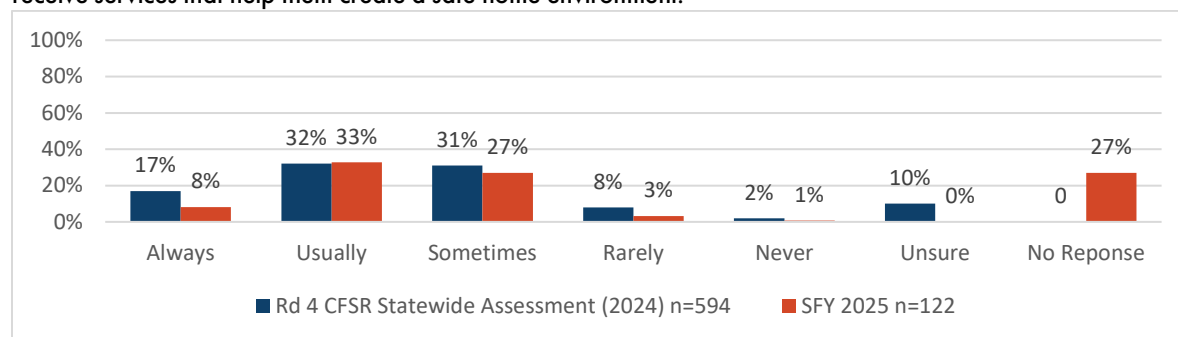
### Tribal Family Preservation

Tribal family preservation services are available in all four federally recognized ND Tribes through contracted general fund dollars with NDHHS. The tribal agencies are given the option to provide a Family Preservation services such as in-home case management and/or parent aide.

Within the Statewide Survey, respondents were asked to indicate their level of agreement with the following statement: *"Children and families receive services that help them create a safe home environment."* Nearly half of respondents (49%) answered 'always' or 'usually.'

**Figure 78.**

**Percentage of respondents indicating their level of agreement with the statement, "Children and families receive services that help them create a safe home environment."**



Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey

Survey respondents were asked to rank order services necessary to help children and families create a safe home environment.

**Table 72.**

**Respondents' rank order of services necessary to help children and families create a safe home environment.**

Rank	Service (Rd 4 CFSR)	Service (SFY 2025)
1	Mental/behavioral health services (both parent and child)	Mental/behavioral health services (both parent and child)
2	Parenting classes and support, and/or parent aide services	Substance use treatment (both parent/child)
3	Anger management or domestic violence services	Parenting classes and support, and/or parent aide services
4	Medical/dental care (both parent and child)	Anger management or domestic violence services
5	Childcare assistance	Low income housing/rental assistance
6	Substance use treatment (both parent/child)	Childcare assistance
7	Respite and/or shelter care	Medical/dental care (both parent and child)
8	Low income housing/rental assistance	Respite and/or shelter care
9	Transportation assistance	Income assistance
10	Income assistance	Transportation assistance
11	Developmental disability services	Developmental disability services

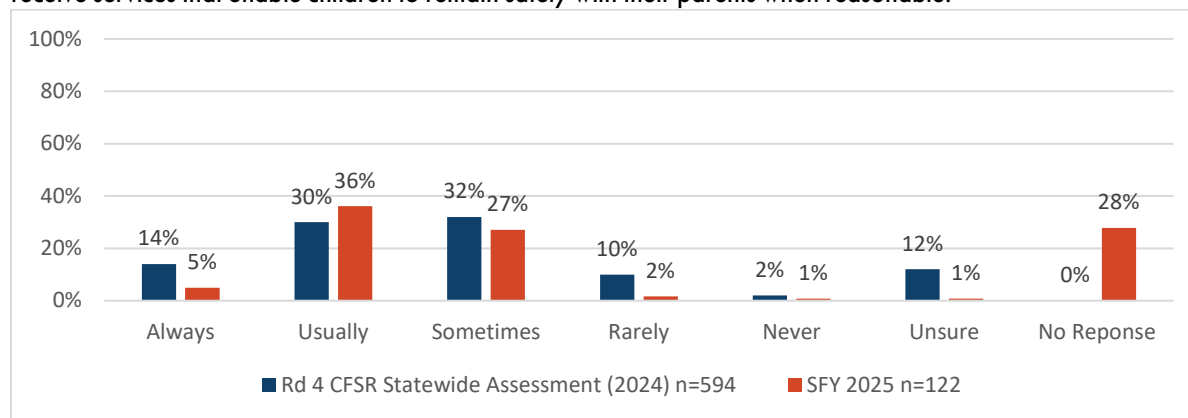
Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey

A small percentage of respondents offered additional services that they believe could benefit children and families including budgeting/household management, parent mentoring, trauma therapy, community connections/services, life coaching, intensive in-home family therapy, identifying informal supports, early intervention services, Early Head Start, Head Start, and insurance coverage. Respondents also commented that not all services are available to families living in rural areas of the state, and that more needs to be done to address this issue.

Survey respondents were asked to indicate their level of agreement with the following statement: *"Children and families receive services that enable children to remain safely with their parents when reasonable."* Less than half of respondents (44%) answered 'always' or 'usually.'

**Figure 79.**

Percentage of respondents indicating their level of agreement with the statement, “Children and families receive services that enable children to remain safely with their parents when reasonable.”



Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey

Survey respondents were asked to rank order services that enable children to remain safely with their parents when reasonable.

**Table 73.**

Respondents' rank order of services necessary to help children and families create a safe home environment.

Rank	Service (Rd 4 CFSR)	Service (SFY 2025)
1	Mental/behavioral health services (both parent and child)	Mental/behavioral health services (both parent and child)
2	Parenting classes and support, and/or parent aide services	Substance use treatment (both parent/child)
3	Anger management or domestic violence services	Parenting classes and support, and/or parent aide services
4	Medical/dental care (both parent and child)	Anger management or domestic violence services
5	Childcare assistance	Low income housing/rental assistance
6	Substance use treatment (both parent/child)	Childcare assistance
7	Respite and/or shelter care	Medical/dental care (both parent and child)
8	Low income housing/rental assistance	Respite and/or shelter care
9	Transportation assistance	Income assistance
10	Income assistance	Transportation assistance
11	Developmental disability services	Developmental disability services

Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey

A small percentage of respondents offered additional services they believe could enable children to remain safely with their parents including budgeting/household management, parent mentoring, trauma training/ongoing support, drug testing, skills development/support for employment, life skills mentoring, identifying informal supports, safety permanency funds, ongoing peer support, parenting support, early intervention, and Early Head Start.

Additional comments included concerns regarding the poor quality of case management services offered to families such as caseworkers who are not accessible, child welfare agencies that do not consistently communicate with or visit families or children, and/or case managers who do not assist families and may prematurely close the case.

Finally, survey respondents were asked to rank order barriers to receiving services to help that enable children to remain safely with their parents when reasonable.

**Table 74.**

**Respondents' rank order of barriers to receiving services to help that enable children to remain safely with their parents when reasonable.**

Rank	Service (Rd 4 CFSR)	Service (SFY 2025)
1  (Tie)	They choose not to engage in services	Lack of family, friends, neighbors, etc. available to help safety plan Complex family needs that make it difficult to follow through
2	Complex family needs that make it difficult to follow through	Services are not available in the community or in the state
3	Lack of family, friends, neighbors, etc. available to help safety plan	No transportation to get to services
4	Services are not available in the community or in the state	They choose not to engage in services
5  (Tie)	No transportation to get to services	Services are not available in the community or in the state. The service provider and family do not work well together.
6	Services are available, but not during the time they need them	Application process for the service is complicated
7 (tie)	The service provider and family do not work well together Eligibility requirements are not met	Eligibility requirements are not met
8	Application process for the service is complicated	Lack of appropriate services and/or service providers
9	Lack of appropriate services and/or service providers	
10	Language barriers, lack of interpreter services	

Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey

A small percentage of respondents offered additional comments about barriers to receiving such services including distrust of the government/system, homelessness/couch surfing prohibits access to supports, addictions are not addressed, ineffective services, lack of engagement by the child welfare agency, lack of informal supports, no consequences for not engaging in services, long waitlists, limits on the number of Medicaid-insured families allowed by the service provider.

Additional comments included concerns regarding the poor quality of case management services offered to families such as caseworkers who close the case without making a visit to the family, child



welfare agencies not providing services to prevent removal and providing them only after the children are removed from the home, lack of engagement by the child welfare agency, lack of efforts by the child welfare agency to inform families of available services including the benefits of services.

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### CATEGORY 3

#### Services that help children in foster and adoptive placements achieve permanency

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##### Case Management

Provided to families who have come to the attention of the child welfare agency through a child protection report that results in a referral for protective services. There are times when children cannot be safely maintained in their homes and require temporary out of home care with an alternate caregiver. This alternate caregiver may be kin/fictive kin, a licensed foster caregiver, or a facility. Case management services in this context require the case manager to work collaboratively with the family, child and family team, and service providers to support accomplishment of reunification in a timely manner. When reunification is not an option, the child and family team and case manager determine the most appropriate goal/concurrent goal for the children and diligently work towards permanency.

Within the realm of case management are two permanency options: Another Planned Permanent Living Arrangement (APPLA) and the 18+ Continued Care.

APPLA is a federally permitted permanency alternative that allows a youth age 16 or greater to have a “permanent home” that is not the youth’s home of origin, adoption, guardianship, or kinship care. APPLA is intended to be planned and permanent. Planned means the arrangement is intended, designed, considered, premeditated, or deliberate. Permanent means enduring, lasting, or stable. In other words, the agency must provide reasons why the living arrangement is expected to endure. The term living arrangement includes not only the physical placement of the child, but also the quality of care, supervision and nurturing the child will receive. APPLA focuses on building relationships between the youth and those adults who will be his or her network of support upon discharge from foster care.

The 18+ Continued Care program allows a youth who has reached the age of majority to remain in foster care (or return to foster care within six months of discharge). The case manager develops a transition plan with the youth and continues to support the youth’s goals concerning education, employment, and independence.

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##### Kinship-ND Allowance Assistance

Implemented in SFY 2024 using state general funds, this service provides time limited financial support to caregivers who live in North Dakota and are open for case management services with a ND child welfare agency (human service zone or tribal child welfare). Once deemed eligible, the unlicensed alternate caregiver can receive up to six months financial support per an established daily rate. Additionally, this program can cover the cost of licensed childcare for the children, also for a timeframe of six months at an established daily rate.



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### Kinship-ND Navigation

Support for caregivers who provide full time care and protection for a child who cannot remain in their home. This service assures the child is able to live with someone they know and love, who is committed to their care. Services provided include limited financial assistance, parenting skills education, childhood trauma information and education, guidance for navigating education systems, information on understanding legal options, and assistance in locating available resources to support caregivers and children.

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### YouthWorks

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.

**NOTE:** While most services provide though this agency are not accessible everywhere in ND, guardian ad litem advocacy is available statewide.

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### TANF Kinship Care

An alternative to foster care license, the TANF Kinship Care program is offered by the ND Economic Assistance division. It provides financial assistance consisting of a monthly maintenance payment and other funding for emergency needs to kinship caregivers who chose not to become licensed foster care providers. In order for kinship caregivers to be eligible for this program, they 1) must pass a background check and 2) there must be a court order placing care, custody and control of the child with a ND child welfare agency (human service zone, DJS, tribal child welfare) and 3) they must be related to the child within the 5<sup>th</sup> degree.

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### Adoption Services

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. NDHHS has long contracted with private vendors to provide adoption services in North Dakota (Adults Adopting Special Kids – AASK). Catholic Charities North Dakota (CCND), is the current contracted vendor to provide adoption services to children in foster care and the families who adopt them CCND works collaboratively under an MOU with All About U Adoptions to provide adoption services to non-traditional families and to serve those geographic areas with higher wait times for service provision. 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).

AASK works collaboratively with 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,

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with support from the adoption worker, develop a 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 tribal child welfare 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. NDHHS services provide 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).

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### Post Adopt Network

Within the current AASK contract, Catholic Charities North Dakota also provides leadership to post adoption services in the state through the North Dakota Post Adopt Network. The Post Adopt Network provides support to families who have adopted from foster care, families who have adopted infants or children internationally or domestically, and to families who provide guardianship to a child in their home. Some of the supportive services include parent and youth support groups, information and referral to service providers, outreach events, education for families and professionals, assessment and case management services, along with summer camps and winter retreats for kids and families.

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### Chafee Program and Education and Training Voucher Program

Services and supports are available through the Chafee Program for foster individuals, age 16+, who have been identified as "likely to age out of foster care", and for individuals who have aged out of the system and have not yet reached their 23rd birthday. Additionally, foster care individuals who "age out" of foster care or enter a kinship guardianship or are adopted at age 16+, have the option to apply for the Education and Training Voucher (ETV) program. Similar to a college scholarship, the individual can apply to receive up to \$2,500 per semester, \$5,000 per year with a lifetime maximum of \$25,000 for college tuition through ETV. Individuals can apply up to their 26th birthday. Both programs are administered by CFS who ensures that eligible youth from all human service zones, tribal child welfare agencies and DJS are offered the opportunity to participate.

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### Guardianship Assistance Program

NDHHS has two guardianship assistance programs (GAP): 1) state funded guardianship assistance program and 2) Title IV-E guardianship assistance program. There are different eligibility requirements for each program.

The state funded GAP is a limited resource option for children in ND foster care. Subsidy is a flat rate based on legislative action. The program prioritizes children 12+ years of age and older. It provides monthly cash payments for the youth's maintenance needs to an eligible guardian who cares for an eligible child. This support is intended for youth who are not able to return to their parent(s).

The Title IV-E GAP is a federally funded program for children who have been deemed eligible for Title IV-E foster care maintenance payments during at least a six consecutive month period during which time the child resided in the home of the prospective relative guardian who was licensed or approved as a family foster home for children.

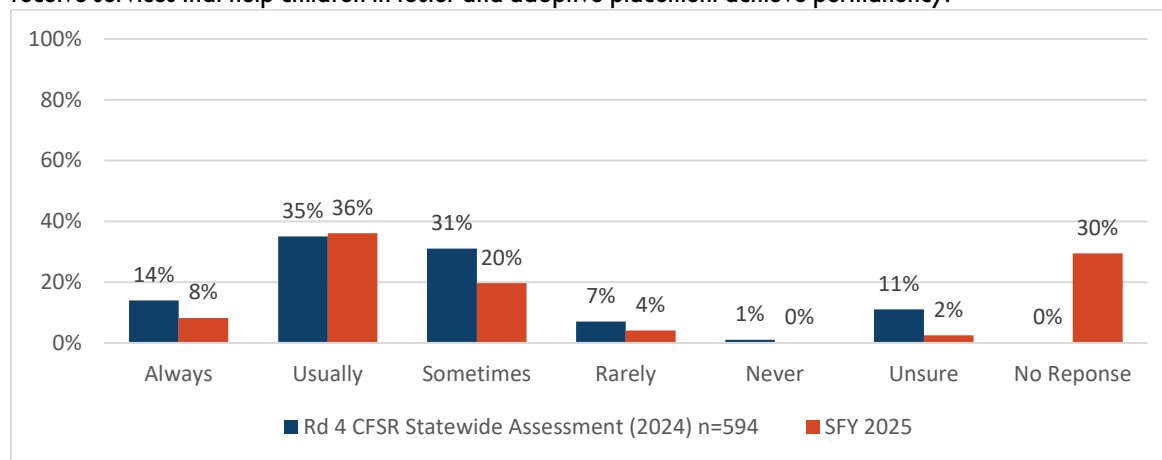
While both programs are available statewide to children in the custody of human service zones, tribal child welfare agencies, or DJS, eligibility requirements preclude some children/guardians from receiving this assistance.

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Survey respondents were asked to indicate their level of agreement with the following statement: “Children and families receive services that help children in foster and adoptive placement achieve permanency.” Nearly half of respondents (49%) answered ‘always’ or ‘usually.’

**Figure 80.**

**Percentage of respondents indicating their level of agreement with the statement, “Children and families receive services that help children in foster and adoptive placement achieve permanency.”**



Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey

Survey respondents were asked to rank order services that help children in foster and adoptive placement achieve permanency.

**Table 75.**

**Respondents’ rank order of the most important services that help children in foster and adoptive placements achieve permanency.**

Rank	Service	Service (SFY 2025)
1	Mental/behavioral heal services (both parent and child)	Mental/behavioral heal services (both parent and child)
2 (tie)	Parenting classes and support, and/or parent aide services	Substance use treatment (both parent/child) Parenting classes and support, and/or parent aide services
3	Medical/dental care (both parent and child)	Medical/dental care (both parent and child)
4	Respite and/or shelter care	Respite and/or shelter care
5	Substance use treatment (both parent/child)	Income assistance
6	Childcare assistance	Childcare assistance
7	Anger management or domestic violence services	Developmental disability services
8	Developmental disability services	Transportation assistance
9	Transportation assistance	Anger management or domestic violence services
10	Income assistance	

Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey

A small percentage of respondents offered additional services they believe could help children achieve permanency including parents engaging in services, trauma therapy for parents, ongoing support from

others, individualized services, and community supports.

Survey respondents were asked to rank order barriers to receiving services to help that help children in foster and adoptive placement achieve permanency.

**Table 76.**

**Respondents' rank order of barriers to receiving services to help that help children in foster and adoptive placement achieve permanency.**

Rank	Service	Service (SFY 2025)
1	Complex family needs that make it difficult to follow through	Services are not available in the community or in the state
2	Services are not available in the community or in the state	Complex family needs that make it difficult to follow through
3	They choose not to engage in services	Services are available, but not during the time they need them
4	Lack of family, friends, neighbors, etc. available to help safety plan	Lack of family, friends, neighbors, etc. available to help safety plan
(tie)		The service provider and family do not work well together
		They choose not to engage in services
5	No transportation to get to services	No transportation to get to services
6	Services are available, but not during the time they need them	Lack of appropriate services and/or service providers
(tie)		Application process for the service is complicated
		Eligibility requirements are not met
7	Application process for the service is complicated	Language barriers, lack of interpreter services
(tie)	Eligibility requirements are not met	
8	The service provider and family do not work well together	
9	Lack of appropriate services and/or service providers	
10	Language barriers, lack of interpreter services	

Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey

A small percentage of respondents offered additional comments about barriers to children achieving permanency including the system being cumbersome to navigate, few resources for adolescents, lack of collaborative planning and individualization of services, difficulty completing necessary paperwork with long approval timeframe.

Additional comments included concerns regarding inadequate case management services offered to families and the lack of providers who accept Medicaid.

#### 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:

#### 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 improvement related to Item 29

- Consistently across the years, respondents noted that services are available “sometimes”, with an occasional “usually” noted. Further exploration is needed to identify what services are needed and why those have not been provided in the past. When chosen by the State CQI Council, this item will go through root cause analysis.

### ***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?***

***Services that are developmentally and/or appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.***

North Dakota has long embraced the values and philosophy of Wraparound practice when serving children and families through the child welfare system. The values include:

1. Unconditional commitment to working with families is provided.
2. The process is team driven.
3. Families are full and active partners and colleagues in the process.
4. Family members have clear voice and choice when receiving services from the child welfare agency. They are full members in all aspects of the planning, delivery, management, and evaluation of services and supports.
5. The child and family team process seeks to build upon strengths and competencies of families.
6. Services are responsive.
7. Services and case plans are individualized to meet the needs of children and parents/caregivers.
8. Resources and supports, both within and outside the family, are utilized for solutions.
9. People are the greatest resource to one another.

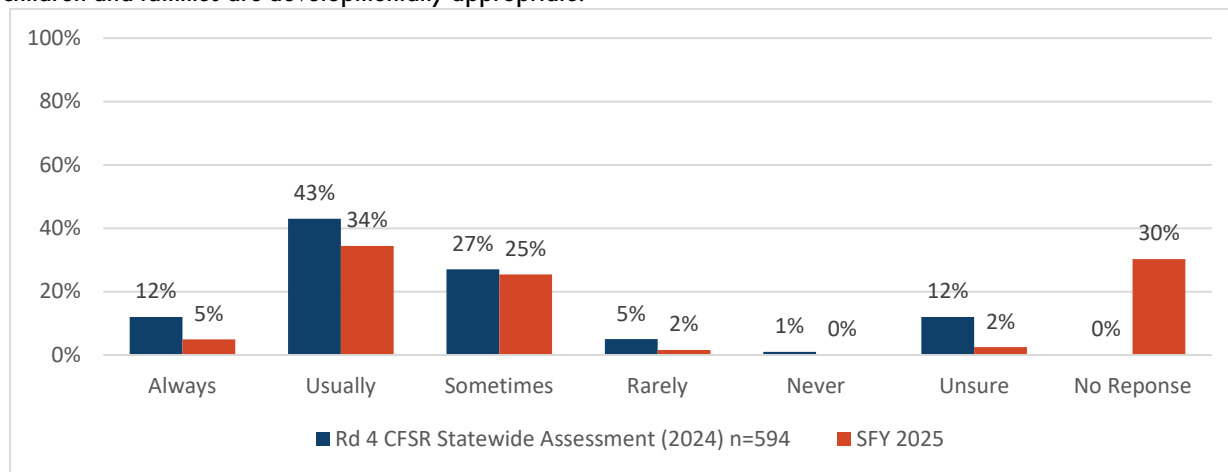
While Wraparound has been integral to practice and policy in the state for more than two decades, actualizing the values within it have been challenging, in part due to the complicated nature of the work. Most often child welfare services are viewed as intrusive to families and this sets up palpable tension from the beginning of the agency-family relationship. In order to overcome this, a specialized skillset is required by caseworkers and service providers. Since the Round 3 CFSR, North Dakota has re-visioned the delivery of child welfare services and in doing so, adopted the Safety Framework Practice Model (SFPM) in December 2020 to further develop this skillset.

SFPM provides a consistent method to actualize the values of Wraparound through practical processes to child welfare work. When practiced with fidelity, SFPM ensures the child welfare agency joins with the child and family to meet their complex needs through individualized case planning and service delivery that's nimble and adaptable as circumstances change. Implementation of SFPM has brought a significant paradigm shift for child welfare agencies and families, both of whom were accustomed to a 'check list' approach to case planning. The learning curve has been significant and we still have a long road ahead, as survey results will attest.

Survey respondents were asked to indicate their level of agreement with the following statement: *“Services received by children and families are developmentally appropriate.”* A majority of respondents (55%) answered ‘always’ or ‘usually.’

**Figure 81.**

**Percentage of respondents indicating their level of agreement with the statement, “Services received by children and families are developmentally appropriate.”**



Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey

Survey respondents were asked to rank order barriers to children and families receiving developmentally appropriate services.

**Table 77.**

**Respondents' rank order of barriers to children and families receiving developmentally appropriate services.**

Rank	Service (Rd 4 CFSR)	Service (SFY 2025)
1	Services are not available in the community or in the state	Services are not available in the community or in the state
2	Complex family needs that make it difficult to follow through	Complex family needs that make it difficult to follow through
3 (tie)	Services are available, but not during the time they need them	Services are available, but not during the time they need them They choose not to engage in services
4	They choose not to engage in services	No transportation to get to services
5	No transportation to get to services	Application process for the service is complicated
6 (tie)	Application process for the service is complicated	Lack of family, friends, neighbors, etc. available to help safety plan Eligibility requirements are not met
7	Eligibility requirements are not met	Lack of appropriate services and/or service providers The service provider and family do not work well together
8	Lack of family, friends, neighbors, etc. available to help safety plan	Language barriers, lack of interpreter services
9	Lack of appropriate services and/or service providers	
10	The service provider and family do not work well together	

**Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey**

A small percentage of respondents offered additional comments about barriers to children and families receiving developmentally appropriate services including virtual services that do not support strong engagement with children, families are expected to comply with too many services and can't keep up, and parents are not held accountable for making needed changes.

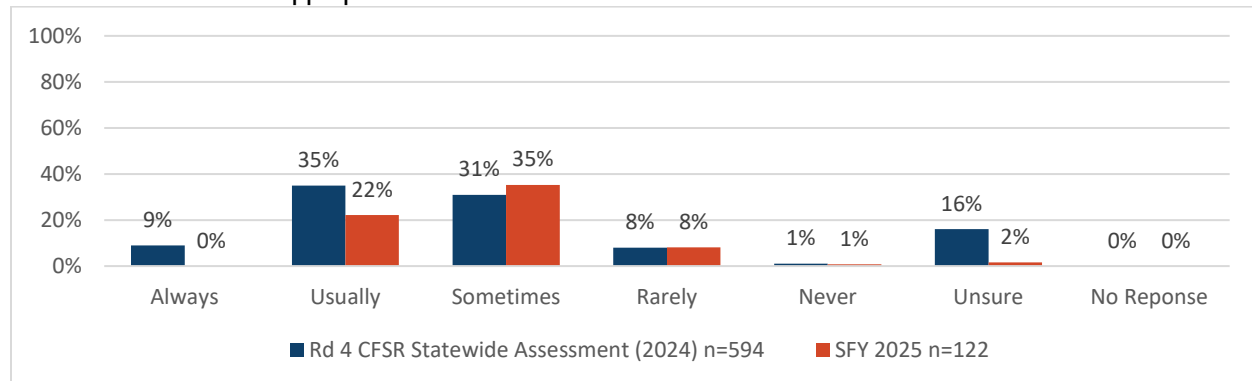
Additional comments included concerns regarding inadequate case management services offered to families and caseworker burnout as a contributing factor.

Survey respondents were asked to indicate their level of agreement with the following statement: *"Services received by children and families are appropriate."* A minority of respondents (44%) answered 'always' or 'usually.'



**Figure 82.**

**Percentage of respondents indicating their level of agreement with the statement, “Services received by children and families are appropriate.”**



Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey

Survey respondents were asked to rank order barriers to children and families receiving appropriate services.

**Table 78.**

**Respondents’ rank order of barriers to children and families receiving appropriate services.**

Rank	Service (Rd 4 CFSR)	Service (SFY 2025)
1	Lack of appropriate services and/or service providers	Services are not available in the community or in the state
2	Services are not available in the community or in the state	Complex family needs that make it difficult to follow through
3	They choose not to engage in services	They choose not to engage in services
(tie)		Services are available, but not during the time they need them
4	No transportation to get to services	No transportation to get to services
5	Complex family needs that make it difficult to follow through	Application process for the service is complicated
6	Language barriers, lack of interpreter services	Lack of family, friends, neighbors, etc. available to help safety plan
7	Services are available, but not during the time they need them	Lack of appropriate services and/or service providers
(tie)		The service provider and family do not work well together
8	Lack of family, friends, neighbors, etc. available to help safety plan	Language barriers, lack of interpreter services
9	Application process for the service is complicated	
10	The service provider and family do not work well together	

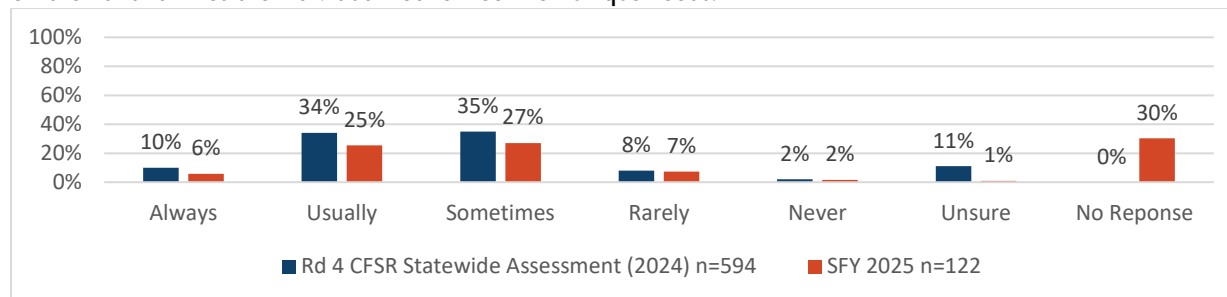
Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey

A small percentage of respondents offered additional comments about barriers to children and families receiving appropriate services including providers who are not competent, lack of minority foster homes, lack of understanding in how to treat mental health, few options for focused services, and lack of training.

Survey respondents were asked to indicate their level of agreement with the following statement: “Services received by children and families are individualized to meet their unique needs.” A minority of respondents (44%) answered ‘always’ or ‘usually.’

**Figure 83.**

**Percentage of respondents indicating their level of agreement with the statement, “Services received by children and families are individualized to meet their unique needs.”**



Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey

Survey respondents were asked to rank order barriers to children and families receiving individualized services.

**Table 79.**

**Respondents’ rank order of barriers to children and families receiving individualized services.**

Rank	Service (Rd 4 CFSR)	Service (SFY 2025)
1	They choose not to engage in services	Services are not available in the community or in the state
2	Services are not available in the community or in the state	Complex family needs that make it difficult to follow through
3	Complex family needs that make it difficult to follow through	Services are available, but not during the time they need them
(tie)		They choose not to engage in services
4	No transportation to get to services	No transportation to get to services
5	Lack of family, friends, neighbors, etc. available to help safety plan	Application process for the service is complicated
6	Services are available, but not during the time they need them	Lack of family, friends, neighbors, etc. available to help safety plan
(tie)		Eligibility requirements are not met
7	Application process for the service is complicated	Lack of appropriate services and/or service providers
(tie)		The service provider and family do not work well together
8	Eligibility requirements are not met	
9	Lack of appropriate services and/or service providers	
10	The service provider and family do not work well together	

Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey

A small percentage of respondents offered additional comments about barriers to children and families receiving individualized services including difficulty locating services to meet their unique needs, too

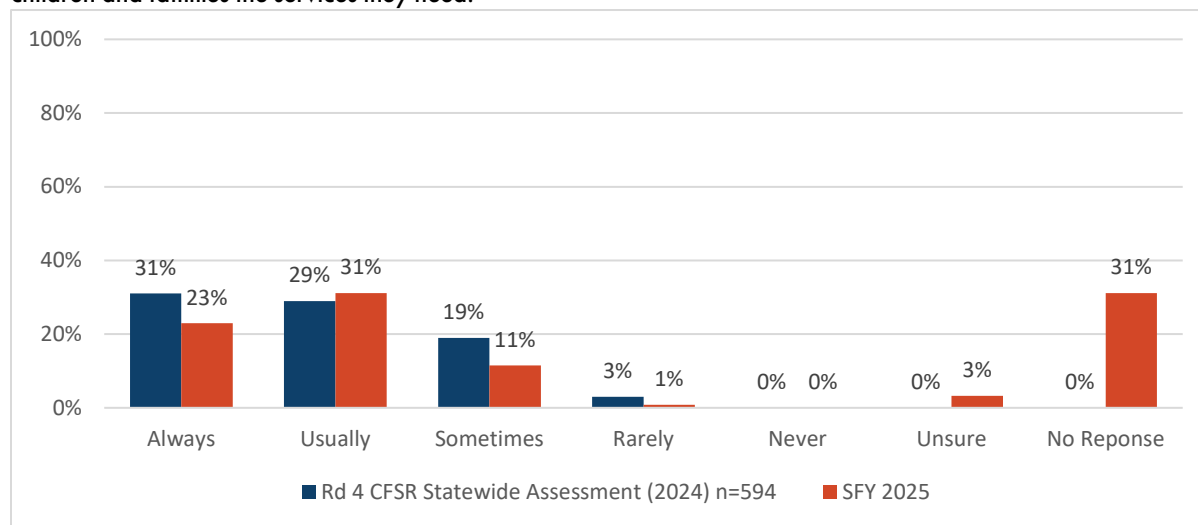
much paperwork to complete, services are booked/unavailable, rural areas are 'service deserts,' too much focus on a 'check list' than what is actually needed, treatment facilities that reject admission, families are overwhelmed with the number of agencies involved in their lives, inflexible agency guidelines and state laws, and schedule coordination is difficult.

Additional comments included concerns regarding inadequate child welfare agency assessments that do not get at what's truly needed by the children and families and/or lack understanding of the family, case managers who do not listen to families, a 'cookie cutter' approach to service delivery, and high caseloads.

Similar to previous comments, focus groups with North Dakota Tribes indicated inconsistencies in how services are individualized for Native American families and children. Additionally, child welfare agencies do not consistently support foster caregivers in an effort to connect children to their Tribe and traditions in a meaningful way.

Survey respondents were asked to indicate their level of agreement with the following statement: "There are waitlists for getting children and families the services they need." A minority of respondents (60%) answered 'always' or 'usually.'

**Figure 84.**  
Percentage of respondents indicating their level of agreement with the statement, "There are waitlists for getting children and families the services they need."



Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey

Survey respondents were asked to rank order the types of services with waitlists in their area of the state.

**Table 80.**  
Respondents' rank order of types of services with waitlists in their area of the state.

Rank	Service (Rd 4 CFSR)	Service (SFY 2025)
1	Mental/behavioral health services (both parent and	Mental/behavioral health services (both parent and

	child)	child)
2	Substance use treatment (both parent/child)	Substance use treatment (both parent/child)
3	Low income housing/rental assistance	Low income housing/rental assistance
4	Respite and/or shelter care	Medical/dental care (both parent and child)
5	Medical/dental care (both parent and child)	Developmental disability services
6 (tie)	Anger management or domestic violence services Parenting classes and support, and/or parent aide services	Anger management or domestic violence services
7 (tie)	Childcare assistance	Childcare assistance Parenting classes and support, and/or parent aide services
8	Developmental disability services	Respite and/or shelter care
9 (tie)	Income assistance	Income assistance Transportation assistance
10	Transportation assistance	

Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey

A small percentage of respondents offered additional comments about the types of services with waitlists in their area including occupational therapy, physical therapy, speech language services, foster homes, intensive in-home family therapy, outpatient therapies for children, and family therapy services.

Lastly, survey respondents were asked to rank order the barriers that keep children and families from receiving the services they need, apart from wait lists.

**Table 81.**

**Respondents' rank order of barriers that keep children and families from receiving the services they need, apart from wait lists.**

Rank	Service (Rd 4 CFSR)	Service (SFY 2025)
1	They choose not to engage in services	They choose not to engage in services
2	Complex family needs that make it difficult to follow through	Complex family needs that make it difficult to follow through
3 (tie)	Services are not available in the community or in the state Lack of family, friends, neighbors, etc. available to help safety plan	Lack of family, friends, neighbors, etc. available to help safety plan No transportation to get to services
4	No transportation to get to services	Services are not available in the community or in the state
5	Services are available, but not during the time they need them	Services are available, but not during the time they need them
6	Eligibility requirements are not met	Eligibility requirements are not met
7	Application process for the service is complicated	Application process for the service is complicated
8	Lack of appropriate services and/or service providers	Lack of appropriate services and/or service providers
9	The service provider and family do not work well together	The service provider and family do not work well together
10	Language barriers, lack of interpreter services	Language barriers, lack of interpreter services

**Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey**

A small percentage of respondents offered additional comments about additional barriers to receiving services including fear of their children being removed, inadequate funding to sufficiently meet service needs (particularly in expanding to rural areas), lack of proper training to equip service providers to meet the complex needs of children and families, caseworkers unaware of services that are available or not assisting families in accessing the services, too much paperwork to get the services, and long distance to get to needed services (only available in population centers and not rural communities).

### Key strengths related to Item 30

- North Dakota places a high value on the Wraparound approach to service delivery.
- North Dakota has a child welfare practice model that promotes individualized services for children and families that are developmentally and responsive.

### Key areas needing improvement related to Item 30

- Lack of services available to children and families living in rural areas of the state.
- Despite targeted strategies to grow service array, we continue to have waitlists for essential services and this negatively impacts outcomes for children and families.
- Child welfare agencies need to grow their understanding of individual Tribes in North Dakota, as well as how to respect the significant traditions of children and families into the services being provided.

## F. Agency Responsiveness to the 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?***

The Children and Family Services Section continues to lead and/or participate in multi-disciplinary workgroups across the state to continuously improve the child welfare system. During the Round 3 Children and Family Services Review, North Dakota was found to be in substantial conformity for Agency Responsiveness to the Community, with one item (Item 32) noted as a strength. Since then, the State has continued to strengthen collaborative relationships, including ongoing quality improvement activities from the new CQI Program.

For the 2020-2024 Child and Family Services Plan, North Dakota worked closely with various stakeholders to create and implement the 5-year plan. This has continued with the 2025-2029 CFSP (see table below). In creating the plan, the Children and Family Services Section brought together fifty-eight individuals representing child welfare stakeholders from across the state including: foster care providers, child and family advocacy programs, refugee services, tribal social service agencies, Native American Training Institute, human service zones, education, juvenile court, court improvement program, the federal Children's Bureau, private prevention and service providers, residential providers, and juvenile services. While those with lived experience including foster care alumni were invited to participate, none chose to attend. There is representation from those with lived experience on various groups such as the State CQI Council, but attendance tends to be sporadic and, at times, they choose to discontinue participation. This is an ongoing issue being worked on by Children and Family Services and is documented in other sections of this assessment.

**Table 82.**

**2025-2029 CFSP Development Workgroup Participants**

NAME	ORGANIZATION	ROLE
Susan Aukes		Foster Care Provider
Kari Bachler	USpire	Program Director for Healthy Families ND
Missi Baranko	USpire	Executive Director
Katie Behrend	North Dakota Department of Health and Human Services	Unaccompanied Minor Refugee Program Administrator
Harmony Bercier	University of North Dakota	Project Manager - North Dakota ICWA Implementation Partnerships
Kelsey Bless	North Dakota Department of Health and Human Services	Licensing Unit Manager
Daniell Breland	Turtle Mountain Band of Chippewa Indians Child Welfare and Family Services	Director

Paula Condol	Dakota Children's Advocacy Center	Executive Director
Kate Coughlin	Nexus-PATH	Executive Director
Christy Dodd	Prevent Child Abuse North Dakota	Executive Director
Kara Eastland	Catholic Charities	AASK Adoption Program
Morgan Edmundson	North Dakota Department of Public Instruction	Program Administrator – Specially Design Services Office
Tara Erickstad		Foster Care Provider
Laura Feldmann	Home on the Range	Executive Director
Travis Finck	Commission on Legal Counsel for Indigents	Executive Director
Nicole Fleming	North Dakota Department of Health and Human Services	QA Lead – Quality Assurance Unit, Children and Family Services Section
Debora Flowers	Childrens Bureau	Region VIII Children and Families Program Specialist
Kristi Frederick	Ward Human Service Zone	Zone Director
Tim Gienger	Dakota Boys and Girls Ranch	Senior Director of Residential Partnerships
Gillian Plenty Chief	Native American Training Institute	Executive Director
Christal Halseth	Northern Plains Children's Advocacy Center	Executive Director
Kirsten Hansen	North Dakota Department of Health and Human Services	Prevention & Protection Services Administrator, Children and Family Services Section
Kristin Hasbargen	North Dakota Department of Health and Human Services	Director of Zone Operations
Carrie Hjellming	ND Juvenile Court	Director of Juvenile Court Services – Unit 3
Kim Jacobson	Agassiz Valley Human Service Zone	Zone Director
Julie Hoffman	North Dakota Department of Health and Human Services	Adoptions Administrator
Tammie Juneau	RSR Human Service Zone	Foster Care/In-home Case Management Supervisor
Kathy Kalvoda	North Dakota Department of Health and Human Services	Office Manager – Children and Family Services Section
Greg Kasowski	Executive Director	Children's Advocacy Center of North Dakota
Jamie Klauzer	North Dakota Department of Health and Human Services	CPS Field Services Specialist – Children and Family Services Section
Luke Klefstad	Village Family Service Center	Division Director
Allison Kosanda	Ward Human Service Zone	Foster Care/In-home Case Management Supervisor
Tony Kozojed	Division of Juvenile Services	State Supervisor
Nicole Lang	Ward Human Service Zone	Child Welfare Supervisor
Robin Lang	ND Dept. of Public Instruction	Assistant Director
Beth Larson-Steckler	North Dakota Federation of Families for Children's Mental Health	Parent Coordinator
Sara Mathews	Red River Childrens Advocacy Center	Executive Director
Carlotta McCleary	North Dakota Federation of Families for Children's Mental Health	Executive Director
Leanne Miller	North Dakota Department of Health and Human Services	QA Unit Manager – Children and Family Services Section
Tracy Miller	North Dakota Department of Health and Human Services	Family Preservation and Prevention Services Administrator

Katie Nelson	North Dakota Department of Health and Human Services	Case Management Field Services Specialist – Children and Family Services Section
Amy Oehlke	University of North Dakota Children and Family Services Training Center	Director
Cory Pedersen	North Dakota Department of Health and Human Services	Director – Children and Family Services Section
Christiana Pond	North Dakota Department of Health and Human Services	Kinship Navigator and Kinship ND Administrator – Children and Family Services Section
Sam Pulvermacher	North Star Human Service Zone	Child Welfare Supervisor
Joy Ryan	Dakota Boys and Girls Ranch	Chief Executive Officer
Lauren J. Sauer	North Dakota Department of Health and Human Services	Assistant Director – Children and Family Services Section
Jeremy Smith	Burleigh Human Service Zone	Child Welfare Manager
Desiree Sorenson	Mountrail McKenzie Human Service Zone	Zone Director
Kortney Sturgess	RSR Human Service Zone	CPS and Intake Supervisor
Dean Sturn	North Dakota Department of Health and Human Services	Permanency Administrator
Kassie Thielen	North Dakota Department of Health and Human Services	Field Services Specialist, Children and Family Services Section
Heather Traynor	ND Supreme Court	CIP Coordinator
Tracy Van Beek	Grand Forks Human Service Zone	CFS Program Administrator
Diana Weber	North Dakota Department of Health and Human Services	SFPM Administrator – Children and Family Services Section
Jennifer Withers	North Dakota Department of Public Instruction	Program Administrator – Office of Educational Improvement and Support
Michelle Woodcock	North Dakota Department of Public Instruction	Special Education Strategist
Carl Young	Family Services Network	Executive Director

Strong collaborative efforts do not stop with the creation of the 5-year plan. In fact, collaboration to strengthen the child welfare system *occurs at all levels throughout the year*. These collaborations ensure that the CFSP is fully implemented and the APSRs document the progress of that ongoing implementation. These collaborative efforts and partnerships include:

**Table 83.**  
**List of Ongoing Collaborative Efforts**

Collaborative Effort	Description
North Dakota Human Service Zone Directors Association (Monthly meetings)	The association is comprised of the Directors of the 19 human service zones and provides services including Supplemental Nutrition Assistance Program (SNAP/Food Stamps), Temporary Assistance for Needy Families (TANF), heating assistance, Medicaid, including children's health services; 1915i home and community-based services; basic care assistance; childcare assistance; child welfare (foster care, child protection services); and referrals to other local resources and programs. Administrators from the Children and Family Services Section, Economic Assistance, Medical Services, and other system partners regularly attend these meeting to coordinate services statewide.



Human Service Zone Child Welfare Supervisors (Monthly meetings)	The group is comprised of the child welfare supervisors of the 19 human service zones. Administrators from the Children and Family Services Section, the University of North Dakota's Children and Family Services Training Center, the Native American Training Institute, Division of Juvenile Services, Economic Assistance, Medical Services, and other system partners regularly attend these meeting to coordinate child welfare services statewide.
State CQI Council (Quarterly meetings)	The State CQI Council is the primary driver for North Dakota's statewide Continuous Quality Improvement process. The Council uses data and other sources of information to bring to light and gain a better understanding as to what is working well and what is not in relation to core agency child welfare goals and strategic priorities. The State CQI Council works together to utilize the CQI Cycle and Theory of Constraints to identify and implement effective strategies and solutions that address areas in need of improvement and monitor and adjust strategies through the use of data as needed over time to ensure successful implementation.
Cross Zonal CQI Teams (Quarterly meetings):	The Cross Zonal CQI Teams are the drivers for the local CQI process with a focus on improving child welfare agency case practice, service delivery and the achievement of outcomes for North Dakota children and families. Cross-Zonal CQI Teams are comprised of CFS Field Service Specialists, Tribal, DJS and HSZ agency staff and stakeholders and are responsible for reviewing regional/zonal data and implementing the CQI Cycle and Theory of Constraints at the local level.
Court Improvement Project (Quarterly meetings)	The CIP provides a forum to consider issues, review data, develop plans and promote system enhancements related to deprived and delinquent/unruly youth, and issues of disproportionality and disparity to improve outcomes for North Dakota children and families. Membership includes staff from the Supreme Court, Children and Family Services, Behavioral Health Division, Division of Juvenile Services and other stakeholders.
Youth Advisory Association (Quarterly meetings)	The Association involves engagement, and participation, of youth with lived experience from current foster youth and Foster Care Alumni. Youth membership reflects the individuals being served. 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. Youth Stakeholder participants can share with state staff their perspective of what has gone well in foster care and what areas could be improved. Participation in the meetings include the Children and Family Services Section, Nexus-PATH, human service zone staff, and other stakeholders.
State-Tribal IV-E Agreement Workgroup (Quarterly meetings)	Within Tribal Engagement, CFS continues collaboration and partnership with the tribal social service agencies, Native American Training Institute (NATI), and the Indian Affairs Commission through quarterly meetings. CFS works closely with NATI to organize and facilitate quarterly meetings to collaborate with tribal leadership to review the Title IV-E plan, systemic issues, and prepare for changes that may be coming.
North Dakota Statewide Foster and Adopt Recruitment and Retention Work Group (Quarterly meetings)	Work Group members represent all 19 human service zones of the state and include individuals from human service zones, tribal social services, licensed child placing agencies, the UND Training Center, Children &

	Family Services and foster/adoptive parents, DJS. Members share the efforts that were successful and brainstorm solutions for the challenges faced in their service area and statewide.
Community Partner Collaboration Meetings (Monthly meetings)	Made up of staff from the Burleigh Human Service Zone, West Central Human Service Center, Bismarck Public Schools, United Tribes Technical College, Police Youth Bureau, local law enforcement agencies, Juvenile Court, and the Children in Need of Services (CHINS) program, and the Children and Family Services Section (as needed), this group provides collaboration concerning crisis response. They focus on common themes identified throughout the community.
AASK Advisory Board (Quarterly meetings)	The board is comprised of staff from Adults Adopting Special Kids (AASK), human service zones, Infant Adoption, adoptive parents, tribal representative, community partners, and the Children and Family Services Section. The meetings allow for collaboration between stakeholder groups while ensuring consistent adoption services across the state, identifying barriers, and strategizing solutions.
Department of Public Instruction IDEA Advisory Board (Quarterly meetings)	The IDEA Advisory Committee is a panel that works to improve special education in North Dakota. The IDEA Advisory Committee advises the North Dakota Department of Public Instruction on the unmet educational needs of students with disabilities, on corrective action plans, and on developing and implementing policies to improve coordination of services to these students, reviews and comments on North Dakota's Annual Performance Report, on proposed special education regulations, and helps the North Dakota Department of Public Instruction develop and report information that is required by law to the U.S. Secretary of Education. Participants include the North Dakota Department of Public Instruction, Children and Family Services Section, Behavioral Health Section, Medical Services Division, Developmental Disabilities Section, Vocational Rehabilitation, public/private schools, and parents.
Foster Care Liaison Advisory Committee (Semi-annual meetings)	Facilitated by the North Dakota Department of Public Instruction, this group discusses the educational stability of vulnerable students, including those in foster care. It is attended by staff from the Department of Public Instruction, the Children and Family Services Section, and public schools.
Change of Practice for Social Emotional Behavioral Disorders for Students (Quarterly meetings)	The focus of this multidisciplinary group is the implementation and sustainment of activities and practices that will positively impact students identified as having SEBD needs (including students identified with an emotional disturbance). The group consists of staff from DPI, Children and Family Services Section, the Behavioral Health Section, school districts, public schools, the Division of Juvenile Services, human service zones, and developmental disability providers.
State Treatment Collaborative for Traumatized Youth (TCTY)	Collaboration for the education and support of parents/foster parents who care for traumatized children.
Dual Status Youth Initiative	Collaboration between the Court System and Child Welfare System to identify and provide services to youth who are in both service systems.
Field Services Specialists	Field Services Specialists 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.
Casey Family Programs:	The CFS Section works closely Casey Family Programs to receive technical assistance to address identified needs in the child welfare system in North Dakota. Efforts include addressing areas of disproportionality and disparities. Specifically, the engagement has allowed North Dakota to implement a new practice model.
Catholic Charities North Dakota, in collaboration with All About U Adoptions	Special needs adoption services (collaboration takes place through monthly meetings, staff review, placement proposals, review of contract work, etc.). Post adoption/post guardianship services (ND Post Adopt Network)
Family foster homes, therapeutic family foster homes (Nexus-PATH), qualified residential treatment programs, supported independent living programs, and psychiatric residential treatment facilities	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).
Nexus-PATH Family Healing	Provides in-home family support, respite, reunification services, assessment homes, 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 University of North Dakota	Training of foster and adoptive parents, child welfare case managers and system partners, including tribal staff and families. Training includes elements of ICWA.
Division of Juvenile Services, Nexus-PATH and Behavioral Health Division	Collaboration and implementation of the Wraparound process across systems.
Prevent Child Abuse North Dakota	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	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)	Assist in the assessments of child physical and sexual abuse. Children's Advocacy Centers (CACs) in North Dakota are located in 11 communities across the state with five of those communities having on-site full-time staff, while the other six are served by staff who travel to the location.. The CAC Directors are members of the Children Justice Alliance and meet with this multi-disciplinary team quarterly.
North Dakota State University (NDSU) Extension offices	Provide parent resource centers and parenting classes.
Collaboration Workgroup	Their 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).
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A strong example of the ongoing collaboration to improve services and outcomes for children and families is the design and ongoing implementation of **Continuous Quality Improvement**. The State CQI Council and four Cross Zonal CQI Teams are all comprised of system stakeholders. They come together regularly to assess the strengths and challenges of the child welfare system, to monitor the implementation of the goals identified in the CFSR/APSR, and recommended adjustments to the system of care to ensure the best possible outcome for children and families. The reader is referred to Item 25: Quality Assurance Systems (Pages 73 – 92) for a more detailed description of the CQI Program in North Dakota.

Field Service Specialists within CFS participate on the **Children of Incarcerated Parents** statewide committee with the Department of Corrections & Rehabilitation (DOCR). This multidisciplinary group works to support communication and connections of incarcerated parents as active members of the CFTM as well as implement communication opportunities to reduce barriers for child welfare cases.

The Department has entered into various agreements that further collaborative work between various agencies. For instance, an **intergovernmental agreement** exists between the State and each of the four Tribes to provide Title IV-E payments to all Title IV-E eligible Tribal children. This agreement includes the creation/ongoing implementation of the State-Tribal IV-E Agreement Workgroup to further collaborative efforts for Title IV-E activities. The latest agreement has been in place since 2019. Another example is a **cooperative agreement** between the Children and Family Services Section and the Division of Juvenile Services (DJS), which allows for claiming Title IV-E foster care maintenance for foster care services provided by DJS. Part of this agreement states, “DJS and CFS shall collaboratively plan for the provision of services to the respective population they serve.” This agreement has been in effect since 1991.

While there is evidence of strong agency responsiveness to the community, gaps do exist in the collaborative efforts. The engagement of **those with lived experience** –biological parents and foster care alumni – has proven to be difficult. While there is an organized group for advocacy activities for foster parents, no such group exists for biological parents. Individual invitations to meetings – whether they be planning, collaborative, or quality improvement events – largely go unanswered. While it is easier to get participation from the Youth Leadership Association, participation beyond that group is non-existent. Actively planning, however, is underway to address this issue.

In preparation of the Round 4 Child and Family Services Review Statewide Assessment, **focus groups were held with tribal stakeholders**. Technical assistance consultants from the Capacity Building Centers for States and for Tribes held 3 tribal focus groups (2 in-person, 1 virtually). All four tribal child welfare communities were represented. Twenty-seven individuals participated including Tribal Child Welfare Director and staff representing: Tribal Liaison, District Representatives, Social Services, Case Managers, Child Protection Services, Foster Parent Training, ICWA Coordinator, Family Assessment, Guardian Ad Litem, Intake as well as aged out Youth in Transition.

Participants were asked:

*Between a 1 – 5, with 1 being the lowest and 5 being the highest, how is the collaboration between the Tribes(s) and Child Welfare leadership within the Human Service Zone and the North Dakota Department of Health and Human Services? What needs to happen to increase your rating of the collaboration?*

Responses ranged from 1s, 3s, 4s and 5s for collaborations with Zones (it was noted that not everyone in the room could rate this because they don't really know what child welfare leadership is experiencing other than that there is a meeting) and included the following comments:

- *"We meet with the state monthly to make sure permanency is up to date and IV-E is in compliance. There is a good relationship with Zone 3 and meetings are happening regular with eligibility worker and state team on IV-E cases. This includes updates on permanency and on services that are available, but not staffing cases."*
- *Work on both sides, Tribe and state needs to be a joint effort.*
- *10 years ago, this relationship was very bad. Since the introduction of the Native American Training Institute (NATI) Board and collaboration of the 4 Tribal Child Welfare Directors, things have gotten better. NATI has been a good go between the Tribes and the state, Casey Family Programs and the Tribal State IV-E Agreements. Tribes are now receiving 50% of FMAP funding that is helpful in funding workers to run the programs.*
- *After IV-E Tribal state agreement was negotiated, this relationship has improved to ok, not terrible like it had been. There have been meetings, and they are receptive to change but trust is still being established.*
- *It would be good to start up CPT so more could join and staff cases.*
- *Not privileged to some of their resources*
- *Collaboration is not how it should be or could be.*
- *Tribal staff do not know any of the zone workers, could not name 1 staff member.*
- *State contacts ICWA workers first and sometimes that's the only contact.*

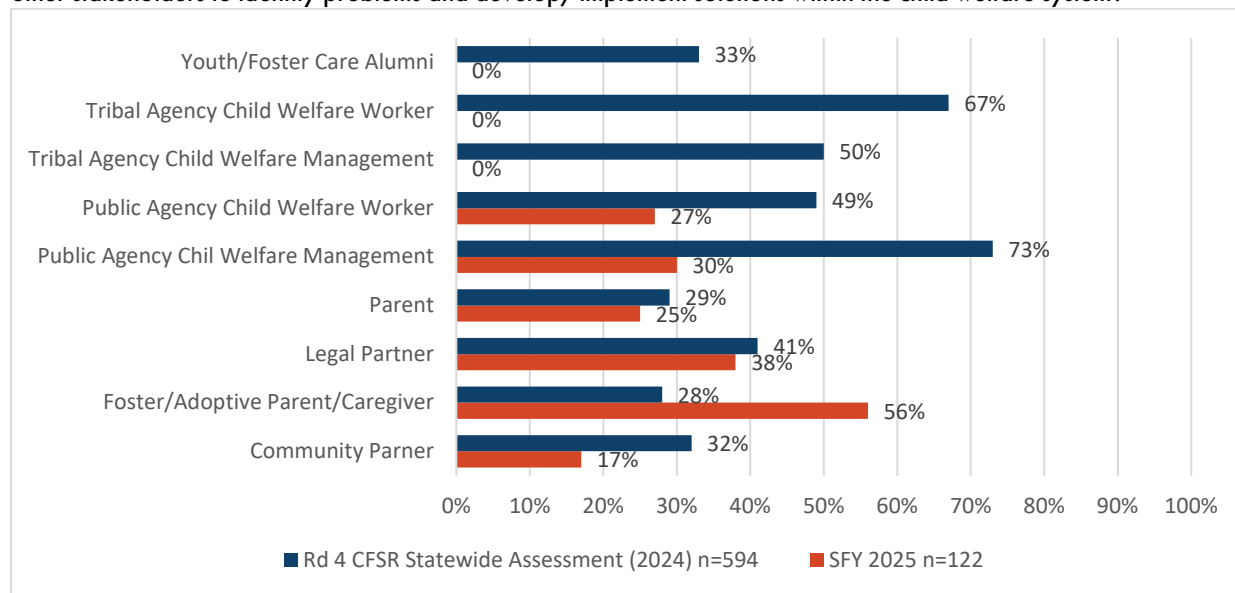
The ***Round 4 CFSR Statewide Assessment Stakeholder Survey*** in February of 2024 contained the following question:

*During the past 12 months, have you participated in collaborative meetings with the North Dakota Department of Health and Human Services, human service zones, and other stakeholders to identify problems and develop/implement solutions within the child welfare system?*

Of the 444 people that responded to the question, the following percentages (by respondent role) responded "Yes" to the question:

**Figure 85.**

Percentage of respondents answering “Yes” to the question, “During the past 12 months, have you participated in collaborative meetings with the North Dakota Department of Health and Human Services, human service zones, and other stakeholders to identify problems and develop/ implement solutions within the child welfare system?”



Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey

The results of the survey are incongruent with the myriad of collaborative efforts listed above (Figures # & #). Further exploration of root causes, expectations, communication strategies will need to occur to determine where the disconnect is occurring.

***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?***

The Children and Family Services Section continues 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.

Many of the coordinated services are housed within the North Dakota Department of Health and Human Services. The Department is the state agency administering Medicaid, Economic Assistance programs, Child Support, Behavioral Health Services and Child Welfare programs. Other coordination efforts occur statewide or through human service zone effort. For example:

- CFS coordinates eligibility for most federal assistance program (***Medicaid, TANF, Food Stamps, Title IV-E Foster Care Eligibility***) with human service zones and the Medical Services and Economic Assistance Sections of the Department.
- ***Medicaid*** has been used to finance Wraparound Targeted Case Management Services for multiple systems. Private and public health providers complete the Health Tracks/EPSTD Screenings with Medicaid funds.
- The TANF Kinship Care Program was developed in collaboration with the ***Economic Assistance Division*** in 2005. The child welfare program shares information with TANF in accordance with IM 5267.
- The Department 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 the Medical Services, Economic Assistance, and Child Support Sections, which aid in the reporting of financial elements for the AFCARS report.
- Collaborative efforts continue with CFS and the ***Child Support Section***. The Department 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 human service zone 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 Health and 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 can locate a prospective placement

option or reuniting a child with biological family because of information obtained from the Child Support Section. 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 Section, who works with families to carry out critical steps in the child support process to ensure proper payments are applied to child accounts.

- The ***Federal Parent Locator*** is a beneficial resource available to the state's child welfare community hosted by the ND Child Support Section. Child Support works closely with CFS to ensure that human service zone case managers have access to obtaining necessary contact information on all children in foster care. The process is simple; the case manager provides basic demographics to the Regional Supervisor and the Regional Supervisor in turn works directly with the Child Support Division to obtain contact information on family with hopes to locate and secure relative placement options. In October 2010, the federal regulation, National Youth in Transition Database (NYTD), was implemented. In 2012, states were encouraged to work with Federal Parent Locator to gain current contact information on youth who have aged out of foster care and were in the age 19 and 21 NYTD survey populations. ND was given an opportunity to again work closely with the Child Support Section to meet this need. CFS provided the Child Support Division with the federal bulletin and had a conference call with both Division state administrators to ensure understanding of the need for the information. Small states have challenges, but working closely with the same people on similar topics can offer great strength to solutions. After one phone call, CFS was given a specific form from Child Support to use when requesting information on NYTD survey youth via Federal Parent Locator. Every reporting period, CFS has relied on this coordinated effort to receive information from the FPLS to contact youth directly.
- The Department of Health and Human Services – specifically the ***Office of Refugee Services*** – 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. The Department administers the Refugee Cash Assistance through a Wilson/Fish Alternative Project. In addition, the Department 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. The Children and Family Services Section works closely with the Office of Refugee Services coordinating foster care services.
- Seven ***parenting and family resource centers*** receive CBCAP dollars to fund specific parent support and education activities for the prevention of child abuse and neglect. These centers are



local, collaborative efforts providing opportunities for evidence-based parent education for parents and caregivers. The Parent Resource Centers participate in a Family Life Education Program, a partnership with North Dakota State University Extension Service.

- ***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 North Dakota 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 North Dakota policy regarding these programs. All four agencies have opted to provide Parent Aide services. One agency has also elected to provide 'Wraparound case management,' or in-home case management services, in an effort to prevent out-of-home placements.
- 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.
- CFS contracts with ***Flourishing Families North Dakota (FFND)*** previously known as **Prevent Child Abuse North Dakota** to strengthen and build community child abuse prevention efforts as well coordinating the Children's Justice Act Task Force. FFND administers the MIECHV federal grant for home visitation programs.

## G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

### *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? 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?*

Licensing family foster care providers in North Dakota is governed by [North Dakota Century Code \(NDCC\) 50-1.1](#), and by [North Dakota Administrative Code \(NDAC\) 75-03-14](#). All provider licenses were and remain entered in the state's information system (CCWIPS); an active license in the system will initiate action for reimbursement. Historically, the licensing studies for family foster homes were completed by a county social worker or staff of a licensed child placing agency and submitted to the Department of Human Services, Regional Supervisor, who issued or denied the license. In 2021, legislative sessions granted authority to transfer 16 county employees to the Department as state employees. April 1, 2022, the CFS Licensing Unit was formed, employing 22 staff to oversee licensing of state homes, provide consultation and approval of Tribal Nation affidavit homes, as well as Nexus PATH treatment foster homes. In addition, the CFS Licensing Unit licenses Qualified Residential Treatment Programs (QRTP), Supervised Independent Living programs (SIL), certified shelter care programs and Licensed Child Placing Agencies (LCPA).

The CFS Licensing Unit is responsible for creating and updating statewide policy and procedures with an overall goal to implement standardized procedures, which offer consistency and efficiencies for licensing specialists, providers and custodial workers. The CFS Licensing Unit provides training and technical assistance, as well as collaborates closely with other department sections (Economic Assistance, Medical Services, Behavioral Health, etc.) to best meet the needs of children in foster care, licensed foster care providers, and authorized agents statewide. Licensure is required for all provider types in order to be eligible for state or federal funding used to reimburse a foster care payment. Children and Family Services received federal approval through a Title IV-E State Plan amendment to have separate standards for relatives licensed to provide foster care to related children. These three levels of licensure will help meet the varied needs of children in need of out of home placement. North Dakota family licensing includes:

- Licensed – Full
  - ✓ Care to children in need of out of home placement including long term, short term, respite, and shelter care.
  - ✓ Providers are licensed by the State, Nexus PATH (treatment) or Tribal Nation.
- Licensed – Relative
  - ✓ Care to relative children only.
  - ✓ Providers are licensed by the State or Tribal Nation.
- Certified - Short term care

- ✓ Care to children for 30 days or less inclusive of emergency shelter care (14 days or less), or planned respite care (4 days or less).
- ✓ Providers are licensed by the State

The state plan amendment maintain the criminal background check requirements, a full home study, but eliminate the physical exam and reduce the initial and ongoing training requirements for relative providers.

North Dakota continues to partner with Tribal Nations. The CFS Licensing Unit has made efforts to streamline and offer more efficient communication for licensing specialists overseeing Tribal Affidavit foster care providers. In cases where the home of a family, not subject to the jurisdiction of the State of North Dakota for licensing purposes, is located on or near a recognized Indian reservation in North Dakota, an affidavit from the Tribal Child Welfare Agency, or an appropriate tribal officer, is accepted in lieu of the full licensing packet, as prescribed by the Department. The affidavit allows each Tribal Nation to attest to the fact that the assessment of the home was completed and that the prospective home is in compliance with the standards required by NDCC 50-11, NDAC 75-03-14 and Licensing policy 622-05. North Dakota Tribal Nations have chosen to follow North Dakota law, rule and policy for licensing of foster care providers and they have not adopted different licensing standards through tribal resolution.

North Dakota was one of the first seven states to achieve compliance of the Qualified Residential Treatment Program (QRTP) standards driven by the Family First Prevention Services Act (FFPSA) in October 2019. North Dakota repealed the licensing of group homes and residential childcare facilities (RCCF) and required prospective facilities to be in full compliance with QRTP standards. Today, QRTP's are governed and licensed under North Dakota Administrative Code (NDAC) 75-03-40 as a federally recognized childcare institution. North Dakota fully embraced FFPSA and has demonstrated a systemic shift supporting the least restrictive placement options by seeking relative caregivers at a higher rate and utilizing a third-party assessor to determine appropriate level of care for children in need of treatment. This diligent effort has reduced unnecessary use of residential placements and embraced the reliance on community services, keeping children closer to their home community, family and friends. In 2019, North Dakota had six QRTP's licensed, which tapered off after facilities adjusted to the changing landscape of residential care. North Dakota reiterated to providers that there will always be a place in the continuum for residential treatment facilities, but they are intended to be temporary and no longer a place for children to be placed for months or years. Below is a snapshot that shows QRTP bed capacity since implementation of FFPSA. The table shows a decrease in capacity of QRTP placements with the original six QRTP providers. Today, ND has two QRTP's with typically 56 beds, but due to workforce shortage bed capacity is reduced to 36 beds with 95% occupancy. The ND QRTP's are a strong partner to Children and Family Services working to align strategies to best meet the treatment needs of ND children in foster care.

Figure 86.

History of QRTP Bed Capacity

<b>History of QRTP Bed Capacity</b>	
• <b>118 beds</b>	(October 2019) 68% occupied. ✓ DBGR Minot, DBGR Fargo, HOTR, CHYS, PLC, Pride HH
• <b>112 beds</b>	(December 2019) 68% occupied. ✓ DBGR Minot, DBGR Fargo, HOTR, CHYS, PLC
• <b>92 beds</b>	(April 2020) 74% occupied. ✓ DBGR Minot, DBGR Fargo, HOTR, CHYS
• <b>76 beds</b>	(October 2020) 80% occupied. ✓ DBGR Minot, DBGR Fargo, HOTR
• <b>66 beds</b>	(March 2023) 90% occupied. ✓ DBGR Minot, HOTR
• <b>56 beds</b>	(October 2024) 95% occupied. ✓ DBGR Minot, HOTR

Source: Children and Family Services Section – Licensing Unit

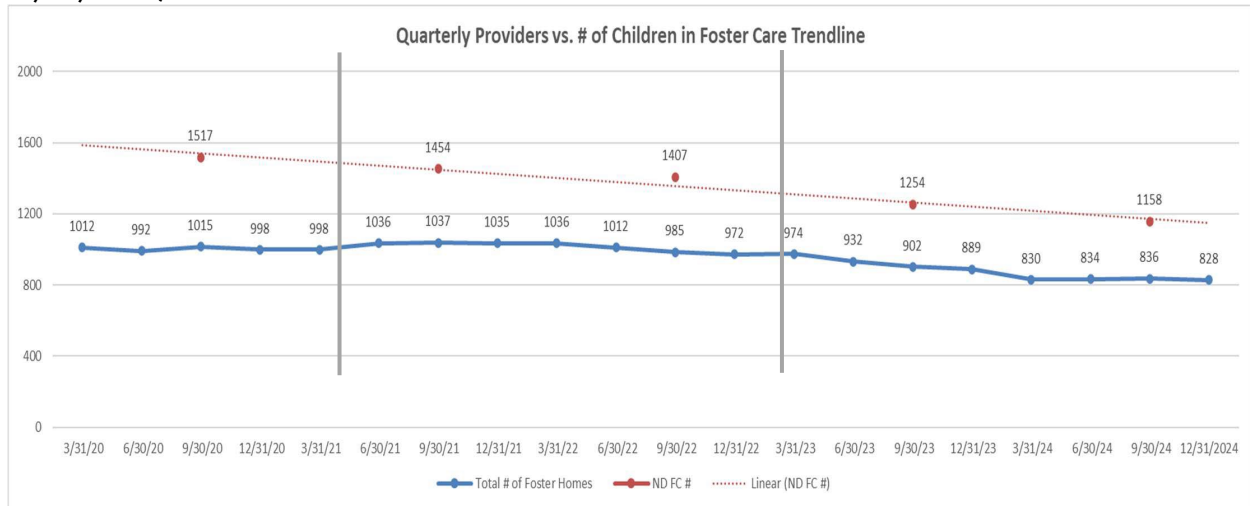
In addition to QRTP licensing, Nexus-PATH Family Healing is a Supervised Independent Living (SIL) Program and a Licensed Child Placing Agency (LCPA) offering treatment foster care services. Their agency's primary focus is recruitment and retention of treatment foster care providers to meet the behavioral/mental health needs of children in foster care. They are licensed by the Department to in turn license and complete home study assessments on eligible homes. The licensing standards require Nexus PATH Family Healing to meet the minimum standards set forth by NDCC 50-11, NDAC 75-03-14 and licensing policy. Nexus PATH Family Healing has additional standards for training providers, which requires diligent attention in meeting the needs of children who qualify for treatment foster care. During the implementation of the QRTP level of care in 2019, Nexus-PATH Family Healing, started experiencing an increased volume of referrals for children who were no longer eligible for residential placement, but who may have had a higher level of need than were previously served in a family setting.

Catholic Charities of North Dakota is a Licensed Child Placing Agency and is contracted to oversee the Adults Adopting Special Kids (AASK) program, which is responsible for the assessment and approval of all adoptive families adopting children from the state's foster care system as well as recruit prospective families for children who are free for adoption and have had their parental rights terminated.

CFS Licensing Unit manages all data related to licensed providers. There has been a reduction in reliance on residential facilities and a decline in the number of licensed family foster care providers. In reviewing the data, North Dakota has a reduction in the number of children in ND foster care as well, so the decline in placement options is in alignment with the volume of children in care on any given day. In analyzing data, North Dakota highlights the decline in homes, but also wants to highlight two important timeframes that may have impacted the trajectory. The first green vertical line represents when ND Safety Framework Practice Model went into effect in December 2020, a time when the assessment of present danger versus impending dangers shifted and workers managed cases and assessed safety with a more defined methodology, which has led to a reduction of children in care. The second green vertical line represents when the CFS Licensing Unit was implemented, which granted an increase in oversight/consistency and some providers discontinuing during the transition period as a good time to break.

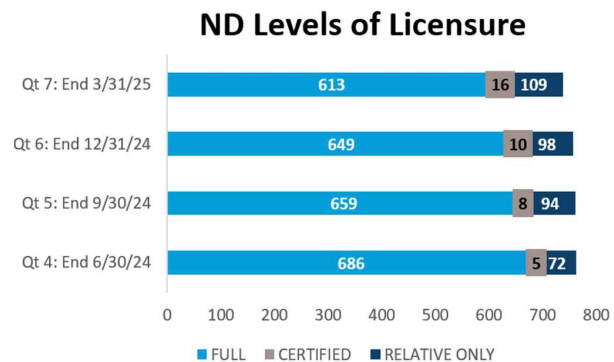
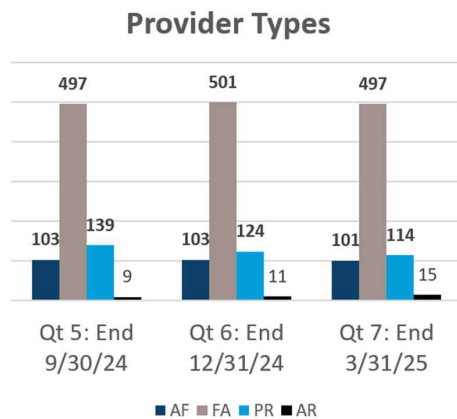
Figure 87.

Number of Children in Foster Care and Number of Licensed Providers (Quarter Ending 3/3/2020 – Quarter Ending 12/31/2023)



Source: Children and Family Services Section – Licensing Unit

The Department issues a formal license or approval to State, Nexus PATH, and Tribal Nation homes. This chart shows a consistent trend for all provider types.



In May 2024, the ND Provider List shows 438 active state homes. 42% of state homes have at least one opening if you include the short-term homes:

- 158 (36%) are full
- 134 (30%) are open, with at least 1 bed available
- 27 (6%) Specific Child Only
- 56 (13%) Not Taking Placements
- 53 (12%) Short Term only
- 10 (2%) CFS Hold/Do Not Call
- 284 (65%) are willing to offer respite care
- 221 (50%) are willing to take emergency shelter care placements

- 40 (9%) have committed to join the on-call shelter care rotation in select parts of the state.

In May 2025, the ND Provider List shows 421 active state homes. There is a notable reduction in the number of homes as CFS Licensing no longer allows statewide access to the relative providers as they are specific to “related” children. 52% of state homes have at least one opening if you include the short-term homes:

- 137 (33%) are full
- 151 (36%) are open, with at least 1 bed available
- 44 (10%) Not Taking Placements
- 78 (19%) Short Term only
- 11 (3%) CFS Hold/Do Not Call
- 318 (75%) are willing to offer respite care
- 279 (66%) are willing to take emergency shelter care placements
- 31 (7%) have committed to join the on-call shelter care rotation in select parts of the state.

Nexus PATH has experienced the greatest decline in licensed providers, the shift in licensure from Nexus PATH to CFS Licensing may be contributed to the changes made to serving specific children in a treatment foster home based on age of the child. In July 2022, the Department no longer allowed for children under the age of six to be reimbursed at the treatment foster care rate and implemented a placement maximum on the length of time a child could be placed in a treatment foster home. At that time, 20% of children in the treatment foster homes were between the ages of 0-5, 92 children over the age of 10 were in need of a treatment foster home were on the wait list for an average of 229 days not receiving treatment services. In addition to age, the length of stay in a treatment foster home was determined to be a twelve month maximum in a treatment home. Naturally, treatment providers were either discontinuing their service or transferring to the CFS Licensing Unit as they were interested in serving younger children under age 6. As of July 2024, the Department discontinued tracking placement maximums and allowed for children who remain eligible for treatment foster care per the Children’s Treatment Services Level of Care (CTS-LOC) to remain in a treatment foster home so long as the assessment deems the child meets the clinical decision making model (threshold) for the level of care.

**In January 2024, majority of the 1244 children (95%) in care were placed in a family setting;** 14% with an unlicensed relative caregiver, 78% with licensed family foster home and 3% in independent apartments or supervised independent living arrangements. Custodial workers diligently work to place each child in the least restrictive most appropriate level of care to meet the child’s need. Since 2019, HHS has seen a reduction in the number of children placed in long term residential settings and an increase in the number of children placed with relatives or in a licensed family setting. This data highlights the shared interest in meeting the needs of children in the least restrictive level of care, while continuing to recruit and engage well-trained family foster care providers statewide. 95% of the children are in least restrictive settings inclusive of unlicensed relative caregivers, licensed foster care providers, and 18+ supervised independent living.

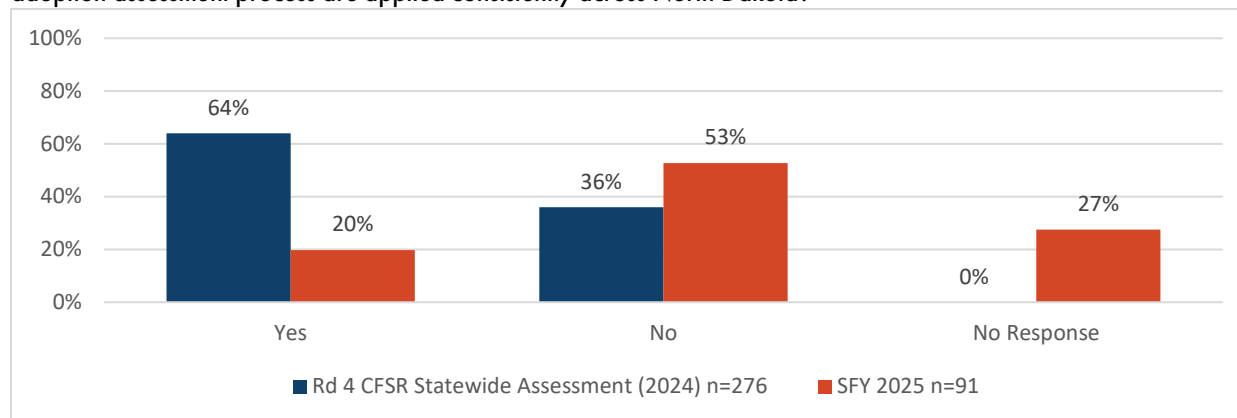
**Figure 88.**  
**Percentage of Children in Foster Care by Placement Setting (May 2025)**



Source: FRAME

In respect to the system functioning, quantitative data from FRAME and CCWIPS (ND data management systems) and qualitative data collected from various workforce and provider partners contribute to the successes and challenges North Dakota experiences for this systemic factor. Respondents shared that they believed 64% of the time the expectations for foster care licensing and adoption assessment were applied consistently and 65% of the time there were no biases applied when licensing prospective applicants. Since the CFS Licensing Unit went live in April 2022, ND Provider Task Force states the paperwork, workflow, organization and information sharing has dramatically improved in North Dakota. Having one centralized unit overseeing all licensing specialists for the state, rather than 19 Human Service Zones was a wise change that has offered great consistency. Foster care providers shared that since April 1, 2024, the process has evolved even further allowing for a two-year license and the re-envisioning of select policy to offer efficiencies. Providers report they understand timelines, competencies, law, rule and policy expectations and they sign the SFN 1038 each year reflecting this fact. The inconsistency are likely contributed to different agencies; CFS Licensing versus Nexus PATH versus Tribal Nation's application of the licensing policies.

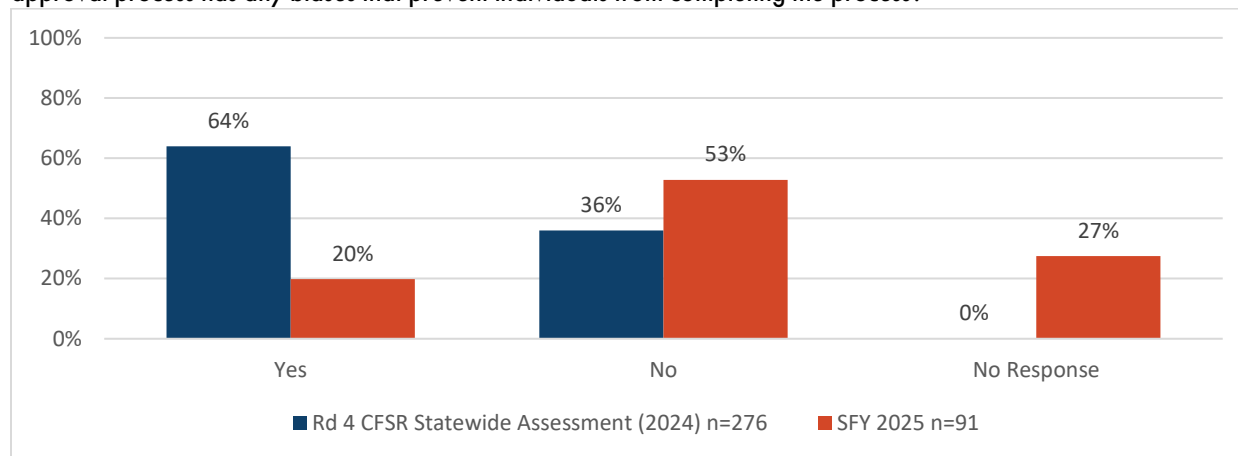
**Table 89.**  
**Percentage of respondents answering the question, "Do you think the expectations for foster care licensing and the adoption assessment process are applied consistently across North Dakota?"**



Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey

**Table 90.**

**Percentage of respondents answering the question, “Do you think North Dakota’s foster care licensing and adoption approval process has any biases that prevent individuals from completing the process?”**



**Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey**

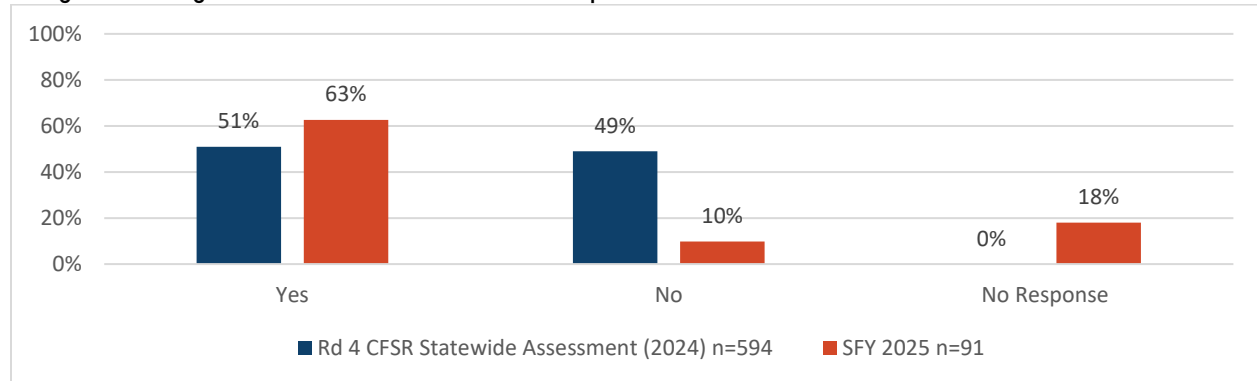
Survey respondents stated that 72% were not sure if licensing of relatives was applied equally. Ten percent of respondents reported being aware that relative licensing was an opportunity and that 63% of respondents were aware of the relative waiver process.

The response rate is telling in that providers, case workers and adoptive families rely heavily on the Department to review, verify, assess and address the equality of licensing standards. North Dakota has applied the relative waiver standards permitted by the federal government for non-safety related issues (age of applicant, bedroom space in the home, financial stability, etc.) since 2008 when the Fostering Connections Act was passed. As stated above, North Dakota recently received federal Title IV-E State Plan to allow different licensing standards for relative families. North Dakota is willing to have flexibility for identified relatives by removing the requirements of a physical exam and reducing the number of training hours, however our state feels strongly that we still must maintain the criminal background check requirements and complete a full home study and annual onsite visits to ensure knowledge of and safety for children. The relative licensing level will allow more relatives opportunity to get licensed with no barrier of training or physical exams will increase of provider network eligible for reimbursement and assist in understanding relative licensure is an opportunity. Since going live with new standards for relative licensing in April 1, 2024, North Dakota has licensed 69 relatives and we have 19 home studies in progress, while working with 20 additional prospective relatives awaiting a CBCU results. CFS Licensing Unit has constant referrals and inquiries asking about relative licensure.



**Figure 91.**

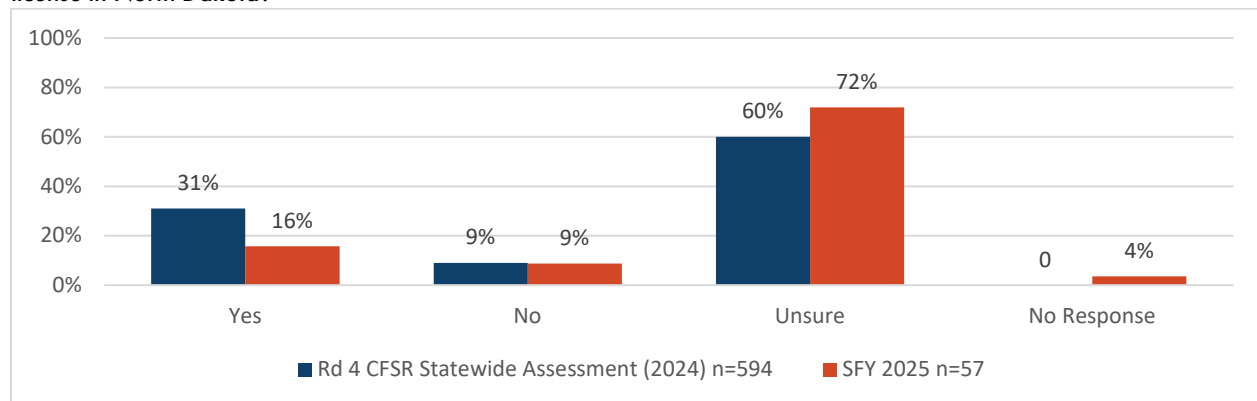
Percentage of respondents answering the question, “Are you aware the state has a relative waiver process for relative caregivers looking to become licensed as a foster care provider?”



Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey

**Figure 92.**

Percentage of respondents answering the question, “Outside of criminal background check results, do you think the relative waiver process is being applied equally to all prospective relative caregivers who apply for a foster care license in North Dakota?”



Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey

### Provider Annual & Exit Survey Responses

Children and Family Services works closely with the ND Provider Task Force to solicit feedback ongoing. However, implemented an annual and exit survey to ensure ongoing feedback from licensed providers. Survey data represents the most recent data responses available for North Dakota specific to this item of the systemic factor. In summary, the qualitative data represents a consolidation of comments received from the last two years (April 2022 – April 2024) of annual and exit surveys from licensed foster care providers. CFS Licensing Unit reviews the independent survey responses on a monthly basis. The anonymous survey allows for the providers to voice concerns and successes related to training, case management, licensing and more. Overall, providers share great feedback specific to support received from the licensing specialists and the changes to the licensing process including:

- *The system has greatly improved in this over the last year (2023).*
- *Licensing renewals used to be very complicated (2022)*

- Our licensing specialist is exemplary and is a strong reason why we remained a provider in the system as long as we did. She followed through on communication, listened to our concerns, assisted us in seeking options for the children in our care, and generally showed appreciation for the work we were doing.
- Our licensor is great, and quickly answers any questions we have.
- Our licensing specialist completely changed my outlook; she is what a first experience/impression of the foster care licensing should be. I cannot thank our specialist enough for how comfortable and personable she has made the whole licensing experience. I felt the passion from her to help me reach my goal of getting my license so I could get my nephew's. She is an amazing person and advocate for going through the licensing process to become a foster parent.
- Our licensing specialist listened to our concerns and was proactive with any help we needed concerning the kids or our license.
- We've had a wonderful experience with our licensor! Every question we've had along the way, she answered clearly for us!
- Zone case management has been responsive and will assist with transportation for appointments that we are unable to go to.

#### Challenges

- Support groups are great, but I don't need my voice to be heard by my peers. I need my voice to be heard by the people making decisions for these children ***(CFS continues to work with case managers to improve supports and communication with providers.)***
- I do tell people to foster because there are children in need. But I also tell them to be prepared that the system is hard and taxing ***(CFS created the survey and Task Force to help get more information to impact necessary change).***
- More opportunity to learn and connect would be fabulous, especially in the first few months of fostering! ***(CFSTC created a mentoring program and coalitions offer support sessions).***
- I think there is a shortage of foster homes so respite care is hard to get. ***(CFS recognizes this is dependent on the geography. ND has increased respite payments and now have certified level of licensure)***
- I struggled taking children because of the cost of daycare, if the state paid directly for daycare instead of reimbursement it wouldn't have been a big issue.
- Daycare should be paid for automatically, this would have helped me take more children.
- Reimbursement for daycare is very difficult and takes a long time putting us in a very difficult financial position. I really feel like this should be something the state is billed for directly. ***(CFS has initiated meeting internally to the Department to identify strategies)***

#### Systemic Factor Item ~ Strengths & Challenges

Quantitative and qualitative feedback support and reinforce strengths in our licensing process, but even when the system has strengths, there is always room for improvement. The committee discussed the responses appeared to be rated lower (64%) than expected when considering if licensing standards were being applied equally. The volume of gains North Dakota has made since the CFS Licensing Unit

went live in April 2022 has been significant in offering efficiency and support to applicants:

Identified strengths related to this item:

1. ***Centralized Licensing Unit:*** On April 1, 2022, ND implemented a central licensing unit managed by Children and Family Services, which offered consistency and specific expectations for licensing agents to apply law, rule and policy when working with families. The unit standardized forms, policy, procedures, training, and process flow. The unit remains flexible and willing to make ongoing changes as necessary, moving forward. In addition, the centralized unit standardized work and allows for an increase in quality, time and attention to the licensing process. In the past, when Zones were doing the licensing studies they had competing priorities and job duties that would often times put the home study assessment process on the back burner. Having one unit of staff with dedicated job duties has helped offer quality, consistency, and timeliness.
2. ***Ongoing Technical Assistance:*** CFS Licensing Unit meets internally every Thursday to discuss licensing policy, topics, and staff cases, which offers ongoing communication, connection and support in our remote working environment. This weekly engagement as a group reinforces the messaging to our local providers and case managers. In addition, each staff receives one hour of supervision each week to staff their cases, providers, any child protection concerns, home study needs, etc. This support to unit staff also reinforces continuity and decreases disparity in expectations. Ongoing meetings are held with QRTP's and authorized agents licensing family homes (Tribal Nations and Nexus PATH treatment foster care). Communication opportunities are constantly occurring, but there is a standard meeting once per month with CFS Licensing Unit staff and the authorized licensing agent staff to review timelines, questions, staff provider cases, etc.
3. ***Partnerships:*** Children and Family Services works hard to offer ongoing communication and transparency to our partnering agencies. Staff are very good to respond to calls, emails and to provide and update or heads up to our partnering agencies if something is going to be changing or needs feedback. Partners and providers have commented on the greater success they have working with Children and Family Services over other areas within the Department. This is a customer service tactic that the CFS Licensing Unit feels strongly about and staff are very good to comply with engaging our partners, offering patience and grace.
4. ***Efficiency:*** Children and Family Services worked hard through 2021 into April 2022 to redesign the licensing process to offer efficiencies. In August 2023, state law allowed for North Dakota to add a level of licensure into our process specifically for providers who want to offer short-term care to children in need. We refer to this as "certification". When the law was passed, it allowed opportunity for the state to build new administrative rules and policy around the process, which opened up review of policy. Children and Family Services received feedback from licensing agencies, providers, the ND Provider Task Force, CFS Licensing Unit staff and custodial case managers to look for further efficiencies. We are awaiting the approval of our Title IV-E State Plan Amendment, which will allow for North Dakota to extend our one year licensing period to a two year license (consistent with federal standards), this is an efficiency for the provider as it will require less paperwork, time and duplication of unnecessary items.
5. ***Level of Care Licensing Team:*** The Level of Care (LOC) team is led by a strong licensing administrator who oversees the licensing of child care institution's. Each year the QRTP's are visited to

ensure safety of the property, review of new policy and resident/personnel files. The consistency and longevity of the licensing leadership has also offered consistency in application of the law, rule, policy and standards for licensing a Q RTP.

Identified challenges related to this item:

1. **Previous Inconsistency:** Prior to April 2022, ND had 19 Zone licensing specialists doing things 19 different ways prior. Since inception of a centralized unit, partners and providers have positively commented on the improved consistency offered regardless of if you are a licensed state home in Fargo, ND (urban area) or a licensed treatment homes in Hettinger, ND (rural area).
2. **Transferring:** North Dakota has experienced providers who have transferred from one authorized agent to another, when this occurs a provider may experience varied expectations. Ex: starting out as a Nexus PATH home and transferring to the state as a state family foster care provider may lead to interpretation of policy, forms, or items a bit different dependent on the employer. This is an area North Dakota continues to work on and has seen improvement since April 2022.
3. **Communication:** Providers will often offer feedback in the annual/exit surveys to the CFS Licensing Unit specific to failure to receive timely and consistent communication from custodial case managers. Ineffective communication often heightens frustration and can lead to a foster care provider discontinuing their time and offering negative feedback to the full process, when one area of the process is lacking.
4. **Adoption Redesign:** Prior to February 2024, families were experiencing duplication and inefficient processes if they were licensed foster care providers who wanted to become an adoptive family. The redesign efforts offered significant changes to the assessment, forms, paperwork and the process in efforts to enhance and offer efficiencies. Reports from families are positive and families have expressed gratitude for the new streamlined adoption study process for families who are already licensed as foster care providers.

Data shows that the amount of time to complete an adoption home assessment has decreased by 23% between fiscal year 2024 and through April 30, 2025. Data also shows that the time between termination of parental rights and an adoption finalization has decreased by 13%.

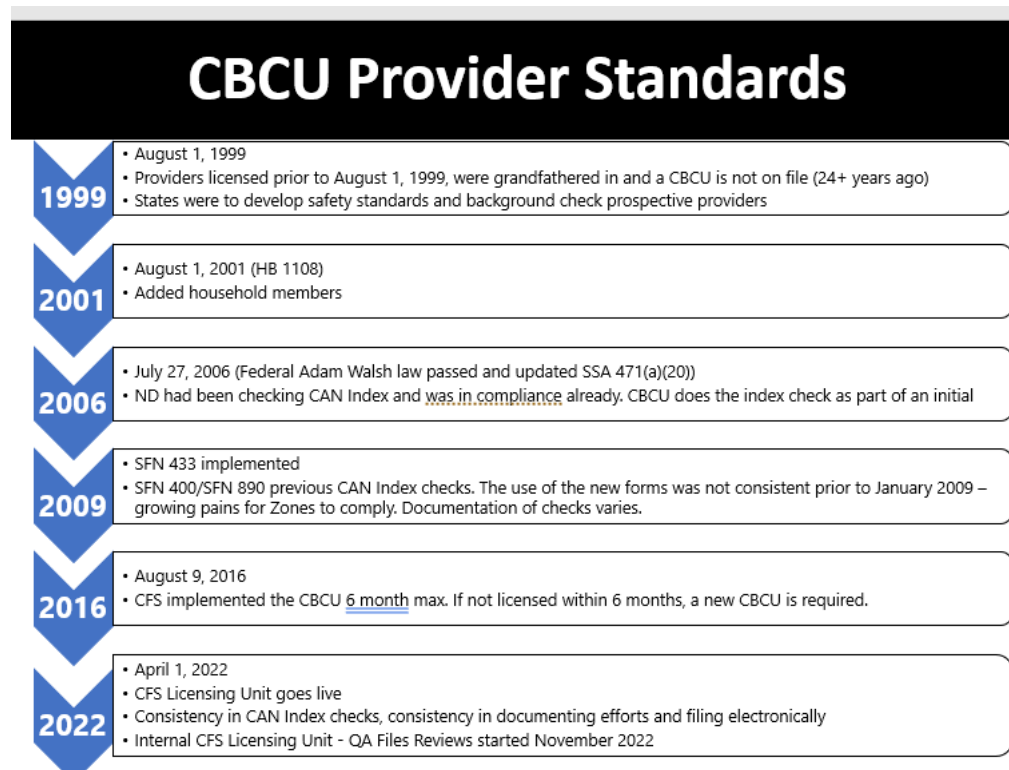
5. **Childcare Assistance:** CFS can reimburse for 100% of the childcare costs for children in foster care. The foster care provider is reimbursed the cost of the childcare based on a bill received. This process may take time depending on how quickly the bill gets from the provider to the case manager for approval and to CFS to be authorized. CFS cannot pay childcare providers directly as we do not have a payment mechanism to do so in our system. However, conversations have begun with Economic Assistance Child Care Assistance Program to see if we can collaborate to reimburse childcare provider directly to identify solutions and remove the foster care provider as a pass through for payment.

### *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?*

North Dakota continues to comply with federal requirements to ensure safety by gaining the results of a fingerprint based criminal background checks for all relatives, family foster care providers, adoptive parents, and employees of Qualified Residential Treatment Programs, Supervised Independent Living Programs, Certified Shelters and Licensed Child Placing Agencies. North Dakota's Department of Health and Human Services Criminal Background Check Unit (CBCU) completes all criminal background checks for all eligible providers and employees who work with children in foster care. North Dakota has a long history of engaging in safety checks beginning before, but required in August 1999.

**Figure 93.**  
**History of CBCU Provider Standards**



Source: North Dakota Department of Health and Human Services – Criminal Background Check Unit

The CBCU redesign began in 2018. During this process the CBCU:

- Completed Theory of Constraints efforts
- Transitioned from paper files to electronic files.
- Discontinued use of Access Database and Excel Spreadsheets and implemented use of Kanban Board
- Combined two authorization forms into a single form (SFN 829)
- BCI/FBI record requests, and receipt of results, via secure email (prior process included mailing and/or DHS personnel picking up records daily)
- CBCU website ~ provides instructions and all forms for all programs
- Implemented SharePoint

During the 2023 Legislative Session, the department secured funding for an automated system (online portal) and is currently in the RFP process of securing a vendor. The automation of the background check process will allow for a simplified process for individuals requiring background checks, decrease the need for entering information on multiple forms, and eliminate rejected requests due to incompleteness and/or inconsistencies in information entered.

The comprehensive fingerprint-based criminal background check in North Dakota includes:

- ND State Criminal Record Repository (non-public)
- FBI Criminal History Record (non-public)
- ND Child Abuse/Neglect Index (non-public)
- ND Sex Offender Registry
- ND Offenders Against Children Registry
- Interstate CPS Registry for each state of residence during the previous five years.
- ND Courts (public facing website)
- On average, approximately 45% of the ND convictions are found here and are not on the subject's BCI or FBI record.
- MN Courts (public facing website)
- On average, approximately 45% of the MN convictions are found here and are not on the subject's BCI or FBI record.
- Tribal Court, Child Welfare, and Sex Offender Registry (Only if the subject currently resides, or has resided during the preceding five years, on tribal land.)
- Convictions and/or CPS records for cases that occurred on tribal land will not be found on ND Courts, BCI or ND CPS Index. If the offense was transferred to Federal Court, the conviction information should be on their FBI record.
- If a registered sex offender is residing on tribal land, they are required to register on the tribe specific sex offender registry and not ND sex offender registry.

Upon completion of the check, specific documentation is completed and shared with the authorized licensing agency or employer regarding results of the individual. Documentation includes:

- HHS Memo
- BCI Findings Memo

- Annual SFN 433 (Index Check)
- Annual SFN 1941 (state courts, FRAME CPS reports/assessments, IH cases, FC programs)

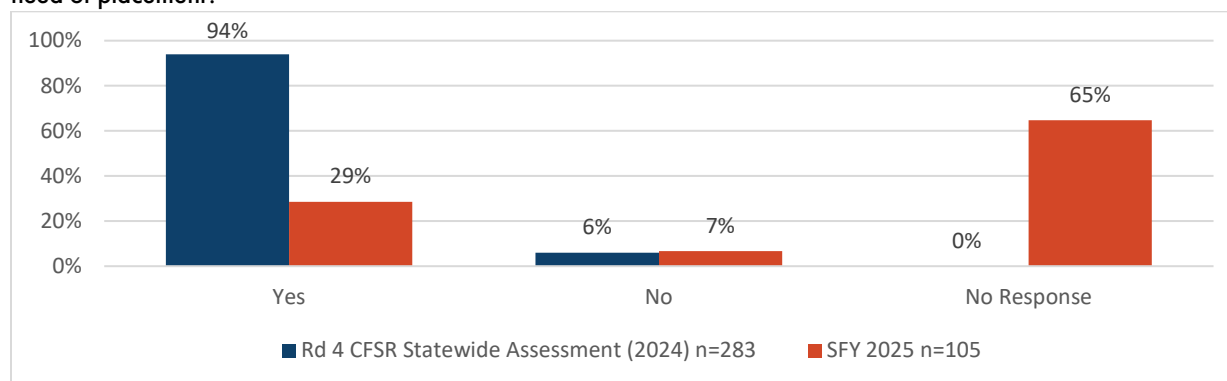
CBCU tracks all provider levels of criminal background checks. This quantitative data is available ongoing and was organized by federal fiscal year from the CBCU database. In addition, in March of 2024, Children and Family Services requested various workforce and provider partners to complete a survey to collect qualitative data specific to various systemic factor items. In 2021, 2391 background check requests were completed; majority were for foster care (46%), followed by adoption (25%) and facility/agency employees (20%). There was an increase in the number of background checks in 2022 to 2632 and a reduction in the number of background check requests to 2189 in 2023. The reduction in the number of background check is consistent with the reduction of number of children in foster care, so it would make sense there are less relatives and providers requesting background checks.

**Table 84.**  
**Criminal Background Checks Performed by Provider Level (FFY2021 – FFY2023)**

PROVIDER LEVEL	2021	2022	2023	2024
Foster Care	1097	1218	994	817
Adoption	604	651	510	438
Guardianship	219	254	276	239
Residential and LCPA	471	509	409	602

Source: North Dakota Department of Health and Human Services – Criminal Background Check Unit

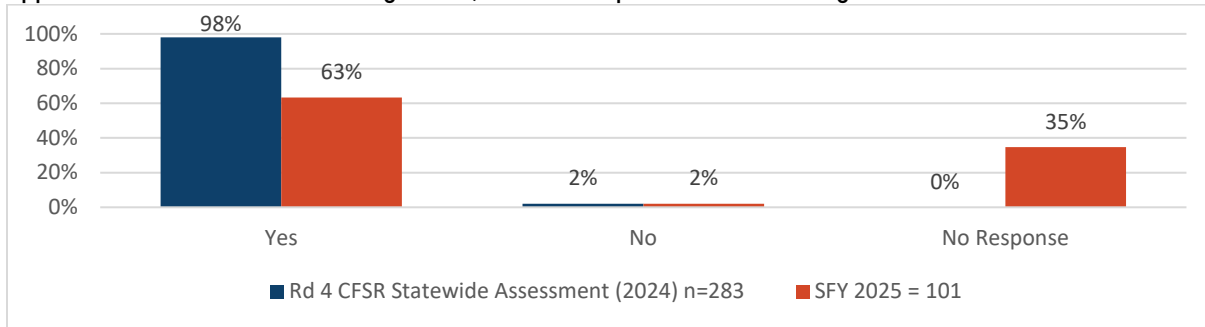
**Figure 94.**  
**Percentage of respondents answering the question, “Do you think the requirement to complete a criminal background check for relatives, providers, adoptive families and facility employees contributes to general safety for children in need of placement?”**



Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey

Figure 95.

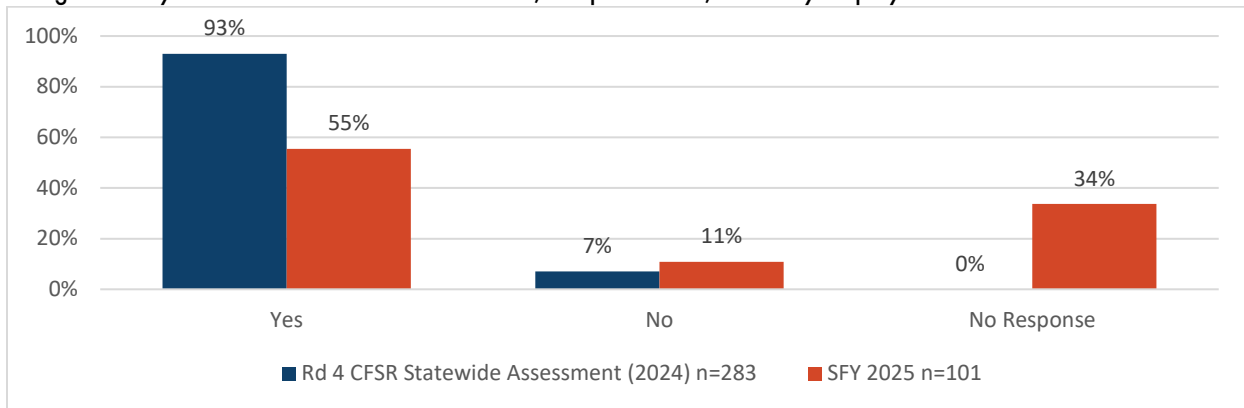
Percentage of respondents answering the question, "Are you aware that all household members in a licensed or approved home who are over the age of 18, need to complete a criminal background check?"



Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey

Figure 96.

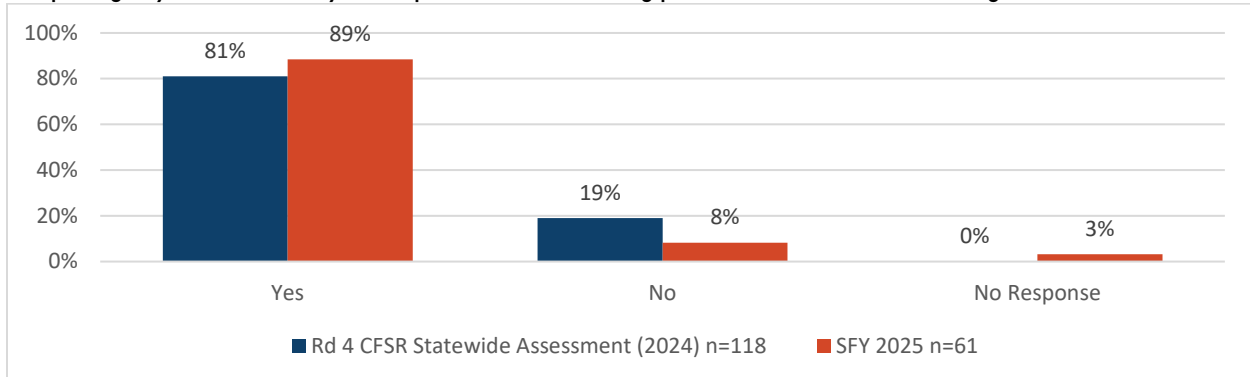
Percentage of respondents answering the question, "Are you aware of the need to immediately report new criminal charges for any member of a licensed foster home, adoptive home, or facility employee?"



Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey

Figure 97.

Percentage of respondents answering the question, "Are you aware of the custodian (Zone, DJS, Tribal Nation staff) completing any form of a safety check prior to the child being placed with an unlicensed caregiver?"



Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey



#### Quality Assurance Review – Ensure Safety

North Dakota participated in a title IV-E foster care eligibility review during the week of June 12-16, 2017. The primary review encompassed a sample of the State's foster care cases that received a title IV-E maintenance payment for the six-month period under review (PUR) of 4/1/2016 to 9/30/2016. A computerized statistical sample of 100 cases (80 cases plus 20 oversample cases) was drawn from the North Dakota Adoption and Foster Care Analysis and Reporting System (AFCARS). North Dakota was found to be in substantial compliance. All 80 of the reviewed cases were found to have a criminal background check in full compliance with federal requirements. In addition, North Dakota has an internal quality assurance process in place where the eligibility staff do a peer review of sample cases. The internal quality assurance (QA) process tracks and monitors performance and evaluates proficiency of staff responsible for eligibility determinations. The process includes a feedback loop to ensure review findings are shared with appropriate staff. The state title IV-E specialist provides follow-up with county offices when eligibility issues are identified. Following this primary IV-E review, the state formalized its QA process for monitoring title IV-E eligibility in state policy and application. North Dakota was due for a review in 2020, but due to COVID 19, the federal review was postponed until April 2024. In April of 2024, all 92 provider files were found to be in full compliance. All initial criminal background checks and annual child abuse and neglect checks were viewed by federal reviewers. This is a credit to the CFS Licensing Unit for diligence in determining safety measures remain a priority in the licensing process.

#### Quality Assurance Review – Ensure Safety with State Auditors Oversight

The last audit conducted by the North Dakota State Auditor's Office was in August 2022 where 40 randomly chosen foster care eligibility and provider licensing files were reviewed. All records were found to be in compliance with the criminal background check clearance for each foster care provider noted on the license.

#### Quality Assurance Review – Ensure Safety with Licensing Unit Oversight

The CFS Licensing Unit requires a fingerprint-based criminal background check be completed for each applicant and all household member over the age of 18 prior to the licensure or certification. In December 2022, CFS Licensing Unit began a quality assurance review of provider licensing files. This review includes Family Foster Care Licensing Files be reviewed by the supervisor who randomly selects cases (Unit goal is 385/year) including initial and renewal cases. Supervisors verify various pieces of the electronic file including licenses (*with no gaps for entire licensing period*), initial background checks for applicants and adults in the home, and ongoing annual child abuse and neglect index checks (SFN 433) for each provider and adult household member. Upon completion of level one supervisory review, a secondary file review is completed by the CFS Licensing Unit Administrator, who reviews at least 12 provider files each month. The overall goal of the quality assurance is to verify and hold staff accountable for required documentation in a licensing file. This process has been very beneficial and the CFS Licensing Unit has seen success in monitoring files through this process.

In addition to file reviews, the CFS Licensing Unit Level of Care and Licensing staff complete an onsite licensing visit to each Q RTP, SIL and LPCA. In advance of arriving onsite, each Q RTP, SIL or LPCA

completes licensing checklists as well as provides a list of employees and a list of residents/clients served. The CFS Licensing team randomly selects employee and resident files to check for compliance while onsite and verifies CBCU and annual child abuse and neglect checks have been completed on each employee listed.

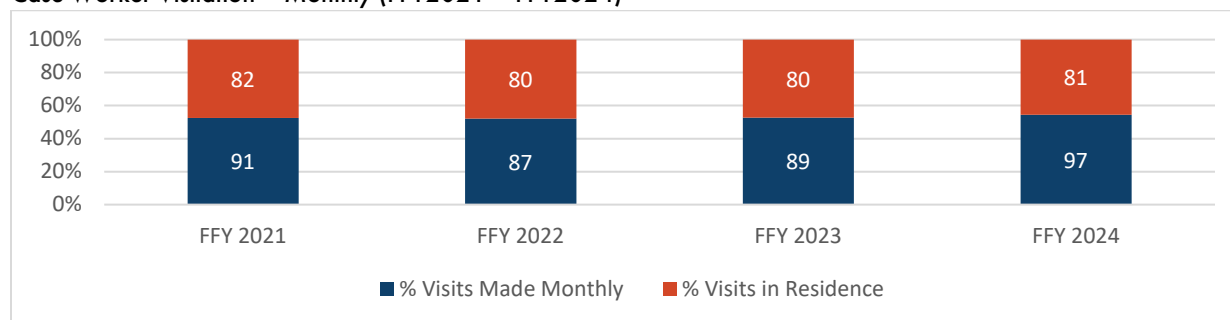
#### Quality Assurance Review – Ensure Safety with Adoption Program Oversight

The State Adoptions Administrator ensures the required criminal background checks are completed for adoptive families prior to the adoptive placement for any child. 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 and cleared background check results with the paperwork seeking approval for the proposed adoptive placement. The family's adoption assessment and cleared 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 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 2022 where 40 randomly chosen adoption assistance files were reviewed. All records were found to be in compliance with the criminal background check clearance for adoptive placement.

#### Ensure Safety – Caseworker Visitation

Assessing safety for the children in foster care is an important factor in child welfare oversight and case planning. This data from FRAME represents the most recent quantitative data available for North Dakota specific to this item of the systemic factor. In addition, in March of 2024, Children and Family Services requested various workforce and provider partners to complete a survey to collect qualitative data specific to various systemic factor items. Assessment of ongoing safety was questioned and the respondents highlighted that the top three ways that safety was assessed for children in care was by face-to-face visits, discussions with the provider and phone call communication with the child.

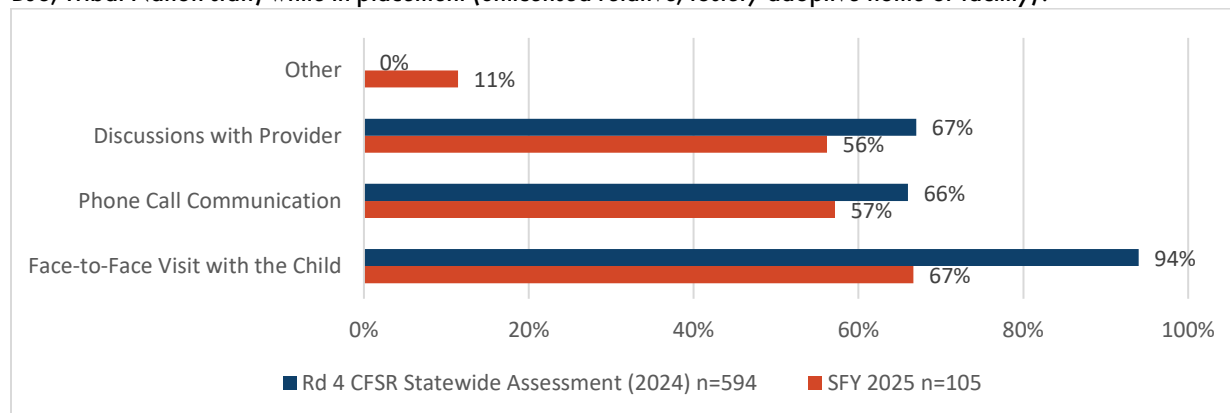
**Figure 98.**  
**Case Worker Visitation – Monthly (FFY2021 – FFY2024)**



Source: FRAME

**Figure 99.**

**Percentage of respondents answering the question, “How is a child’s ongoing safety assessed by the custodian (Zone, DJS, Tribal Nation staff) while in placement (unlicensed relative, foster/adoptive home or facility)?”**



Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey

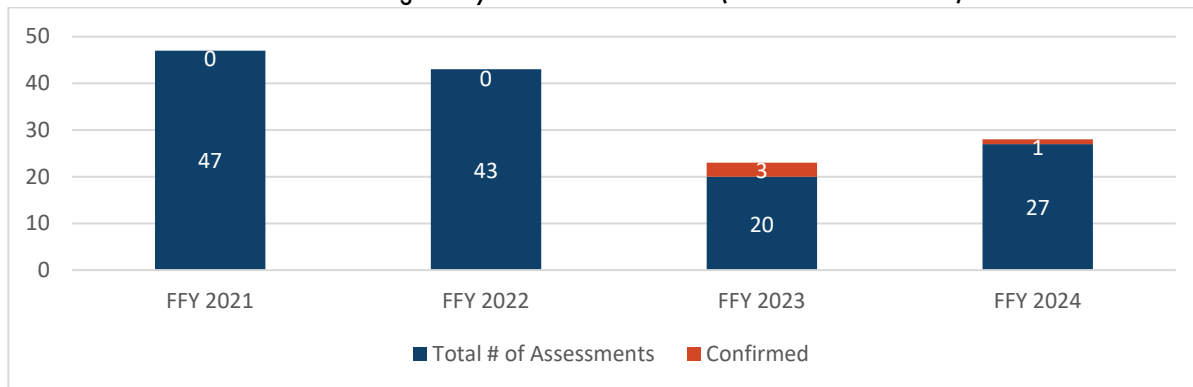
In addition, to visually seeing the child face to face each month. North Dakota’s child and family team meetings held quarterly provides for a case planning that includes an opportunity for the team to discuss and address the safety of placements for children. Every child and family team meeting provides 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 child, child’s family and the provider. The “Child and Family Team Meeting Outline” is addressed in Permanency Planning (624-05) policy manual and a copy of the outline is available on the FRAME system for all users’ easy access.

#### Ensure Safety – Child Protection Services Assessments

Assessing safety for the children in foster care is an important factor in child welfare oversight and case planning. This data from FRAME represents the number of child protection reports that took place in a residential facility, which resulted in an indicated or not indicated finding. In addition, the number of child protection reports that were reported and if the report on a family foster care provider was confirmed or not confirmed. Children and Family Services has an internal workflow built to ensure that when a report is filed on a facility or a family foster care provider, the CFS Licensing unit staff is notified. For family homes, the local child protection worker completes a CPS assessment, but the CFS Licensing Unit licensing specialist assigned to the provider license collaborates/assists in review of the report, assessment of the needs, decision of safety of current placements and needs for services or resources. FRAME data supports a low number of confirmed (family) findings for providers licensed to provide foster care to children.

Figure 100.

Number of CPS Assessments Involving Family Foster Care Provider (FFY2021 – FFY2023)



Source: FRAME

### Systemic Factor Item Strengths & Challenges

Quantitative and qualitative feedback support and reinforce strengths in our application of safety measures when reviewing if a caregiver is an appropriate and safe placement option.

Identified strengths related to this item:

1. **HHS Criminal Background Check Unit** streamlining the completion of the background checks for relatives, prospective foster care providers, adoptive parents, and facility employees. The CBCU centralized unit has managed over two thousand requests per year.
2. **Quality Assurance** has allowed for successful reviews from federal and state auditors as CFS manages and monitors compliance of licensing files, ensures safety checks and child protection assessments are completed.

Identified challenges related to this item:

1. **Unanticipated life circumstance:** CFS and CBCU work diligently to review criminal history, check public search portals, and monitor safety standards within the home for the best interests of children. Unfortunately, CBCU, CFS, authorized licensing agents (CFS Licensing Unit, Nexus PATH, Tribal Nations) and the child's custodial agency (Zones, DJS, or Tribal Nations) cannot predict the future behavior of a provider or adoptive parent. Many protections and safety protocols are put into place, but sadly there are still instances of children being abused or neglected while in foster care or upon adoptive placement. If a provider or facility employee is charged with a criminal conviction, placed on probation, CFS Licensing Unit will pursue revocation of their license or termination of employment as they are not in compliance with ND standards.
2. **Historical Criminal Charges:** On occasion, North Dakota child welfare has encountered a handful of prospective foster care providers, adoptive parents or facility employees who have had a history involving criminal convictions with a direct bearing offense, such offenses prohibit the individual from ever successfully being approved to foster or adopt a child or be employed by a qualified residential treatment program, licensed child placing agency or supervised independent living setting in North Dakota.

### ***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 children in the state for whom foster and adoptive homes are needed is occurring statewide?***

The foster and adoptive parent licensing, recruitment, and retention system is functioning well in efforts to ensure diligent recruitment of potential foster and adoptive families. This item was evaluated through the use of quantitative and qualitative data received from the case management system, FRAME, provider and payment system, CCWIPS and stakeholder surveys, provider annual/exit survey responses and a State Tribal focus group. North Dakota does experience data limitations including the system's ability to extract data in a way that is meaningful and outcome based. In addition, geographically, North Dakota can describe where providers live, what their background is, but our data management systems do not have the best mechanism to visually display the information without a great deal of manual effort. Data periods represent federal and state fiscal years from October 1, 2020- September 30, 2023.

North Dakota places a strong focus on the recruitment and retention of foster or adoptive families who reflect the race and ethnicity of children across the state for whom homes are sought. North Dakota's recruitment and retention efforts have bolstered over the past three years, with support and reflection from the ND Foster & Adoptive Parent Diligent Recruitment & Retention state plan. This state plan has evolved over the years to not only act as a guide for general, but also for targeted recruitment of foster or adopt families. Below is a brief explanation of a variety of indicators, also noted in the ND R&R State Plan, which have led to a strength rating:

#### **Contract with CFSTC:**

In January 2020, the department contracted with the University of North Dakota-Children and Family Services Training Center (CFSTC) to hire a full-time Recruitment and Retention Specialist. The role of the Recruitment and Retention Specialist is to lead and support statewide recruitment and retention efforts. A large focus is placed on consistent and cohesive messaging for statewide recruitment, working closely with the four recruitment and retention coalitions across the state to support their local recruitment and retention efforts, developing efficient plans to maximize the funds available, and administering recruitment and retention funds statewide. Through the contract there is also supportive services available to assist with retention, including:

- Grief and loss counseling
- Monthly virtual training opportunities
- Foster care provider mentor program
- Post-adopt mentor program
- ICWA Liaison Program

These supportive funds are available through the CFSTC contract to support a small stipend for foster care providers or adoptive parents to engage as mentors for current providers or adoptive parents. In addition, the ICWA Liaison Program is managed by the Native American Training Institute.

In addition to supportive services, the CFSTC R&R Specialist manages the statewide inquiry clearinghouse phone number and email inbox. Any inquiries made regarding fostering or adoption are routed to CFSTC and responded to by the R&R Specialist. The R&R Specialist makes telephone and email contact with interested individuals within 24 hours of their inquiry. The R&R Specialist gathers information about the inquiring family, shares information regarding different levels of care, licensing agency options, licensing requirements, training requirements, and process. If an inquiry would like to have a more detailed conversation with an agency, or start the licensing process, a referral is made to their agency of choice. The table below gives a picture of the number of inquiries received through the clearinghouse and the number of families referred to an agency for federal fiscal years 2021-2022 and 2022-2023. A data tracking system was not established prior to this.

**Table 85.**  
**CFSTC R&R Clearinghouse Inquiry Data (FFY2023 – FFY2025)**

<b>CFSTC R&amp;R Clearing House Inquiry Data by State Fiscal Year</b>									
<b>Qts</b>	<b># of Inquiries</b>	<b># Referred to Agency</b>	<b>Screened Out</b>	<b># of Inquiries</b>	<b># Referred to Agency</b>	<b>Screened Out</b>	<b># of Inquiries</b>	<b># Referred to Agency</b>	<b>Screened Out</b>
	July 2022 - June 2023			July 2023 - June 2024			July 2024 - June 2025		
<b>Qt 1</b>	178	95	32	172	89	28	131	79	12
<b>Qt 2</b>	118	72	20	142	76	32	121	59	25
<b>Qt 3</b>	144	72	14	160	80	22	170	88	18
<b>Qt 4</b>	150	74	32	151	76	28	pending	pending	pending
<b>Total</b>	590	313	98	625	321	110	422	226	55

*\*\*Tracking of total statewide inquiries began as follows in January 2022:*

<b>CFSTC R&amp;R Clearing House &amp; Partner Agency Inquiry Data by Calendar Year</b>											
	<b>UND Inquiry</b>	<b>Partner Inquiry</b>	<b>Total</b>		<b>UND Inquiry</b>	<b>Partner Inquiry</b>	<b>Total</b>		<b>UND Inquiry</b>	<b>Partner Inquiry</b>	<b>Total</b>
<b>Calendar Year 2023</b>				<b>Calendar Year 2024</b>				<b>Calendar Year 2025</b>			
Jan	56	28	84	Jan	58	17	75	Jan	67	19	86
Feb	42	18	60	Feb	48	14	62	Feb	46	19	65
March	46	16	62	March	54	16	70	March	57	18	75
April	50	25	75	April	63	21	84	April	42	18	60
May	49	14	63	May	46	30	76	May	39	15	54
June	51	21	72	June	42	50	92	June	pending		
July	53	18	71	July	40	20	60	July			
Aug	67	32	99	Aug	48	13	61	Aug			
Sept	52	20	72	Sept	43	31	74	Sept			
Oct	39	18	57	Oct	33	26	59	Oct			
Nov	54	18	72	Nov	46	19	65	Nov			
Dec	49	14	63	Dec	42	25	67	Dec			
<b>Totals</b>	<b>608</b>	<b>242</b>	<b>850</b>	<b>Totals</b>	<b>563</b>	<b>282</b>	<b>845</b>	<b>Totals</b>	<b>251</b>	<b>89</b>	<b>340</b>

Source: University of North Dakota Children and Family Services Training Center

## Redesign of Licensing

ND Department of Health and Human Services, Children and Family Services (CFS) created the CFS Licensing Unit on April 1, 2022. The CFS Licensing Unit was implemented with an overall goal to

standardize procedures, offer licensing and training consistency and efficiencies for providers, case managers and licensing specialists. The unit provides training and technical assistance, as well as collaboration with other department sections to best meet the needs of licensed or certified foster care providers, authorized agents and children in foster care. The CFS Licensing Unit tasks include, but are not limited to:

1. Licensing or certification decision for applicants seeking to provide foster care for children across the state.
2. Review of a licensing or certification decision for applicants presented by an authorized agent (Tribal Nation, Nexus PATH, etc.).
3. Level of Care assessment determinations specific to children in foster care in need of a treatment placement (QRTP or treatment foster care).
4. Licensing of Qualified Residential Treatment Programs (QRTP), Licensed Child Placing Agencies (LCPA), Supervised Independent Living Programs, and certified shelter care programs.
5. Oversight of the ND Recruitment and Retention contract and IV-B State Plan.

Since unit inception in 2022, the CFS Licensing Unit has monitored efforts, solicited feedback from provider annual/exit surveys, ND Provider Task Force, staff, and partners to continue to look for ways to be more efficient. In April 2024, ND adjusted administrative rule and licensing policy to allow for a two-year license, reduce or remove previous requirements (Ex: paperwork/documentation efforts, no longer require water temperature testing, furnace inspections, annual self-health declaration reports, etc.) Feedback received from the field has been overwhelmingly positive. The effort and documentation requirements have increased for the licensing specialist as part of his/her job duties, but that paperwork burden and time has greatly reduced for the provider.

### **Foster or Adopt Recruitment & Retention Coalitions:**

Prior to 2020, North Dakota's recruitment and retention coalitions were coordinated by the local Regional Representatives, hired by the Department's Human Service Center. To ensure consistency and increase efficiency and productivity, the coalitions were restructured in October 2020. Over the past three years, North Dakota has been operating with four foster or adopt recruitment and retention coalitions statewide. The coalitions are located in the NW, NE, SE, and SC/SW regions of the state. The Coalitions are led by workers from the Children and Family Services Licensing Unit and supported by CFSTC's Recruitment and Retention Specialist. Coalition membership includes, but is not limited to representatives from:

- Local Human Service Zones
- Local business or Club (Kiwanis, Lions) participants and community members
- LCPAs (AASK and Nexus-PATH)
- Department of Juvenile Services
- Tribal Nations
- Native American Training Institute
- Foster care providers and adoptive parents
- Foster Care Provider Association members, as applicable

- Native American Training Institute staff
- Kinship ND program administrator

Each coalition meets monthly to every other month with the purpose of gathering local parties to engage in conversation about the needs in their regions, recruitment planning, and how best to support foster care providers and adoptive families. A goal of each coalition is to spread awareness about foster care and the need for providers and adoptive homes for children in foster care who need permanency. To meet this goal, each Coalition maintains an active presence in their communities.

Examples of recruitment activities include:

- Hosting resource booths at community events:
  - Powwows
  - Community Picnics
  - Craft fairs
  - Farmers Markets
  - PRIDE month festivities
  - Town festivals
  - Back to school nights
  - Child Welfare trainings and conferences
- Holiday Events:
  - Trunk or Treats
  - Recruitment Christmas Trees
  - Holiday recruitment baskets to area businesses
  - Parades
- Delivering printed recruitment material to area businesses
- Speaking engagements in the community
- Coordinating larger events for community members (ie: outdoor movie night)
- In-person inquiry meetings/panels
- Advertisements in local newspapers, online, sports programs etc.
- Video spotlights
- Movie theater marketing

On January 1, 2024, a targeted recruitment schedule was developed as a tool to help act as a recruitment guide throughout the year, and to offer some consistency with recruitment throughout the state. The schedule denotes targeted locations, materials available to help recruit for targeted populations (Native homes, etc.), and a list of recruitment ideas for each designated location. This schedule is reviewed at each Coalition meeting, and with the CFS Licensing Unit regularly. It is important to note that it does not replace the day-to-day general recruitment that continues to take place in North Dakota.

#### **ND Recruitment & Retention Workgroup:**

Historically, the North Dakota Foster or Adopt Recruitment and Retention Taskforce met annually to provide an overview of regional recruitment and retention efforts, to brainstorm solutions for recruitment



and retention challenges in the state, and to receive training. To strengthen consistency and to provide more opportunity to address needs, the North Dakota Recruitment & Retention Work Group was created in April 2020, replacing the taskforce of professional staff employed by Zones and partners agencies. The Statewide Workgroup was structured similarly with members representing all areas of the state from:

- Children and Family Services
- UND-Children and Family Services Training Center (CFSTC)
- Native American Training Institute (NATI)
- Human Services Zones
- Division of Juvenile Services (DJS)
- Tribal Nations
- LCPAs (Nexus-PATH and AASK)
- Foster care providers or adoptive parents

The work group meets quarterly to address the following goals:

- Ongoing review of the Foster & Adoptive Diligent Recruitment & Retention Plan
- Analyze Data
- Address systemic issues with recruitment and retention
- Meet additional request of the Department of Health and Human Services

#### **ND Provider Task Force:**

In February 2022, the ND Foster Care Provider Task Force was created. The provider task force offers a platform for HHS Children and Family Services to solicit feedback, gain perspective, request assistance on small projects, while engaging subject-matter experts in system change and growth opportunities. The ND Provider Task Force is made up of fifteen licensed foster care providers and or facility representatives, as well as policy administration with an equal mission to identify challenges and seek change in a meaningful, respectful, solution focused manner. The Task force meets every other month and is facilitated by the CFS Licensing Unit. HHS solicited new membership in April 2023 in efforts to continue to embrace change and gain perspective from providers.

#### **Adults Adopting Special Kids (AASK)**

Adults Adopting Special Kids (AASK) is the program that provides adoption services to children in foster care and completes the adoption assessment process for families interested in providing permanency to a child in foster care. AASK works with families already identified for specific children, as well as places focus on general recruitment of adoptive families across the state.

AASK Recruitment strategies include:

- Wendy's Wonderful Kids and General Recruitment: North Dakota has two full time Wendy's Wonderful Kids (WWK) recruiters, one to serve the western part of the state and one to serve the east. 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. The AASK program also has appointed a "general recruitment" worker to ensure

all children on WWK caseloads have an opportunity to receive child-specific recruitment services as well as broader statewide and national recruitment efforts. General recruitment efforts include the utilization of national website photo listings, local flyer distribution and newsletter articles, and any other recruitment tactics as identified and approved by the child's custodian.

- North Dakota Heart Gallery: North Dakota has ND Heart Gallery, which facilitates a website 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. The operations of the ND Heart Gallery have been on hold, but as of Spring 2025, a Heart Gallery Director has been hired, and active efforts are being made to ensure utilization of the organization is available to all children needing recruitment services.
- Reel Hope Project: North Dakota has recently created a partnership with The Reel Hope Project, an organization that provides children needing adoption recruitment with a personal video to be used for child specific recruitment activities. Reels are posted on the Reel Hope web site and can also be used, as authorized by the custodian, for other recruitment efforts, both locally and nationally. This partnership was established to bring more awareness to kids by showcasing pieces of their personality through videos. The service is free of charge and open to any child who is in need of an adoptive home. Currently sixteen (16) children from North Dakota have reels posted on the Reel Hope web site.
- Lead Adoption Specialists: In January 2023, the AASK program created two Lead Adoption Specialist positions. One of the roles within the position is to seek opportunities within local communities to provide education on adoption from foster care. The positions partner with many organizations to host booths and participate in activities to educate and provide promotional items in hopes of bringing awareness to the AASK program in order to match children who do not have an identified adoptive family. Two more Lead Adoption Specialists were added in April 2024 so there is one lead adoption specialist in each quadrant of the state.

Through the AASK program, North Dakota also provides adoption services to Tribal custody children at the request of each Tribe. In state fiscal year July 1, 2023, through June 30, 2024, AASK placed 60 children for adoption at the request of the Tribe and has also assisted in the finalization of adoption for 61 children. AASK has exceeded their contract target for tribal adoption finalizations in all of the past four state fiscal years. Recruitment services are utilized for Tribal children when requested.

### **Data Systems, Reporting, charts/tables:**

FRAME is the child welfare case management database management system. The FRAME "Foster Care Demographics Report" is available to all FRAME users and allows access of up-to-date data: number of children in foster care by region, age, race, etc. Then a detailed list of all cases for staff viewing. Case workers, licensing specialists and supervisors can view demographics specific to their local area to determine their needs. FRAME users can view "moment in time" data or select larger timeframes to determine increases, decreases, recruitment strategies, updated needs, etc. In addition, provider data was extracted from Catholic Charities AASK program who manages adoptive family data. Various data streams were available for qualitative data including the annual/exit foster care provider survey

response, the March 2024 statewide survey, the April State Tribal focus group and tracking of data through the CFSTC Recruitment and Retention contract specific to inquiries and if a referral is made or a provider gets licensed.

### Child Demographics

Moment in time data for June 27, 2025, shows 1 103 children in foster care. Gender is fairly proportionate, while the ages of children in care rank highest for the most vulnerable children between the ages of 0-3. A small population of 18+ Continued Care cases are represented.. The race data is a quick overview and represents a larger number (1 198) than the number of children in foster care (1 103), this is because at least 95 children have multiple races selected. Children most identify as American Indian or Alaskan Native and White:

Table 90.

### Foster Care Demographics (Point-in-Time June 27, 2025)

Foster Care Episodes [FISH](#)

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
<a href="#">I - Northwest</a>	89	5	9	6	10	9	4	5	4	2	3	2	3	4	2	3	6	5	6		1		
<a href="#">II - North Central</a>	137	12	16	10	10	12	6	7	6	7	5	6	6	4	6	3	4	7	5	3	1	1	
<a href="#">III - Lake Region</a>	165	7	16	12	14	15	12	4	11	8	11	8	10	11	6	2	8	4	5		1		
<a href="#">IV - Northeast</a>	128	7	9	13	10	7	3	4	4	4	6	6	10	8	8	8	4	6	4	2	3	2	
<a href="#">V - Southeast</a>	193	14	17	17	10	12	8	10	9	16	9	6	9	6	6	9	6	11	7	5	5	1	
<a href="#">VI - South Central</a>	34	2	2	4	1	3	1	1	1	1	1	1	1	1	1	2	5	3	2	1			
<a href="#">VII - West Central</a>	326	21	26	18	23	17	23	13	24	22	11	8	16	10	16	18	11	18	12	9	6	4	
<a href="#">VIII - Badlands</a>	31	2	4	2	1		5	1	3	1	1		2		4	2	1		1			1	
Age Totals	1103	70	99	82	79	75	62	45	62	61	47	37	57	44	49	47	45	54	42	20	17	9	

Unique Child Totals by Race [FISH](#)

Race	Total
American Indian or Alaskan Native	514
Asian	5
African American	102
Native Hawaiian or Pacific Islander	14
White	507
Unable to Determine	56
Refusal by Client	0
<b>Total</b>	<b>1198</b>

Children by Gender [FISH](#)

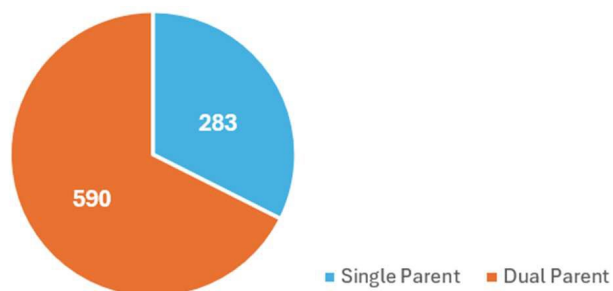
Gender	Total
Male	562
Female	541
<b>Total</b>	<b>1103</b>

Source: FRAME

### Licensed Provider/Adoptive Families – Demographics

Demographics of the providers to care for children

- Recent quarterly data shows 873 provider homes, North Dakota had 590 (68%) dual parent households and 283 (32%) single parent households. Provider homes were inclusive of 1 180 (dual) + 283 (single)=1463 actual adult individuals. Dual vs. Single Parent Provider Households

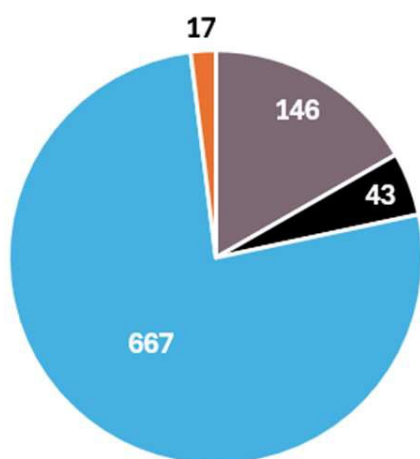


- ND does accept applications with no discrimination based on gender identity, age, or race. CFS Licensing staff have put forth additional recruitment efforts to recruitment at Pride parades, events and distribute materials to the clinic in Fargo.
- Quarterly race data shows variety in providers licensed to care for children in ND foster care includes:

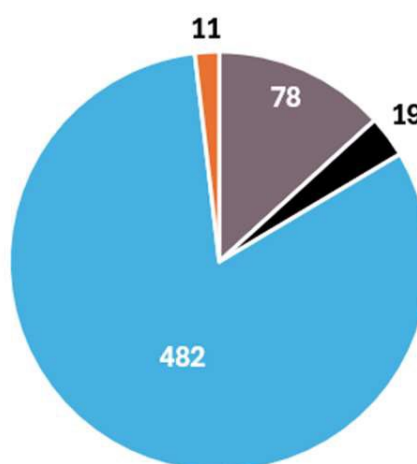
**Figure 90.**

**Licensed Foster Care Provider Race (2025)**

**Provider 1 Race Identified**



**Provider 2 Race Identified**



Source: Children and Family Services Section – Licensing Unit

AASK, the adoption service provider for North Dakota, provides an annual report containing data on the race and ethnicity of families who had a completed adoption assessment during each state fiscal year.

Below is data for families who finalized an adoption within the indicated federal fiscal years. A family is identified by a single race if they are a one parent family or a two-parent family of a single race. The family is identified as multi-racial if they are a two-parent family with the couple representing more than one race. Data confirms that majority (76%) of the adoptive families in these three reporting years are Caucasian.

**Table 91.**  
**Adoptive Family Race (SFY2025 – To April 2025)**

Race	Total #
African American	6
American Indian or Alaska Native	44
Asian	1
Bi-Racial	6
Multi Racial	1
Not Listed/Other	2
White	149
# of Families	209

Source: AASK Annual Report

North Dakota's Diligent Recruitment and Retention Plan contains an outcome specific to the recruitment of resource families representing the racial, characteristics of the state's foster care population. Given the high number of Native American children in ND foster care, custodial case managers and licensing staff work diligently to communicate with providers and discuss ways to enhance the exposure for placements, provide and offer trainings and access to Native American liaisons. A stakeholder group, State and Tribal Focus Group, was held in April 2024 and the feedback received by ND Tribal Nations and Native American people representing foster care was mostly positive when referencing family foster homes and their engagement with Native children. Comments made include:

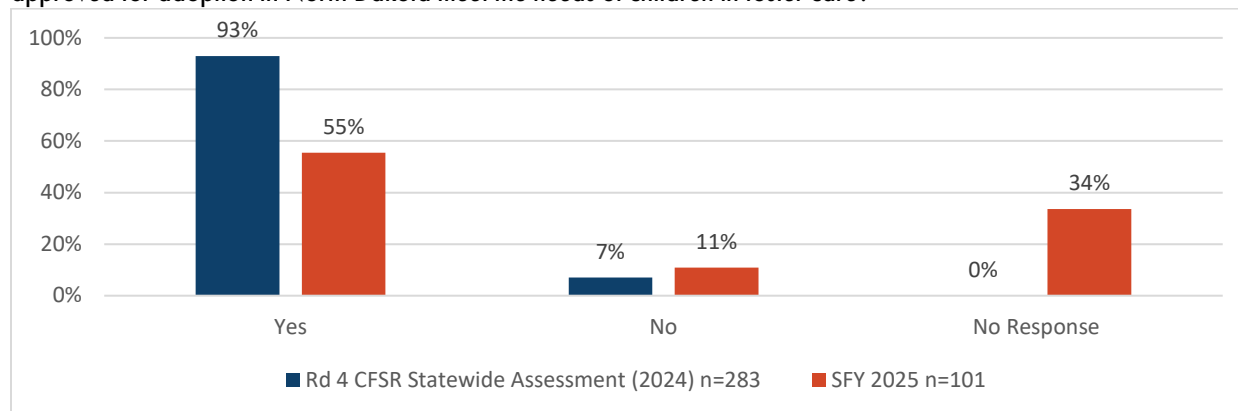
- *Foster care providers will reach out to find out how they can connect children to their background. There are a select number of foster care providers who try to keep traditions going for the child like eating certain foods, wearing specific clothing, gifting blankets, beading, dances, dresses, etc.*
- *Foster care providers will ask for services to keep them connected.*
- *Some foster care providers reach out the Tribal agency who refers them to the liaisons.*

#### Providers/ Adoptive Homes

Based on responses from the stakeholder survey completed in March 2024, evidence shows that over 70% of respondents felt children served in the North Dakota child welfare system have their needs met. The current survey results, however, are inconclusive because of the low response to the question.

**Figure 101.**

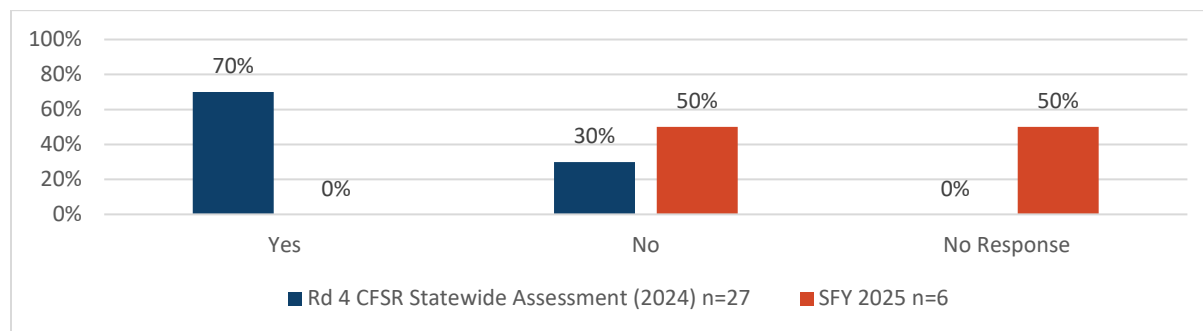
Percentage of respondents answering the question, “Do you think licensed foster care providers and families approved for adoption in North Dakota meet the needs of children in foster care?”



Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey

**Figure 102.**

Percentage of respondents answering the question, “As a parent/ child served by the North Dakota child welfare system, do you feel your/ your child’s placement needs were met in a sensitive manner?”



Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey; 2025 Child Welfare Stakeholder Survey

## Systemic Factor Item Strengths & Challenges

Quantitative and qualitative feedback support and reinforce strengths in recruitment and retention of providers and adoptive families, as well as race and ethnicity in our pool of placement providers and adoption options.

Identified strengths related to this item:

1. Foster Care Licensing Redesign efforts which led to a centralized unit to manage all foster care related provider licensing.
2. Recruitment & Retention Contract with Children and Family Services Training Center (CFSTC) has streamlined and strengthen efforts offering great consistency in messaging, promotional items, marketing, events, oversight, engagement with prospective applicants via the inquiry line, and more.
3. Re-structuring of the ND Foster or Adopt Recruitment & Retention Coalitions has offered fresh perspective, invitations to additional stakeholders to participate on a regional coalition and a point person to help lead the efforts. The CFS Licensing Unit staff are required to attend the coalition

meetings and co-facilitate discussion as part of their job duties, this has helped with outcomes and planning.

4. Development of the Recruitment & Retention Work Group has allowed for stakeholders participating in various recruitment and retention meetings (state and Tribal) to co-exist and meet quarterly for the same mission. It offered efficiencies and compliments goals of increasing the number of Native American homes.
5. Development of the North Dakota Provider Task Force offered ongoing feedback, technical assistance and support from over twelve providers to CFS Licensing Unit. The meetings allow for supportive conversations and meaningful feedback to help influence change where needed.
6. Adoption redesign efforts in February 2024 has led to an enhanced home study assessment and the sharing or exchanging of relevant information from foster care licensing to adoption when a foster care provider is the chosen option for permanency for a child through adoption.
7. Additional licensing levels implemented in April 2024 including short-term certification and new standards for relative licensing, along with the recognized needed changes for full licensure, which includes the issuance of a two year license.
8. Collaboration with the Reel Hope Project for child specific adoption recruitment.
9. Implementation of a new targeted recruitment campaign for children with complex behavioral health needs and longevity in the system. The Champion for Child model is a specific targeted recruitment flier sent to all licensed providers in North Dakota specifically asking the providers to be a member of a child's team and stand up to be their Champion... the process has got the attention of various providers who have called the custodial agency and inquired more deeply about the children. North Dakota started this effort in March 2024 and has had over twenty calls for two different children.

Identified challenges related to this item:

1. Data shows that the number of licensed foster homes in North Dakota has declined in the past three fiscal years. Although retention efforts have strengthened during this timeframe, families continue to close their license for a variety of reasons.
2. As ND increases their licensing of relative providers, there is projected to be an increase in the large number of providers who are interested in only providing foster care to a relative child or a specific child, who discontinue once the child achieves permanency. The exit reasons have been helpful in monitoring retention and reasons why a family may discontinue service. Since March 2020, the impact of COVID pandemic had on families was significant and it has led to mental health, financial and willingness to accept new challenges, resulting in less interest and more families vocalizing they need to tend to their own family needs. Since April 2022, CFS has been collecting reasons why families discontinue their license, 40% of families discontinued due to their own needs or being no longer interested in providing service, while 15% adopted a child, 4% terminated because of a specific license for a relative child, and 4% felt a lack of support from custodial agencies (transportation assistance, funding, call backs, communication, etc.).
3. Need for Native American foster homes continues as the number of children remain stable at a disproportionate rate. Although the number of Native American foster homes remains stable for the Tribal Nations in North Dakota, data shows high disparity between the represented number of foster

youth the available number of Native American foster homes.

4. A current limitation is data by tracking the volume of providers who present as a member of population. Providers are assessed initially through the home study assessment and annually thereafter.
  - a. State homes = 12+ provider couples.
  - b. Nexus PATH = 3 treatment provider couples.
  - c. Tribal Nations = 3 provider couples.
5. North Dakota does solicit preference (age, gender, race, etc.) from foster care providers, the CFS Licensing Unit and other authorized licensing agents want to be respectful of preference, however there are times that preferences of the provider cannot always be guaranteed or followed by the custodial agency placing children. This challenge is historical, as providers have become more prescriptive in the parameters they will serve, which challenges the system and restricts placement options for children in need of placement.

As North Dakota highlights the strengths of this systemic factor, we applaud the improved efforts resulting from adoption and licensing redesign, a contract with CFSTC, centralizing inquiry efforts, etc. North Dakota recognizes the ongoing need to recruit and retain additional homes to support the race and ethnicity of children in public custody. Recruitment and retention efforts continue with consistent messaging and marketing statewide; while larger urban communities tend to have a larger pool of inquiries. Strategies to engage potential foster or adoptive homes are considered by each regional R&R Coalition and adaptations made to ensure efforts remain in motion to catch the attention of new prospects ongoing.



### ***Item 36: State Use of Cross-Jurisdictional Resources***

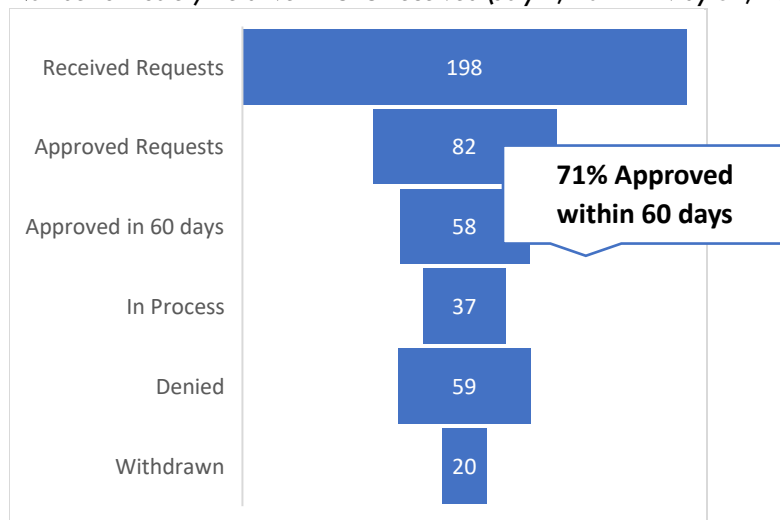
***How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?***

The Interstate Compact on the Placement of Children (ICPC) process is managed by a consistent administrator hired by Children and Family Services, who has built strong rapport with ICPC Administrators across the nation and case management across North Dakota. ICPC has a high volume of communication via phone calls and emails to ensure and expedite placement of children in and out of the state of North Dakota.

The data reviewed was specific to the period of July 1, 2024 – May 31, 2025. The data includes foster care licensed families and unlicensed relative caregivers, as well as ICPC adoption requests. Data was collected from the ND Safe and Timely spreadsheet, SharePoint, and CCWIPS. The data details how many ICPC's were approved, denied, or withdrawn. When an ICPC is approved, North Dakota shows how many of the home studies were completed within the 60- day timeframe. Lastly, we collected data on how many of these approvals turned into the youth being placed through the ICPC process.

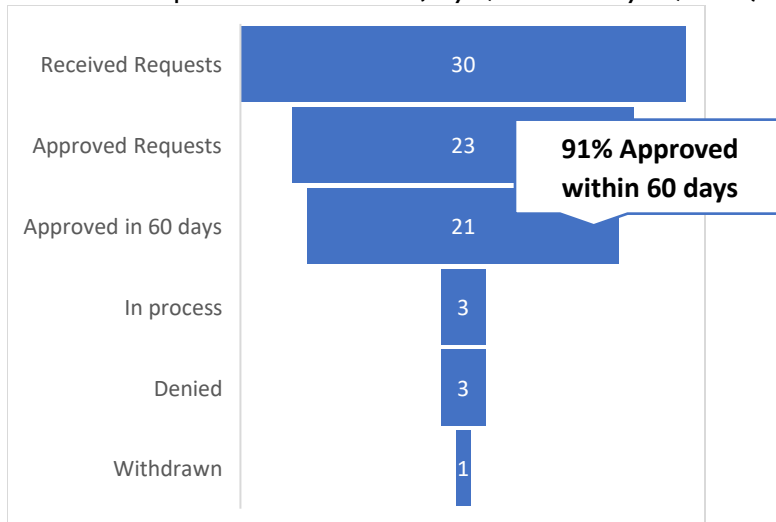
The charts below represent the data managed by ICPC Administrator showing the volume of foster care and adoption ICPC requests received to North Dakota and the volume of ICPC request sent out of state. The volume of ICPC requests sent from North Dakota have remained quite stable, with the response of denial, withdrawal and approval maintained at an equal rate.

**Figure 103.**  
**Number of Foster/Relative – ICPC Received (July 1, 2024 – May 31, 2025)**



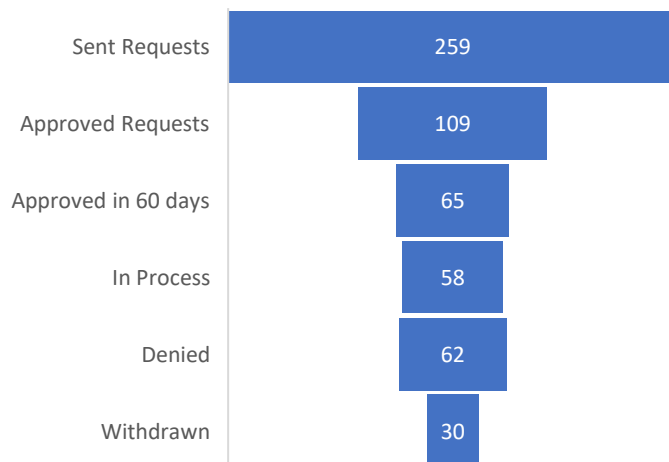
Source: ICPC Administrator

**Figure 104.**  
**Number of Adoption – ICPC Received (July 1, 2024 – May 31, 2025)**



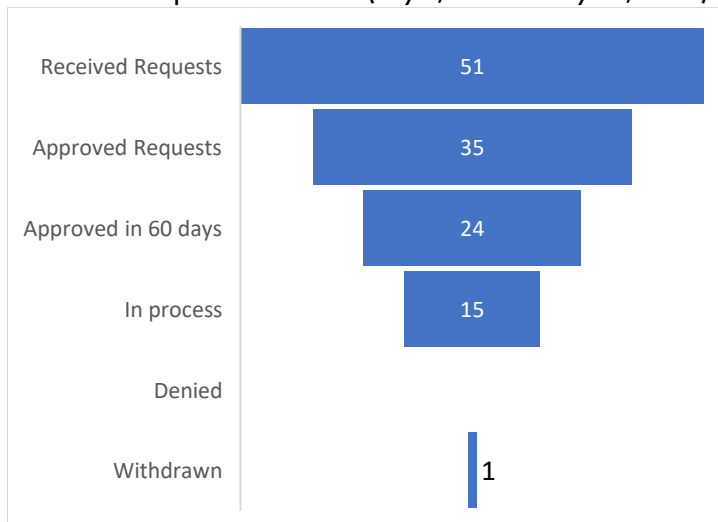
Source: ICPC Administrator

**Figure 105.**  
**Number of Foster/Relative – ICPC Sent (July 1, 2024 – May 31, 2025)**



Source: ICPC Administrator

**Figure 106.**  
**Number of Adoption – ICPC Sent (July 1, 2024 – May 31, 2025)**



Source: ICPC Administrator

### Systemic Factor Item ~ Strengths & Challenges

Quantitative and qualitative feedback support and reinforce strengths of the interstate compact process. FRAME, CCWIPS, ICPC spreadsheets, survey results and verbal interactions with the ICPC Administrator, stakeholders indicate that overall the ICPC process is a positive experience. ND workers are very conscientious in knowing they have certain amount of time to complete a home study for ICPC's when the individual does not opt to become a licensed provider.

The largest identified strengths related to this item is how ND has made positive strides as it relates to licensing of homes and completing home studies. HHS created the CFS Licensing Unit, which has assisted ICPC in achieving timeliness. In addition to the unit development, our Human Service Zones have designated specific individuals to focus on completing home studies for incoming ICPCs for individuals who do not wish to obtain a license. These two factors have contributed to increased timeliness. In order for the ND ICPC Administrator to approve a request, the home study must be completed. The CFS Licensing Unit has streamlined efficiency, increased communication and positively impacted timeframes in completing these required home studies. ND has very dedicated staff when it has to do with completing these ICPC home studies.

Identified challenges related to this item:

1. **Denials:** When a family is denied placement, ND ICPC will get negative feedback, typically because families are disappointed or want further understanding of why they are denied. Denials tend to be due to criminal background check results or unsatisfactory findings in the home study assessment.
2. **NEICE:** ND does not have the federal NEICE system requirements in place. There are plans for implementing NEICE, it is expected the enhanced electronic data collection process will dramatically improve the data collection for ICPC and will minimize the manual data analysis currently used by the ICPC Administrator.

3. ***Timeliness:*** ND has seen improvements with timeliness, but the state continues to work on completing home studies in a timely manner to make efforts to meet the 60-day timeframe at a higher completion rate. Delays vary, but are attributed to receipt of an approved background check, families unable to meet with assigned staff (licensing or Zone) to complete the home study requirements, and ND workers having a hard time connecting or meeting with the prospective family. Some of the areas during this reporting 3-year period that caused home studies to be drawn out were out of the ND workers' control. Examples include the impacts of COVID, transitioning to zones instead of counties, record setting winter storms prohibiting travel, and families not responding to the worker.

### **3. UPDATE TO THE PLAN FOR ENACTING THE STATE'S VISION**

GOAL 1: PREVENTION AND PROTECTION				
Utilize various levels of prevention services and strategies to strengthen families, reduce incidents of child maltreatment, and maintain the family unit.				
OBJECTIVES	ACTION STEPS	RESPONSIBLE	DUE	COMPLETED
1A: Increase community pathways to help families thrive and reduce the likelihood of child welfare system involvement.	1A1: Renew North Dakota's Title IV-E Prevention Services 5-year Plan through researching and identifying evidence-based programs specific to the needs of local communities.	1A1: Children and Family Services Section	1A1: Year 1	
	1A2: Expand Title IV-E Prevention Services by increasing the number of approved agency providers.	1A2: Children and Family Services Section	1A2: Year 5	
1B: Enhance the efficiency and effectiveness of the initial interaction to increase the percentage of cases meeting the timeliness requirement for the first face-to-face contact as required in state policy.	1B1: Use the CQI Cycle to identify root causes for lack of timeliness to first face-to-face contact by identifying, implementing, monitoring, and adjusting solutions.	1B1: State CQI Council, Children and Family Services Section	1B1: Year 2	
	1B2: Equip supervisors to address the underlying issues that impact timeliness.	1B2: Children and Family Services Section, Human Service Zones, CFS Training Center-UND	1B2: Year 3	
	1B3: Examine the Child Protection Services' (CPS) workforce structure and develop a strategy to appropriately right-size the number of CPS personnel to effectively support and safeguard children in need of protection.	1B3: Human Resources Section, Children and Family Services Section, Human Service Zones	1B3: Year 5	
1C: Implement a comprehensive statewide campaign aimed at preventing child maltreatment.	1C1: Develop the plan and strategies for the statewide campaign.	1C1: Children and Family Services Section, Prevent Child Abuse North Dakota, Children's Advocacy Centers, Behavioral Health Section	1C1: Year 1	
	1C2: Launch the statewide campaign by organizing various activities, outreach, and initiatives to reach a broad audience and create awareness.	1C2: Children and Family Services Section, Prevent Child Abuse North Dakota, Children's Advocacy Centers, Behavioral Health Section	1C2: Year 3	
	1C3: Evaluate effectiveness of the campaign through measuring its impact on the target audience.	1C3: Children and Family Services Section, Prevent Child Abuse North Dakota, Children's Advocacy Centers, Behavioral Health Section	1C3: Year 5	
IMPLEMENTATION SUPPORTS				
<ul style="list-style-type: none"> <li>• Collaboration with State CQI Council, Cross Zonal CQI Teams, Human Service Zones, Prevent Child Abuse North Dakota, Children's Advocacy Centers, Private Providers, DJS, Behavioral Health Section, CFS Training Center-UND, Those with Lived Experience</li> <li>• Technical assistance from State CQI Council</li> <li>• Earmarked funding for campaign</li> </ul>				

GOAL 2: TIMELY REUNIFICATION WITH SAFE AND STABLE FAMILIES				
<i>Increase achievement of timely reunification by empowering families using individualized planning engagement strategies to provide opportunities to promote family wellbeing and keep families together.</i>				
OBJECTIVES	ACTION STEPS	RESPONSIBLE	DUE	COMPLETED
<b>2A:</b> Reduce the number of children who are in foster care more than 12 months.	<b>2A1:</b> Use the CQI Cycle to identify root causes contributing to children remaining in foster care more than 12 months by identifying, implementing, monitoring, and adjusting solutions.	<b>2A1:</b> State CQI Council; Cross Zonal CQI Teams; Children and Family Services Section; Human Service Zones	<b>2A1:</b> Year 5	
	<b>2A2:</b> Enhance Children's Treatment Services Level of Care Determination to streamline an assessment to ensure the right child receives the right services for the right duration of time.	<b>2A2:</b> Children and Family Services Section	<b>2A2:</b> Year 3	
	<b>2A3:</b> Design and implement a specialized recruitment process for foster care providers who will take complex cases.	<b>2A3:</b> Court Improvement Program; Legal Stakeholders; Children and Family Services Section	<b>2A3:</b> Year 3	
	<b>2A4:</b> Partner with legal stakeholders (states attorneys, defense attorneys, judges) to provide training on timely permanency.	<b>2A4:</b> Court Improvement Program; Legal Stakeholders; Children and Family Services Section	<b>2A4:</b> Year 4	
	<b>2A5:</b> Develop and implement relative search teams at the human service zones.	<b>2A5:</b> Children and Family Services Section; Human Service Zones	<b>2A5:</b> Year 5	
<b>2B:</b> Empower families	<b>2B1:</b> Using Title IV-E funding, implement and pilot a legal representation process for families.	<b>2B1:</b> Children and Family Services Section	<b>2B1:</b> Year 2	
	<b>2B2:</b> Contract with a private provider/connect with other agencies to create a peer-to-peer advocacy and mentoring network for families and caregivers.	<b>2B2:</b> Children and Family Services Section	<b>2B2:</b> Year 2	
<b>2C:</b> Increase opportunities for Kinship caregivers.	<b>2C1:</b> Develop a communication plan to increase awareness of services for Kinship Caregivers.	<b>2C1:</b> Children and Family Services Section	<b>2C1:</b> Year 1	
	<b>2C2:</b> Identify and implement evidence-based services for Kinship Caregivers.	<b>2C2:</b> Children and Family Services Section	<b>2C2:</b> Year 5	
<b>2D:</b> Reduce Racial Disproportionality in Care	<b>2D1:</b> Use the CQI Cycle to identify root causes of racial disproportionality of children receiving child welfare services by identifying, implementing, monitoring, and adjusting solutions.	<b>2D1:</b> State CQI Council; Children and Family Services Section; Human Service Zones, Tribes	<b>2D1:</b> Year 5	
IMPLEMENTATION SUPPORTS				
<ul style="list-style-type: none"> <li>• Collaboration with State CQI Council; Cross Zonal CQI Teams, Human Service Zones, Court Improvement Program; Legal Stakeholders, Tribes</li> <li>• Technical assistance from State CQI Council</li> </ul>				

**GOAL 3: WORKFORCE***Support workforce retention by offering quality training and education.*

OBJECTIVES	ACTION STEPS	RESPONSIBLE	DUE	COMPLETED
<b>3A:</b> Collaborate to re-vision the North Dakota child welfare and Wraparound certification training program for child welfare workers to assure a timely, consistent onboarding process and a comprehensive training plan.	<b>3A1:</b> Use the CQI Cycle to assess the strengths and challenges of the current training process by identifying, implementing, monitoring, and adjusting solutions.	<b>3A1:</b> State CQI Council; Cross Zonal CQI Teams; Children & Family Services; CFS Training Center-UND Human Service Zones	<b>3A1:</b> Year 5	
	<b>3A2:</b> Establish worker competencies specific to their roles and responsibilities within the child welfare system.	<b>3A2:</b> Children and Family Services Section; University of North Dakota Children and Family Services Training Center; Human Service Zones	<b>3A2:</b> Year 1	
	<b>3A3:</b> Develop and implement a consistent onboarding process of child welfare workers to be used by all Human Service Zones.	<b>3A3:</b> Children and Family Services Section; University of North Dakota Children and Family Services Training Center; NDDHHS Human Resources; Human Service Zones	<b>3A3:</b> Year 2	
	<b>3A4:</b> Monitor child welfare worker competency and offer targeted training and/or technical assistance when needed.	<b>3A4:</b> Children and Family Services Section; University of North Dakota Children and Family Services Training Center; Human Service Zones	<b>3A4:</b> Year 3	
	<b>3A5:</b> Develop and implement Pre-Post Test/Competency Evaluation process to be used with all training that, once completed, confirms the worker's Wraparound Certification and Recertification requirements.	<b>3A5:</b> Children and Family Services Section; University of North Dakota Children and Family Services Training Center; Human Service Zones	<b>3A5:</b> Year 4	
	<b>3A6:</b> Develop and implement a modular-based, online training curriculum to be completed by workers within the first 60 days of employment.	<b>3A6:</b> Children and Family Services Section; University of North Dakota Children and Family Services Training Center; Human Service Zones	<b>3A6:</b> Year 5	
	<b>3A7:</b> Develop ongoing training specifically targeted to grow child welfare worker skills and enhance competencies that are required annually for Wraparound Recertification.	<b>3A6:</b> Children & Family Services ; CFS Training Center-UND; Human Service Zones	<b>3A7:</b> Year 5	



<b>3B:</b> Collaborate to re-vision the North Dakota child welfare supervisory training program to include a child welfare supervisor certification process that ensures each supervisor receives comprehensive initial and ongoing training, mentoring, coaching, and technical assistance.	<b>3B1:</b> Use the CQI Cycle to assess the strengths and challenges of the current training process by identifying, implementing, monitoring, and adjusting solutions.	<b>3B1:</b> Children and Family Services Section; University of North Dakota Children and Family Services Training Center	<b>3B1:</b> Year 5	
	<b>3B2:</b> Establish supervisory competencies specific to their roles and responsibilities within the child welfare system.	<b>3B2:</b> Children and Family Services Section; University of North Dakota Children and Family Services Training Center	<b>3B2:</b> Year 1	
	<b>3B3:</b> Update policy to require child welfare supervisor certification training and coaching specific to their role within the child welfare programs.	<b>3B3:</b> Children and Family Services Section; University of North Dakota Children and Family Services Training Center; NDDHHS Human Resources	<b>3B3:</b> Year 2	
	<b>3B4:</b> Develop and implement a consistent mentoring process for child welfare supervisors to that will be used by all human service zones.	<b>3B4:</b> Children and Family Services Section; University of North Dakota Children and Family Services Training Center	<b>3B4:</b> Year 3	
	<b>3B5:</b> Develop and implement Pre-Post Test/Competency Evaluation process to be used with all training.	<b>3B5:</b> Children and Family Services Section; University of North Dakota Children and Family Services Training Center	<b>3B5:</b> Year 4	
	<b>3B6:</b> Develop and implement a modular-based, online training curriculum to be completed by supervisors within 60 days of assignment to their role.	<b>3B6:</b> Children and Family Services Section; University of North Dakota Children and Family Services Training Center	<b>3B6:</b> Year 5	
	<b>3B7:</b> Develop ongoing training specifically targeted to grow child welfare supervisor skills and enhance competencies that are required annually for Wraparound Recertification.	<b>3B7:</b> Children & Family Services; CFS Training Center-UND; Human Service Zones	<b>3B7:</b> Year 5	
<b>IMPLEMENTATION SUPPORTS</b>				
<ul style="list-style-type: none"> <li>• Collaboration with: Human Service Zones, University of North Dakota Children and Family Services Training Center, NDDHHS Human Resources, Tribes, Division of Juvenile Services,</li> <li>• Technical Assistance: Education/workforce development TA provider; Curriculum Developers</li> </ul>				

GOAL 4: CONTINUOUS QUALITY IMPROVEMENT PROGRAM CAPACITY BUILDING				
<i>Enhance capacity of the CQI program to enable the child welfare system to effectively use data to identify challenges and develop and monitor solutions.</i>				
OBJECTIVES	ACTION STEPS	RESPONSIBLE	DUE	COMPLETED
<b>4A:</b> Enhance the capacity of the State CQI Council and Cross Zonal CQI Teams to carry out continuous quality improvement activities.	<b>4A1:</b> Create a subgroup of the State CQI Council to develop and implement a plan to obtain/sustain participation of those with lived experience and those from tribes in CQI activities.	<b>4A1:</b> State CQI Council; Children and Family Services Section	<b>4A1:</b> Year 1	Year 1
	<b>4A2:</b> Provide targeted training, technical assistance, and mentoring to the State CQI Council and Cross Zonal CQI Teams to increase capacity to support feedback loops and fully utilize the CQI Cycle.	<b>4A2:</b> Children and Family Services Section	<b>4A2:</b> Year 5	
	<b>4A3:</b> Analyze the current data reporting process and implement recommendations to improve access to needed data by CQI participants.	<b>4A3:</b> Data Analytics Team; Children and Family Services Section	<b>4A3:</b> Year 5	
<b>4B:</b> Cultivate a culture of continuous quality improvement.	<b>4B1:</b> Create a public-facing website to allow external stakeholder to access North Dakota child welfare CQI information.	<b>4B1:</b> Children and Family Services Section; Communications Division	<b>4B1:</b> Year 2	
	<b>4B2:</b> Develop and implement a training plan on the foundations of North Dakota's CQI model for internal and external stakeholders who are not directly working with the CQI program.	<b>4B2:</b> State CQI Council; Children and Family Services Section	<b>4B2:</b> Year 4	
	<b>4B3:</b> Develop targeted communications for internal and external stakeholders on areas of focus identified by the Council.	<b>4B3:</b> State CQI Council; Children and Family Services Section; Communications Division	<b>4B3:</b> Year 2	
	<b>4A4:</b> Develop and implement an annual evaluation process of the CQI Program and fidelity to model.	<b>4B4:</b> Children and Family Services Section	<b>4B4:</b> Year 3	
<b>4C:</b> Create a Continuous Quality Improvement Unit within the Children and Family Services Section to oversee and support child welfare CQI activities statewide.	<b>4C1:</b> Develop teaming structure for unit.	<b>4C1:</b> State CQI Council; Children and Family Services Section	<b>4C1:</b> Year 1	Year 1
	<b>4C2:</b> Create financing plan for the use of federal and state general funds.	<b>4C2:</b> State CQI Council; Children and Family Services Section	<b>4C2:</b> Year 2	Year 1
	<b>4C3:</b> Garner DHHS Office of the Commissioner approval and legislative approval/authority.	<b>4C3:</b> State CQI Council; Children and Family Services Section	<b>4C3:</b> Year 3	
	<b>4C4:</b> Hire and train CQI unit staff.	<b>4C4:</b> Children and Family Services Section	<b>4C3:</b> Year 4	
IMPLEMENTATION SUPPORTS				
<ul style="list-style-type: none"> <li>• Collaboration with State CQI Council, Cross Zonal CQI Teams, NDDHHS Office of the Commissioner, NDDHHS Finance Division, NDDHHS Legal Division, North Dakota Legislative Assembly, North Dakota Information Technology.</li> <li>• Technical Assistance from the National Child Welfare Center for Innovation and Advancement.</li> <li>• Dedicated state general funds for Unit.</li> <li>• Computer equipment for new staff.</li> </ul>				

## 2025-2029 Children and Family Services Plan

### Progress Update

## GOAL 1: PREVENTION AND PROTECTION

*Utilize various levels of prevention services and strategies to strengthen families, reduce incidents of child maltreatment, and maintain the family unit.*

**Objective 1A:** Increase community pathways to help families thrive and reduce the likelihood of child welfare system involvement.

### Measure(s) of Progress:

Measure	Baseline	2025	2026	2027	2028	2029
1A: Number of Title IV-E Prevention Service agency providers will increase by at least 40%	16 active agency providers	29 active agency providers				

- **Action Step 1A1:** Renew North Dakota's Title IV-E Prevention Services 5-year Plan through researching and identifying evidence-based programs specific to the needs of local communities.
  - **2025 Update on Progress Made:**  
North Dakota submitted its Title IV-E Prevention Services 5-Year Plan renewal to the Children's Bureau on April 14, 2025. The renewal was approved on June 16, 2025. The evidence-based programs included in the plan remain unchanged.
- **Action Step 1A2:** Expand Title IV-E Prevention Services by increasing the number of approved agency providers.
  - **2025 Update on Progress Made:**  
The baseline number of Title IV-E prevention service agency providers was 16, as of this report the number of active approved agency providers is 29. This is an increase of 81%.

**Objective 1B:** Enhance the efficiency and effectiveness of the initial interaction to increase the percentage of cases meeting the timeliness requirement for the first face-to-face contact as required in state policy.

### Measure(s) of Progress:

Measure	Baseline	2025	2026	2027	2028	2029
1B: Increase the timeliness of initial response and face-to-face contact with the children to at least 80%.	73.55% (SFY24)	84.11% (SFY25)				

- **Action Step 1B1:** Use the CQI Cycle to identify root causes for lack of timeliness to first face-to-face contact by identifying, implementing, monitoring, and adjusting solutions.
  - **2025 Update on Progress Made:**  
North Dakota is currently in the exploratory phase, monitoring face-to-face timeliness through a quarterly random sample of 75 cases drawn from all 19 human service zones. Once sufficient trend data is collected, the state plans to implement the Continuous Quality Improvement (CQI) cycle to identify the root cause(s) of any delays

- **Action Step 1B2:** Equip supervisors to address the underlying issues that impact timeliness.
  - **2025 Update on Progress Made:**  
 During quarterly child protection statewide calls, policy surrounding timeliness is regularly reviewed and discussed. Ongoing trainings have been offered to the child welfare workforce to include supervisors informing them of the policy set forth surrounding response times, as well as the timeliness and workflow.
    - Timeliness and Workflow 640-01-10-10-20
    - Response Time Decision 640-01-10-10-01
 Supervisors have been given access to real time dashboards that track timeliness efforts so they are equipped to monitor and enforce the timeliness according to policy to ensure child safety.
- **Action Step 1B3:** Examine the Child Protection Services' (CPS) workforce structure and develop a strategy to appropriately right-size the number of CPS personnel to effectively support and safeguard children in need of protection.
  - **2025 Update on Progress Made:**  
 Over the past year, the Human Service Zones have engaged in strategic planning to strengthen collaboration in response to workforce shortages. Through internal communication, agencies have reached out to one another for support, ensuring timely responses to Child Protective Services (CPS) cases during staffing challenges. CPS Field Service Specialists (FSS) have also provided valuable assistance by handling documentation tasks, allowing CPS field workers to concentrate on assessing child safety.

**Objective 1C:** Implement a comprehensive statewide campaign aimed at preventing child maltreatment.

**Measure(s) of Progress:**

Measure	Baseline	2025	2026	2027	2028	2029
1C: Statewide survey indicates increased awareness of child maltreatment prevention.	None Exist					

- **Action Step 1C1:** Develop the plan and strategies for the statewide campaign.
  - **2025 Update on Progress Made:**  
 Over the past year, multiple stakeholders have come together to develop a statewide prevention campaign in North Dakota. The initiative aims to equip three key target audiences with tools and resources designed to support families and prevent child abuse. In partnership with organizations across the state, the campaign will expand its reach through educational efforts focused on youth and community engagement. In July 2024, a comprehensive proposal was submitted outlining a five-year plan that includes educational programming, resource distribution, and intervention strategies. While the campaign has not yet officially launched, the groundwork has been laid, and phase one is set to begin by the end of the year.

- **Action Step 1C2:** Launch the statewide campaign by organizing various activities, outreach, and initiatives to reach a broad audience and create awareness.
  - **2025 Update on Progress Made:**  
 The initial phase of the campaign will focus on updating the NDKids website and launching a Bright by Text (Lantern) contract, which will allow families to receive parenting tips and skill-building messages via text. To raise awareness among communities, youth, and caregivers, partnerships will be formed with daycares and schools to help promote access to these valuable resources
- **Action Step 1C3:** Evaluate effectiveness of the campaign through measuring its impact on the target audience.
  - **2025 Update on Progress Made:**  
 The Campaign is still in the planning phase and is intended to span a five-year period. Once it begins, continuous evaluations will be conducted to assess its impact on the target audience

## GOAL 2: TIMELY REUNIFICATION WITH SAFE AND STABLE FAMILIES

Increase achievement of timely reunification by empowering families using individualized planning and engagement strategies to provide opportunities to promote family wellbeing and keep families together.

**Objective 2A:** Reduce the number of children who are in foster care more than 12 months.

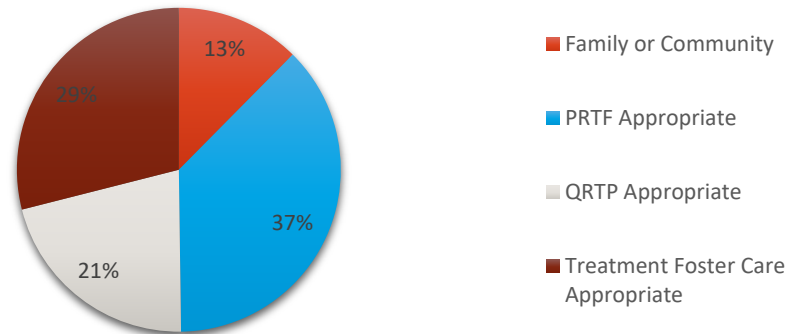
### ***Measure(s) of Progress:***

Measure	Baseline	2025	2026	2027	2028	2029
2A: CFSR 4 Data Profile: AFCARS 23A23B - Permanency in 12 months (12-23 mos)	353/101 (28.6%)	289/125 (43.3%)				
2A: CFSR 4 Data Profile: AFCARS 23A23B - Permanency in 12 months (24+ mos)	419/143 (34.1%)	429/195 (45.5%)				

- **Action Step 2A1:** Use the CQI Cycle to identify root causes contributing to children remaining in foster care more than 12 months by identifying, implementing, monitoring, and adjusting solutions.
  - **2025 Update on Progress Made:**  
The State CQI Council has started to work on this issue. It has looked at available data and started root cause analysis. Part of this work including using the data software “R” to analyze the attributes of children who stay in care the longest. It was found that those children who come into care as an infant tend to stay the longest in care. The Council will continue to work this issue during the upcoming year.
- **Action Step 2A2:** Enhance Children's Treatment Services Level of Care Determination to streamline an assessment to ensure the right child receives the right services for the right duration of time.
  - **2025 Update on Progress Made:**  
North Dakota implemented the Children’s Treatment Services Level of Care Determinations on July 1, 2024. Over the past eleven months of the Children’s Treatment Services Level of Care Determination (CTS LOC) process, the Department sections including Behavioral Health, Children and Family Services and Medical Services partnered to implement a unified clinical assessment to aid in securing treatment services for children (private custody and public custody). All children in need of a treatment placement Psychiatric Residential Treatment Facility (PRTF), Qualified Residential Treatment Programs (Q RTP), and Treatment Foster Care (TFC) must be assessed by North Dakota’s third-party assessor (Maximus) using an evidence-based assessment tool (CANS) to determine the least restrictive placement.

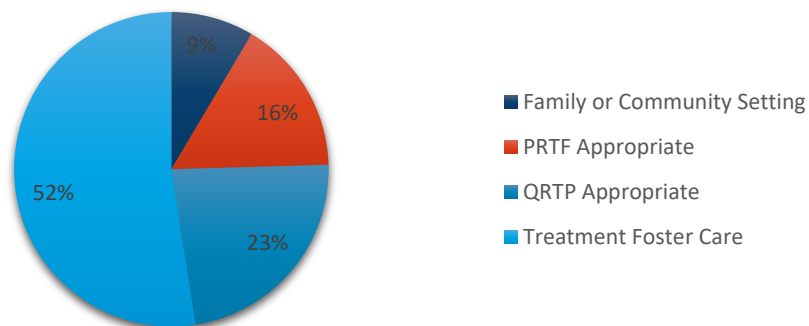
From July 1, 2024 - May 31, 2025, there were a total of 701 assessments completed for children in both private and public custody. The chart below represents all assessments completed and outcomes. The chart includes those in public custody (Human Service Zone, Division of Juvenile Services and Tribal Nations) and those in private custody (still in the custody of their parent/legal guardians).

### LOC Determinations July 1, 2024- May 31, 2025



Specific to children in public custody from July 1, 2024 - May 31, 2025, there have been 387 (55%) Children’s Treatment Services Level of Care Determinations that have occurred; 354 (91%) of have been approved for treatment. The majority of children in public custody have been approved for treatment foster care (52%) through Nexus PATH. This highlights North Dakota’s efforts to change the trajectory for children and support evidence and research that shows children do better in family settings. Over the last six years Children and Family Services has worked diligently to emphasize treatment in out of home residential should be short term and to ensure that children are placed in the least restrictive most appropriate placement. Public custody LOC determinations include:

### Public Custody Determinations July 1, 2024-May 31, 2025



- **Action Step 2A3:** Design and implement a specialized recruitment process for foster care providers who will take complex cases.
  - **2025 Update on Progress Made:**  
CFS Licensing Unit has continued to create branded recruitment materials to include specialized recruitment of homes for teenagers, Native American homes, and youth. The Unit staff work diligently to ensure licensed providers caring for specialized medical and highly complex



children are offered ongoing training and respite to retain the provider home and sustain a stable placement. Respite is utilized when a child has special medical, mental or behavioral health needs. Respite is used to support placement stability, enhance provider capacity and ensure children are able to remain in a least restrictive family setting with services and supports. Additional efforts have been made with the Division of Juvenile Services (DJS) who requested identification of select foster homes to care for children adjudicated delinquent. Specialized recruitment efforts began in the fall of 2024 with increased marketing and presentations from DJS partners to date. CFS Licensing Unit continues to explore additional recruitment techniques to develop “specialized foster care providers” to accept placements of children with complex needs. This has been challenging. The specialized providers will use trauma-informed care to stabilize children, engage the child in community services, while transitioning the child to their permanent home. Children in foster care in need of this specialized family setting are known to have multiple, concurrent medical and behavioral health needs, have experienced multiple placement settings and their need for supervision, services and support is high. North Dakota recognizes that although we may not have 10 homes “labeled” as this, we have a nice volume of homes we can call and explain the case to, who are more accepting and willing to hear the needs of the child. This strategy of “natural engagement” has been extremely helpful as the CFS Licensing Unit assists local Human Service Zones, DJS and Tribal Nations in securing placements for children in the least restrictive setting. Lastly, CFS Licensing Unit tracks additional services and supports offered by licensed providers to engage early in the life of the case as prevention and diversion strategy from entering foster care (shelter care) and support for children with complex behavioral health needs (respite care). 75% of the state licensed foster homes have an interest in providing respite, while 66% are willing to offer shelter care services in their home. Since July 1, 2024, North Dakota expended over \$56,360 on respite and \$65,368 on shelter care services. 68% of the shelter funds have been used for prevention in efforts to maintain children in the parental home (mom, dad, relative, close family friend, etc.).

- **Action Step 2A4:** Partner with legal stakeholders (states attorneys, defense attorneys, judges) to provide training on timely permanency.
  - **2025 Update on Progress Made:**  
Children and Family Services Foster Care and Sub Adopt (FCSA) Eligibility Unit provides the ND developed [Foster Care](#) and **18+ court order** hard cards. States Attorney’s engage with the ND Court Improvement Project (CIP), but most of the partnership with the States Attorney’s office is managed locally with the Human Service Zone. Local agencies and CFS Field Service Specialists work closely to ensure the court orders include the necessary legal determinations. FCSA Eligibility Unit reviews all court orders received, but will provide additional technical assistance regarding court orders when requested by the agency. In addition, FCSA Eligibility Unit offers [ND Child Welfare Court Proceedings](#) training. The module is available online to accommodate new hires. In addition, conversations have been had with the Association of Counties regarding States’ Attorneys ability to be designated in their jurisdiction or be contracted to serve another jurisdiction, there is some interest but no formal plans at this time.
- **Action Step 2A5:** Develop and implement relative search teams at the human service zones.

- **2025 Update on Progress Made:**  
February 2024 was the implementation of ND Adoption Redesign. Relative Search criteria was highlighted as an area needing improvement; encouragement to consider this approach has occurred, but no formal developments have been made. In February 2024 [policy](#) was updated and issued to guide case workers. Case Management Redesign efforts are continuing to address this topic through 2025.

## Objective 2B: Empower families

### **Measure(s) of Progress:**

Measure	Baseline	2025	2026	2027	2028	2029
2B: Number of families provided Title IV-E legal representation services.	None Exist	None Exist				
2B: Number of families participating in peer-to-peer advocacy and mentoring network.	None Exist	None Exist				

- **Action Step 2B1:** Using Title IV-E funding, implement and pilot a legal representation process for families.
  - **2025 Update on Progress Made:**  
Collaborative partnerships have continued with ND Indigent Defense, under the leadership of Travis Fink. HHS will continue to finalize details and planning for a “pilot” in Cass (Fargo, ND area) to include a specific attorney and social worker. CFS did secure support from the 2025 legislative body, which granted approval to proceed with the program and partnership.
- **Action Step 2B2:** Contract with a private provider/connect with other agencies to create a peer-to-peer advocacy and mentoring network for families and caregivers.
  - **2025 Update on Progress Made:**  
Although no formal peer-to-peer mentoring program has been established to date. Conversations with Behavioral Health and their Recovery peer-to-peer mentors has occurred. Department staff attended a peer-to-peer national training in the spring of 2024 introducing the concepts of peer mentoring. In addition, CFS Licensing Unit has a mentoring program for foster care providers and adoptive families. The program remains in the beginning stages of development with enhancements coming in July 2025.

## Objective 2C: Increase opportunities for Kinship caregivers.

**Measure(s) of Progress:**

Measure	Baseline	2025	2026	2027	2028	2029
2C: Number of Kinship Caregivers receiving services.	Average 300 yearly					

- **Action Step 2C1:** Develop a communication plan to increase awareness of services for Kinship Caregivers.
  - **2025 Update on Progress Made:**  
In addition to current communication outreach methods, Kinship-ND moved their website from a standalone site to one which is now under the North Dakota state HHS's purview, which has more "foot traffic." Kinship-ND is also being included in regular communications from the state communication department. Kinship-ND has also created a caregiver services chart which will be distributed to the Human Service zones, tribal child welfare offices and other entities who serve caregivers of children and on the HHS website. This chart will help caregivers know the services for which they may be eligible in one concise document which will be easily assessable for caregivers.
- **Action Step 2C2:** Identify and implement evidence-based services for Kinship Caregivers.
  - **2025 Update on Progress Made:**  
Kinship-ND plans to implement an evidence-based program which has been evaluated by the Title IV-E Prevention Services Clearinghouse. It has already been reviewing programs identified as promising, supported or well-supported and has begun contacting those programs which would best fit within North Dakota to reach both our rural and urban populations. While searching for an evidence-based program model, the staff follow aspects of evidence-based practices for our field, such as motivational interviewing.

**Objective 2D:** Reduce Racial Disproportionality in Care**Measure(s) of Progress:**

Measure		Baseline	2025	2026	2027	2028	2029
2D: Race at Key Decision Points (American Indian or Alaskan Native)	Reported	19%	15%				
	Entering Care	33%	34%				
	In Care	41%	40%				
	Reunified	26%	11%				
	Adopted	48%	35%				

- **Action Step 2D1:** Use the CQI Cycle to identify root causes of differences in racial breakout for children receiving child welfare services by identifying, implementing, monitoring, and adjusting solutions.
  - **2025 Update on Progress Made:**

The State CQI Council has not yet taken up this action step. As the new CQI Administrator comes onboard and gets up to speed, the Council will take on this issue. Race data is collected and analyzed by the Council on a quarterly basis. This practice will continue.

This action step has a due date of Year 5. It is believed there will be no problem achieving this.

## GOAL 3: WORKFORCE

*Support workforce retention by offering quality training and education.*

**Objective 3A:** Collaborate to re-vision the North Dakota child welfare and Wraparound certification training program for child welfare workers to assure a timely, consistent onboarding process and a comprehensive training plan.

### Measure(s) of Progress:

Measure	Baseline	2025	2026	2027	2028	2029
3A. A modular-based, online training curriculum for child welfare workers will be available and utilized statewide.	None Exist	None Exist				
3A. Ongoing training for child welfare workers that grows their skills and satisfies the requirements for Wraparound Recertification will be available and utilized statewide.	None Exist	None Exist				

- **Action Step 3A1:** Use the CQI Cycle to assess the strengths and challenges of the current training process by identifying, implementing, monitoring, and adjusting solutions.
  - **2025 Update on Progress Made:**  
Foster Care Case Management is going through the redesign process. As a part of this, Theory of Constraint – a component of North Dakota’s CQI process – is being used to identify constraints within the system, root causes of those constraints, and plans to address those constraints. The redesign workgroup is in the process of assessing strengths and challenges through the use surveying field staff and interviewing field supervisors.
- **Action Step 3A2:** Establish worker competencies specific to their roles and responsibilities within the child welfare system.
  - **2025 Update on Progress Made:**  
The redesign workgroup is finishing work on establishing worker competencies. They will be shared once approval to release has been obtained.
- **Action Step 3A3:** Develop and implement a consistent onboarding process of child welfare workers to be used by all Human Service Zones.
  - **2025 Update on Progress Made:**  
The redesign workgroup has developed a workstream dedicated to creating a standardized onboarding process. This includes the creation of an onboarding manual that will be used by all human service zones when a new case manager is hired.

- **Action Step 3A4:** Monitor child welfare worker competency and offer targeted training and/or technical assistance when needed.
  - **2025 Update on Progress Made:**  
The redesign workgroup is in the process of developing a formalized monitoring process of child welfare worker and supervisor competencies. This will including monitoring of worker engagement with clients, assessing case worker practice, and assessing supervisor competency. The results from the monitoring process will be used to target training to improve skills.
- **Action Step 3A5:** Develop and implement Pre-Post Test/Competency Evaluation process to be used with all training that, once completed, confirms the worker's Wraparound Certification and Recertification requirements.
  - **2025 Update on Progress Made:**  
The redesign workgroup has not started to work on pre-post testing at this time. As training curricula are developed and come online, evaluation will be designed and implemented.
- **Action Step 3A6:** Develop and implement a modular-based, online training curriculum to be completed by workers within the first 60 days of employment.
  - **2025 Update on Progress Made:**  
The redesign workgroup is still in the assessment phase. Work has not begun on designing a training curriculum.
- **Action Step 3A7:** Develop ongoing training specifically targeted to grow child welfare worker skills and enhance competencies that are required annually for Wraparound Recertification.
  - **2025 Update on Progress Made:**  
The redesign workgroup is still in the assessment phase. Work has not begun on designing a training curriculum.

**Objective 3B:** Collaborate to re-vision the North Dakota child welfare and Wraparound certification training program for child welfare workers to assure a timely, consistent onboarding process and a comprehensive training plan.

**Measure(s) of Progress:**

Measure	Baseline	2025	2026	2027	2028	2029
3B: A modular-based, online training curriculum for child welfare supervisors will be available and utilized statewide.	None Exist	None Exist				
3B. Ongoing training for child welfare supervisors that grows their skills and satisfies the requirements for Wraparound Recertification will be available and utilized statewide.	None Exist	None Exist				

- **Action Step 3B1:** Use the CQI Cycle to assess the strengths and challenges of the current training process by identifying, implementing, monitoring, and adjusting solutions.
  - **2025 Update on Progress Made:**  
Foster Care Case Management is going through the redesign process. As a part of this, Theory of Constraint – a component of North Dakota’s CQI process – is being used to identify constraints within the system, root causes of those constraints, and plans to address those constraints. The redesign workgroup is in the process of assessing strengths and challenges through the use surveying field staff and interviewing field supervisors.
- **Action Step 3B2:** Establish supervisory competencies specific to their roles and responsibilities within the child welfare system.
  - **2025 Update on Progress Made:**
  - The redesign workgroup has developed supervisor competencies. The following graphic outlines them.



- **Action Step 3B3:** Update policy to require child welfare supervisor certification training and coaching specific to their role within the child welfare programs.
  - **2025 Update on Progress Made:**  
Policy has not been developed yet. The redesign workgroup will work with the CFS Policy Administrator once training has been developed to update training policy.
- **Action Step 3B4:** Develop and implement a consistent mentoring process for child welfare supervisors to that will be used by all human service zones.
  - **2025 Update on Progress Made:**  
Work has not begun on a mentoring process for supervisors at this time. This is, however, a part of the case management redesign process and will be developed when appropriate.
- **Action Step 3B5:** Develop and implement Pre-Post Test/Competency Evaluation process to be used with all training.
  - **2025 Update on Progress Made:**  
The redesign workgroup has not started to work on pre-post testing at this time. As training curricula are developed and come online, evaluation will be designed and implemented.
- **Action Step 3B6:** Develop and implement a modular-based, online training curriculum to be completed by supervisors within 60 days of assignment to their role.
  - **2025 Update on Progress Made:**  
The redesign workgroup is still in the assessment phase. Work has not begun on designing a training curriculum.
- **Action Step 3B7:** Develop ongoing training specifically targeted to grow child welfare supervisor skills and enhance competencies that are required annually for Wraparound Recertification.
  - **2025 Update on Progress Made:**  
The redesign workgroup is still in the assessment phase. Work has not begun on designing a training curriculum.



## GOAL 4: CONTINUOUS QUALITY IMPROVEMENT PROGRAM CAPACITY BUILDING

*Enhance capacity of the CQI program to enable the child welfare system to effectively use data to identify challenges and develop and monitor solutions.*

**Objective 4A:** Enhance the capacity of the State CQI Council and Cross Zonal CQI Teams to carry out continuous quality improvement activities.

### Measure(s) of Progress:

Measure	Baseline	2025	2026	2027	2028	2029
4A: All CQI teams will have members with lived experience actively participating.	2 Council Members	2 Council Members				

- **Action Step 4A1:** Create a subgroup of the State CQI Council to develop and implement a plan to obtain/sustain participation of those with lived experience and those from tribes in CQI activities.

- **2025 Update on Progress Made:**

During the December 2024 State CQI Council meeting, time was spent discussing the future of the CQI Program. It was decided to refocus efforts on additional training to enhance the teams' skills, allowing them to fully carryout the CQI process. The State CQI Council voted to create four subcommittees including the Data Analytics Team, a membership committee, a communications committee, and a training committee. The membership committee will focus on identifying, including, training, and maintaining members with lived experience. This will include identifying mentors for each member with lived experience who will work to keep them engaged throughout their tenure with the Council. The CFS Section will also be requesting technical assistance through the Children's Bureau to assist the Council and Section with moving the CQI program forward.

This action step has a due date of Year 1 and, with the creation of the subcommittee, is considered complete. However, work by the subcommittee will be ongoing including the development of a membership plan.

- **Action Step 4A2:** Provide targeted training, technical assistance, and mentoring to the State CQI Council and Cross Zonal CQI Teams to increase capacity to support feedback loops and fully utilize the CQI Cycle.

- **2025 Update on Progress Made:**

North Dakota had been receiving extensive technical assistance from the Capacity Building Center for States during design and early implementation of continuous quality improvement within the public child welfare system. While progress had been made with implementation, the program was still in its infancy. The State CQI Council and Cross Zonal Teams had been trained in the basics of the CQI model. However, difficulties encountered when trying to fully operationalize the process pointed toward the need for additional focused training for all teams.

Unfortunately, with the loss of the technical assistance from the Capacity Building Center for States and the slow implementation of a new TA provider, momentum of the CQI program slowed. The State CQI Council and Cross Zonal CQI Teams discussed the future needs of the program. It was decided to refocus efforts on additional training to enhance the teams' skills, allowing them to fully carry out the CQI process. The State CQI Council voted to create four subcommittees including the Data Analytics Team, a membership committee, a communications committee, and a training committee. The training committee is tasked with identifying and securing additional training for the teams, including developing curriculum for a modularized/virtual training option. The CFS Section will also be requesting technical assistance through the Children's Bureau to assist the Council and Section with moving the CQI program forward.

This action step has a due date of Year 5 and it is believed there will be no problem completing it on time.

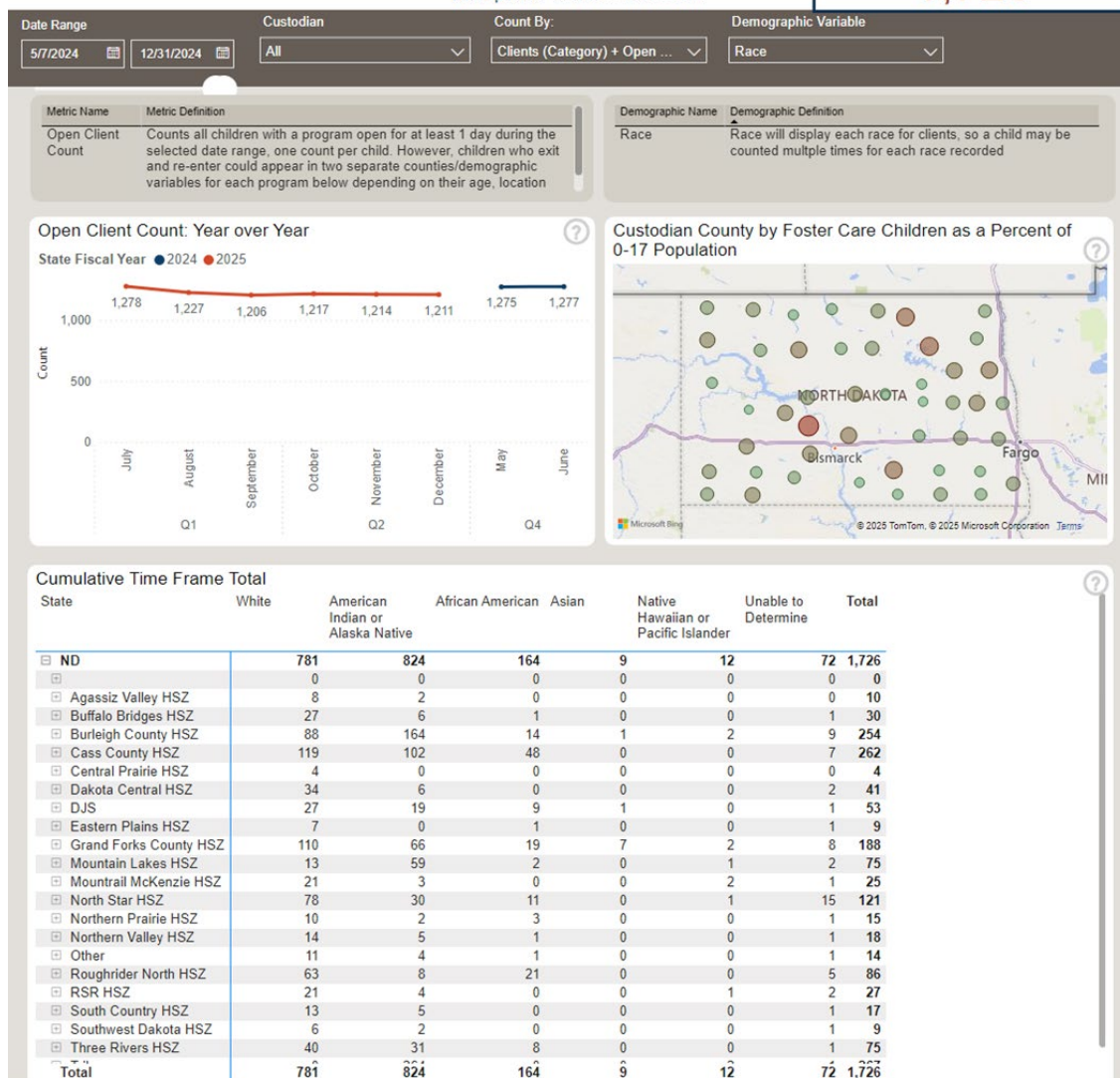
- **Action Step 4A3:** Analyze the current data reporting process and implement recommendations to improve access to needed data by CQI participants.

- **2025 Update on Progress Made:**

The Data Analytics Team (DAT) is the State CQI Council subcommittee focused on data analysis, data quality, and data reporting. Its mission is to provide North Dakota child welfare decision-makers and stakeholders with trusted data that is easy to use and understand, integrated across all statewide partners and program areas.

During 2025, the DAT met monthly. Membership consists of the Assistant Section Director, Licensing Administrator, Quality Assurance Specialist, Human Service Zone Child Welfare Supervisor, Data Science and Analytics Data Scientist, and the Court Improvement Program Director. Topics included work by the QA Unit on qualitative analysis of case record review data, dashboarding of the quarterly CQI data, and the creation of brief written analyses of the data presented in the quarterly data slide deck to help Council members understand the story being told through the data.

The Data Scientist spent much of the Spring of 2025 creating a PowerBI dashboard encompassing the 15 metrics found in the quarterly data slide deck. See below for an example of the dashboard. This will allow Council members, Department leadership, and other stakeholders to review key performance indicators in real-time. It is anticipated that the initial PowerBI dashboard will be completed in July of 2025. Additions to the dashboard, including case review data, will be made as resources allow. With the new CWIS (planned implementation in 2028), dashboarding and reporting will be built into it.



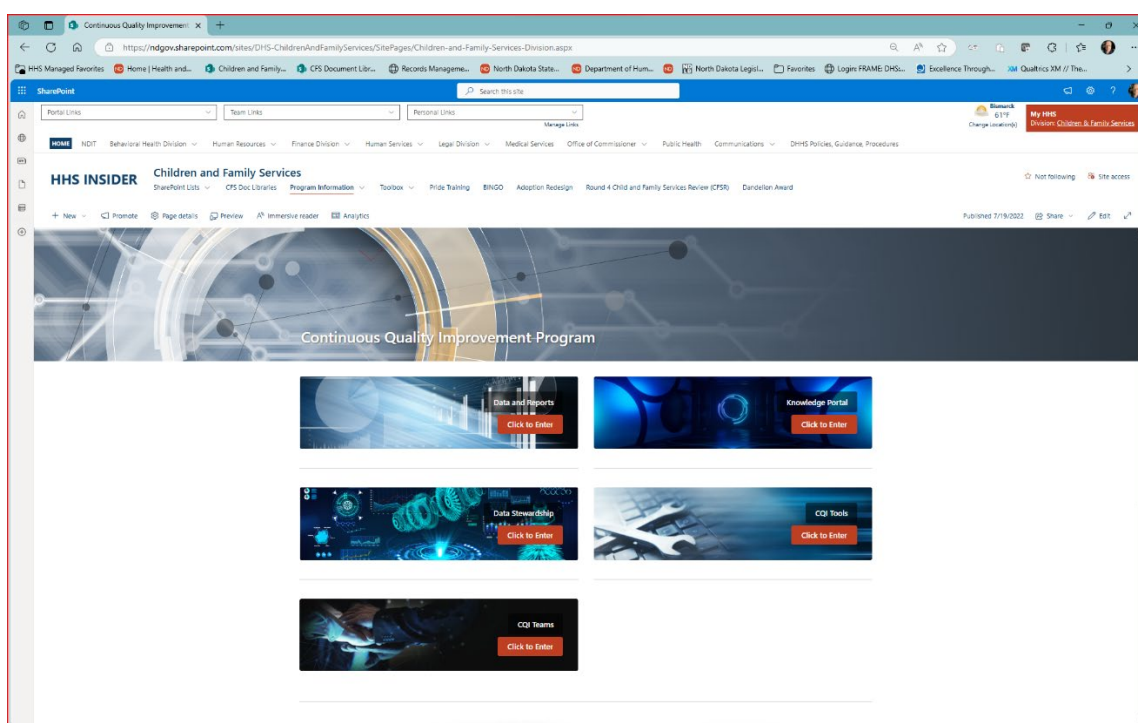
This action step has a due date of Year 5 and it is believed there will be no problem completing it on time.

**Objective 4B:** Cultivate a culture of continuous quality improvement.

Measure(s) of Progress:

Measure	Baseline	2025	2026	2027	2028	2029
4B: Annual CQI Program Evaluation and Fidelity to Model Assessment will show a greater awareness, understanding, and use of continuous quality improvement by child welfare staff and stakeholders.	None Exist	None Exist				

- **Action Step 4B1:** Create a public-facing website to allow external stakeholder to access North Dakota child welfare CQI information.
  - **2025 Update on Progress Made:**  
While the Department has a webpage for various data reports, there is no CQI-specific webpage for child welfare data and CQI information. The Section does have an Intranet page where CQI information is maintained (see below). However, this is only accessible to individuals within the Department's firewall. As the Department is starting a website redesign, the Section will leverage this process to create a public-facing website for CQI information. The dashboard mentioned in Action Step 4A3 above will be placed there, allowing for quick access by the public of key child welfare performance indicators.



This action step has a due date of Year 2 and it is believed there will be no problem completing it on time.

- **Action Step 4B2:** Develop and implement a training plan on the foundations of North Dakota's CQI model for internal and external stakeholders who are not directly working with the CQI program.
  - **2025 Update on Progress Made:**  
As mentioned above, the State CQI Council and Cross Zonal CQI Teams discussed the future needs of the program. It was decided to refocus efforts on additional training to enhance the teams' skills, allowing them to fully carry out the CQI process. The State CQI Council voted to create four subcommittees including the Data Analytics Team, a membership committee, a

communications committee, and a training committee. The training committee is tasked with identifying and securing additional training for the teams, including developing curriculum for a modularized/virtual training option. The CFS Section will also be requesting technical assistance through the Children's Bureau to assist the Council and Section with moving the CQI program forward.

This action step has a due date of Year 4 and it is believed, with extensive technical assistance on curriculum development and training content, there will be no problem completing it on time.

- **Action Step 4B3:** Develop targeted communications for internal and external stakeholders on areas of focus identified by the Council.
  - **2025 Update on Progress Made:**  
Similar to Action Step 4B2, the State CQI Council and Cross Zonal CQI Teams discussed the future needs of the program. It was decided to refocus efforts on additional training to enhance the teams' skills, allowing them to fully carry out the CQI process. The State CQI Council voted to create four subcommittees including the Data Analytics Team, a membership committee, a communications committee, and a training committee. The communication committee is tasked with guiding the Section in drafting fact sheets, data reports, and developing content for the Intranet site and public-facing website. It is also responsible for updating the CQI Program Manual annually. The committee will work closely with the Department's Communication Section to draft and disseminate CQI information.

This action step has a due date of Year 2 and it is believed there will be no problem completing it on time.

- **Action Step 4B4:** Develop and implement an annual evaluation process of the CQI Program and fidelity to model.
  - **2025 Update on Progress Made:**  
The Section has developed a CQI Self-Assessment, based on the evaluation tool created by the Capacity Building Center for States. The initial assessment yielded mixed results as some participants noted its content was at a level of understanding above them. During the next two years, the Section will work with the State CQI Council and technical assistance provider to revamp the CQI Program Evaluation to include an evaluation of understanding of CQI and an assessment of adherence to model.

This action step has a due date of Year 3 and it is believed, with extensive technical assistance on evaluation and assessment development, there will be no problem completing it on time.

**Objective 4C:** Create a Continuous Quality Improvement Unit within the Children and Family Services Section to oversee and support child welfare CQI activities statewide.

**Measure(s) of Progress:**

Measure	Baseline	2025	2026	2027	2028	2029
4C: A CQI Unit will be in place.	None Exist	None Exist				

- **Action Step 4C1:** Develop teaming structure for unit.

- **2025 Update on Progress Made:**

Sustaining a comprehensive CQI program will require investment in dedicated staff within the Children and Family Services Section. Currently, CQI has only one staff member dedicated to the program. The Assistant Section Director is also the CQI Administrator, however only 25% of his time is dedicated to CQI. To sustain the CQI program long-term, the Section has been requesting Legislative appropriations to create a CQI Unit within the Section. Its primary purpose would be to provide or arrange for technical support and resources needed by the State and Cross-Zonal CQI teams. Responsibilities would include:

- Drafting policies and procedures for the CQI process within child welfare services
- Arranging for or provide initial and ongoing education and technical assistance on CQI principles and processes.
- Guiding ongoing assessment and evaluation of the overall public child welfare system
- Overseeing and supporting statewide and regional/zonal data analysis or change projects, including utilization of the Theory of Constraints model
- Drafting and disseminating data reports

The following positions would make up the CQI Unit:

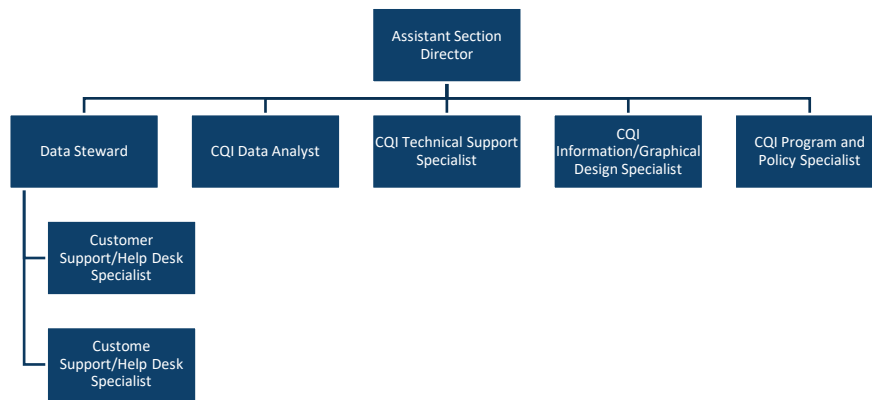
**Existing Positions to Be Transferred to the CQI Unit**

- **CQI Administrator:** Duties are performed by the Assistant Section Director. The CQI administrator provides leadership and oversight to all continuous quality improvement activities and staff.
- **Data Steward:** This position currently reports to the Assistant Section Director and would be brought within the CQI Unit. The position is responsible for: Development, implementation, and sustainability of the child welfare information system; Data Stewardship/Governance for the CQI program including establishment/sustainment of the Child Welfare Data Governance Council.
- **Two Customer Support Help Desk Specialists:** These positions currently reports to the Data Steward and would be brought within the CQI Unit. The position is responsible for the child welfare information system helpdesk and data cleaning for federal reporting.

## New CQI Unit Positions

- **CQI Data Analyst** (Analyst V – Grade 107: \$67,704): This position will be responsible for extracting data from the child welfare information system; organizing and interpreting the information; make sense of, combine, and organize information into meaningful patterns; applying principles, methodologies, standards, and best practices to identify needs and determine solutions; present the information to leadership, State CQI Council, and other system stakeholders via monthly, quarterly, and annual data reports allowing them to make informed decisions resulting in better outcomes for children and families; develop/maintain the CQI dashboard.
- **CQI Program and Policy Specialist** (Human Services VI – Grade 107: \$67,704): This position would assist the CQI Administrator with oversight of the CQI program; interpret federal CQI-related legislation; develop, interpret, and evaluate policies and procedures; work with Cross Zonal CQI Teams to develop and sustain their CQI programs; serve as the primary liaison to the State CQI Council.
- **CQI Program Technical Support Specialist** (Human Services VI – Grade 107: \$67,704): this position would provide technical assistance to Cross Zonal CQI Teams, Human Service Zones, and other stakeholders on all aspects of the CQI Cycle; create/update training curriculum, incorporating the latest techniques into practice; oversee the CQI training program including developing/sustaining a CQI certification program).
- **CQI Information/Graphic Design Specialist** (Professional Services III – Grade 107: \$67,704): This position will – at a minimum – oversee and update the CQI Communication Plan; maintain the CQI website and CQI Intranet site; draft/disseminate the quarterly CQI newsletter (Quality Times), work with the Data Analyst to draft/disseminate data reports; draft one-pagers, information briefs, and the biennial “By The Numbers” report; provide technical assistance to Cross Zonal CQI Teams regarding drafting/dissemination of location-specific data reports and publications.

The CQI Unit organization chart would be:





In May of 2025, funding was approved to hire a full-time CQI Administrator. Until this time, the Assistant Section Director has assumed these duties but they were only a small part of his overall responsibilities. A full-time CQI Administrator, the first position toward fulfilling the above teaming structure, will provide the needed attention and allow the program to move forward and strengthen statewide.

This action step has a due date of Year 1 and, with the creation of the teaming structure, is considered complete. However, work will be ongoing to garner the needed support from the Governor's Office and State Legislature.

- **Action Step 4C2:** Create financing plan for the use of federal and state general funds.

- **2025 Update on Progress Made:**

Financing a CQI unit will be a combination of State General Funds appropriated by the North Dakota Legislative Assembly and Federal Title IV-E funding. To date, other than finding funding for a full-time CQI Administrator, the Department has not received any General Fund appropriation for this endeavor. A request will be made during upcoming legislative sessions until such time funding is provided.

This action step has a due date of Year 2 and, with the financing plan in place, is considered complete. However, work will be ongoing to garner the needed support from the Governor's Office and State Legislature.

- **Action Step 4C3:** Garner DHHS Office of the Commissioner approval and legislative approval/authority.

- **2025 Update on Progress Made:**

The DHHS Office of the Commissioner supports adding a full-time CQI administrator to the staff of the Section. This would be a start for the creation of a full unit by providing a position that would solely focus on continuous quality improvement. Unfortunately, despite their support, the unit was not included in the Governor's budget and didn't even reach the desks of the Legislature. The Section will continue to advocate for a dedicated unit in future biennia.

This action step has a due date of Year 3. This would place it at the beginning of the 27-29 Biennium. Without the support needed from the Governor's Office, this goal will not be achieved. The Department will continue to advocate for a CQI Unit during all upcoming Legislative sessions.

- **Action Step 4C4:** Hire and train CQI unit staff.

- **2025 Update on Progress Made:**



This action step is due in Year 4. All pieces are in place minus the funding needed. The Department will continue to advocate for a CQI Unit during all upcoming Legislative sessions.

## 4. Quality Assurance System

North Dakota's CQI/QA system is *in place and functioning statewide*.

**Quality Assurance Unit:** Since 2019, the North Dakota Department of Health and Human Services has employed a dedicated Quality Assurance Unit to facilitate the case review process for North Dakota's child welfare system. Prior to then the Children and Family Services Division struggled to implement a quality assurance process, relying on sporadic in-house case reviews and contracting with the University of North Dakota to conduct onsite case reviews. The unit consists of a QA Unit Manager and nine QA Reviewers.

With the creation of the QA Unit, the state has implemented a statewide process that ensures consistent monitoring of child welfare practice and makes needed adjustments in a timely manner.

Case reviews are conducted remotely on a quarterly basis throughout the year to meet federal requirements. The general framework for reviews includes the following steps:

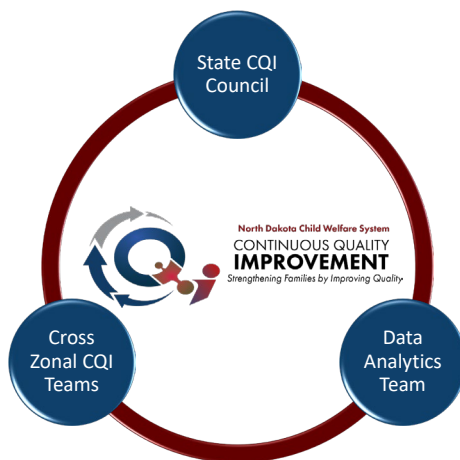
5. Case Sample: Foster Care cases and In-Home Services cases during a defined period are subject to a random sampling process with five strata that correlate to four (4) Cross-Zonal CQI Teams and the state's metro area. The number of cases reviewed from each stratum is proportional to the number of cases from the stratum in the statewide random sample, with a minimum of one case of each case type per stratum for each quarterly review.
6. Case Review Preparation: Local agencies will receive an orientation to each review event and resources to aid the preparation of selected cases.
7. QA Case Review: The review process includes a review of the case file and interviews with key case participants for each case and first level quality assurance.
8. Reporting and Sharing of Findings: Cumulative case review data is compiled into a final report completed by the QA Manager. Results are submitted to all agencies for use in their ongoing continuous quality improvement efforts.

Policy for the quality assurance case review process can be found in [Service Chapter 605: Continuous Quality Improvement](#). It is recognized that the policy documents need updating.

**Continuous Quality Improvement Program:** North Dakota also implemented a statewide continuous quality improvement program. Activities began in 2017 with a group of Children and Family Services program administrators and key system stakeholders completing the CQI Academy. In 2020, CFS engaged with the Capacity Building Center for States to further define and operationalize its CQI approach which led to release of the CQI Program Manual on March 31, 2021. The manual is intended for use by child welfare agency staff, system partners, and stakeholders and for anyone who wants or needs to understand how to participate in North Dakota's CQI process and activities.

**CQI Teaming Structure:** The teaming structure for the program is composed of three primary team levels: the State CQI Council, four Cross-Zonal CQI Teams, and the Data Analytics Team (see below).

**Figure 107.**  
**Continuous Quality Improvement Program Teaming Structure**



The *State CQI Council* is the primary driver for North Dakota’s statewide CQI process and is comprised of a wide range of state-level agency staff and stakeholders including (but not limited to) the Division of Juvenile Services, Courts, Tribal Nations, and those with lived experience. While all tribal nations are represented on the Council, attendance at meeting is sporadic. CFS continually reaches out to them with meeting information and encourages participation. Similarly, recruitment and retention of those with lived experience on the Council is a continual struggle and focus for the group. Council members continually look for individuals with lived experience who could become a member. When individuals are identified, they are provided verbal and written information about the Council including the purpose, activities, and time commitment. However, individuals tend to drop off after a few meetings. Feedback received indicates that participants become overwhelmed with the subject matter. This issue a continual focus of the Council.

As shown in the graphic in Section II (page 6), the 19 human service zones were divided into four *Cross Zonal CQI Teams*. These teams are the drivers for the local CQI process with a focus on improving child welfare agency case practice, service delivery and the achievement of outcomes for North Dakota children and families. Cross-Zonal CQI Teams are comprised of a wide range of stakeholders including (but not limited to) human service zone staff, Field Services Specialists, QA Reviewers, the Division of Juvenile Services, Courts, States Attorneys, those with lived experience, and Tribal Social Services. Like the struggles at the Council level, CQI Teams struggle with Tribal Nation participation and recruitment/retention of those with lived experience.

The *Data Analytics Team* is the primary support team for both the Council and Cross Zonal Teams. The team consists of:

**Table 93.**  
**Data Analytics Team Membership**

Assistant Section Director/CQI Administrator	Children and Family Services Section
Foster Care Licensing Unit Manager	Children and Family Services Section

Foster Care Case Management Supervisor	RSR Human Service Zone
CIP Administrator	ND Supreme Court
QA Specialist	Children and Family Services Section
Data Scientist	Data Science and Analytics

The team helps with the compilation and analysis of data used in the CQI process. The Data Analytics Team was instrumental in establishing the key performance indicators and assisting in the identification of the source data.

Work on implementation of continuous quality improvement continued in 2021 with technical assistance from the Capacity Building Center for States. In July of 2021, the CQI Implementation Team was created. The Team is made up of a wide range of system stakeholders including representation from the Children and Family Services Division, Human Service Zone Operations, RSR Human Service Zone, Ward Human Service Zone, South Country Human Service Zone, the Native American Training Institute, the Division of Juvenile Services, the Supreme Court's Court Improvement Program, the MHA Nation, the Standing Rock Sioux Tribe, the Turtle Mountain Band of Chippewa, the Adults Adopting Special Kids program, and foster parents.

During the summer and early fall of 2021, Division staff worked on a monthly data report using data pulled from the Departments information system (FRAME) and Cognos, and PowerBI. The intent of the *Context and Key Performance Indicators* report was to provide monthly data on specific key data that could be broken down by county and human service zone and accessed by human service zones and central office staff. As can be seen in the narrative later in this item, this report is used by the CQI Council and teams as well as human service zone supervisors and directors and other key stakeholders.

In March of 2022, the Implementation Team issued a Readiness Survey to the human service zones, Central Office, and the Division of Juvenile Services to determine the level of motivation and capacity to implement continuous quality improvement. Results (below) indicated that Cross Zonal CQI Team 4 was most ready to implement CQI in their areas whereas Cross Zonal CQI Team 2 was least ready to implement.

**Table 94.**  
**Continuous Quality Improvement Program Readiness Survey Results.**

	Strongly Agree	Partially Agree	Disagree	Not Sure
<b>Cross Zonal CQI Team 1</b>	18	0	3	10
<b>Cross Zonal CQI Team 2</b>	0	8	24	13
<b>Cross Zonal CQI Team 3</b>	1	9	0	7
<b>Cross Zonal CQI Team 4</b>	11	13	3	0

The results were vetted with the Children and Family Services Division's leadership team and the directors of the human service zones. Both bodies agreed with the results, indicating that the current state of those areas support a plan to implement first in Team 4. The remaining teams were brought in using the order

of Team 1, Team 3, Team 2.

In April of 2022, the Implementation Team started work identifying individuals to serve on the State CQI Council, while human service zone directors began work to identify members of the four Cross Zonal CQI Teams. Also, work began on a communication plan and training plan. The CQI Training Workgroup was established and began work on developing the training curriculum. By November 2, 2022 all CQI groups (which include key stakeholders and partners) had completed the 10 ½ hour Foundation of CQI training (see below) and had begun meeting.

**Table 94.**  
**Foundations of CQI Training Curriculum**

3 Sessions (3.5 hrs. each) Total: 10.5 hrs. Delivery: Virtual	Customizing Curriculum to North Dakota
<b>Session 1: Total 3.5 hrs.</b> <ul style="list-style-type: none"> <li>• <b>Unit 1:</b> Welcome, Introductions, Overview and Objectives (45 min.)</li> <li>• <b>Unit 2:</b> Culture and Climate Count (45 min.)</li> <li>• <b>Break</b> (30 min.)</li> <li>• <b>Unit 3:</b> Administrative Structure for the CQI Process (1.5 hr.)</li> </ul>	<ul style="list-style-type: none"> <li>• Incorporate ND CQI vision and strategic priorities into Unit 1 and/or 2.</li> <li>• Incorporate high-level overview of ND core components OR ND CQI Plan into discussion as appropriate.</li> <li>• Customize to ND CQI teaming structure, roles, responsibilities, and opportunities in Unit 3.</li> </ul>
<b>Session 2: Total 3.5 hrs.</b> <ul style="list-style-type: none"> <li>• <b>Unit 4:</b> Leading with Data (1.5 hrs.)</li> <li>• <b>Break</b> (15 mins)</li> <li>• <b>Unit 5:</b> Promoting High-Quality Data from Your MIS (45 min.)</li> <li>• <b>Unit 6:</b> Promoting High-Quality Data Through Case Reviews, Surveys, and Interviews (1 hr.)</li> </ul>	<ul style="list-style-type: none"> <li>• Consider inclusion of a “data walk” activity in Unit 4 using ND child welfare key performance measures to familiarize participants with agency performance.</li> <li>• Focus on the responsibilities for agency staff at all levels to ensure quality data in Unit 5.</li> <li>• Incorporate overview of ND’s OSRI/Case Review process into Unit 6</li> </ul>
<b>Session 3: Total 3.5 hrs.</b> <ul style="list-style-type: none"> <li>• <b>Unit 7:</b> High-Quality Data Analysis Process (1.5 hrs.)</li> <li>• <b>Break</b> (15 min.)</li> <li>• <b>Unit 8:</b> Staff and Stakeholder Engagement (1 hr. 15 min.)</li> <li>• <b>Unit 9:</b> Closing (30 min.)</li> </ul>	<ul style="list-style-type: none"> <li>• Focus on methods to analyze ND data as part of CQI process as part of Unit 7.</li> <li>• Identify key ND stakeholders, highlight importance and ways to effectively engage stakeholders with particular focus on those with lived expertise in CQI process in Unit 8.</li> <li>• Communicate next steps and anticipated timeline for launching CQI activities.</li> </ul>

**Focus Group Feedback:** During the February 2024 Cross Zonal CQI Team focus groups, participants noted the following when asked, “From your perspective, how well are QA and CQI processes functioning throughout the state? (i.e., at the state, cross-zonal, and zones/offices)?”

Table 95.

Cross Zonal CQI Team Focus Groups Participant Comments to the Question, "From your perspective, how well are QA and CQI processes functioning throughout the state? (i.e., at the state, cross-zonal, and zones/offices)?"

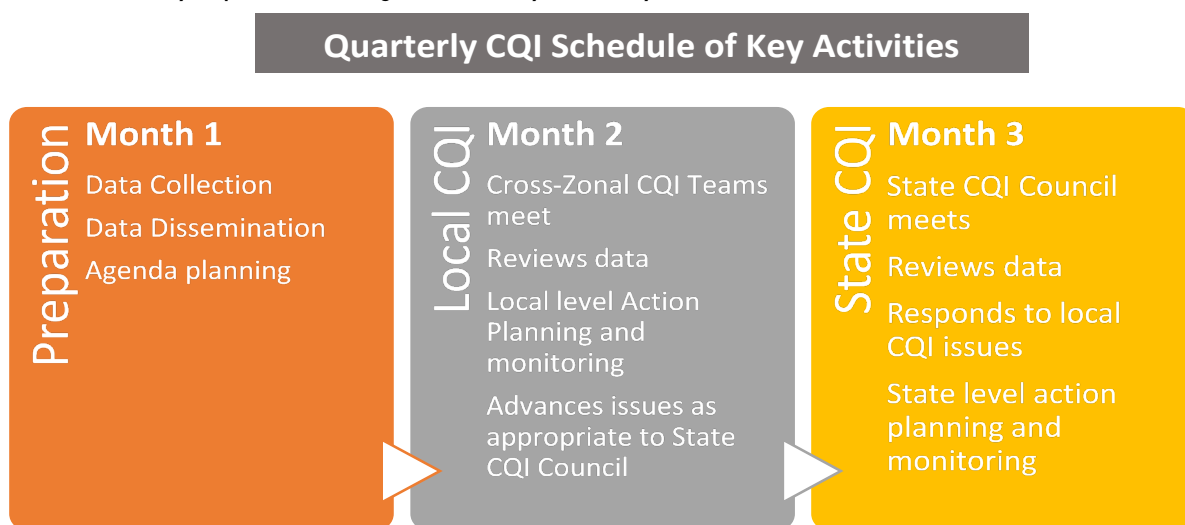
Comments Received	
Conversations now compared to where we were before are better. It has been hard, but it is definitely better and more focused on quality.	More focused on decision-making, allows for better conversations, less confrontational.
Still new, a little clunky, trying to find the purpose.	CQI feels new to some. On the QA side (i.e., case review) it is a little more straightforward in terms of how to participate.
Feels a little repetitive to current folks as new folks are coming on since we do not have a firm foundation/team yet. Must constantly keep onboarding people.	QA unit is relatively new but more comfortable to work with. The QA process is more solid and in a much better place than Round 3. People know what to expect. The process is efficient.
Being in different groups – i.e., System of Care, CFSR workgroups – they are all tied together, using data to see how things are actually happening – it is helpful.	Engagement improved. Working well with the QA team, engagement with zones has been great in terms of following up on QA reviews, QA reviewer training, what it means to the field, using data.
Helpful to have access to available CQI data via participating in various workgroups.	Engaging with the courts – using time in care data, permanency hearings, and looking at the data at the local level and being able to make those comparisons.
Cross-zonal teams/data breakdown is helpful – i.e., system of care data so having the data at this level and being able to make comparisons and knowing what the benchmarks are. As a zone director is helpful.	Time is an issue – timing of meetings etc.
CQI Cycle – we use it in our team/unit meetings (use the graphic) with staff. A great visual for staff who are looking for immediate change when it takes longer. It is a continual process, need to be patient.	More prep for meetings would be helpful so that everyone sees the value of CQI. Still trying to get off the ground – in its early stages. Need to put more time into prep.
Participation on CQI teams	
Need more from staff of different levels on the CQI teams who can speak more about caseloads and complexities.	Need more representation from the Tribes.
Great consistency from staff/zones, CAC's.	Internal engagement is good, need to work more on external engagement.
External messaging re: the value of the CQI process – i.e., we had a parent on, and we lost her. Prepping more would have helped.	Participation has been spottier than we would like.
Possible Improvements	
Making better use of the data from the QA reviews.	Getting more support to our partners in accessing and understanding the data.

**CQI Work Rhythm:** To continually identify strengths and needs of the service delivery system across the state, a quarterly work rhythm was established for the State CQI Council and Cross Zonal CQI Teams (refer to graphic on the next page). The schedule provides the opportunity for Cross-Zonal CQI Teams to meet in advance of the State CQI Council so that local trends can be elevated as appropriate for the purpose of promoting effective statewide program improvement planning activities.

Standing meeting agenda items for the teams connect to current child welfare agency and system strategic priorities along with a focus on the use of available data and evidence. Agenda items include but are not limited to:

7. Review and evaluation on the progress of PIP strategies, CFSP goals and other agency priorities and recommend program adjustments as needed to support successful implementation towards improved outcomes.
8. Review of agency key performance measures, including safety and permanency outcome data such as AFCARS, NCANDS, NYTD, and other reports.

**Figure 108.**  
**Continuous Quality Improvement Program Quarterly Work Rhythm.**



Source: CQI Program Manual

9. Review of quarterly case review (OSRI) results and discussion of state and regional initiatives and issues in need of improvement.
10. Provide ongoing consultation and collaboration to Cross-Zonal CQI Teams regarding issues being raised from the local level.
11. Determination for the need of state or Cross-Zonal level action plans based on review of performance data and use of CQI Cycle, where appropriate.
12. As needed, develop, and implement state level action plans using the CQI cycle.

Since August of 2022, the teams have maintained a regular schedule of meetings (refer to the figure on the following page).

As an example, the State CQI Council and all Cross Zonal CQI Teams addressed challenges to Item 1: Timeliness of Initiating Investigations of Reports and to Item 5: Permanency Goal for Child. These items were identified as issues remaining from our last Performance Improvement Plan. Root cause analysis for

Item 1 identified a lack of understanding by workers on the timeliness policy as the primary reason for poor results for this item. Focused education was provided during quarterly statewide CPS Calls with follow-up 1:1 education and monitoring by supervisors. Results of the solution are being monitored through the QA Case Record Review data and, if data indicates, adjustments will be made to the solution to improve results.

**Table 96.**

**Continuous Quality Improvement Program Meetings Schedule (August 2022 – June 2025).**

	Cross Zonal CQI Team 1	Cross Zonal CQI Team 2	Cross Zonal CQI Team 3	Cross Zonal CQI Team 4	State CQI Council	Data Analytics Team
August-22					8/18/2022	8/24/2022
September-22						9/21/2022
October-22						
November-22				11/2/2022		
December-22					12/15/2022	
January-23						1/18/2023
February-23	2/22/2023			2/2/2023		2/15/2023
March-23					3/16/2023	
April-23						4/19/2023
May-23	5/9/2023		5/16/2023	5/2/2023		5/17/2023
June-23					6/15/2023	
July-23						7/12/2023
August-23	8/9/2023	8/23/2023	8/16/2023	8/2/2023		8/16/2023
September-23					9/16/2023	
October-23						10/18/2023
November-23	11/9/2023	11/21/2023	11/16/2023	11/7/2023		11/15/2023
December-23					12/21/2023	
January-24						1/17/2024
February-24	2/9/2024	2/12/2024	2/16/2024	2/22/2024		2/21/2024
March-24					3/21/2024	
April-24						4/17/2024
May-24	5/9/2024	5/13/2024	5/23/2024	TBD		5/15/2024
June-24					6/20/2024	
July-24						
August-24	8/22/2024	8/12/2024	8/22/2024	8/15/2024		
September-24						
October-24						
November-24			11/21/24	11/21/24		
December-24					12/19/2024	
January-25						1/17/2025
February-25						2/12/2025
March-25					3/20/2025	
April-25						4/9/2025
May-25						5/19/2025
June-25					6/19/2025	6/12/2025

**Focus Group Feedback:** During the February 2024 Cross Zonal CQI Team focus groups, participants noted the following when asked, “Does your QA/CQI process identify strengths and needs of ND’s service delivery system? Can you share any examples from your experience?”



Table 97.

Cross Zonal CQI Team Focus Groups Participant Comments to the Question, “Does your QA/CQI process identify strengths and needs of ND’s service delivery system? Can you share any examples from your experience?”

Comments Received	
Case review does identify strengths and needs (there are limitations however due to the small number of cases and whether the data is truly representative).	The case review process is overall very good. The OSRI tool however is rigid and not left to reviewers’ discretion at the case level. i.e., a child had very high needs and the worker did a great job but missed one dental appointment, so the case scored lower.
There is a disconnect sometimes between federal policy and Safety Practice Framework Model.	The focus on assessing the systemic factors as part of the SWA has been helpful through our CZ CQI teams.
Mini-case reviews at the zone level would help.	We identify challenges pretty good but at a high level but it is not granular enough. QA reviewers try and identify the more detailed information via the rationale statement.
Prior to reviews, workers felt anxiety. After having sat in on feedback sessions and hearing both strengths as well as challenges, it was helpful and made it a positive experience.	Case reviews – lots of focus on timeliness of permanency goals, concurrent goals – this is an area that was an identified need, and the Adoption Redesign is addressing that.
We do hear a lot of good work going on with parents and families to identify services and working with them to have a voice in the case plan.	Challenges – access to services across different areas.

Quality assurance activities aren’t limited to conducting case record reviews. In 2020, North Dakota implemented a new practice model: ***Safety Framework Practice Model***. SFPM uses standardized tools and decision-making criteria to assess family behaviors, conditions, and circumstances, including individual child vulnerabilities and parent/caregiver protective capacities, to make well-founded child safety decisions. The practice model’s approach to safety assessment and management recognizes that issues concerned with child safety change as the child welfare’s intervention proceeds. To ensure that the services are provided with quality to ensure the health and safety of children in foster care, quarterly fidelity reviews are conducted. For the Year 1 (June 2022 – March 2023) reviews, 193 cases were reviewed by 105 reviewers using a review instrument looking at 200 questions. Results indicated:

- Intakes are “full-kitted” for CPS. Full kit refers to having all documents/tasks completed during the intake process before moving the case on CPS workers (interview with reporter, completion of full intake forms, identify emergency cases and pass on to CPS supervisor within 30 minutes with follow-up, completion of tasks within 24 hours, triage administrative assessment and administrative referral cases).
- Present Danger Assessments and Present Danger Plans at case initiation are keeping children safe.
- Introduction Stage within the PCFA indicates assessment skills are getting stronger.
- There was a 36% improvement in assuring children remain safely at home.
- There was a 13% improvement in children remaining connected to people, places, that are important to them.

- There was a 28% decrease in the number of children in foster care, when compared to the prior three years.

Inter-rater reliability in the SFPM Fidelity Support Case Reviews is important. Therefore, a thorough understanding by reviewers of SFPM and best practice standards as defined in policy and with model resources is critical. Reviews must have received training in SFPM and have a foundational understanding of the practice model. They must accurately reflect information from the assigned case tools into the Qualtrics review instrument. They need to know where to find policy and reference guides to assist in accurately assessing casework practice against best practice expectations.

Additional quality assurance processes are in place in the child welfare services across the state. For example:

- o **Child Protection Services:** A distinct quality assurance process also occurs with the Child Protection Services cases on a zonal level, *per CPS Policy 640-01-10-10-20*. When the tasks of initiating the assessment are complete, the CPS Worker updates the TAB to the "Quality Assurance Staffing" column. The Supervisor meets individual with the CPS Worker to discuss a newly assigned assessment and plan the assessment, identifying the key participants, first steps and a response time. The Supervisor schedules a Quality Assurance Staffing with each worker for each assigned assessment every 7-10 days at a minimum. The purpose of this staffing is to review the Present Danger Assessment and Plan (if needed), identify the next steps in the assessment and identify any additional information needed for a quality assessment and assure that assessment documentation is completed timely.
- o **In-Home Services:** *Per Child Welfare Practice Policy Manual 607-05-30*, the requirement of "Quality at the Source" is part of the continuous quality improvement process. It is the manner in which child welfare agencies assure quality practice with families through processes that are designed to support strong engagement and positive outcomes. Quality at the source focuses on fidelity to practice standards and policies by making sure errors, or mistakes, do not occur. In the event practice errors/mistakes occur, quality at the source requires those involved to make every effort to redirect the trajectory of the case. CPS workers, case managers, supervisors, and field service specialists all have an integral role to assure quality at the source.
- o **Licensure Reviews:** *Per NDAC 75-03-40*, CFS staff direct and/or participate in the following licensure reviews: 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.

**Focus Group Feedback:** Cross Zonal CQI Team focus group participants in February of 2024 noted the following when asked, “What types of standards are being used to evaluate the quality of services to ND children and families?”

**Table 98.**

**Cross Zonal CQI Team Focus Groups Participant Comments to the Question, “What types of standards are being used to evaluate the quality of services to ND children and families?”**

Comments Received	
Law and policy – both State and Federal	QA reviews around safety, permanency, and well-being – case practice and outcomes
Fidelity reviews of the Safety Framework Practice Model (Courageous Case Management (CCM) reviews)	CQI Manual
ICWA standards	Accrediting bodies – CARF standards
Licensing standards	Social worker standards, confidentiality, ethics

To ensure that the child welfare system has access to the **Relevant Reports** that contain data needed to identify the strength and needs of the service delivery system and implement/monitor viable solutions, the Children and Family Services Section developed several reports, slide decks, and dashboards. All reports and dashboards are directly accessible by DHHS staff and human service zone staff with hardcopies provided to external stakeholders, as needed.

FRAME has several **Standard Reports** built into the system. The *Foster Care Demographic* report identifies the total number of children in foster care based on selected criteria of birthday, age, and open foster care program dates. This report offers sub-report features to capture information related to youth in need of credit reporting, NYTD surveying, and Chafee Independent Living participation. The *Foster Care Indian Child Welfare Act Report* identifies foster youth which are covered under the Indian Child Welfare Act (ICWA) and identifies the tribal affiliation and custodial agency of the youth as well as the removal and placement dates of the youth. The *Foster Care Placement Location by Worker Report* identified where youth are placed including the provider’s name and address. The report is presented by human service zone worker.

Developed using IBM Cognos Analytics, the **CFS KPI Summary** is a dashboard containing a set of key performance measures that are used to assess system functioning from receipt of a CPS report to a youth’s exit to permanency. Reports can be filtered by date range, Cross Zonal CQI Team area, Human Service Zone, and County and include breakdowns by youth gender, age, race, and ethnicity. The CFS KPI Summary contains the following individual reports:

Table 99.

**CFS KPI Summary Listing of Report**

<b>CPS REPORTS</b>	
Count of Reports Received	Count of Reports that Lead to an Assessment
Count of Reports of Abuse (by type)	Count of Reports of Neglect
<b>CPS ASSESSMENTS</b>	
Count of Open Assessments	County of New Assessments
Count of Closed Assessments	Timeliness for Closed Assessments
Count of Closed Assessments by Decision Type	
<b>CPS ASSESSMENTS MALTREATMENTS</b>	
Count of Assessed Maltreatments (by type)	County of Confirmed Maltreatments (by type)
<b>CPS ASSESSMENTS INDIVIDUALS</b>	
County of Subjects and Victims in Confirmed Assessments	Count of Substance Exposed Newborns
<b>CPS ASSESSMENT SERVICES</b>	
Average Time from Assessment Decision to Beginning of In-Home Services	Count of Assessments that led to an In-Home or Foster Care Service
<b>FOSTER CARE</b>	
Count of Individuals in Closed Foster Care Cases	Count of Individuals in New Foster Care Cases
Count of Individuals in Closed Foster Care Cases	Termination of Parental Rights in Open Foster Care Cases
Count of Open Foster Care Episodes by Eligibility	Monthly Visitation with Foster Care Youth
Count of ICWA Inquiry for Children in Open Foster Care Episodes	
<b>FOSTER CARE PROGRAMS</b>	
Average Length of Foster Care Program	Educational Training Voucher Awards
Permanency Goals of Open Foster Care Cases	Open Chafee Programs
Chafee Services Count	18+ Continued Care
End Reason of Closed Foster Care Cases	
<b>FOSTER CARE PLACEMENTS</b>	
Placement Stability – During Reporting Period	Placement Stability – Programs that Started During Reporting Period
Entities in an Open Placement in a Qualified Residential Treatment Program	Average Length of Qualified Residential Treatment Placements
Placements Level of Care	
<b>FAMILY PRESERVATION</b>	
Count of Open In-Home Case Management Cases	Count of Family Services by Type
Count of Victims with an Open In-Home Case Management Cases with a Services Required Assessment	Count of Victims with Open In-Home Case Management Cases with a No Services Required Assessment
<b>ADOPTION</b>	
Count of Children in a Pre-Adoption Foster Care Placement	Count of Children with a Closed Pre-Adoption Foster Care Placement by End Reason

Using data from the *CFS KPI Summary*, the CQI Administrator and QA Unit Manager updates and disseminates the ***Context and Key Performance Indicators***. The KPI are presented in a PowerPoint deck and includes updated case review data. Indicators include:

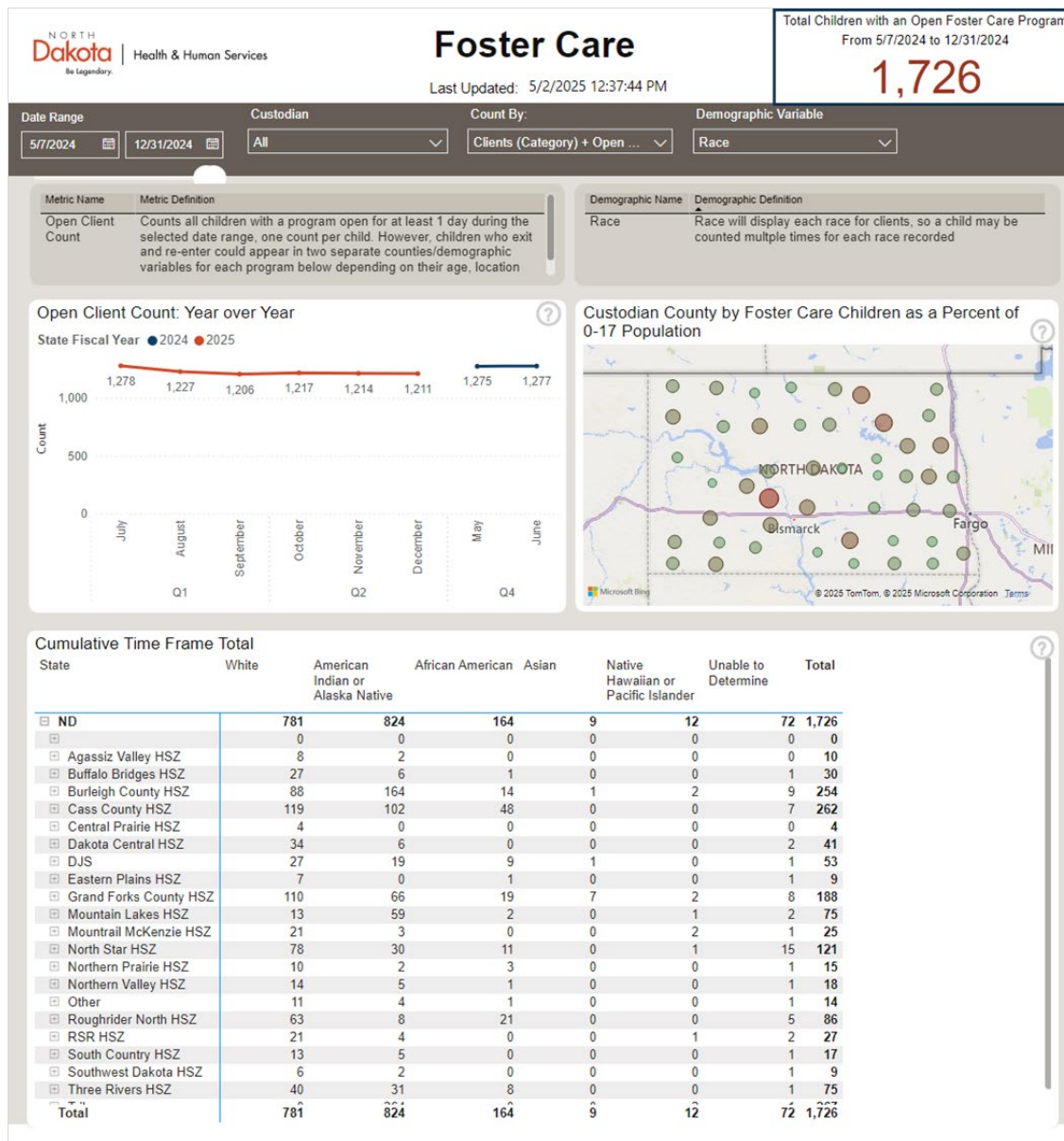
Table 100.

## Context and Key Performance Indicators Report Listing of Measures

Number Of CPS Reports Received	Number (And Percentage) Of CPS Reports That Led to An Assessment
Number Of Children Who Are Victims of Abuse and Neglect Per 1,000 In the Population	Number Of New CPS Assessments
CPS Assessment Decisions by Month	Number Of CPS Assessments That Lead to In-Home and Foster Care Services
Number Of Children in Foster Care	Number Of Children Entering and Exiting Foster Care
Age Of Children in Foster Care	Race Of Children in Foster Care
Race Of Children in Care, By Custodian	Disparity By Race at Key Decision Points
Number Of Young People Aged 18-21 Years in Foster Care	Length Of Stay in Days for Children Who Exited Foster Care
Percentage Of Children Exiting Care Who Were Adopted	Percentage Of Children Exiting Care Who Were Reunited with Their Parents
Rate Of Maltreatment in Care Per 100,000 Days in Care	Recurrence Of Maltreatment In 12 Months
Timeliness Of Initiating Investigations of Reports	Services To Protect Child in The Home and Prevent Removal or Reentry
Risk And Safety Assessment and Management	Permanency In 12 Months for Children Entering Care
Permanency In 12 Months for Children in Care 12-23 Months at Year Start	Permanency In 12 Months for Children in Care 24 Months+ At Year Start
Reentry To Foster Care In 12 Months After Exit	Placement Stability
Stability Of Foster Care Placement	Permanency Goal for Child
Achieving The Permanency Goal	Placement With Siblings
Visiting With Parents and Siblings in Foster Care	Preserving Connections
Relative Placement	Relationship Of Child in Care with Parents
Needs Assessment and Services to Children	Needs Assessment and Services to Parents
Needs Assessment and Services to Foster Parents	Child And Family Involvement in Case Planning
Caseworker Visits with Child	Caseworker Visits with Parents
Educational Needs of The Child	Physical Health of The Child
Mental/Behavioral Health of The Child	

During the Spring of 2025, the Children and Family Services Section, the State CQI Council's Data Analytics Team, and Data Science and Analytics worked on a dashboard for the above key performance indicators. Called the *Child Welfare Continuous Quality Improvement Dashboard*, (see below for an example), it will allow Council members, Department leadership, and other stakeholders to review key performance indicators in real-time. At the time of this writing, the dashboard is being transferred into the same app used by the *Child Welfare Dashboard* (see below). This will provide users with three dashboards of child welfare data. Additions to the dashboard, including case review data, will be made as resources allow. With the new CWIS (planned implementation in 2028), dashboarding and reporting will be built into it.

Figure 109.  
Child Welfare Continuous Quality Improvement Dashboard Example.



In addition to the dashboard, the *State CQI Council Key Performance Indicator (KPI) Slide Deck* used by the State CQI Council has been moved into PowerBI and will be accessible with the CQI dashboard (see below for examples). This eliminates the need for the CQI Administrator to compile data and create the slide deck. Users will be able to see all of the slides at will. The original slide deck was updated on a quarterly basis. The new slide deck in PowerBI will be updated daily, providing the user with near real time data. The slides have “Smart Sentences” built into them to provide brief analysis on

trends. It is planned access to the dashboard will be provided on the Department's website, allowing the general public to access data when desired.

**Figure 110.**  
**State CQI Council Key Performance Indicator (KPI) Slide Deck Example.**

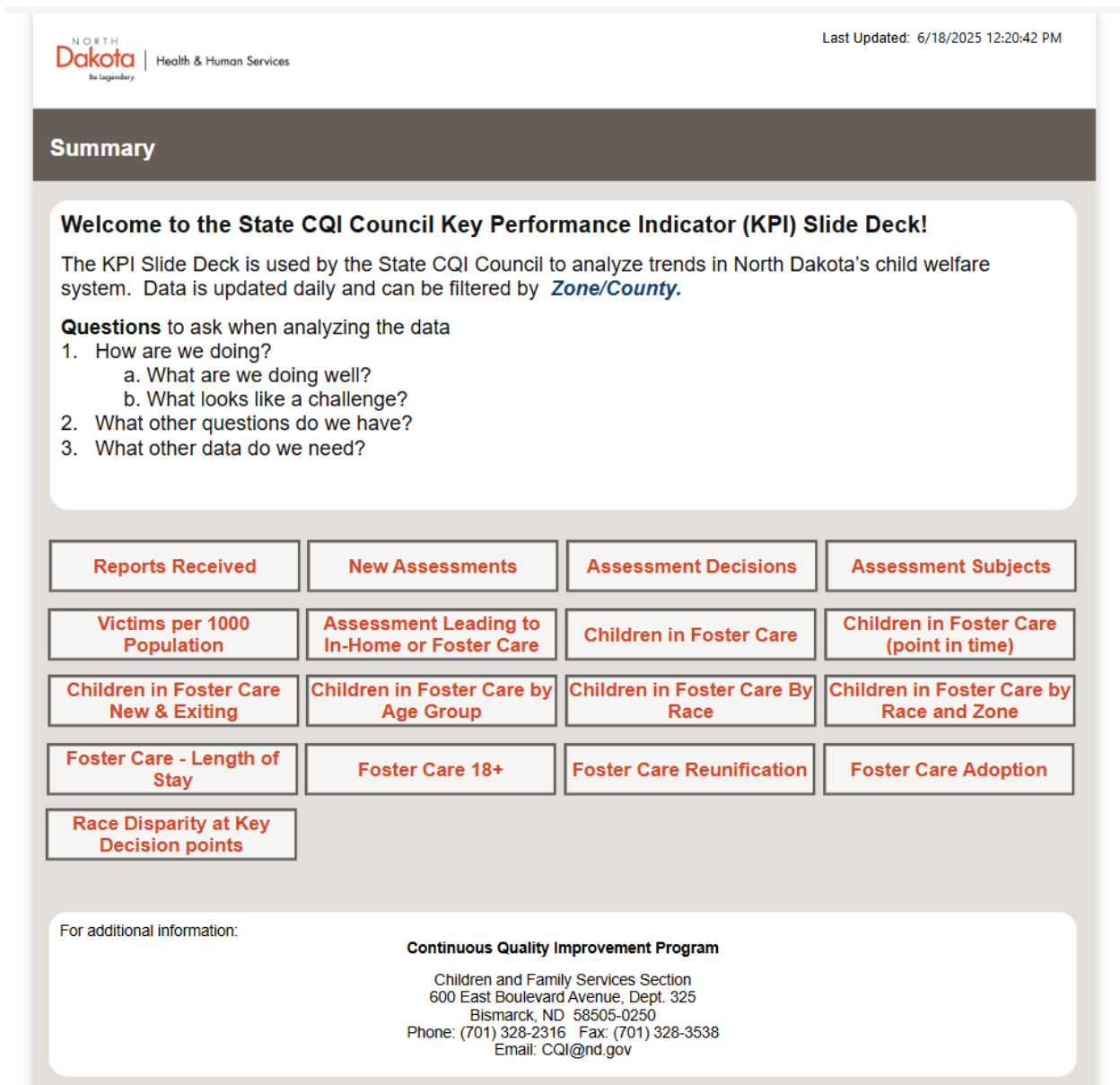
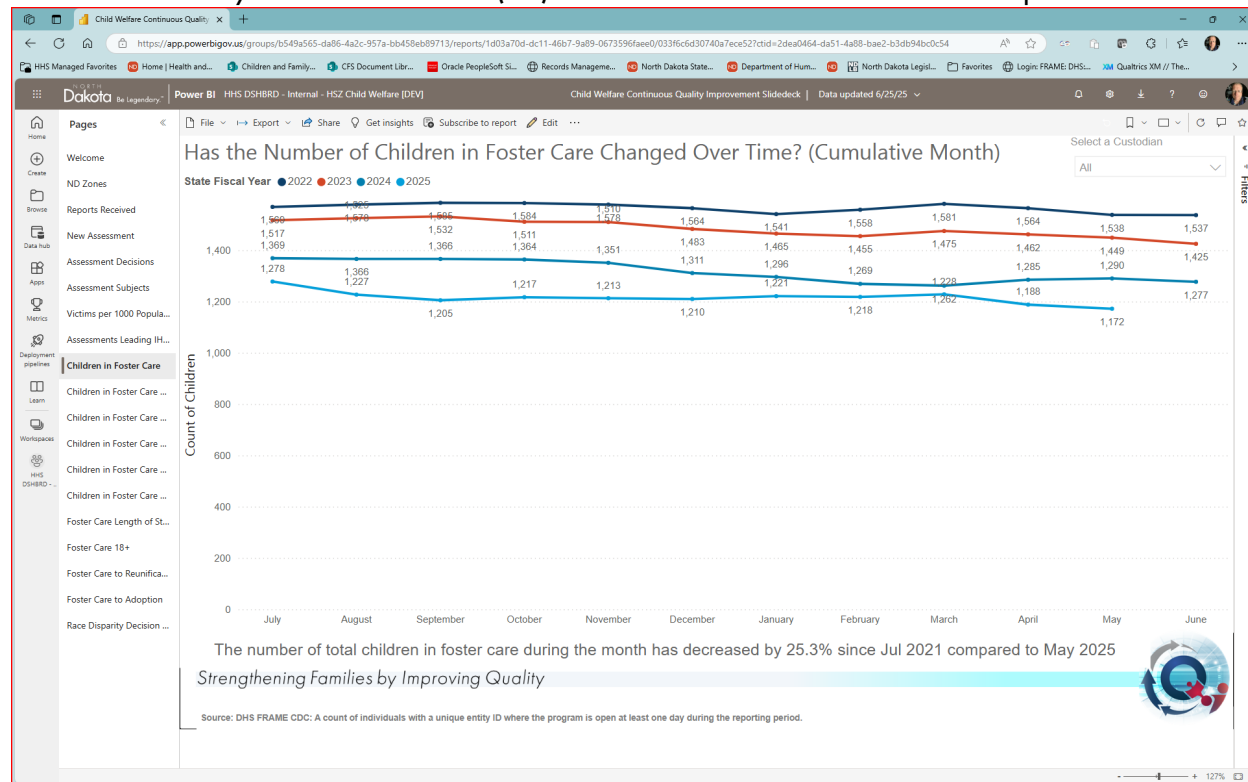




Figure 111.

State CQI Council Key Performance Indicator (KPI) Slide Deck – Foster Care Census Slide Example.



The Children and Family Services Section also developed a *Child Welfare Dashboard* to provide snapshots on CPS reports, assessments, and timeliness as well as foster care and in-home case management census (below).

A second dashboard has been developed (*Standards of Administration for Child Welfare*) that provides a snapshot of human service zone performance in five key measures: Tardiness of Transaction, Foster Care Visitation Rates, In-Home Care Visitation Rates, Timely Completeness of CPS Assessments, and Timeliness of Face-to-Face Contacts. Data on each identified Standard of Administration is reported by the Department to each HSZ Director and HSZ Board no less than quarterly. Each standard is reported within one of five categories:

- Exceeds Standards (5)
- Meets Standards (4)
- Failure to Meet Standards (3)
- Severe Failure to Meet Standards (2)
- Chronic Failure to Meet Standards (1)

Progressive disciplinary action occurs when there is evidence of failure to meet standards, with escalation of disciplinary action tied to persistence and prevalence of a pattern of non-compliance. The

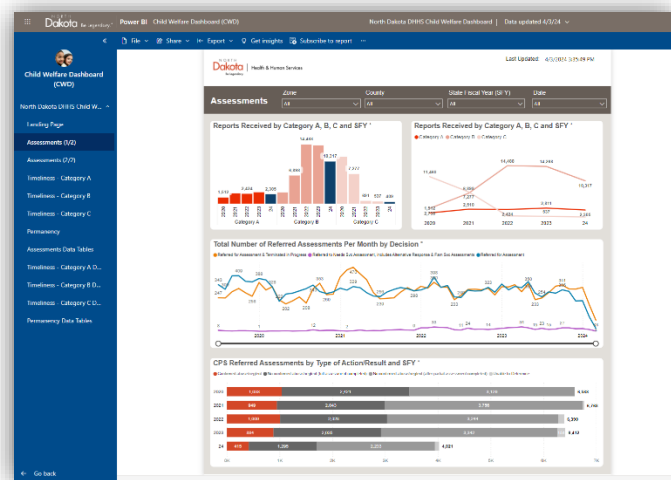


establishment of a “pattern” of non-compliance is measured by looking at performance over consecutive quarters or by cumulative performance, or both.

5. **Targeted Training Strategy:** The Department will work directly with the HSZ to deliver training and professional development targeted to the areas of non-compliance.
  - Trigger: “Failure to Meet Standards” in 3+ Measures.
6. **Corrective Action Plan:** The HSZ Director shall draft a Corrective Action Plan, which will include use of Continuous Quality Improvement processes to identify problems and develop, implement, and monitor solutions. Each Corrective Action Plan will establish aggressive but achievable goals to demonstrate performance improvement and must be approved by the Department.
  - Trigger: “Severe Failure to Meet Standards” in 5+ measures.
7. **Performance Improvement Plan:** The HSZ Board shall implement progressive disciplinary action to begin with developing a Performance Improvement Plan for the HSZ Director as appropriate. The HSZ Director shall implement progressive disciplinary action to begin with developing a Performance Improvement Plan for HSZ Supervisory staff as appropriate.
  - Trigger: “Severe Failure to Meet Standards” in 5+ measures for 3 or more consecutive quarters.
8. **Structural Re-alignment:** The State shall pursue structural re-alignment of the HSZ including rescission of the HSZ Plan, disciplinary action for the HSZ Director, recommend re-constitution of the HSZ Board, dissolution and re-constitution of the HSZ, or any combination thereof.
  - Trigger: “Chronic Failure to Meet Standards” in 5+ measures for 4 or more consecutive quarters.

Figure 112.

Examples of Child Welfare Dashboard (L) and Standards of Administration for Child Welfare Dashboard (R)



North Dakota | Health & Human Services  
Last Updated: 4/4/2024 11:26:37 AM

Measure 4

Zone: All County: All State Fiscal Year (SFY): All

Percentage of CPS assessments completed within 62 days

Human Service Zone	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Year	Current Quarter Status	On Time	Performance
Agassiz Valley HSZ	11.11%	33.33%	80.00%	--	34.78%	80.00%	4/5 On Time	Failure to Meet Standards
Buffalo Bridges HSZ	55.19%	37.79%	90.91%	--	55.94%	90.91%	30/33 On Time	Exceeds Standards
Burleigh County HSZ	62.07%	60.67%	87.25%	--	66.87%	87.25%	89/102 On Time	Meets Standards
Cass County HSZ	67.92%	75.63%	92.96%	--	77.34%	92.96%	105/109 On Time	Exceeds Standards
Central Prairie HSZ	6.25%	12.50%	33.33%	--	11.11%	33.33%	1/3 On Time	Chronic Failure to Meet Standards
Dakota Central HSZ	100.00%	98.39%	100.00%	--	99.32%	100.00%	35/35 On Time	Exceeds Standards
DJS/Tribal	--	--	--	--	--	--	--	--
Eastern Plains HSZ	33.33%	17.65%	66.67%	--	28.13%	66.67%	2/3 On Time	Chronic Failure to Meet Standards
Grand Forks County HSZ	43.69%	46.58%	84.21%	--	50.74%	84.21%	32/38 On Time	Failure to Meet Standards
Mountain Lakes HSZ	30.30%	36.11%	88.89%	--	39.74%	88.89%	8/9 On Time	Exceeds Standards
Mountain McKenzie HSZ	68.09%	74.07%	100.00%	--	75.00%	100.00%	15/15 On Time	Exceeds Standards
North Star HSZ	64.29%	54.81%	86.87%	--	65.47%	86.87%	65/75 On Time	Meets Standards
Northern Prairie HSZ	72.00%	78.95%	92.86%	--	79.31%	92.86%	13/14 On Time	Exceeds Standards
Northern Valley HSZ	69.79%	72.22%	91.67%	--	74.07%	91.67%	11/12 On Time	Exceeds Standards
Roughrider North HSZ	64.77%	53.47%	91.43%	--	61.57%	91.43%	23/27 On Time	Failure to Meet Standards
RSR HSZ	71.64%	53.79%	91.67%	--	68.28%	91.67%	23/24 On Time	Exceeds Standards
South County HSZ	97.87%	88.66%	93.10%	--	94.29%	93.10%	27/29 On Time	Exceeds Standards
Southwest Dakota HSZ	54.55%	76.92%	100.00%	--	71.43%	100.00%	4/4 On Time	Exceeds Standards
Three Rivers HSZ	53.33%	87.35%	95.65%	--	59.69%	95.65%	20/23 On Time	Exceeds Standards
Unknown	--	--	--	--	--	--	--	--
Ward County HSZ	91.85%	96.73%	97.58%	--	95.39%	97.58%	121/124 On Time	Exceeds Standards

The Children and Family Section works with Data Science and Analytics – a unit of North Dakota Information Technology (a separate state agency) – to develop *Ad Hoc Reports* as needed. Examples

of ad hoc reports include: *CPS Assessments in Childcare Settings, by Assessment Decision, Region, and County; Closed Foster Care – Runaway Status; and Termination of Parental Rights (TPR) and Adoption.*

**Focus Group Feedback.** The written data reports are disseminated widely and used to identify system strengths and challenges and implement, monitor, and refine solutions. Cross Zonal CQI Team focus group participants in February of 2024 noted the following when asked, “How is data/information shared with staff and stakeholders?”

**Table 101.**

**Cross Zonal CQI Team Focus Groups Participant Comments to the Question, “How is data/information shared with staff and stakeholders?”**

Comments Received	
Via email	Division shares monthly and quarterly reports with Counties and Probation, with courts et al.
With Schools etc., it is being shared but more at an individual level.	Shared within zones – i.e., F2F contact data.
Meet with supervisors to share the data.]	Meet in statewide CPS meetings bi-monthly.
Case Management meetings.	CQI meetings – KPI slide deck.
Use of the CQI cycle, sharing data, setting benchmarks in zone meetings.	1/1’s with workers.
Through workgroups – i.e., GAL workgroup	Quarterly CPS calls
Zone Boards – there are stakeholders that sit on these.	Case Review – via PRM’s (preliminary results meetings) data is shared asap; after each review, data is sent out; CB sends out final reports.

**Monitoring and evaluating implemented program improvement solutions** takes on multiple forms in the quality assurance system in North Dakota’s child welfare system. Data reports are monitored to determine impact from implemented programs. If needed, new performance measures and reports are created to highlight performance and identify needed adjustments. A good example of this in practice is with the implementation of the *Safety Framework Practice Model*. Not only were metrics from already-created reports used to monitor performance, a fidelity monitoring tool and corresponding reports were developed (please see above). Adjustments to practice are made based on data collected from the numerous sources described above.

Supervisors and workers review the results of QA Case Record Reviews to highlight successes and challenges in current practice. Lessons learned are brought to larger Zone meetings for further discussion and follow-up. Change to practice is evaluated through continual monitoring of subsequent case review data and the *Context and Key Performance Indicators*.

Identified as issues remaining from our last Performance Improvement Plan, the State CQI Council and all Cross Zonal CQI Teams addressed challenges to Item 1: Timeliness of Initiating Investigations of Reports and to Item 5: Permanency Goal for Child. Root cause analysis for Item 1 identified a lack of understanding by workers on the timeliness policy as the primary reason for poor results for this item. Focused education was provided during quarterly statewide CPS Calls with follow-up 1:1 education

and monitoring by supervisors. Results of the solution are being monitored through the QA Case Record Review data and, if data indicates, adjustments will be made to the solution to improve results. Though the evaluation of improvement measures is occurring across the system, it is an area for strengthening and growth.

**Focus Group Feedback:** Cross Zonal CQI Team focus group participants in February of 2024 noted the following when asked, “How are identified strengths and needs from case reviews followed up on?”

**Table 102.**

**Cross Zonal CQI Team Focus Groups Participant Comments to the Question, “How are identified strengths and needs from case reviews followed up on?”**

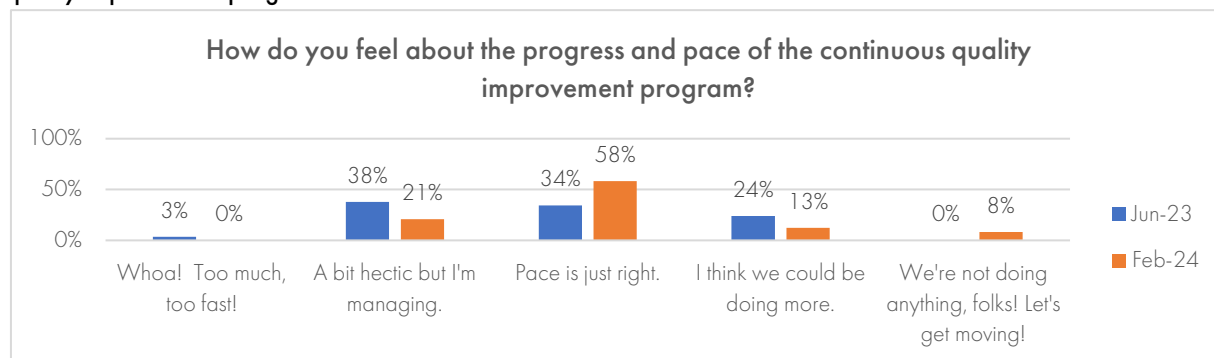
Comments Received	
1/1 meetings between the QA reviewer with the worker and supervisor. If there are lessons learned (S/ANI) we bring it to the larger group (i.e., at a weekly Zone meeting) to further discuss and follow up on.	Via supervision – we use case review data at the team level and higher to highlight trends.
We do a good job of going through the cases following the review – we do a much better job than before.	We are using the data at a higher level – i.e., with a statewide focus on improving performance around Items 1 and 5.
CZ CQI teams review case review and other data and raise issues as needed to the State CQI team.	We follow up with the worker on case review findings and ensure that the practice has improved.
It is a slow process. i.e., Item 1 – seeing cases that could have been given a strength, but it was not documented – i.e., a timeframe issue. This was communicated to staff as a way to follow up with the field to improve.	Try and communicate with the field to ensure proper follow up.
Booster sessions and monthly calls to keep the focus on identified ANI's.	
Areas For Improvement	
We get the review findings, but the follow-up and monitoring could be improved; Not consistent across the state/zone.	We are better at identifying S/N's, however the process of implementation is slow lots of times, like changes in policy – makes the overall process slower.
Would be helpful for all staff to get training on the case review tool and process.	

### **CQI Implementation Survey & Follow-Up**

In June of 2023, the CQI Administrator with the Children and Family Services Section surveyed individuals involved in the CQI program, including members of the State CQI Council and Cross Zonal CQI Teams, to obtain a “temperature check” on the CQI Program. Ninety-one individuals were asked to participate and 47 responses were collected. This was repeated in February of 2024. Eighty-seven individuals were asked to participate and 40 responses were collected.

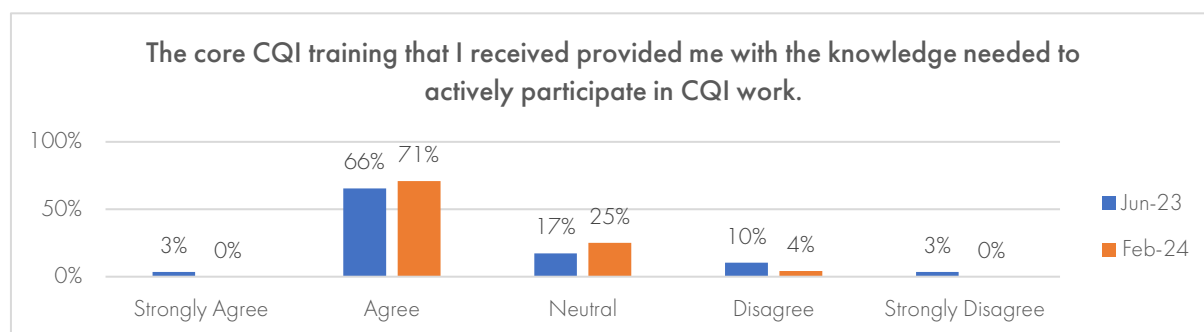
Results (below) indicate that people are feeling more comfortable with the progress and pace of the CQI program, with a 24% increase for those feeling the pace is just right and a 17% decrease for those feeling it is a bit hectic. Similarly, more respondents feel they have the knowledge needed to actively participate in CQI (5% increase in those agreeing, 6% decrease in those disagreeing).

**Figure 113.**  
**Percentage of Respondents by Survey Question, “How do you feel about the progress and pace of the continuous quality improvement program?”**



Source: CQI Implementation Follow-up Survey

**Figure 114.**  
**Percentage of Respondents by Survey Question, “The core CQI training that I received provided me with the knowledge needed to actively participate in CQI work.”**



Source: CQI Implementation Follow-up Survey

In May of 2025, funding was obtained that allows the Section to hire a full-time CQI Administrator. Until now, the Assistant Section Director served as the CQI Administrator with a very small percentage of his time devoted to CQI work. This placed strain on the implementation of the program. With the addition of a full-time CQI Administrator, implementation work will strengthen, enhancing work to improve the quality of services statewide.

**Transitioning to a Child Welfare Information System.** The North Dakota Department of Health and Human Services (HHS) Child and Family Services (CFS) Section is transitioning to a Comprehensive Child Welfare Information System (CCWIS) to replace the outdated Comprehensive Child Welfare Information and Payment System (CCWIPS) mainframe system and FRAME Java application is essential to provide better outcomes for children and families through more efficient and effective child welfare management.

CFS commenced the Organized Child Electronic Assessments Needs and Services (OCEANS) Planning Project to complete the activities necessary to determine the feasibility of the viable CCWIS options for

modernization and then begin procuring a solution based on the available options and features, program requirements, and agency needs. The OCEANS Planning Project's objective is to define the framework, processes, and procedures for managing strategic planning and procurement support services to onboard a System Integrator (SI) or Design, Development, and Implementation (DDI) contractor, collectively referred to as Technology Solution Providers (TSP), and a Quality Assurance (QA) contractor for the State's child welfare system modernization efforts. OCEANS aims to replace the aging, mainframe-based child welfare payment system, known as the CCWIPS, and the case management data system for county child welfare services, known as FRAME.

- CCWIPS is an aging mainframe system used for licensing providers, tracking incoming Interstate Compact for the Placement of Children (ICPC) foster care requests and private adoptions, and is the payment system for foster care and subsidized adoption.
- FRAME is an aging web-based Java application that collects information for intake, assessment, case management, demographics, placement details, and adoption that are the results of case management, and permanency goals.

In April 2024, CFS contracted with CSG Government Solutions (CSG) to document and confirm the feasibility of replacing or enhancing North Dakota's child welfare information systems with a modernized system, identify and analyze the system alternatives available to CFS, and conduct a cost-benefit analysis to identify the best alternative that most effectively and economically meets CFS's needs.

A modern CCWIS will enhance efficiency and integration by unifying all child welfare functions into a single platform, improving data quality and accessibility through a centralized repository, ensuring regulatory compliance with automated updates, and offering scalability with modern architecture. These capabilities are not currently available in CCWIPS and FRAME. Additionally, a modernized CCWIS will strengthen security protocols, provide a user-friendly interface, and ultimately enhance outcomes for children in North Dakota by enabling more informed decision-making, timely interventions, and better support systems, which are absent features of the legacy systems. This transformation is crucial for meeting the evolving needs of child welfare services and ensuring the continued provision of high quality care and support to children and families.

The commitment to improving child welfare services necessitates the transition to a modern, integrated, and comprehensive information system. The proposed implementation of a CCWIS to replace the outdated CCWIPS mainframe system, the FRAME web-based Java application, and the Family First Microsoft Dynamics application is driven by several compelling factors:

1. Enhanced Efficiency and Integration
  - a. Current Systems Limitations: The existing CCWIPS and FRAME systems, while functional, are more than 30 years old and 15 years old, respectively. Although FRAME replicates information to CCWIPS both systems suffer from inefficiencies, complex data management, duplicated data entry, and limited interoperability.
  - b. Unified Platform: OCEANS will provide a single, unified platform that integrates all child welfare functions, from intake and assessment to case management, licensing, ICPC

processing, and payment systems. This integration will streamline workflows, reduce administrative overhead, and enhance data accuracy.

2. Improved Data Quality and Accessibility

- a. Fragmented Data: The CCWIPS and FRAME systems store critical information in disparate databases, with complicated data retrieval and reporting. External data sources range from Excel files to paper forms and are used throughout the program.
- b. Centralized Repository: OCEANS will centralize data, improving accessibility for caseworkers, administrators, potential and current foster families, service providers, and Child Welfare Contributing Agencies (CWCA). This will also facilitate real-time data sharing, comprehensive reporting, and better-informed decision-making, ultimately enhancing service delivery to children and families.

3. Regulatory Compliance and Reporting

- a. Outdated Systems: Maintaining compliance with evolving federal and state regulations is challenging, especially with outdated systems like CCWIPS and FRAME, which require extensive manual intervention to update and audit while supporting continual programmatic changes.
- b. Automated Compliance: OCEANS will be designed to ensure compliance with federal and state regulations through automated updates and built-in reporting features. This will reduce the risk of non-compliance and associated penalties while ensuring accurate and timely reporting.

4. Scalability and Future-Proofing

- a. Limited Scalability: The aging infrastructure of CCWIPS and FRAME limits CFS's ability to scale and adapt to future needs and technological advancements.
- b. Modern Architecture: OCEANS will offer a scalable, flexible architecture that can accommodate future enhancements, integrate with emerging technologies, and support the evolving needs of CFS's child welfare programs. This future-proofing ensures long-term viability and cost-effectiveness.

5. Enhanced Security and Risk Management

- a. Security Vulnerabilities: The older technologies underpinning CCWIPS and FRAME present inherent security vulnerabilities stemming from outdated solutions that may be susceptible to exploitation due to a lack of modern security features, such as advanced encryption, multi-factor authentication, and comprehensive logging and monitoring capabilities, increasing possibility of cyber threats.
- b. Robust Security Features: OCEANS will incorporate modern security protocols and risk management strategies to protect sensitive data. This includes encryption, role-based access control, and continuous monitoring to safeguard against potential threats and physical risks.

6. User-Centric Design and Improved Usability

- a. Outdated User Interfaces: CCWIPS and FRAME user interfaces are outdated, with unique system segmentation from other connected resources, leading to increased risks of missing or inaccurate data, user frustration, and decreased productivity doing routine but time intensive tasks.

- b. Intuitive Design: OCEANS will feature a user-friendly, intuitive interface designed with input from frontline workers. This will enhance user adoption, reduce training time, and improve productivity and job satisfaction.
- 7. Enhanced Outcomes for Children in North Dakota
  - a. Holistic View: OCEANS will provide a comprehensive, holistic view of each child's case, enabling caseworkers to make more informed decisions and offering better support.
  - b. Improved Services: With integrated data and streamlined processes, OCEANS will facilitate more timely and effective interventions, improving the overall outcomes for children in foster care and those benefiting from adoption and other child welfare services.
  - c. Better Support Systems: By reducing administrative burdens, caseworkers can devote more time to direct interactions and support for children and families, ensuring the individuals served receive the care and attention they need.

Transitioning to a CCWIS is not merely an upgrade but a necessary transformation and a comprehensive organizational change that will drive significant improvements in efficiency, data quality, regulatory compliance, scalability, security, user experience, and, most importantly, the outcomes for children in North Dakota. By implementing a modernized CCWIS, CFS will be better equipped to meet the complex and dynamic needs of child welfare services, ensuring child welfare staff can continue to provide high quality care and support to the children and families they serve.

## 5. UPDATE ON THE SERVICES DESCRIPTIONS

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

As discussed on Page 4, the North Dakota Department of Health and Human Services has been designated by the Governor of North Dakota as the single state agency responsible for administering Title IV-B of the Social Security Act, Child Welfare Services, CAPTA, and the Chafee Foster Care Independence Program Plan. The Children and Family Services (CFS) Division of the North Dakota Department of Health and Human Services has administrative responsibility for the Child and Family Services Plan, the policies and procedures relating to children and families, and for program supervision and technical assistance for the delivery of public child welfare services.

The CFS Section is comprised of 86 staff members organized in 8 units. They facilitate the delivery of programs and services that support child safety, child permanency, and wellbeing, which together are designed to prevent and reduce incidence of child abuse and neglect and support family reunification and stability wherever possible.

Through oversight of the public child welfare system in North Dakota, the Section strives to ensure that:

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

There are 19 human service zones providing child welfare services in North Dakota (refer to the graphic on Page 5). The Human Service Zones' local offices in the counties (formerly known as county social service offices) have professionals who can help people who need the following services and supports: Supplemental Nutrition Assistance Program (SNAP/Food Stamps), Temporary Assistance for Needy Families (TANF), heating assistance, Medicaid, including children's health services; 1915i home and community based services; basic care assistance; child care assistance; child welfare (foster care, child protection services); and referrals to other local resources and programs.

In North Dakota, child welfare services are delivered by local, state, tribal, and private providers using both federal and state funds (see below).



**Figure 115.**  
**Child Welfare Service Delivery System**

Dept of Human Services	Private Human Service Providers	Tribal Social Services	Human Service Zones
<b>Human Service Centers</b> <ul style="list-style-type: none"> <li>• Crisis teams</li> <li>• Intensive In-home services (therapy &amp; treatment, skills training, behavior mod)</li> <li>• Targeted case management</li> </ul> <b>Children &amp; Family Services</b> <ul style="list-style-type: none"> <li>• Training and coaching of field staff</li> <li>• Oversee quality service delivery</li> <li>• Administration of policy</li> <li>• License foster homes</li> <li>• IV-E and Adoption Eligibility</li> </ul>	<ul style="list-style-type: none"> <li>• Safe shelter for crisis</li> <li>• Human trafficking supports and safe beds</li> <li>• Unaccompanied minor services</li> <li>• Foster homes, including therapeutic</li> <li>• Targeted case management</li> </ul>	<ul style="list-style-type: none"> <li>• FRAME entry and foster eligibility determinations</li> <li>• Joint practice model and ICWA training</li> <li>• Native American Training Institute supports (training, billing, IEP (IWCA Family Preservation)</li> <li>• FMAP service contracting</li> <li>• IV-E agreements boost access to funding</li> </ul>	<ul style="list-style-type: none"> <li>• Assess present and impending danger</li> <li>• Safety planning</li> <li>• Case management</li> <li>• Assess and build parent capacities</li> <li>• Provide safe supports for children and families</li> <li>• In home supports</li> <li>• Parent aides</li> <li>• License foster homes</li> <li>• Intake for child abuse and neglect reports</li> <li>• CHINS (Children in Need of Services</li> </ul>

The child welfare delivery system is county-administered and state-supervised. The human service zone child welfare personnel are zone employees and operate child welfare programs in accordance with state policy, direction, law, regulation, and contracts.

The target populations for the child welfare system are identified as follows:

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

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

**Service Coordination:** The CFS Section coordinates and collaborates with several public and private providers in carrying out the continuum of child welfare services. Coordination and collaboration occur in a variety of capacities, from day-to-day conversations, planned meetings on a regular basis, etc. For example, as we developed the Children and Family Services 2025-2029 Plan, we invited numerous

public/private partners to the table. These partners included: private/non-profit agencies, human service zone agencies, tribal child welfare agencies, those with lived experience, Division of Juvenile Services, State legislators, ND court representatives, and Department of Public Instruction. The collaborations listed below illustrate the importance of the public/private partnerships in North Dakota. We continue to find ways to collaborate with our state and federal partners and this list continues to grow as new relationships are developed. These partnerships include but are not limited to:

**Table 103.**

**List of Ongoing Collaborative Efforts**

Collaborative Effort	Description
North Dakota Human Service Zone Directors Association (Monthly meetings)	The association is comprised of the Directors of the 19 human service zones and provides services including Supplemental Nutrition Assistance Program (SNAP/Food Stamps), Temporary Assistance for Needy Families (TANF), heating assistance, Medicaid, including children's health services; 1915i home and community-based services; basic care assistance; childcare assistance; child welfare (foster care, child protection services); and referrals to other local resources and programs. Administrators from the Children and Family Services Section, Economic Assistance, Medical Services, and other system partners regularly attend these meeting to coordinate services statewide.
Human Service Zone Child Welfare Supervisors (Monthly meetings)	The group is comprised of the child welfare supervisors of the 19 human service zones. Administrators from the Children and Family Services Section, the University of North Dakota's Children and Family Services Training Center, the Native American Training Institute, Division of Juvenile Services, Economic Assistance, Medical Services, and other system partners regularly attend these meeting to coordinate child welfare services statewide.
State CQI Council (Quarterly meetings)	The State CQI Council is the primary driver for North Dakota's statewide Continuous Quality Improvement process. The Council uses data and other sources of information to bring to light and gain a better understanding as to what is working well and what is not in relation to core agency child welfare goals and strategic priorities. The State CQI Council works together to utilize the CQI Cycle and Theory of Constraints to identify and implement effective strategies and solutions that address areas in need of improvement and monitor and adjust strategies through the use of data as needed over time to ensure successful implementation.
Cross Zonal CQI Teams (Quarterly meetings):	The Cross Zonal CQI Teams are the drivers for the local CQI process with a focus on improving child welfare agency case practice, service delivery and the achievement of outcomes for North Dakota children and families. Cross-Zonal CQI Teams are comprised of CFS Field Service Specialists, Tribal, DJS and HSZ agency staff and stakeholders and are responsible for reviewing regional/zonal data and implementing the CQI Cycle and Theory of Constraints at the local level.
Court Improvement Project (Quarterly meetings)	The CIP provides a forum to consider issues, review data, develop plans and promote system enhancements related to deprived and delinquent/unruly youth, and issues of disproportionality and disparity to improve outcomes for North Dakota children and families. Membership includes staff from the Supreme Court, Children and Family

	Services, Behavioral Health Division, Division of Juvenile Services and other stakeholders.
Youth Advisory Association (Quarterly meetings)	The Association involves engagement, and participation, of youth with lived experience 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. Youth Stakeholder participants can share with state staff their perspective of what has gone well in foster care and what areas could be improved. Participation in the meetings include the Children and Family Services Section, Nexus-PATH, human service zone staff, and other stakeholders.
State-Tribal IV-E Agreement Workgroup (Quarterly meetings)	Within Tribal Engagement, CFS continues collaboration and partnership with the tribal social service agencies, Native American Training Institute (NATI), and the Indian Affairs Commission through quarterly meetings. CFS works closely with NATI to organize and facilitate quarterly meetings to collaborate with tribal leadership to review the Title IV-E plan, systemic issues, and prepare for changes that may be coming.
North Dakota Statewide Foster and Adopt Recruitment and Retention Work Group (Quarterly meetings)	Work Group members represent all 19 human service zones of the state and include individuals from human service zones, tribal social services, licensed child placing agencies, the UND Training Center, Children & Family Services and foster/adoptive parents, DJS. Members share the efforts that were successful and brainstorm solutions for the challenges faced in their service area and statewide.
Community Partner Collaboration Meetings (Monthly meetings)	Made up of staff from the Burleigh Human Service Zone, West Central Human Service Center, Bismarck Public Schools, United Tribes Technical College, Police Youth Bureau, local law enforcement agencies, Juvenile Court, and the Children in Need of Services (CHINS) program, and the Children and Family Services Section (as needed), this group provides collaboration concerning crisis response. They focus on common themes identified throughout the community.
AASK Advisory Board (Quarterly meetings)	The board is comprised of staff from Adults Adopting Special Kids (AASK), human service zones, Infant Adoption, adoptive parents, tribal representative, community partners, and the Children and Family Services Section. The meetings allow for collaboration between stakeholder groups while ensuring consistent adoption services across the state, identifying barriers, and strategizing solutions.
Department of Public Instruction IDEA Advisory Board (Quarterly meetings)	The IDEA Advisory Committee is a panel that works to improve special education in North Dakota. The IDEA Advisory Committee advises the North Dakota Department of Public Instruction on the unmet educational needs of students with disabilities, on corrective action plans, and on developing and implementing policies to improve coordination of services to these students, reviews and comments on North Dakota's Annual Performance Report, on proposed special education regulations, and helps the North Dakota Department of Public Instruction develop and report information that is required by law to the U.S. Secretary of Education. Participants include the North Dakota Department of Public Instruction, Children and Family Services Section, Behavioral Health Section, Medical Services Division, Developmental Disabilities Section, Vocational Rehabilitation, public/private schools, and parents.

Foster Care Liaison Advisory Committee (Semi-annual meetings)	Facilitated by the North Dakota Department of Public Instruction, this group discusses the educational stability of vulnerable students, including those in foster care. It is attended by staff from the Department of Public Instruction, the Children and Family Services Section, and public schools.
Change of Practice for Social Emotional Behavioral Disorders for Students (Quarterly meetings)	The focus of this multidisciplinary group is the implementation and sustainment of activities and practices that will positively impact students identified as having SEBD needs (including students identified with an emotional disturbance). The group consists of staff from DPI, Children and Family Services Section, the Behavioral Health Section, school districts, public schools, the Division of Juvenile Services, human service zones, and developmental disability providers.
State Treatment Collaborative for Traumatized Youth (TCTY)	Collaboration for the education and support of parents/foster parents who care for traumatized children.
Dual Status Youth Initiative	Collaboration between the Court System and Child Welfare System to identify and provide services to youth who are in both service systems.
Field Services Specialists	Field Services Specialists 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.
Casey Family Programs:	The CFS Section works closely Casey Family Programs to receive technical assistance to address identified needs in the child welfare system in North Dakota. Efforts include addressing areas of disproportionality and disparities. Specifically, the engagement has allowed North Dakota to implement a new practice model.
Catholic Charities North Dakota, in collaboration with the Village Family Service Center	Special needs adoption services (collaboration takes place through monthly meetings, staff review, placement proposals, review of contract work, etc.). Post adoption/post guardianship services (ND Post Adopt Network)
Family foster homes, therapeutic family foster homes (Nexus-PATH), qualified residential treatment programs, supported independent living programs, and psychiatric residential treatment facilities	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).
Nexus-PATH Family Healing	Provides in-home family support, respite, reunification services, assessment homes, 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 University of North Dakota	Training of foster and adoptive parents, child welfare case managers and system partners, including tribal staff and families. Training includes elements of ICWA.
Youthworks	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, Nexus-PATH and Behavioral Health Division	Collaboration and implementation of the Wraparound process across systems.

Prevent Child Abuse North Dakota	Coordination and implementation of responsive 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	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)	Assist in the assessments of child physical and sexual abuse. Children's Advocacy Centers (CACs) in North Dakota are located in 11 communities across the state with five of those communities having on-site full-time staff, while the other six are served by staff who travel to the location. The CAC Directors are members of the Children Justice Alliance and meet with this multi-disciplinary team quarterly.
North Dakota State University (NDSU) Extension offices	Provide parent resource centers and responsive parenting classes.
Collaboration Workgroup	Their 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).

A strong example of the ongoing collaboration to improve services and outcomes for children and families is the design and ongoing implementation of Continuous Quality Improvement. The State CQI Council and four Cross Zonal CQI Teams are all comprised of system stakeholders. They come together regularly to assess the strengths and challenges of the child welfare system, to monitor the implementation of the goals identified in the CFSR/APSR, and recommended adjustments to the system of care to ensure the best possible outcome for children and families. The reader is referred to Item 25: Quality Assurance Systems (Pages 74-93) for a more detailed description of the CQI Program in North Dakota.

Field Service Specialists within CFS participate on the Children of Incarcerated Parents statewide committee with the Department of Corrections & Rehabilitation (DOCR). This multidisciplinary group works to support communication and connections of incarcerated parents as active members of the CFTM as well as implement communication opportunities to reduce barriers for child welfare cases.

The Department has entered into various agreements that further collaborative work between various agencies. For instance, an intergovernmental agreement exists between the State and each of the four Tribes to provide Title IV-E payments to all Title IV-E eligible Tribal children. This agreement includes the

creation/ongoing implementation of the State-Tribal IV-E Agreement Workgroup to further collaborative efforts for Title IV-E activities. The latest agreement has been in place since 2019. Another example is a cooperative agreement between the Children and Family Services Section and the Division of Juvenile Services (DJS), which allows for claiming Title IV-E foster care maintenance for foster care services provided by DJS. Part of this agreement states, "DJS and CFS shall collaboratively plan for the provision of services to the respective population they serve." This agreement has been in effect since 1991.

Many of the coordinated services are housed within the North Dakota Department of Health and Human Services. The Department is the state agency administering Medicaid, Economic Assistance programs, Child Support, Behavioral Health Services and Child Welfare programs. Other coordination efforts occur statewide or through human service zone effort. For example:

- CFS coordinates eligibility for most federal assistance program (Medicaid, TANF, Food Stamps, Title IV-E Foster Care Eligibility) with human service zones and the Medical Services and Economic Assistance Sections of the Department.
- Medicaid has been used to finance Wraparound Targeted Case Management Services for multiple systems. Private and public health providers complete the Health Tracks/EPSTD Screenings with Medicaid funds.
- The TANF Kinship Care Program was developed in collaboration with the Economic Assistance Division in 2005. The child welfare program shares information with TANF in accordance with IM 5267.
- The Department 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 the Medical Services, Economic Assistance, and Child Support Sections, which aid in the reporting of financial elements for the AFCARS report.
- Collaborative efforts continue with CFS and the Child Support Section. The Department 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 human service zone 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 Health and 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 can locate a prospective placement option or reuniting a child with biological family because of information obtained from the Child Support Section. 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 Section, who works with families to carry out critical steps in the child support process to ensure proper payments are applied to child accounts.

- The Federal Parent Locator is a beneficial resource available to the state's child welfare community hosted by the ND Child Support Section. Child Support works closely with CFS to ensure that human service zone case managers have access to obtaining necessary contact information on all children in foster care. The process is simple; the case manager provides basic demographics to the Regional Supervisor and the Regional Supervisor in turn works directly with the Child Support Division to obtain contact information on family with hopes to locate and secure relative placement options. In October 2010, the federal regulation, National Youth in Transition Database (NYTD), was implemented. In 2012, states were encouraged to work with Federal Parent Locator to gain current contact information on youth who have aged out of foster care and were in the age 19 and 21 NYTD survey populations. ND was given an opportunity to again work closely with the Child Support Section to meet this need. CFS provided the Child Support Division with the federal bulletin and had a conference call with both Division state administrators to ensure understanding of the need for the information. Small states have challenges, but working closely with the same people on similar topics can offer great strength to solutions. After one phone call, CFS was given a specific form from Child Support to use when requesting information on NYTD survey youth via Federal Parent Locator. Every reporting period, CFS has relied on this coordinated effort to receive information from the FPLS to contact youth directly.
- The Department of Health and Human Services – specifically the Office of Refugee Services – 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. The Department administers the Refugee Cash Assistance through a Wilson/Fish Alternative Project. In addition, the Department 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. The Children and Family Services Section works closely with the Office of Refugee Services coordinating foster care services.
- Seven parenting and family resource centers receive CBCAP dollars to fund specific parent support and education activities for the prevention of child abuse and neglect. These centers are local, collaborative efforts providing opportunities for evidence-based parent education for parents and caregivers. The Parent Resource Centers participate in a Family Life Education Program, a partnership with North Dakota State University Extension Service.

- 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 North Dakota 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 North Dakota policy regarding these programs. All four agencies have opted to provide Parent Aide services. One agency has also elected to provide ‘Wraparound case management,’ or in-home case management services, in an effort to prevent out-of-home placements.
- 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.
- CFS contracts with Flourishing Families North Dakota (FFND) previously known as 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. FFND administers the MIECHV federal grant for home visitation programs.

**Service Descriptions:** Below are descriptions of the services funded under the various parts of Title IV-B.

***Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1):*** Per provisions of ACYF-CF-PI-24-02, the reader is referred to the Service Array narrative in Section 2: Assessment of Current Performance in Improving Outcomes (pages 13-308) for an assessment of the strengths and gaps in services and description of services offered under Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1).

**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.

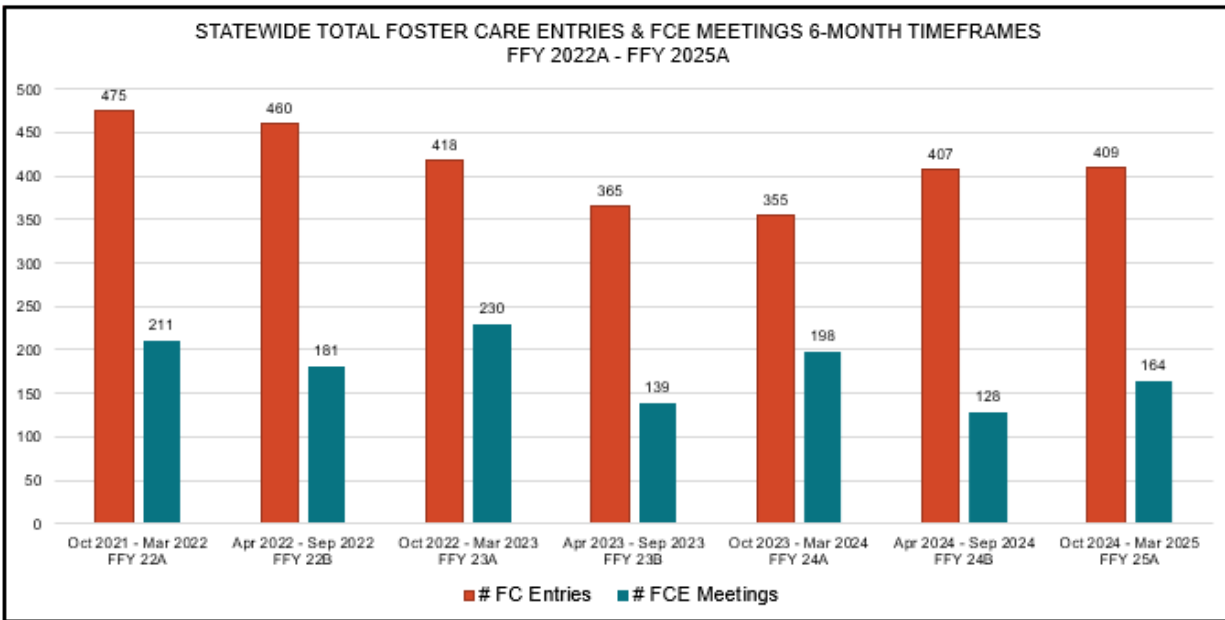
FCE is funded, in part, through subpart 1 dollars. FCE became available in all 53 counties across ND on 7/1/2020. This expansion was in part, made possible because of accommodations due to COVID-19 restrictions. Virtual meetings through Zoom provided the facilitators opportunity to convene FCE meetings regardless of location. Currently FCE meetings are offered in person and virtually by Zoom. When there is a facilitator in the area, the meetings may be either in person or through Zoom. When there is no facilitator in the area the only option is Zoom. This ensures all families have access to the service regardless of their location in the state.

#### **FFY 2024:**

The following is FCE data for FFY24:

- **326 FCE meetings held**
  - 3% infants ages 0-1
  - 1% toddlers ages 1-3
  - 3% preschoolers ages 3-5
  - 13% middle childhood ages 6-11
  - 39% young teens ages 12-14
  - 41% older teens ages 15-17
- **Top referral concerns (more than 1 can be selected)**
  - 17% child abuse/neglect
  - 12% parent/child conflict
  - 12% severe mental health issues (child)
  - 15% youth delinquency
  - 14% CHINS child in need of services
- **Family survey results (219 surveys were completed)**
  - 97% of respondents felt they had an opportunity to listen and share information
  - 94% of respondents felt the family's values respected
  - 79% of respondents felt the FCE process was a positive experience
- **Six-month post FCE findings**
  - 77% of the children remained in the home
  - 7% of the children were placed with kin
  - 16% of the children entered foster care system

The data received during FFY24 demonstrates FCE is a valuable service to families for both early engagement and reduction in foster care placement.



*FC data from Cognos KPI Summary Report; FCE data from The Village Family Services Center.*

**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. As reported within the APSR, within FRAME there is an optional field where this information can be entered and tracked; however, not all caseworkers utilize this field, so the data is not accurate. With that fact in mind, the FRAME data indicates 694 safety/permanency fund requests were made in FFY24. The department believes this number is low and that the actual number of families receiving assistance through safety/permanency funds is significantly higher.

**Subsidized Guardianship Program:** Offer state-funded and federal IV-E financial support for youth who are not able to return to their parent(s). The both subsidized guardianship programs are open to all four federally recognized Indian tribes in North Dakota following the signing of the state-tribal IV-E agreement. North Dakota currently has 74 receipts in these programs. Eligibility for the state-funded program includes:

- o Have been removed from his or her home pursuant to a judicial determination that continuation in the home would be contrary to the welfare of the child;
- o Be under the custody of a North Dakota Human Service Zone, North Dakota Tribe or North Dakota Division of Juvenile Services with an open foster care program;
- o Have had reunification and adoption ruled out as permanency options;
- o Be 12 years of age and older. Children under the age of 12 will be considered if a sibling in the sibling group

is age 12 or older;

Eligibility for Federal IV-E program includes:

- o Have been removed from his or her home pursuant to a judicial determination that continuation in the home would be contrary to the welfare of the child;
- o Be under the custody of a North Dakota Human Service Zone, North Dakota Tribe or North Dakota Division of Juvenile Services with an open foster care program;
- o Have had reunification and adoption ruled out as permanency options;
- o In a current foster home placement;
- o Must have been placed in this current foster home for the past 6 months

***Services for Children Adopted from Other Countries:*** There was one youth who entered care in SFY 2024 who was adopted from Ghana. The case plan goal for this youth was to return home. This was accomplished within a little over one month of placement in a juvenile corrections facility, when he was placed with a relative. He entered care due to a child behavior problem and had diagnosis of ADHD and a conduct disorder. Post adoption services through the ND Post Adopt Network are available to families who have adopted from other countries. Post-adopt coordinators provide information and referral services to families who inquire or present with a need. They additionally provide educational and support opportunities, family camp experiences, case management for those families to have a need and are willing to engage in such services, educational advocacy and more Family preservation services are available to families who are at risk for out of home placement and may be accessed through the local human service zones.

***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 (CFTMs) 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 have continued during this reporting period and will continue during the 2025-2029 CFSP:

- o Health Tracks, the Early and Periodic Screening, Diagnosis, and Treatment (EPDST) program, screenings for all youth in foster care within 30 days of entry. These screenings include developmental and mental health assessments.
- o Assessment of all youth entering foster care to ensure placement at the appropriate level of care.
- o Efforts have been implemented to specifically evaluate appropriate levels of care for children under the age of 5. This has centered around the need and limitations on the approval for therapeutic levels of foster care placement.
- o 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.
- o 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.

- 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.
- Work with the regional human service centers (HSCs), which provide 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 (HSCs) 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:***

The upcoming CFRP annual report to be published this summer will be formatted by the year the death was reviewed rather than the year of child death and will include those deaths reviewed in 2023 and 2024. The CFRP annual reports are distributed to the Child Fatality Review Panel and CJA Task Force in printed form.

As required by Federal Family First legislation, the state developed a child maltreatment fatality prevention plan. The plan was completed in August 2023. The maltreatment prevention plan's key data points are regularly evaluated and reviewed by the CFRP.

#### ***Steps The State Is Taking to Compile Complete and Accurate Information on Child Maltreatment Deaths to Be Reported To NCANDS:***

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.

#### ***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". 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, abstracted into the National Child Fatality Review Case Reporting System, 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. In addition to the child maltreatment fatalities identified by NCANDS, the CFRP also documents those with an identified contributing factor of maltreatment and includes these in the state's comprehensive plan to prevent child maltreatment fatalities.

***Steps The State Is Taking to Develop and Implement a Comprehensive, Statewide Plan to Prevent Child Maltreatment Fatalities:*** The state finalized a comprehensive statewide plan to prevent child maltreatment fatalities. Please see attached North Dakota Child Maltreatment Fatality Prevention Plan. The Child Maltreatment Fatality Prevention Plan was provided to stakeholders in profession specific presentations with calls to action for child fatality prevention. These stakeholders included the Tribal Maternal and Infant Health and Home Visiting Services, Sanford Health Pediatrics and CARE, Alliance for Children's Justice, Child Protection Services, SAFE Kids, Home Visitors, Public Health, Injury Prevention Coalition, and the ND Game and Fish. The CFRP in collaboration with DHHS Title V entered the Child Safety Learning Collaborative (CSLC) in February 2024. The CSLC is an initiative of the Children's Safety Network (CSN) that aims to reduce injury and violence among infants, children and adolescents nationwide. The CSLC builds Title V capacity through technical assistance in child safety, systems

improvement, and leadership and management. Title V teams use data to inform decision making and apply quality improvement and innovation methods to sustainably implement and spread evidence-based strategies state-wide. ND is in the first of three cohorts and have begun actively working on infant safe sleep promotion and SUID prevention. The CFRP in collaboration with the state's Suicide Prevention Administrator joined a national suicide prevention pilot in March 2024, with the John's Hopkins Center for Injury Research and Policy. The goal of this project is to utilize the pediatric injury matrix to develop a suicide prevention guide. The CFRP and DHHS Injury Prevention Coalition in collaboration with the ND Game and Fish hosted a Firearm Safety for Children meeting in November 2023. The meeting gathered professionals to learn about recent data trends related to firearm deaths and injuries of children and call to action for prevention. The group is exploring firearm safety storage devices for purchase and distribution. Since the meeting, several partners have carried the firearm safety message to their communities. In April 2024, the National CFRP Center provided funding for several death investigators and coroners to attend the National Child Death Investigation Training. The CFRP wrote a grant that is being funded by the National Center to build capacity for SUID prevention and comprehensive death investigations. In April, ND DHHS issued a press release to alert and educate the public about the ND Baby Safe Haven Program. The news release was in conjunction with Child Abuse and Neglect Prevention Month and recognized this safe alternative to infant abandonment by promoting Safe Haven laws.

### **CARES Act Supplemental Title IV-B, Subpart 1 Funding Accomplishments**

North Dakota received \$76,858 additional funds per P.L. 116-136. These funds have been appropriated for the following projects:

#### **Updated Mandated Reporter Training - \$70,000**

- In December 2020, North Dakota implemented the Safety Framework Practice Model. The previous Mandated Reporter Training did not reflect the current language for the new framework and needed to be updated to inform the community partners and agencies who are mandated to report Child Abuse and Neglect. North Dakota provided funding to support the development of a new training in collaboration with ARVIG. This training is available on the Flourishing Families North Dakota previously known as Prevent Child Abuse North Dakota website. Adoption Promotion and Support Enhancements - \$6,858

This funding will be used to provide support for pre-adoption services and post adopt services through the ND Post Adopt Network.

***MaryLee Allen Promoting Safe and Stable Families (PSSF) (title IV-B, subpart 2):*** Per provisions of ACYF-CF-PI-24-02, the reader is referred to the Service Array narrative in Section 2: Assessment of Current Performance in Improving Outcomes (pages 13-208) for an assessment of the strengths and gaps in services and description of services offered under MaryLee Allen Promoting Safe and Stable Families (PSSF) (title IV-B, subpart 2).

- **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 FFY24 590 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 FFY24 430 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 FFY24 13 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 and FFY24 694.

### **Time Limited Family Reunification**

- **Child Abuse Prevention (CAP) Month:** CAP Month is celebrated every April. It showcases the community's abilities to work together and prevent child abuse through community outreach, parent/guardian education and skill-building, and citizen engagement. In 2024, 13 applicants/agencies received grants from the lead agency through Flourishing Families North Dakota previously known as Prevent Child Abuse North Dakota. As a result of this grant opportunity many hybrid parenting classes were offered, protective factors shared, interactive activities and talking points were demonstrated.
- **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 Flourishing Families North Dakota (FFND) previously known as Prevent Child Abuse North Dakota (PCAND) and are available statewide. FFND is not a direct service provider under this contract yet is a key primary prevention organization. Prevention Networks are provided through FFND'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 active in multiple cities across North Dakota, designed to support children who have experienced traumatic events. When law enforcement identifies a child at the scene of such an event, they notify the school, providing an early alert. In response, schools implement interventions to reduce trauma's impact, while mental health professionals are stationed on-site to offer direct services. The initiative fosters safe and nurturing environments in homes, schools, and communities, ensuring that affected children receive the care they need to heal and flourish.

- o Authentic Voices is a coalition of advocates, including survivors of childhood maltreatment, dedicated to preventing child abuse and neglect. This initiative works at the community level by fostering engagement, supporting child victims, and informing policymakers to drive meaningful change.
- o 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.
- o Child Abuse Prevention Month coordination of statewide child abuse and neglect prevention activities and grantees across the state. It showcases communities' ability to work together and prevent child abuse and neglect through outreach, education and engagement.

***Populations at Greatest Risk of Maltreatment:*** The National Child Abuse and Neglect Data System (NCANDS) data reveals that for FFY 2024, 56.3% of all child victims were children ages 5 and younger, representing a 1.3% increase from FFY 2023 (55.0%). Children, age 3 and younger, comprised 45.18% of the victims in FFY 2024, a 2.02% increase over FFY 2023 (43.16%). The largest population of victims were those most vulnerable; infants, children under one year of age, accounted for 20.76% of child victims in FFY 2024. 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 child welfare case management services for individualized child and family service plans when a state of impending danger is identified. Additionally, all substance exposed infants are to be referred for developmental screening for infant early intervention screening and services.

### **Kinship Navigator Funding**

North Dakota DHHS-CFS began researching the potential for establishing a statewide kinship caregiver program in SFY 19. Focus groups were convened across the state to identify themes around common needs of kinship caregivers. Recommendations from these focus groups propelled CFS towards creating and launching the [Kinship-ND](#) website during the end of that fiscal year.

At the time of creation an evidence-based Kinship Navigator program had not been approved by the Prevention Services Clearinghouse. However, because the need to assist and support kin caregivers is significant, CFS hired a Kinship Navigator in SFY20. The priority was to design and implement a kinship caregiver program to address the needs of caregivers. The Kinship-ND program was created and began providing direct support/services to kinship caregivers in March 2021.

The program employs three employees (two full time and one part time temporary). To reach all residents of North Dakota, Kinship-ND is offered in a remote capacity where caregivers are able to connect with the Kinship Navigator via phone, email, or video chat. There is no office location. The Kinship-ND program is meant to be a support to the caregivers caring for children both relative and fictive with whom they have a preexisting relationship. Since all caregivers come with various levels of lived experience and needs, the program is predominantly caregiver led, allowing for flexibility and ease rather than adding



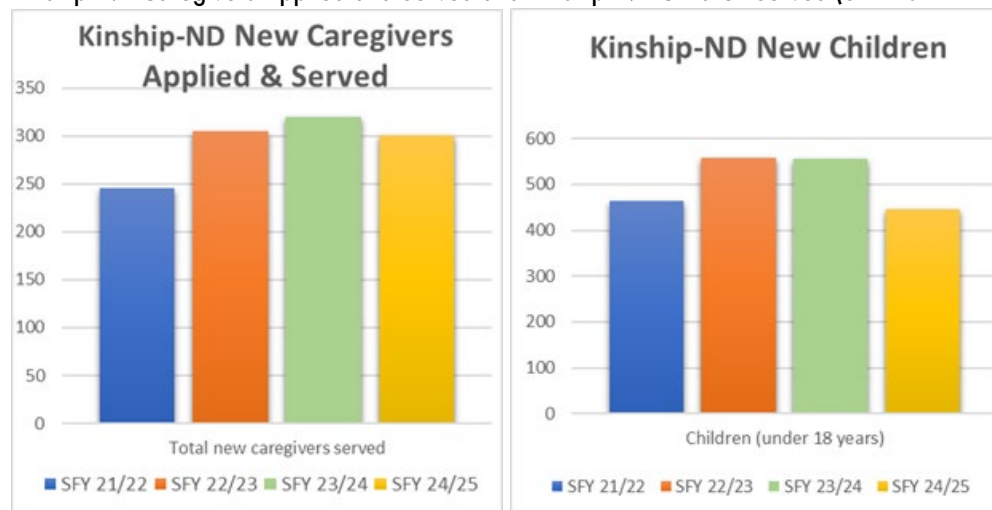
another “To do” to their list. The program assists by providing one-on-one support, help with information and resources based on their and child’s needs, and limited financial assistance in the form of reimbursements. In fall 2023 the program expanded with state funding to include up to 6 months of monthly financial assistance if the child was participating in an open In-Home prevention plan with the goal of reunification under case management. Caregivers can remain part of the program for as long as they have the child in their care. Every year Kinship-ND grows new applicants and has maintained consistent application numbers.

As Kinship-ND continues to grow, the program evolves based on caregiver needs and feedback. To continue growth and spread awareness, the Kinship Navigator regularly presents program information to various entities (Human Service Zones, Tribal Social Services, non-profit agencies, schools, etc.), as well as collaborating with other programs to be included as a resource, such as North Dakota FirstLink (2-1-1), ND Courts, ND Post Adopt, and CFSTC.

The goal of the Kinship-ND program is to help caregivers navigate their journey, whether it is a private placement, involvement with child welfare, or whether the situation is new or ongoing. By offering the one-on-one support, the program assists caregivers and offers the opportunity for them to connect to someone they can talk to that will support them through their kinship journey. The program also provides help with information and resources to support them with their needs whether it is understanding the school system, obtaining guardianship, or knowing what other financial support options are available to them. The program offers financial assistance through reimbursement helping to cover the unexpected costs of taking a child into the home such as purchasing a bed, clothing or managing increased food expenses.

**Figure 116.**

**Kinship-ND Caregivers Applied and Served and Kinship-ND Children Served (SFY 2021 – 2025)**



**Public Law (P.L.) 116-260, Section 305 of Title III of Division CC of the Consolidated Appropriations Act, 2021 (sec. 474(a)(7) of the Act; sec. 8(a) of Division X)**

North Dakota's allocated \$92,513 (MaryLee Allen CARES funds) that were used for implementation of Title IV-E Prevention Services through provider grant awards to assist providers of time-limited prevention services for mental health, substance abuse, and in-home parent skill-based programs in becoming eligible providers to serve foster care candidates and their parents.

**Family First Prevention Services Act-Title IV-E Prevention Services Plan**

In August 2020, North Dakota received approval of its Title IV-E Prevention Services Plan. The plan identifies nine program models selected by the state. The program models are:

- Healthy Families
- Parents as Teachers
- Nurse-Family Partnership
- Homebuilders
- Brief Strategic Family Therapy
- Parent-Child Interaction Therapy
- Multisystemic Therapy
- Functional Family Therapy
- Family Check-Up/Everyday Parenting

Community agencies and private service providers can apply to become an approved Title IV-E prevention services provider by completing an application. Title IV-E providers must identify the approved Title IV-E prevention service(s) they want to provide, submit verification they have the required qualifications, training, certification and/or accreditation to provide the service, outline their fidelity review process, and agree to the responsibilities and requirements set forth by ND Children and Family Services Division (CFS) and the Family First Prevention Services Act.

North Dakota continues to work on encouraging qualified providers to offer the approved prevention services and has offered grant awards for providers to get certified/trained in the approved programs. The state recognizes there is a shortage of clinicians which continues to slow the process of implementation of the approved prevention services. All the information regarding the Plan and becoming a provider is located on the DHHS - Title IV-E Prevention Services webpage: <https://www.hhs.nd.gov/cfs/title-iv-e-prevention-services>

The state has an online individual Title IV-E eligibility application. This allows for parents/caregivers, public and private agencies, treatment providers, tribal social services, juvenile court, and others to complete and apply for Title IV-E eligibility on behalf of the child. When an application is submitted, it is received by the Title IV-E eligibility worker at NDDHHS. The application is reviewed, and information is provided in regard to the circumstances and characteristics of the child and parent/caregivers. The eligibility worker approves, denies, or sets the application to pending. If pending, this allows for more information to be gathered to make the eligibility determination on behalf of the child. If approved, the

child is eligible to receive prevention services from an approved Title IV-E provider of the evidence-based models/program noted in the ND Prevention Services Plan.

The NDDHHS built a screening process for families that have been determined eligible but are not being served by a Title IV-E provider or human service zone. The screening process is completed by a trained screener. The screener assists the family in determining what prevention service best meets the needs of the family and makes a referral to the family's selected provider.

All of this is linked to a provider portal which allows for the providers to receive screening recommendations and referrals, manage their individual clients, complete program outcomes, and submit their invoices.

North Dakota has providers for eight of the nine approved prevention services. These are Healthy Families, Parent-Child Interaction Therapy, Multisystemic Therapy, Family Check Up/Everyday Parenting, Brief Strategic Family Therapy, Parents as Teachers, Functional Family Therapy and Nurse-Family Partnership.

In FFY24 North Dakota approved 598 children for Title IV-E prevention services. Of these children 56% were male and 44% were female. The majority of eligible children were Caucasian with African American coming in second. During the reporting period 686 children received a prevention service. See table below.

**Table 104.**

**IV-E Prevention Services Demographic Data**

Title IV-E Prevention Services (FFPSA) - FFY24	
Children (unduplicated) Approved Eligible for Services	598
Children actively receiving a prevention service	686
Gender:	
• Male children	334
• Female children	263
• Gender non-confirming	1
Race (more than one race can be selected):	
• Caucasian	443
• African American	102
• American Indian	99
• Pacific Islander/Asian	7
• Native Hawaiian	4
• Declined	12

**Title IV-E Prevention Services Outcome Data**

Program specific outcomes are entered by the providers of the Title IV-E Prevention Services by entering case specific outcomes on the ND Child/Family Outcomes Survey. The case specific data is completed monthly by the providers. The state collects this data and can monitor the effectiveness of the program

and make needed programmatic adjustment to reach the desired outcomes. Currently, the state has seven prevention services in which there are outcome measurements for.

**Multisystemic Therapy** is designed to eliminate or significantly reduce the frequency and severity of the youth's referral behavior(s) and to empower parents with the skills and resources needed to independently address the inevitable difficulties that arise in raising children and adolescents and empower youth to cope with family, peer, school, and neighborhood problems. North Dakota identified to target the following outcome measurements:

- Improve child behavioral and emotional functioning (5.a, 5.b)
- Decrease child delinquent behavior (5.f)
- Improve family functioning (1.b)

Below is the outcome data showing the average change in the identified measurements from initial contact with the child/family to either exit of the service or last entered ongoing survey.

**Table 105.**  
**Average Change by Outcome – Multisystemic Therapy**

Comparison Type Question	Exit Average Change	Count of Individuals	Ongoing Average Change	Count of Individuals	Total Average Change	Count of Individuals
▲						
⊕ Diff 1b - Parent Safe Relationships	0.58	52	0.71	7	<b>0.60</b>	<b>59</b>
⊕ Diff 5a - Child Engage Tasks	0.79	52	0.57	7	<b>0.76</b>	<b>59</b>
⊕ Diff 5b - Child Good Health	0.48	52	0.43	7	<b>0.47</b>	<b>59</b>
⊕ Diff 5f - Child Violence Theft	0.80	51	0.43	7	<b>0.76</b>	<b>58</b>
<b>Total</b>	<b>0.66</b>	<b>52</b>	<b>0.54</b>	<b>7</b>	<b>0.65</b>	<b>59</b>

Source: ND Child/Family Outcomes Survey

**Brief Strategic Family Therapy** is provided to improve a youth's behavior by improving family interactions that are presumed to be directly related to the child's symptoms, thus reducing risk factors and strengthening protective factors for adolescent drug abuse and other conduct problems. BSFT targets children and adolescents who are displaying—or are at risk for developing—behavior problems, including substance abuse. North Dakota identified to target the following outcome measurements:

- Improved child behavioral and emotional functioning (5.a, 5.b)
- Decreased child delinquent behavior (5.f)

Below is the outcome data showing the average change in the identified measurements from initial contact with the child/family to either exit of the service or last entered ongoing survey.

Table 106.

## Average Change by Outcome – Brief Strategic Family Therapy

Comparison Type Question	Exit Average Change	Count of Individuals	Ongoing Average Change	Count of Individuals	Total Average Change	Count of Individuals
▲						
+ Diff 5a - Child Engage Tasks	0.53	90	0.59	27	<b>0.54</b>	<b>117</b>
+ Diff 5b - Child Good Health	0.43	90	0.03	27	<b>0.34</b>	<b>117</b>
+ Diff 5f - Child Violence Theft	0.60	89	0.34	27	<b>0.54</b>	<b>116</b>
<b>Total</b>	<b>0.52</b>	<b>91</b>	<b>0.32</b>	<b>27</b>	<b>0.47</b>	<b>118</b>

Source: ND Child/Family Outcomes Survey

The **Family Check-Up/Everyday Parenting** is a brief, strengths-based intervention for families that aims to promote positive family management and addresses child and adolescent behavioral and emotional problems and tailored to each individual family and their specific needs. Families have complex needs and this service is meant to increase positive parenting skills and reducing child behavioral problems.

North Dakota identified to target the following outcome measurements:

- Increased positive parenting practices (1.c., 1.d.)
- Decreased child behavior problems (5.b.)

Below is the outcome data showing the average change in the identified measurements from initial contact with the child/family to either exit of the service or last entered ongoing survey.

Table 107.

## Average Change by Outcome – The Family Check-Up/Everyday Parenting

Comparison Type Question	Exit Average Change	Count of Individuals	Ongoing Average Change	Count of Individuals	Total Average Change	Count of Individuals
▲						
+ Diff 1c - Parent Positive Parenting	0.31	29	0.38	69	<b>0.36</b>	<b>98</b>
+ Diff 1d - Parent New Skills	0.44	16	0.55	54	<b>0.53</b>	<b>70</b>
+ Diff 5b - Child Good Health	0.33	24	0.13	73	<b>0.18</b>	<b>97</b>
<b>Total</b>	<b>0.35</b>	<b>30</b>	<b>0.33</b>	<b>77</b>	<b>0.34</b>	<b>107</b>

Source: ND Child/Family Outcomes Survey

**Healthy Families** is a home visiting program for new and expectant families with children who are at-risk for maltreatment or adverse childhood experiences. The overall goals of the program are to cultivate and strengthen nurturing parent-child relationships, promote healthy childhood growth and development, and

enhance family functioning by reducing risk and building protective factors. North Dakota identified to target the following outcome measurements:

- Reduce child maltreatment (1.a)
- Improve parent-child interactions (1.b)
- Promote positive parenting (1.c)

Below is the outcome data showing the average change in the identified measurements from initial contact with the child/family to either exit of the service or last entered ongoing survey.

**Table 108.**  
**Average Change by Outcome – Healthy Families**

Comparison Type Question	Exit Average Change	Count of Individuals	Ongoing Average Change	Count of Individuals	Total Average Change	Count of Individuals
▲						
+ Diff 1a - Parent Protective Capacities	0.06	160	-0.06	168	0.01	328
+ Diff 1b - Parent Safe Relationships	0.07	160	0.02	167	0.04	327
+ Diff 1c - Parent Positive Parenting	0.05	160	0.01	167	0.03	327
<b>Total</b>	<b>0.06</b>	<b>160</b>	<b>-0.01</b>	<b>168</b>	<b>0.03</b>	<b>328</b>

Source: ND Child/Family Outcomes Survey

**Parent-Child Interaction Therapy** is a behavioral intervention for children and their parents or caregivers that focuses on decreasing externalizing child behavior problems (e.g., defiance, aggression), increasing child social skills and cooperation, and improving the parent-child attachment relationship. It teaches parents traditional play-therapy skills to use as social reinforcers of positive child behavior and traditional behavior management skills to decrease negative child behavior. North Dakota identified to target the following outcome measurements:

- Increased positive parenting practices (1.c, 1.d)
- Decreased child behavior and attention problems (5.b)

Below is the outcome data showing the average change in the identified measurements from initial contact with the child/family to either exit of the service or last entered ongoing survey.

**Table 109.**  
**Average Change by Outcome – Parent-Child Interaction Therapy**

Comparison Type Question	Exit Average Change	Count of Individuals	Ongoing Average Change	Count of Individuals	Total Average Change	Count of Individuals
▲						
+ Diff 1c - Parent Positive Parenting	0.47	133	0.30	41	0.43	174
+ Diff 1d - Parent New Skills	0.38	124	0.18	33	0.34	157
+ Diff 5b - Child Good Health	0.20	134	0.00	40	0.15	174
<b>Total</b>	<b>0.35</b>	<b>135</b>	<b>0.16</b>	<b>41</b>	<b>0.30</b>	<b>176</b>

Source: ND Child/Family Outcomes Survey

**Functional Family Therapy** is a short-term prevention program for at-risk youth and their families. FFT aims to address risk and protective factors that impact the adaptive development of 11 to 18-year-old youth who have been referred for behavioral or emotional problems. North Dakota identified to target the following outcome measurements:

- Improve youth behavior (5.f)
- Reduce youth recidivism (5.f)
- Improve family functioning (1.c)

Below is the outcome data showing the average change in the identified measurements from initial contact with the child/family to either exit of the service or last entered ongoing survey.

**Table 110.**  
**Average Change by Outcome – Functional Family Therapy**

Comparison Type Question	Exit Average Change	Count of Individuals	Ongoing Average Change	Count of Individuals	Total Average Change	Count of Individuals
+ Diff 1c - Parent Positive Parenting	0.37	53	0.23	33	0.31	86
+ Diff 5f - Child Violence Theft	0.67	51	0.00	32	0.41	83
<b>Total</b>	<b>0.51</b>	<b>53</b>	<b>0.12</b>	<b>33</b>	<b>0.36</b>	<b>86</b>

Source: ND Child/Family Outcomes Survey

**Nurse- Family Partnership** is a home-visiting program that has specially trained nurses regularly visit first-time moms-to-be, who are 28 weeks or less, meet income requirements and continuing through the child's second birthday. The primary outcomes of NFP are to improve the health, relationships, and economic well-being of mothers and their children. The content of the program can vary based on the needs and requests of the mother. Through partnership, the nurse provides new moms with the confidence and the tools they need not only to assure a healthy start for their babies, but to envision a life of stability and opportunities for success for both mom and child. North Dakota identified to target the following outcome measurements:

- Improved child health (5.b)
- Increased positive parenting practices (1.c)

Below is the outcome data showing the average change in the identified measurements from initial contact with the child/family to either exit of the service or last entered ongoing survey.

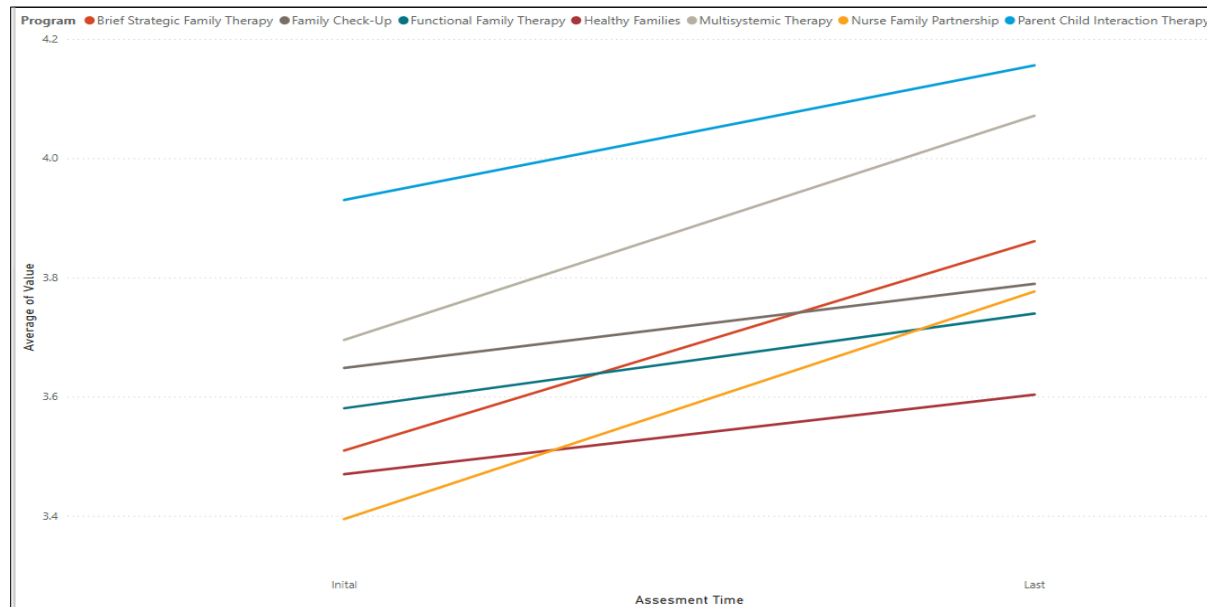
**Table 112.**  
**Average Change by Outcome – Functional Family Therapy**

Comparison Type Question	Ongoing Average Change	Count of Individuals	Total Average Change	Count of Individuals
Diff 1c - Parent Positive Parenting	0.20	3	0.20	3
Diff 5b - Child Good Health	1.00	3	1.00	3
<b>Total</b>	<b>0.60</b>	<b>3</b>	<b>0.60</b>	<b>3</b>

Source: ND Child/Family Outcomes Survey

**Title IV-E prevention services all outcome data:** The data below is the cumulative of all the statewide Title IV-E prevention services demonstrating the positive increases of change among all collected outcomes.

**Figure 117.**  
**Title IV-E Prevention Services Outcome Data**



Source: ND Child/Family Outcomes Survey



Comparison Type Question	Exit Average Change	Count of Individuals	Ongoing Average Change	Count of Individuals	Total Average Change	Count of Individuals
⊕ Diff 1a - Parent Protective Capacities	0.18	508	0.05	356	0.13	864
⊕ Diff 1b - Parent Safe Relationships	0.29	505	0.13	350	0.23	855
⊕ Diff 1c - Parent Positive Parenting	0.35	505	0.17	344	0.28	849
⊕ Diff 1d - Parent New Skills	0.38	429	0.27	296	0.34	725
⊕ Diff 2 - Housing	0.00	515	-0.07	359	-0.03	874
⊕ Diff 3 - Social Supports	0.27	507	0.18	339	0.23	846
⊕ Diff 4a - Parent Employment Status	0.08	509	0.28	350	0.16	859
⊕ Diff 4b - Financial Income	0.04	508	0.17	348	0.09	856
⊕ Diff 5a - Child Engage Tasks	0.40	506	0.21	339	0.33	845
⊕ Diff 5b - Child Good Health	0.27	502	0.20	341	0.24	843
⊕ Diff 5c - Parent Good Health	0.14	501	0.13	341	0.14	842
⊕ Diff 5d - Child Substances Tobacco	0.21	327	-0.09	189	0.10	516
⊕ Diff 5e - Parent Legal Substances	0.09	379	0.02	243	0.06	622
⊕ Diff 5f - Child Violence Theft	0.55	353	0.13	187	0.41	540
⊕ Diff 6a - Child School Childcare Attendance	0.31	331	0.22	187	0.27	518
⊕ Diff 6b - Child Participates Routine	0.45	493	0.20	331	0.35	824
⊕ Diff 6c - Child Readiness Education	0.25	487	0.17	334	0.22	821
<b>Total</b>	<b>0.25</b>	<b>518</b>	<b>0.14</b>	<b>367</b>	<b>0.21</b>	<b>885</b>

Source: ND Child/Family Outcomes Survey

### Adoption and Legal Guardianship Incentive Payments

North Dakota has received adoption assistance incentive payments, and these funds have been used to fund North Dakota's special needs adoption collaborative, the AASK Program. These funds have been used to support two positions with the AASK program that addresses 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 support to adoptive and guardianship families at their request.

Children and Family Services submitted a state plan amendment to the federal Children's Bureau on December 28, 2020 for review and approval of the IV-E Guardianship Assistance Program. North Dakota has received approval to operate an IV-E Guardianship Assistance Program but has not yet received incentive payments related to the GAP program.

### Adoption Savings

ND has funded the ND Post Adopt Network since January 2016 through adoption savings funds. The Post Adopt Network provides support to families who have adopted from foster care, families who have adopted infants or children internationally or domestically, and to families who provide guardianship to a child in their home. Some of the supportive services include parent and youth support groups, information and referral to service providers, outreach events, education for families and professionals, assessment and case management services, along with summer camps and winter retreats for kids and families.

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

- Contract with Catholic Charities to provide tribal adoption services and adoption services to meet increased caseloads.
- Contract with University of North Dakota to provide new training
- Conference expenses for new training at the annual conference
- One-time start-up funding for shelter care and respite providers
- Contract with NATI to hire new ICWA Family Preservation Specialists
- Expansion of Family Centered Engagement services

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

North Dakota has submitted its Adoption Saving Calculation Method notification for an alternative approved method of calculation and has not changed this method since 2017.

***Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits:*** Monthly case worker visitation formula grants have continued to be utilized to assist the University of North Dakota Children and Family Services Training Center (UND CFSTC). During the 5-year plan period, the required four-week Child Welfare Certification program will continue to focus on case worker training surrounding assessment and decision making concerning the safety, permanence and well-being of foster youth, and visitation. Funds will also be utilized to offset the costs of child welfare professionals to attend the annual four-day CFS Conference in July of each year. These conferences contain many sessions that are useful to workers to assist in providing effective case worker visitation to ensure the safety, well-being and permanence of youth in placement.

Providing these types of trainings will continue to help to recruit, and more thoroughly train and prepare case workers, leading to increased retention of well trained and effective case workers. These trainings will also better enable the case workers to make informed decisions about directionality of the cases to achieve better and more timely outcomes.

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

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

distributed state-wide at least on a quarterly basis. Individual workers and agencies do have access to these reports/statistics within FRAME at any time.

The single biggest challenge with meeting the monthly case worker visit standard has been that tribal IV-E cases are not being seen regularly. This is due to staff turnover, and excessively high caseloads. Within those agreements is a section that requires the Tribes to complete the monthly case worker face to face visitations and report those visitations to the central office through individually assigned Field Service Specialists. It is again noted that Tribal partners can contract to have the visitations completed by the tribes. The state will enter the visitations into the FRAME system for the Tribal partners.

The State/Tribal IV-E agreements provide an opportunity to have an increased return of administrative funds to the tribes due to an increased FMAP. Tribal partners have noted that they may utilize this money to hire and train more staff, which would assist in completing quality case worker visitations. During this past reporting period more than 1.2 million dollars was awarded to tribal partners through FMAP contracts.

Tribal partners are invited to all case worker trainings including those that surround the quality of visitations. They are also invited to the 4-week-long child welfare certification trainings. Tribal partners have agreed to follow all state policy surrounding IV-E procedures in the updated State/Tribal IV-E agreement. The case worker visitation frequency and quality for all agencies is reviewed at the quarterly Child and Family Team Meetings and entered into the notes from those meetings.

During this last reporting period, North Dakota was able to report improved statistics for FFY 24 for caseworker visitation. Monthly face to face visitation was at 96%, with 81% of those visits occurring in the residence of the youth.

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

### ***Family First Prevention Services Act Transition Grants***

North Dakota has been allocated just over \$1.1 million through the Further Consolidated Appropriations Act, 2020. CFS has assigned the funds for the following programs/projects:

- **\$170,000** for implementation of Title IV-E Prevention Services through provider grant awards to assist providers of time-limited prevention services for mental health, substance abuse, and in-home parent skill-based programs in becoming eligible providers to serve foster care candidates and their parents.
- **\$200,000** for ongoing development & implementation of the ND Kinship program statewide.

- **\$268,347** to support kinship caregivers and the children under their care, regardless of whether these children are served through child welfare. This will strengthen statewide efforts to prevent children entering foster care.
- **\$230,000** Children's Advocacy Program to add services to the Jamestown area and provide services to meet unanticipated demand.
- **\$50,000** for any needed enhancements to the Prevention Services Portal, which is the web-based application available to both families and approved FFPSA Prevention Services providers. This portal provides a means for foster care candidates and their parents to access needed services such as therapy or treatment, in an effort to maintain the children safely in the home and prevent foster care. Additionally, the portal supports approved providers in receiving timely reimbursement for services rendered. Enhancements to the portal will aid ND in generating data reports for federal reporting requirements.
- **\$100,000** for foster care and adoption recruitment and retention efforts, specifically to grow foster/adopt families to provide care for older children/adolescents, sibling groups, and indigenous peoples.
- **\$150,000** for respite care available to families currently involved with a local Human Service Zone through child protection services, in-home services, or foster care programming. Respite care is temporary care of a child with special medical, emotional, or behavioral needs requiring time-limited supervision by a licensed foster care provider or licensed childcare provider. Respite care is intended to reduce stress and strengthen the placement. Respite funds are available through the department and are used to reimburse the approved provider.
- Funds assigned to the above programs/projects account for 100% of the total appropriation – **\$1,168,347**

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

The North Dakota Department of Health and Human Services, Children & Family Service Section continues to administer the Chafee Program grant and oversees the Chafee and Education and Training Voucher (ETV) Programs across the state. The direct oversight of the Chafee Program is by the CFS Case Management Administrator and the Case Management Field Service Specialist Unit. This unit works directly with public agencies who are the legal custodians of the eligible Chafee youth and can facilitate the connection to inform eligible youth and young adults of services and supports offered by Chafee as the first point of contact.

Nexus PATH Family Healing continues to be the Chafee Program statewide provider; the Chafee Transition Coordinators are located statewide within the eight regional Nexus-PATH Family Healing offices. Chafee Transition Coordinators deliver service to eligible current foster care youth and foster care alumni. 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 to the eligibility, 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.

***Description of Program Design and Delivery:*** 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. The services under the Chafee Program in North Dakota build upon the strengths of youth and keep to the ***principles of Positive Youth Development***.

The North Dakota Department of Health and Human Services, ***Children & Family Service Section continues to administer the Chafee Program grant*** and oversees the Chafee and Education and Training Voucher (ETV) Programs across the state. The direct oversight of the Chafee Program is by the CFS Case Management Administrator and the Case Management Field Service Specialist Unit. This unit works directly with public agencies who are the legal custodians of the eligible Chafee youth and can facilitate the connection to inform eligible youth and young adults of services and supports offered by Chafee as the first point of contact.

***Nexus PATH Family Healing continues to be the Chafee Program statewide provider;*** the Chafee Transition Coordinators are located statewide within the eight regional Nexus-PATH Family Healing offices. Chafee Transition Coordinators deliver service to eligible current foster care youth and foster care alumni.

***Field Service Specialists, who work directly with North Dakota tribal partners, help with Chafee referrals and monitor participation quarterly.*** Data reveals that for FFY 2023-2024 30% of youth served through the Chafee program are ages 21-25. This is an increase from 2022-2023 which was 26.58% , which shows that participants are remaining active longer or are taking full advantage of the extended age for Chafee eligibility.

Chafee Transition Coordinators set goals to increase the number of program participants and this practice will continue. Goals will continue to be set based upon current caseloads, knowledge of referrals, and will continue to be reflective of identified trends in specific regions. See below for data regarding latest goals. For example, it was noted the program is serving youth for longer periods of time. As we continue to serve youth for longer periods of time, this at times does not allow regions to open new youth, especially those of priority 2 status. In addition, it has proven difficult to set realistic goals for youth served. Nexus-PATH, as the contracted program provider, will work to establish a PQI process that examines data related to length of stay in the program, number of NYTD services provided, and reason for discharge from the Chafee Program.

**Table 113.**

**Chafee Coordinator Case Load Goals**

Region	FFY 2024 Case Load Goal Identified by Transition Coordinator	FFY 2024 # Served  FRAME Records
I	23	25
II	51	48
III	39	35
IV	55	45
V/VI	96	85
VII	70	50
VIII	28	30
GOAL	440	318

Source: Nexus-PATH

Children and Family Services along with Chafee Supervisor and Coordinators will continue to consistently evaluate 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. This practice will continue.

Children and Family Services administers the operation of the North Dakota Youth Advisory Association (NDYAA). The board involves participation from current foster youth and Foster Care Alumni. Expounding the *key principles of Positive Youth Development*, 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, including the Chafee program. The NDYAA, formerly known as the North Dakota Youth leadership board spent considerable time re-thinking their mission. Changing the name from "Leadership Board" to "Advisory Association" was a strategy to promote presence by all. Meaning all youth with lived experience are leaders. Members of the NDYAA, are selected to service in an advisory role to their peers, state leaders and community stakeholders. Children and Family Services and our contracted vendor continue to support the re-design to engage and enhance services provided by North Dakota young people.

North Dakota foster care policy requires that 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 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. 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 2024 there were 164 CFCIP assessments completed.

The chart below indicates the % of Chafee participants who responded “yes” (favorably) to the 8 outcomes of the CFCIP assessment.

**Table 114.**  
**Chafee Program Participants Responses to 8 Outcomes**

FFY Year	2017	2018	2019	2020	2021	2022	2023	2024	+ or – Between 2023 & 2024
# of Assessments Completed	251	189	223	217	234	239	213	164	
Outcome Measure	% of Yes Responses	% of Yes Responses	% of Yes Responses	% of Yes Responses	% of Yes Responses	% of Yes Responses	% of Yes Responses	% of Yes Responses	
1. Economic Resources	70.5%	65.4%	64.4%	71.0%	72%	68%	70%	78%	+8%
2. Safe Stable Living	92.8%	94.7%	93.7%	94.9%	92%	92%	95.3%	95%	-.3%
3. Educational Plan	92.8%	91.5%	87.1%	88.9%	87%	90%	90.1%	94%	+ 4%
4. Permanent Connection	91.2%	90.4%	92%	86.5%	88%	89%	86.9%	94%	+7.1%
5. Avoid High Risk Behavior	97.2%	96.8%	99.1%	98.1%	97%	95%	95.8%	98%	+2.2%
6. Postponed Parenthood	98%	93.1%	95.1%	93.1%	96%	96%	95.3%	98%	+2.7%
7. Ability to Access Mental Health Services	94.4%	92.0%	91.6%	86.5%	93%	95%	93.4%	95%	+1.6%
8. Normalcy	92.2%	91%	92.9%	89.0%	90%	91%	92.5%	90%	-2.5%
Overall % of Yes Responses	91.1%	89.4%	89.5%	88.5%	89.38%	89.5%	89.9%	92.75	+2.85

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 2023 there were significant increases in six outcomes and two decreases in the “Yes” response rate. The most significant increases were in the categories permanent connection and economic resources. An overall trend of

decreasing “yes” responses has been noted since FFY 2019 for High Risk Behaviors. This data is reviewed quarterly with Chafee Transition Coordinators in hopes of identifying trends. This data will be utilized to promote activities to increase these areas. This data will also be utilized by Chafee Transition Coordinators in their role as advocates for Chafee participants. This data will be useful in Child and Family Team discussions, as well as an internal programmatic push to ensure education is provided in these areas to current Chafee participants. In the review of the ND CFCIP Assessment data, it was noted that there were a higher number of completed assessments with questions not answered or unsure responses. The Chafee Transition Coordinators will work diligently to ensure data entry is accurate. This will be aided through a review of each assessment by the program supervisor. This data will be useful in Child and Family Team discussions, as well as an internal programmatic push to ensure education is provided in these areas to current Chafee participants. It is important to note that there were also two areas that had significant increases in the which include participants ability to access mental health services and educational plan. This shows that North Dakota, including our vendor agency and custodial agencies have been instrumental in working with youth and young adults to access mental health services and work with the youth to establish and complete an appropriate secondary and post-secondary education plan.

North Dakota surveys 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.

The Children and Family Services Section *administers the National Youth in Transition Database (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, facility case manager or their Chafee Transition Coordinator 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 CFS. 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, however utilizing a teamwork approach, 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. In 2021, North Dakota negotiated an amendment the Chafee contract with Nexus-PATH Family Healing to include a part-time position to work directly with the young person and case managers, including ensuring compliance and completion of NYTD surveys. 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 focus on is surveying youth regarding homelessness through the National Youth in Transition Database (NYTD) survey. Every three years NDHHS begins a new Cohort of NYTD data collection which tracks homelessness by asking 17-year-old foster youth, “Have you ever been homeless?” Further clarification regarding the question 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. North Dakota is currently surveying 17-year-old youth as we began Cohort 5.

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. The most recent completed cohort 3, again 21% of 17-year-old youth indicated they have been homeless at some point 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. Cohort 3 19-year-olds reflected a percentage back near the first cohort, at 38% experiencing homelessness in the past 2 years. 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 and increasing again to 31% in cohort 3. After three full cohorts of NYTD data collection, results show the percentage of foster care alumni experiencing homelessness is ebbing, with a dip in Cohort 2. This issue 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.

**Table 115.**  
**Chafee Cohorts Responses to Homelessness Question**

HOMELESSNESS									
	Response	Cohort 1		Cohort 2		Cohort 3		Cohort 4	
		Total	Percentage	Total	Percentage	Total	Percentage	Total	Percentage
<b>Age 17</b> Have you ever been homeless?	Yes	19	23%	12	17%	19	21%	14	29%
	No	65	77%	46	67%	54	61%	22	46%
	Declined	0	0	11	16%	16	18%	12	25%
	<b>Total</b>	<b>84</b>	<b>100%</b>	<b>69</b>	<b>100%</b>	<b>89</b>	<b>100%</b>	<b>48</b>	<b>100%</b>
<b>Age 19</b> Homeless in the past two years?	Yes	22	40%	9	24%	17	38%	11	38%
	No	32	58%	29	76%	27	60%	18	62%
	Declined	1	2%	0	0	1	2%	0	0
	<b>Total</b>	<b>55</b>	<b>100%</b>	<b>38</b>	<b>100%</b>	<b>45</b>	<b>100%</b>	<b>29</b>	<b>100%</b>
<b>Age 21</b> Homeless in the past two years?	Yes	16	27%	7	19%	14	31%	11	30%
	No	41	69%	29	81%	26	58%	17	46%
	Declined	2	3%	0	0	5	11%	9	24%
	<b>Total</b>	<b>59</b>	<b>100%</b>	<b>36</b>	<b>100%</b>	<b>45</b>	<b>100%</b>	<b>37</b>	<b>100%</b>

Source: NYTD

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 the Supervised Independent Living (SIL) programs through Nexus- PATH Family Healing that can support up to 60 young adults in the program.

NDDHS developed North Dakota Administrative Code 75-03-41 Licensing of Supervised Independent Living Programs that became effective October 1, 2019. NDHHS 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.

From October 1<sup>st</sup>, 2023 to September 30<sup>th</sup>, 2024, the Supervised Independent Living Program at Nexus-PATH served 70 youth in their programming. Of the 32 discharges that occurred during this FFY, 18 of the discharges were successful.

Since the start of SIL in 2019--- SIL served 147 clients in four years, of the clients served 126 were unduplicated and 21 came back into SIL program. Discharges 112 and 60 were successful and 52 unsuccessful. Unsuccessful not meeting 18+ agreement expectations, substance use and the impact that has had on meeting their goals, youth not wanting to participate in program because of other life circumstances.

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 is a member of the Youth Homelessness Demonstration Program (YHDP), which is a part of the North Dakota Continuum of Care (NDCOC) through Housing and Urban Development (HUD). The North Dakota Department of Health and Human Services has a Memorandums of Understanding in support of the

project. 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.

***Serving Youth Across the State:*** North Dakota will continue serving youth across the state ensuring that all political subdivisions in the eight regions and 19 Human Service Zones are 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 across North Dakota during the past decade.

**Table 116.**  
**Chafee Participation Data**

	CFCIP Youth	Current Foster Care Youth	Foster Care Alumni	Priority 1 Youth Served	Priority 2 Youth Served	Native Amer. Served
FFY 2013 Total	399	232	167	267	132	87
FFY 2014 Total	438	252	186	312	126	101
FFY 2015 Total	479	304	175	345	134	95
FFY 2016 Total	473	315	158	333	140	113
FFY 2017 Total	474	316	158	296	178	112
FFY 2018 Total	468	277	191	302	166	114
FFY 2019 Total	436	250	186	276	160	103
FFY 2020 Total	397	200	197	261	136	80
FFY 2021 Total	413	197	216	265	148	89
FFY 2022 Total	396	177	219	282	114	101
FFY 2023 Total	405	162	243	308	97	120
FFY 2024 Total	363	178	185	253	110	120

***Serving Youth of Various Ages and Stages of Achieving Independence:*** 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 to eligibility, 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.

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: Chafee Program Minimum Age - 14; Chafee Program Maximum Age - 23; Chafee Service eligibility for youth who have experienced foster care age 14. This means any youth in foster care, including extended foster care, may be served starting at age 14 up through their 23<sup>rd</sup> 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 23<sup>rd</sup> 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 23<sup>rd</sup> 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 23<sup>rd</sup> birthday, as a priority 2 status youth in the Chafee Program.

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 2024 decreased from FFY 2023. In North Dakota, for the last four years CFCIP has served an average of 402 youth each year and with a steady increase over the last four years of foster care alumni numbers increasing and current foster care youth declining. This year we saw a decrease in the number of Alumni being served. This may be due to them aging out of the program or feeling stable enough to not need to utilize the program any longer. In 2020 Children and Family Services implemented the Safety Framework Practice Model. This model that assists child welfare workers with identifying and assessing danger threats to children and ensuring that the children's safety is managed at the least restrictive level, this has resulted in less children coming into the foster care system, which in turn has led to less children in our ND Child Welfare system being eligible for Chafee services. Please see the below chart to see the decline in children that were open in foster care for at least one day from ages 14 to 17 from 2020 to 2023.

**Table 117.**

**Number of Children in Foster Care by Age**

Age	October 1 <sup>st</sup> , 2020, to September 30 <sup>th</sup> , 2021	October 1 <sup>st</sup> , 2021, to September 30 <sup>th</sup> , 2022	October 1 <sup>st</sup> , 2022, to September 30 <sup>th</sup> , 2023	October 1 <sup>st</sup> , 2023 to September 30 <sup>th</sup> , 2024
14 years old	135	107	90	104
15 years old	139	117	108	75
16 years old	164	140	109	88
17 years old	143	134	138	101

Chafee Transition Coordinators report that participants are remaining active in the program for longer lengths of time. This coupled with extended eligibility to the age of 23, impacts the ability to open new referrals. In addition, the extension of eligibility to the age of 23 has increased the level of coordination needed. Chafee Transition Coordinators are identifying trends that those out of foster care for longer periods of time are presenting more complex independent living needs. The data shows that overall, 49.6% of the youth actively participating in the Chafee Program are 18-20 years old, with 21.54% being 18-year-olds. The number of Native American youth and young adults served increased from 21.66% in FFY 2022 to 29.63% in FFY 2023.

***Collaboration with Other Private and Public Agencies:*** 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 Administrator participates on the state Youth Homelessness Demonstration Program and collaborates with state agencies, local authorities, and providers, the UND CFSTC, Division of Juvenile Services, Human Service Zones, Foster Care Provider Task Force, 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, colleges and universities, Youthworks, educational partners, transitional housing shelters, and many other private organizations that provide resources for young adults.

In this FFY, an emphasis was placed on educating staff to better engage with and support youth. A staff training was held with Faye Seidler on 10/25/2022. Faye provided a training on competency, providing ND specific data that can help inform practice. In addition, Faye provided resources to Chafee Transition Coordinators that can be accessed to better support youth. These resources were provided through the Harbor Health Initiative. Through the Chafee Program, Chafee Transition Coordinators often connect youth within the community to additional community resources through organizations such as: Canopy Medical Clinic; FM Pride; Harbor Health Initiative; New Story Fargo; Dakota Outright; Affirmative Therapists in ND; PFLAG; Magic City Equality

In FFY 2023, we evaluated our processes related to collecting demographic information for program participants. This evaluation process resulted in an adaptation to the ND CFCIP assessment which will now capture data related to gender, sexual orientation, and preferred pronouns. This will dramatically impact data and how we can utilize data to inform practice. The new CFCIP assessment was implemented May 2023 and the revision included asking more in depth questions to gather information about the eight outcomes

As part of collaboration at the regional level; Nexus- PATH Family Healing 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 in collaboration with local Transition to Independence committees, including 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 Chafee Program 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 Advisory Association will continue to provide presentations to other youth, foster care providers, Human Service Zones, Tribal Nations, DJS, and other child welfare partners.

- The ND Youth Advisory Board has at least one member on each foster care provider recruitment panel facilitated through the ND CFS Training Center at UND.
- The Chafee Coordinators and ND Youth Advisory Association interacted closely with NDDHHS through stakeholder meetings and becoming committee members, including the Juvenile Justice Advisory Committee.

***Determining Eligibility for Benefits and Services:*** The Chafee Program requires an application/referral be completed including proof of foster care status, as well as date of birth, and all other eligibility verification information.

***Cooperation in National Evaluations:*** The NDDHHS will cooperate in any national evaluations of the effects of the programs in achieving the purposes of Chafee.

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

Administration of the ETV program will remain unchanged during the next five years. The Chafee Administrator will continue to review ETV applications, ensuring award recipients follow 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 will ensure that the Federal assistance does not exceed the total cost of attendance as well as avoid duplication of Federal benefits. Youth will continue to be notified through a written letter from the state Chafee Administrator of their ETV award and the ETV voucher payment will continue to be 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 will remain 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.
- 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).

The total number of ETV's processed for the 2024-2025 school year has decreased, but the total number of students accessing ETV's has remained relatively stable. One explanation for this could be that there are not as many new applicants for the ETV as in years past, but rather, returning students continuing to pursue their education demonstrating longevity within the program.

Children and Family Services, along with the contracted vendor Nexus-PATH Family Healing, will continue to reach out to previous applicants to remind them of their ability to access services, and partnerships with local community colleges and universities will continue to be facilitated to raise awareness for eligible students. Local colleges and universities are provided with the poster to remind eligible young people of services available to them. Nexus-PATH Family Healing will continue to meet with colleges and universities across the state to inform our educational partners of this opportunity for youth and young adults to access increased funding. Children and Family Services remains hopeful that with continued increased awareness and partnership that North Dakota will continue to see an increase in youth accessing ETV funding and pursuing post-secondary educational goals.

The CFS Administrator will continue to remind transition coordinators, custodians and CFS Field Service Specialists of the availability of the ETV to qualifying youth. Transition coordinators will continue to work closely with youth about the benefits of furthering their education. These actions are contributing to the consistent increase in ETV awards over the years. North Dakota saw consistent data with the previous year with the number of new applicant and award recipients. North Dakota saw positive outcomes regarding the Family First legislation and Division X that extended eligibility based on age and number of years to participate. Postcards will be sent to previous recipients in an attempt to facilitate re-engagement in the program.

North Dakota does allow for the Unaccompanied Refugee Minor (URM) program to follow the Chafee and ETV policy and procedures, funding eligibility, etc. This practice will continue. The URM program has their own funding stream but has asked the Department to review the awards for application compliance and funding allocation. The ETVs awarded to the Unaccompanied Refugee Minor youth are not included in the statistics as Chafee funding does not support the award.

**Chafee Training:** During the past year, North Dakota continued to gain valuable insight on needs from the Chafee contract provider and North Dakota Youth Advisory Association (NDYAA) regarding training needs. North Dakota will continue to require that all Chafee Transition Coordinators receive the Wraparound Certification Training. Chafee Transition Coordinators will also be encouraged to attend state conferences relevant to their work transition, education, employment, etc. The Chafee Transition

Coordinators are also required to complete the following trainings annually: Trauma Informed Care, De-escalation Training, HIPPA, Harassment in the Workplace, Code of Ethics, Unconscious Bias, Boundaries and Professionalism, Mental Health and Suicide Awareness, Motivational Interviewing, Drug and Alcohol Education, and Physiological Response to Trauma. NDYAA members will be encouraged to attend the ND Youth Transition Conference each year. 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 care providers are provided PRIDE training including information about preparing youth for transition and how to build independent living skills while the youth is in the foster home or facility. The NDYAA continued to complete panel discussion presentation for foster care providers and prospective foster care providers, child welfare professionals and university social work students.

Based on program evaluation and feedback from stakeholders, to provide better internal support and statewide consistency of the Chafee Program and better outcomes for youth, NDHHS 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 NDYAA. 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, local colleges and universities 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 North Dakota 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 North Dakota Administrator participates in weekly and quarterly meetings with the Chafee coordinators to discuss program trends, staffing and compliance.

***Consultation with Tribes:*** The Children and Family Services 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, virtually and in person meetings and trainings to ensure Native American youth had fair and equitable access to all Chafee services across the state. North Dakota will continue to partner 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 Chafee 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, this last reporting year Chafee Administrator and Chafee Coordinators email program and contact information and present at trainings to the Tribal Directors and Tribal workers 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 Native American Training Institute (NATI) meetings and trainings 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. On April 4<sup>th</sup>, 2022 representatives from Chafee Independent Living, Children and Family Services, and Native American Training Institute collaborated with tribal directors from Standing Rock Sioux Tribe, Turtle Mountain Band of Chippewa, Three Affiliated Tribes, and Spirit Lake to providing Child Welfare 101 training. This training provided tribal child welfare workers with an overview of the IV-E agreement, Safety Framework Practice Model, Kinship-ND, Case Management, and the Chafee Program. The Chafee SIL Director shared with attendees how to refer children to the Chafee Program, eligibility, benefits of the program, and who to contact with any questions. There was great attendance from Standing Rock Sioux Tribe and Turtle Mountain Band of Chippewa, and this has helped coordinate the referral of children from these tribes into the Chafee Program.

In November 2024, representatives from Chafee Independent Living, Children and Family Services, and the Native American Training Institute collaborated with tribal directors for Standing Rock Sioux Tribe, Turtle Mountain Band of Chippewa, Three Affiliated Tribes, and Spirit Lake to provide an Independent Living training. This training focused on Chafee, Education and Training Vouchers, 18+ continued care, Supervised Independent Living Program, and 18+ eligibility for children under the custody of any of the four tribal nations. This training has helped encourage our tribal partners to refer all eligible children under their custody, not just IV-E youth to the Chafee program and helped explain the eligibility for programs under the Independent Living umbrella. There has been discussion of continuing to have ongoing Chafee training for our tribal partners.

***Bene "ts 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 2024, 120 of the 363-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 continues its 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. This agreement has been noted as being very collaborative, flexible, and is seen as a potential national model. This agreement is reviewed and updated as needed at regular, agreed upon intervals.

Intent of the Title IV-E Agreement is:

- 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 DHHS
- Access to processing of fingerprint-based background checks for all foster care providers, 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 for system entry
- Overpayment recoupment with Tribes
- Co-facilitation and technical assistance of Field Service Specialists and the CFS Foster Care Sub-Adopt unit managing monthly one-on-one meetings with each Tribal Nation to ensure clarity in roles, needed paperwork, omitted payments or reimbursement, etc.
- Centralized point of contact for foster care licensing through the CFS Licensing Unit. All licensing studies and affidavits from a Tribal Nation are submitted to the CFS Licensing Unit for review and

Department approval. The Department “approval” is granted when documentation of compliance is shared with the CFS Licensing Unit making the family eligible to be reimbursed by Title IV-E funding.

- 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 can 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 to contract and partner with the Native American Training Institute (NATI) and the tribal social service agencies through quarterly State/Tribal IV-E Agreement work group meetings. Tribal social service directors are attendees at these 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 conversations with the ND Indian Affairs Commissioner’s office regarding Native issues as needed.

The Foster Care and Sub-Adopt Eligibility (FCSA) Unit continues to engage in tribal case oversight for direct eligibility and authorization of payments to licensed providers. The unit has Medicaid eligibility workers as well as designated foster care eligibility staff (one for each Tribe) to work collaboratively with each tribal designee. In addition, individual monthly meetings are scheduled for each tribe to collaborate with the FCSA unit staff specifically about case needs, review paperwork, court orders, irregular payment receipts, etc. The CFS Licensing Unit continues to provide statewide coverage licensing foster homes and approving tribal affidavit homes. The unit also continues to engage in recruitment and retention efforts, identifying shelter and respite care providers, while offering the PRIDE pre-service training to prospective foster care providers.

The CFS Licensing Unit will also oversee the licensing of Qualified Residential Treatment Programs (QRTP), Supervised Independent Living (SIL), Licensed Child Placing Agencies (LCPA), and certified shelter care programs. This offers another centralized point of contact for each of our Tribal Nations in the noted areas. The CFS Licensing unit will maintain ongoing partnerships with the assigned Tribal office licensing specialist, ensure families are renewed timely, offer training to staff and providers, and provide assistance with recruitment and retention through the ND Recruitment and Retention State Plan and local coalition structure.

***State’s Process to Gather Input from Tribes for The Development of the 2025-2029 CFSP:*** System planning and development of the 2025-2029 CFSP was a concerted effort through collaboration with a wide variety of system stakeholders engaged in several CFSP Development Workgroup meetings. Invitees included the Native American Training Institute and representation from Tribal Social Service Directors. The goals and objectives continue to be discussed with attendees of the quarterly work group and CFSP Development Workgroup meetings. Please refer to Page 6 for additional information.

***State's Plan for Ongoing Coordination and Collaboration with Tribes in the Implementation and Assessment of the 2025-2029 CFSP:*** Ongoing coordination and collaboration with the tribes in the implementation and assessment of the 2025-2029 CFSP will be accomplished through a variety of methods including:

- CFS has continued the partnership with NATI and the tribal social service agencies with the quarterly IV-E work group meetings. These 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 proceedings to tribal jurisdiction.
  - Supporting the development of ICWA Liaisons by promoting the opportunity with public agencies and community partners. In addition, the Recruitment and Retention Contract began efforts to identify peer mentors. The budget supported the ICWA Liaisons in efforts to reimburse an individual a small token of appreciation each month.

***Arrangements Jointly Developed with Tribes as to Roles and Responsibilities for Providing Child Welfare Services:*** 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 provided by the state for ongoing service provision for tribal children include: A case review system in which Tribal IV-E cases are included in the state's 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 care appropriated by the North Dakota Legislature. These services include parent aide and in-home case management services.
- The state's Field Service Specialists co-chair and participate in tribal child and family team meetings to facilitate reunifications, adoptions, guardianships or other planned, permanent living arrangements.

- Fund Title IV-E foster care maintenance costs and the state match for the IV-E eligible children living on the reservations.
- Continue funding of administrative IV-E dollars to the tribes. Provide technical assistance for completing and submitting IV-E administrative claims, including establishment of time study policies. The Title IV-E agreement highlights the collaborative partnership of claiming the higher Tribal FMAP. The increased FMAP will result in increased federal reimbursement, which will be shared with the Tribes. The Title IV-E Agreement Work Group detailed 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 competency, foster care provider training for Native foster care providers, maintenance of resource service directory and the resource guide for all tribes, ICWA compliance and financial support for the Indian Child Welfare Conference. NATI has expanded their training options to offer an abbreviated UNITY training to foster care providers who have chosen to take PRIDE as their pre-service training. This is a 3-hour training that will enhance competence of care providers.
- 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 was 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 worked 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 were 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 established a unit for a centralized IV-E eligibility determination process.
- 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 Administrator works with statewide Chafee Transition 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 Administrator and Chafee Transition Coordinators email program and contact information to the Tribal Directors ongoing to ensure adequate referral opportunities are available to tribal youth. Children & Family Services collaboratively works with tribal partners to update and retrieve necessary information to maximize

resources and ensure opportunity for foster children statewide. The 18+ Continued Care program allows for Tribal Title IV-E youth to remain in, or return to, foster care if desired. This extension of services is beneficial to youth as they transition to living independently as adults.

- 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 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 directly to the AASK program. In the current fiscal year July 1, 2024 through April 30, 2025, AASK has placed 75 children for adoption at the request of the Tribe and has also assisted in the finalization of adoption for 79 children. These families would also be eligible to receive post finalization services through the ND Post Adopt Network program.
  - The CFS Director continues to serve as an advisory member on the board of the Native American Training Institute.
  - DHS, 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 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 sensitivity training based on Native American family dynamics to prevent unnecessary removals.
- ***Measures Taken by the State to Comply With ICWA:*** 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 this 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 is represented by an appointed administrator to serve 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 involved 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.

***Exchanging Copies of 2025-2029 CFSP:*** The CFS Section will provide electronic copies and links to the 2025-2029 CFSP to the Tribal child welfare workers when submission is finalized. Review of the CFSP will continue to be ongoing agenda item of the IV-E Agreement work group meetings with the four tribal child welfare directors and NATI staff. Tribal social service directors will review and discuss their CFSP during IV-E Agreement work group meetings and post electronically as able. Annual Progress and Services Reports will be shared in this same manner annually.



## **SECTION C. CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) STATE PLAN REQUIREMENTS AND UPDATE**

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 Leadership Team structure that facilitates coordination between the CAPTA State Plan and Title IVB programs and aligns with and supports the overall goals for the delivery and improvement of child welfare services.

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

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

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

- A. There are no significant changes for the state's previously approved CAPTA Plan in how the state proposes to use funds to support the 14 program areas enumerated in section 106(a) of CAPTA.
- B. North Dakota continues to utilize CAPTA state grant funds as described in the previously approved CAPTA plan to support:
  - The CPS/CJA subcommittees, 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/curriculum;
  - 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 2023 has not changed.

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**

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. During this reporting period, all State Child Protection Team meetings were held virtually. 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) During this reporting period, the majority of the State Child Fatality Review meetings were held virtually with the first in person meeting held on June 18<sup>th</sup>, 2024.

#### **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. Due to virtual meetings being offered as a means to accommodate those who could not travel and to encourage attendance, travel costs were reduced.

**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-six 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. Virtual meetings were offered to encourage attendance for those who were unable to travel, resulting in a reduction of travel costs.

**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 Flourishing Families North Dakota previously known as Prevent Child Abuse North Dakota**

- a. CAPTA funds were used to support the only statewide agency, Flourishing Families North Dakota, 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 Flourishing Families 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 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. Covid-19 reduced the amount of travel as well as attendance, resulting in a reduction in travel costs.

**xi. Parent Resource Centers (PRCs)**

- a. CAPTA funds were used in conjunction with IV B Part II funds (CBCAP) to support the regional Parent and Family Resource Centers (PRC). Each PRC participates in a Parent Education Network coordinated through the Family Life Education Program codified in state law, a partnership with the North Dakota State University Extension Service. The network provided for site visits, a peer review process and an evaluation component for the individual centers as well as for the network.

**IV. Citizen Review Panel**

The North Dakota Child Fatality Review Panel, as described in Section 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. The CFRP annual report for child deaths occurring in 2017-2019 is published:

<https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/CFS/Child%20Fatality%20Report%202017-2019.pdf>

[The CFRP data report for deaths occurring in 2020-2021 is currently in process and is scheduled to be published this summer.](#)

**V. Information on whether and how CAPTA funds have been used, alone or in combination with other funds, such as title IV-E Foster Care administrative claiming, to improve legal preparation and representation including provisions for the appointment of an individual appointed to represent a child in judicial proceedings (section 106(a)(2) (B(ii))).**

- CAPTA funds have not been used alone or in combination with other funds to improve legal preparation and representation. North Dakota has a provision for the appointment of an individual to represent a child in judicial proceedings:
- North Dakota has state law requiring the appointment of a Guardian Ad Litem by the court, in every case involving an abused or neglected child which results in a judicial proceeding. Statutory reference is N.D.C.C. 50-25.1-08, entitled Guardian Ad Litem. The law may be found at: <https://www.legis.nd.gov/cencode/t50c25-1.pdf>

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

North Dakota has developed and implemented Plans of safe Care for substance exposed infants and their caregivers. During the 2023 State legislative session, the state Child Abuse and Neglect Chapter was amended, allowing for an Alternative CPS assessment response to reports of substance exposed infants. The state law now defines a "Substance Exposed Infant" as an infant younger than twelve months of age at the time of the initial report of suspected child abuse or neglect and who is "identified as being affected by substance use 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.

In November 2023, UND Children and Family Services Training Center updated the program policies, supporting documents and additional training resources to their website. The online training packet was updated and remains accessible online. 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.

Plans of Safe Care developed for infants and their caregivers are comprised of required elements to be addressed concerning the health and substance use treatment needs of the infant and their caregivers as well as optional elements, which can vary according to family needs and local resources.

Required elements of a Plan of Safe Care for the infant include:

- Health needs, including SUD treatment needs and routine medical care
- Safe sleep information to the caregivers
- Safe housing free of substance exposure
- Verifying/providing period of purple crying information
- Referral to early intervention services
- Screening or follow up for NAS or SEN complications
- Safety supports in the event of a caregiver's relapse.

Required elements of a Plan of Safe Care for the caregivers includes:

- Health needs, including pregnancy and post-partum medical care/follow up as well as follow-up for any medical conditions
- MAT Oversight (if applicable)
- Pain management (if applicable)
- SUD treatment needs including referral to substance use disorder evaluation/treatment
- Ongoing recovery supports

- Relapse prevention plan
- Safety supports

One of the required components of the Plans of Safe Care for Substance Exposed Infants is an assessment of the infant's sleep environment and referral to safe sleep resources, such as Cribs for Kids. Recorded training, developed by the lead agency and the Department of Health / Infant and Child Death Prevention Services in 2019, regarding the child welfare role in Promoting Safe Sleep remains available to the field for ongoing training purposes. The lead agency also contracts with Flourishing Families North Dakota previously known as Prevent Child Abuse North Dakota for the prevention of Shaken Baby Syndrome. Through this partnership, a required element of the Plan of Safe Care is to assure that the parent receives information from the Period of Purple Crying (Shaken Baby Syndrome prevention). Flourishing Families North Dakota has partnered with all active partners and the National Center on Shaken Baby Syndrome to assure fidelity agreements were current.

In August 2023, Craig Smith, co-author of the *Manual for the Investigation of Child Sexual Abuse* and author of *Shaken Baby Syndrome-An Investigator's Manual* conducted a multi-system training for child welfare staff, law enforcement, prosecutors, and judges. The training titled "Child Sexual Abuse & Shaken Baby Syndrome/Abusive Head Trauma" focused on providing investigators with interviewing strategies that could be used to elicit detailed information from both the child victim and the nonoffending parent, and to provide participants with an understanding of how to effectively conduct a child abuse case involving Shaken Baby Syndrome/Abusive Head Trauma. Due to the work force shortage and inability to travel for training, the training was offered in two locations in two-day intervals. There were approximately 200 professionals trained over the 4-day period.

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 has been developed that allows for monitoring of Plans of Safe Care, as required by CAPTA.

According to the statewide child welfare data management system, there were 149 identified substance exposed infants (neonates 12 months or younger) reported/identified to child protection services in FFY23. Of these 149 identified infants, 132 were known to have Plans of Safe Care (88.5%). The most frequently identified reasons for lack of a Plan of Safe care included: toxicology testing confirmed the infant was not drug exposed and lack of cooperation from the caregiver.

In FFY23, North Dakota continued to offer Alternative Response Assessments when the criteria was met and accepted by the caregiver. There were an additional Alternative Response Assessments which 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 infant 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 290 assessments of Pregnant Women using controlled substances for nonmedical purposes in FFY23. 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.

During this reporting period, collaboration did occur with the Behavioral Health Division to revise state policies, practices and laws related to substance exposed infants, working with caregivers with substance use disorders and pregnant women who are using controlled substances or abusing alcohol and will prioritize the use of CAPTA funding toward these endeavors.

#### **VI. *Supplemental CAPTA Funding (American Rescue Plan)***

CAPTA Funding through the American Rescue Plan will be used for one or more of the following:

- Improve policies and procedures for training mandated reporters of suspected child abuse and neglect
- To improve policies and procedures for Centralized Intake of reports of suspected child abuse and neglect
- To provide ongoing training to the child welfare workforce on continued implementation and integration of the Safety Framework Practice Model
- To support and expand child abuse and neglect prevention programs and strategies
- To implement the statewide Child Maltreatment Fatality Prevention Plan
- To develop and implement training regarding research-based strategies, including the use of differential response, to promote collaboration with the families
- To develop and deliver information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect, including the use of differential response
- To support and enhance interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment, including methods for continuity of treatment plan and services as children transition between systems
- To support and expand the pre-petition legal representation to promote positive family outcomes and prevent trauma of unnecessary child and family separation.
- Support or enhance interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems), including the use of differential response and to address the



health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports

- Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange.
- To support the Children's Advocacy Center on the development of the online Child Sexualized Behavior training which will address typical and non-typical behaviors. This training includes how to develop safety plans with families to assure child safety and prevent further incidents of problematic sexualized behaviors.

#### 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 at least every other month. The timeline for publication of data reports does become 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 made the switch to collecting death information data to the National Fatality Review Case Reporting System in 2021. 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 2017, 2018 and 2019 has been published. The compilation of datasets for deaths occurring in 2020 and 2021 are in process and the publication of the report is expected this summer. The CFRP continues to review the deaths occurring in 2022 – current.

The review of deaths occurring in a single year may occur after some 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, preventing the reviews.

The Child Fatality Review Panel/Citizen Review Committee is required by state law to meet at least semi-annually. To accomplish thorough in-depth review of cases of child deaths which are sudden, unexpected, or unexplained, the Committee increased the frequency of meetings to every other month, starting April 2020, in order to review these deaths and make recommendations. In addition to the increase in meetings, the Committee adapted to virtual meetings conducted over Zoom Healthcare through the University of ND Medical School with HIPPA and PIPEDA/PHIPA compliance.

Recommendations resulting from reviews in FFY 2023:

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

1. The Panel recommends continued collaboration with medical professionals, public health providers, childcare providers, parenting education programs, child welfare, home visiting programs and other entities to provide safe sleep information and tools for discussing safe infant sleep with parents and caregivers of infants. The information should include the dangers of placing an infant on their stomach for sleep; the dangers of infants sleeping in car seats outside of the vehicle without the approved car seat base; the dangers of bed, couch and recliner 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, particularly how it increases their vulnerability to sudden infant death. In addition, safe sleep education should include the dangers of swaddling infants after they have shown signs of attempting to roll over. Furthermore, the distribution of infant sleep sacks by safe sleep resource providers and hospitals shall only include those without the wings for swaddling. The safe sleep education should also include information about adequate supervision of infants during feeding, including the dangers of bottle propping as well as adequate supervision during sleep hours, such as having the infant in the same room but on a separate sleep surface, use of monitors, importance of caregiver / infant interaction, and limits on infant's time spent alone in cribs. In addition, the Panel recommends continued education and promotion of referring eligible families for the distribution of safe sleep resources, including proper utilization education for caregivers by the distributors of safe sleep resources and the promotion of caregiver preparation ensuring infants have a portable crib when spending the night away from home. More specifically, that birthing hospitals provide access to safe sleep environments at newborn's discharge, especially those identified as prenatally exposed to alcohol and/or substances. The Panel recommends additional training and education for child welfare professionals regarding safe sleep for infants and how to effectively approach this topic with parents and caregivers, specifically when the infant may have increased vulnerability from prenatal substance exposure and/or environmental exposure to 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 with an emphasis on a 360 degree walk around of the vehicle before moving to ensure children are not in front or behind the vehicle and the dangers of relying on automobile cameras as children may be located in a blind zone; promotion of caregiver supervision check ins when young children are present and a caregiver exits the home and into a nearby vehicle to ensure adequate supervision and child safety around vehicles; safe driving practices including the dangers of activities that take attention away from drivers, such as operating a cell phone, texting, eating, turning the radio, or talking with passenger and the dangers of alcohol and drug usage by those operating a motor vehicle, with specific attention to community-wide education about never drinking and driving and never driving while impaired by other drugs or substances, emphasis on parents leading by example. In addition the Panel recommends the utilization of helmets and safety gear when operating a bicycle and motorized recreational vehicles with a specific focus on ATV / OHV safety

for youth including the promotion and enforcement of the state law which requires youth ages 12-16 years complete the state OHV Safety Course before operating an ATV on public land and ride an ATV that is safe for the child's age, ride only on designated areas and at safe speeds and that no child under the age of 12 operate an ATV / OHV. Safety messaging includes always wearing appropriate safety gear including a helmet, long sleeves, pants, gloves and belt and utilizing a seat belt.

The Panel noted the following as preventable risk factors in motor vehicle related child death reviews completed in FFY23:

- Young, inexperienced, and uncertified drivers operating all-terrain vehicles too fast for conditions, on public land and without proper safety gear
- Intoxicated driver
- Excessive and chronic speeding / racing
- Children struck and run over by motor vehicles operating in reverse.
- Young children not restrained in safety seats, specifically on tribal lands.
- Lack of seatbelts worn by adolescents
- Lack of safety rules and regulations for children's occupancy on parade floats
- Lengthy vehicle extrications

3. The Panel recommends that all child deaths receive a thorough, quality, and comprehensive investigation of the death scene and circumstances surrounding the child's death. The Panel specifically recommends the following:

- *The Bureau of Criminal Investigation develop and implement a team of regional child death scene investigators for the specialization and standardization of child death investigations.*
- *That a standardized, statewide, consistent, and uniform protocol for infant and child death investigations be developed and encouraged. Protocol that includes a death scene investigation, scene photographs, the collection of evidence, and a recorded doll re-enactment with those providing care (placing, last known alive, and finding), individual and witness (including all those in the home) interviews, review of medical and CPS history.*
- *That all death investigators complete the standardized statewide protocol for suicide deaths which includes the completion of the state's developed Suicide Comprehensive Risk Assessment Profile (SCRAP) and the SCRAP be shared with the forensic pathologist certifying the death*
- *A consistent and uniform protocol for infant and child death scene investigations that includes a videotaped re-enactment and completion of the SUIDIRF (Sudden Unexpected Infant Death Investigation Reporting Form).*
- *That all children who die suddenly and unexpectedly receive an autopsy*
- *Universal alcohol and drug testing for every child fatality; that when children present to medical with severe trauma, admission blood is universally taken for toxicological purposes.*
- *Toxicology testing for all caregivers that are suspected of being under the influence when a child dies while under their care and supervision.*

- That, as part of the investigation, law enforcement obtains cell phone records to determine if the child or other drivers were using the cellular device while operating a motor / recreational vehicle
  - That law enforcement officers receive education on scene investigations involving children and firearms and suicide prevention.
  - That interviews with witnesses to a child death and caregivers for a child that has died be conducted separately from one another.
  - 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; specifically increase the number of medical professionals completing the mandated reporter training and overall awareness of TEN4FACES-P.
  - That hospitals continue to use the peer review to examine trauma processes and protocols regarding child injuries and death.
  - That photo documentation of child's injuries as well as the scene re-enactment be shared with the forensic pathologist conducting the child's autopsy.
  - Mandatory cross reporting / notification of child deaths between medical (ER), law enforcement, coroners / Medical Examiners, and child protection services. All child death investigations shall include a review of the child protection services history.
  - Education and training to physicians on their ability under the state law to contact child protection services and receive information to assist them in determination of follow up treatment.
  - Mandated reporters who have reasonable cause to suspect that child abuse and neglect has occurred are required to report the circumstances to the department or its authorized agent, this includes incidents of domestic violence in the presence of children.
4. Increase statewide awareness and promotion of 988 for crisis intervention and suicide prevention. Develop public awareness for all gun owners with an emphasis on suicide preventability through the utilization of safe gun storage, whereas firearms are always stored unloaded and locked with the ammunition stored and locked in a separate location and the keys or passcode are hidden and not accessible to children and addresses the need for supervision, education and that caregivers are ensuring gun safety is part of every conversation about hunting and firearms, in addition, caregivers are teaching children about proper safe gun handling and storage. In addition to public information and education about safe storage of medication, especially when youth communicate suicidal ideation. The Panel recommends continued suicide prevention education and training statewide that includes all medical providers, including ancillary providers, educators (including those who home school), coaches, and students, specifically starting in elementary school as waiting until high school or even middle school is too late. Universal suicide risk assessments in school. This suicide prevention education should focus on crisis intervention. In addition, the Panel recommends all school districts consider alternative methods for responding to negative youth behaviors that do not result in removing positive social

emotional connections from the youth such as extra-curricular activities as the removal of such activities in a child's life further results in negative outcomes. The Panel recommends statewide tip lines for students to report concerning behaviors. The Panel recommends increasing youth's access to hunting and firearm safety, such as by making such a high school class elective. The Panel recommends suicide risk assessment training for law enforcement responding to youth delinquency. The Panel recommends suicide prevention training for medical providers completing sports physicals with closer examination into marked changes and responses provided by youth on the PHQ-4, asking follow-up questions and critical follow up and referrals. Include a suicide screen, not just a depression screen, as part of the sports physical. The Panel recommends increased awareness and statewide access to 24/7 mobile crisis units for children experiencing suicidal / self-harm thoughts or behaviors.

The Panel additionally recommends the following regarding medical and behavioral health services of children: Statewide access to home health nursing services for all families with a child under the age of one year, all children with insulin dependent diabetes and all children with asthma so that these identified vulnerable populations receive access to timely health assessment, treatment, referrals, and services, especially those in rural communities. Increase statewide awareness, access and education of Naloxone. All newborns prenatally exposed to controlled substances be monitored for no less than 48 hours prior to hospital discharge. The inclusion of iron and hemoglobin testing at 12/15 month well check. Public education about the importance of maintaining child well checks. Public education and information about how and where to access reduced / affordable mental health services. The Panel recommends education and resources for parents and caregivers on the importance of open communication / transparency between them and their children regarding the topic of mental health self-advocacy that includes how and where to access behavioral health services in times of crisis. Increase alcohol and nicotine use prevention for adolescents in the western part of the state. Increase access to SUD prevention and treatment services in tribal schools and communities. Increase access to prenatal care for those that are homeless.

5. The Panel recommends the following regarding infants and water safety. Increase community awareness and develop public information (materials and social media posts) regarding the importance of keeping eyes on infants and toddlers near water. Specifically, that infants and young children must be supervised (eyes on) at all times when they are near water. Prepare all bathing materials prior to placing the child in the water. If you have to leave the bathroom do not leave without first removing the infant from the water.
6. The Panel made the following policy and procedures recommendations specific to child protection services:
  - Training and education for child welfare professionals regarding safe sleep for infants and how to effectively approach this topic with parents and caregivers, specifically when the infant may have increased vulnerability from prenatal substance exposure and/or

environmental exposure to controlled substances. Education for child welfare on where and how to access safe infant sleep environments for families.

- That when child welfare safety plans a child out of the home and with an alternative caregiver that appropriate background checks and direct contact with the safety support is conducted immediately, prior to the alternative care, such as to assure suitability and child safety. Secondly, that child welfare ensures safety placements have working smoke alarms and fire extinguishers and have safe sleep arrangements for infants prior to approving alternative caregivers and the suitability and safety of the home environment.
- Reports of suspected child abuse and neglect received by state and tribal child welfare agencies regarding children reporting suicidal ideation receive an immediate response from the agency.
- Training and education for child welfare professionals regarding growth charts (how to read and utilize them to monitor an infant's growth) and what malnourishment and failure to thrive in infants looks like and when to seek medical attention.
- Training and education for child protection services on the identification of present and impending danger and the process for adequate safety planning to address present / impending danger, during the assessment.
- Increase education and awareness of the mandated reporter child abuse and neglect law and training to all coroners encouraging all coroners to include a child protection services check as part of a child's death investigation. (Cross reporting and collaboration between coroners and child protection services). Increase access to training and education for medical providers on how to recognize and report suspected child maltreatment. Increase public information and education about the identification and reporting of suspected child abuse and neglect and where and how to access help for children and families to meet concrete needs.
- Increase statewide awareness of the Baby Safe Haven Program
- Increase Green Dot locations for community-based violence awareness for prevention and intervention.
- Required seizure safety plans when youth suffer from a seizure disorder and are placed in a state licensed residential facility.
- Required CPS interventions (home-based and face to face) when responding to reports of suspected CAN involving domestic violence that require child safety plans after a parent's removal from the home by law enforcement. Required medical and trauma evaluations and work ups for all children exposed to domestic violence.
- Increase trauma screening, home safety assessments and safety services for dual status youth, especially those returning home and the community after detention. Require suicide screenings for all dual status youth.
- Training and education for child welfare professionals about Fetal Alcohol Syndrome with a focus on identification and referrals for treatment, services, interventions, and support for children who were exposed to alcohol during pregnancy.

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

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### Child Fatality Panel Members 2023

Jenn Grabar – CFRP Presiding Officer  
Prevention and Protection Services, DHHS Children and Family Services

Kirsten Hansen - Prevention and Protection Services Administrator,  
DHHS Children and Family Services

Jeremy Ensrud – ND Attorney General’s Office

Dr. Barrie Miller – State Forensic  
Medical Examiner

Dr. Mary Ann Sens – Department of  
Pathology – UND

Lisa Bjergaard – Division of Juvenile  
Justice

Duane Stanley / Karmen Brosten – Bureau of Criminal  
Investigation

Bobbi Peltier – Indian Health Services  
Injury Prevention

Karen Eisenhardt – Citizen Member

Dr. Melissa Seibel- Sanford Health Pediatrics

Dr Jada Ingalls – Sanford Heath Child Abuse Referral and Evaluation

Elizabeth Oestreich – Injury Prevention  
Program Director- DHHS

Dr. Rosalie Etherington – ND State Hospital

Dr. Shauna Eberhardt – NDHHS Behavioral Health  
Dr. Tracy Miller – Epidemiologist –  
DHHS

Todd Porter – State Legislator

## Child Fatality Review Panel / Citizen Review Committee

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### 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 near monthly basis throughout this reporting year. The Child Fatality Review Panel published the data report for deaths occurring in 2017, 2018 and 2019. The compilation of datasets for deaths occurring in 2020 and 2021 are in process and the publication of the report is expected this summer. The CFRP continues to review the deaths occurring in 2022 – current. The review of deaths occurring in a single year may occur after some 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, preventing the reviews.

The Child Fatality Review Panel/ Citizen Review Committee is convened by the Children and Family Services Division (CFS) of the North Dakota Department of Health and Human Services (DHHS). CFS/DHHS provides staff and resources for preparing and conducting reviews of all child deaths and near deaths caused by child abuse and neglect, maintaining documentation and data concerning these reviews, producing and publication of resulting data as well as the supporting child fatality prevention efforts (0.50 FTE). CFS/DHHS 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 recommendations of the Panel are carried by the Panel members for action, each who serve as a liaison to their professional counterparts in fatality prevention.

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

1. The Panel recommends continued collaboration with medical professionals, public health providers, childcare providers, parenting education programs, child welfare, home visiting programs and other entities to provide safe sleep information and tools for discussing safe infant sleep with parents and caregivers of infants. The information should include the dangers of placing an infant on their stomach for sleep; the dangers of infants sleeping in car seats outside of the vehicle without the approved car seat base; the dangers of bed, couch and recliner 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, particularly how it increases their vulnerability to sudden infant death. In addition, safe sleep education should include the dangers of swaddling infants after they have shown signs of attempting to roll over. Furthermore, the distribution of infant sleep sacks by safe sleep resource providers and hospitals shall only include those without the wings for swaddling. The safe sleep education should also include information about adequate supervision of infants during feeding, including the dangers of bottle propping as well as adequate supervision during sleep hours, such as having the infant in the same room but on a separate sleep surface, use of



monitors, importance of caregiver / infant interaction, and limits on infant's time spent alone in cribs. In addition, the Panel recommends continued education and promotion of referring eligible families for the distribution of safe sleep resources, including proper utilization education for caregivers by the distributors of safe sleep resources and the promotion of caregiver preparation ensuring infants have a portable crib when spending the night away from home. More specifically, that birthing hospitals provide access to safe sleep environments at newborn's discharge, especially those identified as prenatally exposed to alcohol and/or substances. The Panel recommends additional training and education for child welfare professionals regarding safe sleep for infants and how to effectively approach this topic with parents and caregivers, specifically when the infant may have increased vulnerability from prenatal substance exposure and/or environmental exposure to controlled substances.

The lead agency works directly with the Division of Injury and Violence Prevention Program / Infant and Death Services Program to disseminate information and education regarding safe infant sleep practices. The Prevention and Healthy Living division of the North Dakota Department of Health and Human Services has developed a website and within the Injury Prevention / Infant and Child Death Services section, [Sudden Unexpected Infant Death \(SUID\) | Health and Human Services North Dakota](#) users can view and print ND safe infant sleep brochures, posters, and other information related to SUID in several different languages.

North Dakota Child Care Aware, ND DHHS and Cribs for Kids partnered in the development of a website for child care providers regarding infant safe sleep practices:

[Safe Sleep : Child Care Resources : Child Care Aware of North Dakota \(ndchildcare.org\)](#)

The website contains several educational training videos for childcare providers regarding the correct utilization of a portable crib, addresses the topic of swaddling, safe infant sleep positioning, sleep sacks, monitors and check ins and many others. The site also includes educational materials and resources regarding the AAP infant sleep guidelines, the recommended infant sleep practices for child care providers in ND. The safe sleep training is a childcare licensing requirement.

North Dakota now has over 43 Cribs for Kids pick up locations, including the tribal reservations, and offers deliveries to other areas when there is a need. The lead agency reviewed the SUID data specific to sleep environment and the family's access to a crib, portable crib or bassinet. Areas of need were identified and partners in those communities were added as Cribs for Kids distribution sites. This FFY, as a result of this effort, 13 additional locations were added. Screening is completed by local partners and eligibility varies by site and is based on availability. Crib Kits for eligible pregnant and newly delivered mothers feature a portable crib, crib sheet, pacifier, and a sleep sack; the swaddle sack is no longer distributed. Distribution sites provide education and guidance about proper portable crib setup and safe sleep educational materials prior to distribution. The lead agency collaborated with DHHS Injury Prevention to create a map, where users can easily identify the nearest distribution site to their location, this is available on the ND Cribs for Kids website which also provides training videos and educational materials: [Cribs for Kids | Health and Human Services North Dakota](#)

The lead agency in collaboration with Infant and Child Death Services 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 training slides are also maintained on the University of North Dakota Children and Family Services Training Center website. The lead agency acknowledges it is time for a training refresher of this information given staff turnover. Of note, one of the required components of a plan of safe care for substance exposed infants is assessment of the infant's sleep environment and referral to safe sleep resources, such as Cribs for Kids. The lead agency is working with Cribs for Kids to add another option, a bedside sleeper. The bedside sleeper has been identified by high-risk population groups to be preferred over the portable crib.

DHHS Title V entered the Child Safety Learning Collaborative (CSLC) in February 2024 specific to reducing SUID through safe infant sleep promotion. The CSLC is an initiative of the Children's Safety Network (CSN) that aims to reduce injury and violence among infants, children, and adolescents nationwide. The CSLC builds Title V capacity through technical assistance in child safety, systems improvement, and leadership and management. Title V teams use data to inform decision making and apply quality improvement and innovation methods to sustainably implement and spread evidence-based strategies state-wide. ND is in the first of three cohorts and have begun actively working on infant safe sleep promotion and SUID prevention. The current objectives focus on increasing organizations providing relevant safe infant sleep education, increasing the number of agencies that distribute free and discounted cribs and utilizing lived experience to educate on the importance of safe infant sleep. The CFRP was awarded dollars from the National Child Fatality Review and Prevention Center to build capacity for SUID prevention in ND. The funding will be used to develop digital stories by engaging parents with lived experience, those that have lost an infant when a sleep environment hazard was present. The stories will be shared as the parent allows for safe sleep education and promotion and sleep related death prevention. In addition to the development of their stories, each will develop a guidebook with discussion questions to enable effective prevention messaging.

1. 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 with an emphasis on a 360 degree walk around of the vehicle before moving to ensure children are not in front or behind the vehicle and the dangers of relying on automobile cameras as children may be located in a blind zone; promotion of caregiver supervision check ins when young children are present and a caregiver exits the home and into a nearby vehicle to ensure adequate supervision and child safety around vehicles; safe driving practices including the dangers of activities that take attention away from drivers, such as operating a cell phone, texting, eating, turning the radio, or talking with passenger and the dangers of alcohol and drug usage by those operating a motor vehicle, with specific attention to community-wide education about never drinking and driving and never driving while impaired by other drugs or substances, emphasis on parents leading by example. In addition the Panel recommends the utilization of helmets and safety gear when operating a bicycle and motorized recreational vehicles with a specific focus on ATV / OHV safety for youth including the promotion and enforcement of the state law which requires youth ages 12-16

years complete the state OHV Safety Course before operating an ATV on public land and ride an ATV that is safe for the child's age, ride only on designated areas and at safe speeds and that no child under the age of 12 operate an ATV / OHV. Safety messaging includes always wearing appropriate safety gear including a helmet, long sleeves, pants, gloves, and belt and utilizing a seat belt.

The Panel noted the following as preventable risk factors in motor vehicle related child death reviews completed in FFY23:

- Young, inexperienced, and uncertified drivers operating all-terrain vehicles too fast for conditions, on public land and without proper safety gear
- Intoxicated driver
- Excessive and chronic speeding / racing
- Children struck and run over by motor vehicles operating in reverse.
- Young children not restrained in safety seats, specifically on tribal lands.
- Lack of seatbelts worn by adolescents
- Lack of safety rules and regulations for children's occupancy on parade floats
- Lengthy vehicle extrications

The lead agency will continue in collaboration with the North Dakota Department of Health and Human Services 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 graduated teen driver's licensing, distracted driving, child passenger safety and bicycle and recreational vehicle safety.

The North Dakota Department of Health and Human Services 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, ND 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. The website additionally contains printable resources and promotional templates: [North Dakota Child Passenger Safety | Health and Human Services North Dakota](#)

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 North Dakota Department of Health and Human Services 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. The ND Impact Teen Drivers program's website provides interactive educational modules, evidence-based resources and videos. [North Dakota – Impact Teen Drivers](#) Impact Teen Drivers does not use graphic images and gore to engage the audience. Instead, the program uses real life stories and situations that most young people will find themselves in at some point.

The North Dakota Safety Council provides several driver safety training courses online and in person; a listing of those trainings is provided on their website: [Driver Safety - ND Safety Council \(ndsc.org\)](#). One of these trainings is a specific lifesaving driver safety aimed at young drivers, Alive at 25 is a highly interactive 4.5-hour program targeted toward drivers under the age of 25 that helps young drivers take greater responsibility for their driving. Alive at 25 incorporates Reality Therapy and Choice™ Theory techniques to help participants identify the five basic needs that drive human behavior. Whereas driver education teaches the mechanics of car and road handling and state law. Alive at 25 focuses on behavior, judgment, decision making and consequences, and provides tools for making positive choices.

In response to the CFRP's recommendation regarding the need for community-wide ATV safety messaging and education, ND DHHS added ATV safety to the Injury Prevention / Infant and Child Death Services website: [ATV Safety | Health and Human Services North Dakota](#) The website includes ATV safety education and information about the state laws and regulations regarding ATV use; all riders in North Dakota who are under the age of 17 and over the age of 12 are required to complete an approved ATV Safety Course and carry the North Dakota ATV Safety Certificate with them while riding on public lands. The website has a direct link to the states on-line certification course: [OHV Safety | ND Parks and Recreation - Business and Grants](#). The lead agency partnered with ND Safe Kids in the promotion and development of educational materials regarding the overall message that ATVs are not safe for children with an emphasis on the state law and how to access the state training: [ATV Safety SKGF.pdf \(nd.gov\)](#)

The Panel recommends that all child deaths receive a thorough, quality, and comprehensive investigation of the death scene and circumstances surrounding the child's death. The Panel specifically recommends the following:

- *The Bureau of Criminal Investigation develop and implement a team of regional child death scene investigators for the specialization and standardization of child death investigations.*

- *That a standardized, statewide, consistent, and uniform protocol for infant and child death investigations be developed and encouraged. Protocol that includes a death scene investigation, scene photographs, the collection of evidence, and a recorded doll re-enactment with those providing care (placing, last known alive, and finding), individual and witness (including all those in the home) interviews, review of medical and CPS history.*
- That all death investigators complete the standardized statewide protocol for suicide deaths which includes the completion of the state's developed Suicide Comprehensive Risk Assessment Profile (SCRAP) and the SCRAP be shared with the forensic pathologist certifying the death
- A consistent and uniform protocol for infant and child death scene investigations that includes a videotaped re-enactment and completion of the SUIDIRF (Sudden Unexpected Infant Death Investigation Reporting Form).
- That all children who die suddenly and unexpectedly receive an autopsy
- Universal alcohol and drug testing for every child fatality; that when children present to medical with severe trauma, admission blood is universally taken for toxicological purposes.
- Toxicology testing for all caregivers that are suspected of being under the influence when a child dies while under their care and supervision.
- That, as part of the investigation, law enforcement obtains cell phone records to determine if the child or other drivers were using the cellular device while operating a motor / recreational vehicle
- That law enforcement officers receive education on scene investigations involving children and firearms and suicide prevention.
- That interviews with witnesses to a child death and caregivers for a child that has died be conducted separately from one another.
- 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; specifically increase the number of medical professionals completing the mandated reporter training and overall awareness of TEN4FACES-P.
- That hospitals continue to use the peer review to examine trauma processes and protocols regarding child injuries and death.
- That photo documentation of child's injuries as well as the scene re-enactment be shared with the forensic pathologist conducting the child's autopsy.
- Mandatory cross reporting / notification of child deaths between medical (ER), law enforcement, coroners / Medical Examiners, and child protection services. All child death investigations shall include a review of the child protection services history.
- Education and training to physicians on their ability under the state law to contact child protection services and receive information to assist them in determination of follow up treatment.
- Mandated reporters who have reasonable cause to suspect that child abuse and neglect has occurred are required to report the circumstances to the department or its authorized agent, this includes incidents of domestic violence in the presence of children.

The lead agency continues working with Child Fatality Review Panel members, such as the Medical Examiner's Office, Bureau of Criminal Investigation, State Epidemiologist Office, and the Attorney General's Office, along with the Alliance for Children's Justice (CJA Task Force) and the ND Violent Death Stakeholders 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 life stressors, as these are vital to understanding the circumstances surrounding the deaths of children and for planning to prevent future deaths.

This FFY, a death investigation training was developed and held by BCI, the Medical Examiner's Office and the Office of the Attorney General. Three death investigators and three coroners received the National Child Death Investigation Training in April 2024. The lead agency plans to purchase dolls and other investigation tools to be distributed to child death investigators and coroners statewide. In addition to providing stipends to those that complete a doll re-enactment at the scene with the caretaker(s) that last placed and found the child. The ACJ brought in a national speaker to train law enforcement, prosecutors and child protection services on abusive head trauma investigations. The training was held in two locations and was well attended.

The ND Violent Death Stakeholders 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 and the lead agency supports this continued work. A Suicide Comprehensive Risk Assessment Profile was created for coroners to complete for all suicide deaths. DHHS is providing a small stipend to those that successfully complete the form.

The lead agency has completed the updates to the current interactive web-based mandated reporter training to include vignettes and videos specific to mandated reporter professional roles and includes education and training materials about the TEN4FACESP Model for identifying traumatic injuries in young children: [TEN-4-FACESp | Stanley Manne Children's Research Institute at Lurie Children's \(luriechildrens.org\)](https://www.ten4facesp.org/)

The lead agency will explore continued opportunities for education and tools specific to the medical community on the recognition of child abuse and neglect and the timely notification to child protection services when a child presents with trauma and where child abuse and neglect may be reasonably suspected, such as an article in the Hospital Association Newsletter or topic presentation at the American Academy of Pediatrics North Dakota Chapter. The lead agency will hold a training this upcoming year for medical professionals specific to the identification and reporting of child maltreatment. This fall, the National Criminal Justice Training Center will hold two trainings for prosecutors and investigators regarding child death investigations.

Increase statewide awareness and promotion of 988 for crisis intervention and suicide prevention. Develop public awareness for all gun owners with an emphasis on suicide preventability through the utilization of safe gun storage, whereas firearms are always stored unloaded and locked with the ammunition stored and locked in a separate location and the keys or passcode are hidden and not

accessible to children and addresses the need for supervision, education and that caregivers are ensuring gun safety is part of every conversation about hunting and firearms, in addition, caregivers are teaching children about proper safe gun handling and storage. The Panel recommends public information and education about safe storage of medication, especially when youth communicate suicidal ideation. The Panel recommends continued suicide prevention education and training statewide that includes all medical providers, including ancillary providers, educators (including those who home school), coaches, and students, specifically starting in elementary school as waiting until high school or even middle school is too late. Universal suicide risk assessments in school. This suicide prevention education should focus on crisis intervention. In addition, the Panel recommends all school districts consider alternative methods for responding to negative youth behaviors that do not result in removing positive social emotional connections from the youth such as extra-curricular activities as the removal of such activities in a child's life further results in negative outcomes. The Panel recommends statewide anonymous tip lines for students to report concerning behaviors. The Panel recommends increasing youth's access to hunting and firearm safety, by making such a high school class elective. The Panel recommends suicide risk assessment training for law enforcement responding to youth delinquency. The Panel recommends suicide prevention training for medical providers completing sports physicals with closer examination into marked changes and responses provided by youth on the PHQ-4, asking follow-up questions and critical follow up and referrals. Include a suicide screen, not just a depression screen, as part of the sports physical. The Panel recommends increased awareness and statewide access to 24/7 mobile crisis units for children experiencing suicidal / self-harm thoughts or behaviors.

The lead agency in partnership with the Behavioral Health Division has updated the suicide prevention public website which provides a link and information about 988, the three-digit emergency number for behavioral health crisis, suicide prevention resources for communities, schools, and parents, as well as education and resources on how to help someone that is experiencing a behavioral health crisis and suicidal thoughts. The data dashboard will be added soon.

[Suicide Prevention | Health and Human Services North Dakota](#)

The Prevention and Healthy Living division of the North Dakota Department of Health and Human Services created a new website and within the Injury Prevention / Infant and Child Death Services section is a newly created section specific to firearm and hunter safety: [Hunting/Firearm Safety | Health and Human Services North Dakota](#) as well as an area regarding firearm safety in the home, with specifics education about keeping firearms stored unloaded and locked separate from ammunition and keeping guns away from children. [Home safety | Health and Human Services North Dakota](#)

The ND Department of Public Instruction provides guidance, educational resources and professional development for educators on the topic of suicide prevention:

[Suicide Prevention | North Dakota Department of Public Instruction \(nd.gov\)](#).

The North Dakota School Boards Association encourages the adoption and implementation of

comprehensive suicide prevention templates. The Sources of Strength evidence-based prevention model for suicide, violence, bullying, and substance abuse is available to all ND schools, they receive training for peer leaders and staff to build trusted relationships, increase awareness of risk behaviors and support/referrals for struggling students. The Sources of Strength curriculum was recently expanded to include elementary students: [Elementary - Sources of Strength](#)

The University of North Dakota and NORC at the University of Chicago, along with the ND Department of Health and Human Services Behavioral Health, ND Veterans Affairs and several state nonprofit organizations, are partnering on a multi-year, multi-million-dollar suicide prevention grant funded by the CDC called North Dakota Healthcare, Opportunity, Prevention, and Education in Suicide prevention (ND HOPES). The ND HOPES program [ND HOPES | University of North Dakota \(und.edu\)](#) takes a comprehensive approach to suicide prevention among rural populations, veterans and youth and will serve 21 counties in western North Dakota.

The lead agency will work with the North Dakota Department of Education regarding the Panel's recommendations specific to anonymous tip lines and responses to incidents of alternative methods for responding to negative youth behaviors that do not result in removing positive social emotional connections and suicide risk assessments be completed by a mental health professional at the school every time a youth is suspended from academics or athletic events or when a student requests to leave school and there is no apparent illness or other commitment.

ND DHHS Behavioral Health Division currently provides suicide prevention training to hospital emergency providers and as a result of the CFRP recommendation, ancillary providers were added as recipients.

The Suicide Prevention Administrator has been added as a member of the CFRP and together collaborated with the lead agency to join a national suicide prevention pilot in March 2024, with the John's Hopkins Center for Injury Research and Policy. The goal of this project is to utilize the pediatric injury matrix to develop a suicide prevention guide.

The CFRP and DHHS Injury Prevention Coalition in collaboration with the ND Game and Fish hosted a Firearm Safety for Children meeting in November 2023. The meeting gathered professionals to learn about recent data trends related to firearm deaths and injuries of children and call to action for prevention. The group is exploring firearm safety storage devices for purchase and distribution. Since the meeting, several partners have carried the firearm safety message to their communities.

Quarterly meetings are convened by the Suicide Prevention Administrator with suicide prevention partners in an effort to coordinate suicide prevention efforts statewide and conference is held annually.

1. The Panel recommends the following regarding infants and water safety. Increase community awareness and develop public information (materials and social media posts) regarding the importance of keeping eyes on infants and toddlers near water. Specifically, that infants and young



children must be supervised (eyes on) at all times when they are near water. Prepare all bathing materials prior to placing the child in the water. If you have to leave the bathroom do not leave without first removing the infant from the water.

The lead agency in partnership with ND Safe Kids created educational materials and resources for parents and caregivers on the topic of child water safety.

A statewide injury prevention workshop was convened virtually by ND Safe Kids with several injury related topics, including a two-hour session on water safety and the prevention of water related child fatalities. The workshop was well attended and received excellent evaluations. The lead agency and Safe Kids have scheduled another similar event for 2025.

1. The Panel made the following policy and procedures recommendations specific to child protection services:

- Training and education for child welfare professionals regarding safe sleep for infants and how to effectively approach this topic with parents and caregivers, specifically when the infant may have increased vulnerability from prenatal substance exposure and/or environmental exposure to controlled substances. Education for child welfare on where and how to access safe infant sleep environments for families.
- That when child welfare safety plans a child out of the home and with an alternative caregiver that appropriate background checks and direct contact with the safety support is conducted immediately, prior to the alternative care, such as to assure suitability and child safety. Secondly, that child welfare ensures safety placements have working smoke alarms and fire extinguishers and have safe sleep arrangements for infants prior to approving alternative caregivers and the suitability and safety of the home environment.
- Reports of suspected child abuse and neglect received by state and tribal child welfare agencies regarding children reporting suicidal ideation receive an immediate response from the agency.
- Training and education for child welfare professionals regarding growth charts (how to read and utilize them to monitor an infant's growth) and what malnourishment and failure to thrive in infants looks like and when to seek medical attention.
- Training and education for child protection services on the identification of present and impending danger and the process for adequate safety planning to address present / impending danger, during the assessment.
- Increase education and awareness of the mandated reporter child abuse and neglect law and training to all coroners encouraging all coroners to include a child protection services check as

part of a child's death investigation. (Cross reporting and collaboration between coroners and child protection services). Increase access to training and education for medical providers on how to recognize and report suspected child maltreatment. Increase public information and education about the identification and reporting of suspected child abuse and neglect and where and how to access help for children and families to meet concrete needs.

- Increase statewide awareness of the Baby Safe Haven Program
- Increase Green Dot locations for community-based violence awareness for prevention and intervention.
- Required seizure safety plans when youth suffer from a seizure disorder and are placed in a state licensed residential facility.
- Required CPS interventions (home-based and face to face) when responding to reports of suspected CAN involving domestic violence that require child safety plans after a parent's removal from the home by law enforcement. Required medical and trauma evaluations and work ups for all children exposed to domestic violence.
- Increase trauma screening, home safety assessments and safety services for dual status youth, especially those returning home and the community after detention. Require suicide screenings for all dual status youth.
- Training and education for child welfare professionals about Fetal Alcohol Syndrome with a focus on identification and referrals for treatment, services, interventions, and support for children who were exposed to alcohol during pregnancy.

## 7. STATISTICAL AND SUPPORTING INFORMATION

- **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 2024 is **838**
2. Of the number of children described in paragraph (1), the number with respect to whom such reports were—
  - A. substantiated;
    - There were **860** report/child pairs with report dispositions (i.e., assessment decision) of “Substantiated” in FFY 2024.
  - B. unsubstantiated; or
    - There were **5068** report/child pairs with report dispositions (i.e., assessment decision) of “Unsubstantiated” in FFY 2024.
  - C. unable to be determined.
    - There were **166** report/child pairs with report dispositions (i.e., assessment decisions) of “Unable to be Determined” in FFY 2024.
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 **860** report/child pairs with report dispositions (i.e., assessment decision) of “Substantiated” in FFY 2024 **270** did not receive post response services, and **0** had “Unknown or Missing” post response services.
    - There were **4,901** report/child pairs with report dispositions (i.e., assessment decision) of “Unsubstantiated” in FFY 2024. Of those **4,290** did not receive post response services, and **2** 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 **860** report/child pairs with report dispositions (i.e., assessment decision) of “Substantiated” in FFY 2024. Of those, **590** received post response services.
    - There were **4,901** report/child pairs with report dispositions (i.e., assessment decision) of “Unsubstantiated” in FFY 2024. Of those, **609** received post response services.
  - C. the number that were removed from their families during the year by disposition of the case.
    - There were **344** report/child pairs that had foster care/removal from home during FFY 2024. Of those, **217** had report dispositions of “Substantiated” in FFY 2023 and **127** had report dispositions (i.e., assessment decision) of “Unsubstantiated”. (Source: 2024 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 **2088**.
  - 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 episodes.
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 CY 2024- resulting from child abuse or neglect is 2.
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 0.
7.
  - A. The number of child protective service personnel responsible for the—
    - i. intake of reports filed in the previous year;
    - ii. screening of such reports;
    - iii. assessment of such reports; and
    - iv. investigation of such reports.

*FTE's within CPS workforce*

<i>Number of (FTE) positions employed in FFY 2024</i>	<i>FTE's</i>
FTE's for CPS Intake (receiving 960) reports functions	<b>14</b>
FTE's for CPS Assessment functions	<b>82</b>
FTE's for CPS Supervision functions	<b>17.15</b>

**CPS employee numbers in Federal Fiscal Year 2024 (October 1, 2023-September 30, 2024)**

- A. Total number of agency workers (excluding clerical workers) who have served any function of CPS intake, CPS assessment or CPS supervision= **154**
- B. Total number of agency workers stated in A above, how many have participated in CPS Intake (receiving 960 reports) functions= **35**
- C. Total number of agency workers stated in A above, how many have participated in CPS Assessment functions= **122**
- D. Total number of agency workers stated in A above, how many have participated in CPS

Supervision functions=33

B. The average caseload for the workers described in subparagraph (A).

*Average Caseload (per FTE) \**

<b>A. Intake Workers</b>	
17,629 CPS reports / 14 Intake FTEs	Average # of Reports per Intake FTE: 1,259
<b>B. Assessment Workers</b>	
3326 CPS Full Assessments / 82 Assessment FTEs	Average # of Full Assessments per Assessment FTE: 40.6 **
3518 CPS Terminated/Pregnant Woman Assessments / 82 Assessment FTEs	Average # of Term/Preg Assessments per Assessment FTE: 42.9 **
4612 Admin Assessments / 82 Assessment FTEs	Average # of Admin Assessments per Assessment FTE: 56.2 **
2,328 Referrals / 82 Assessment FTEs	Average # of Referrals per Assessment FTE: 28.4 **

\* CPS counts for only the Zones responding to the FFY 2024 CPS Workforce Survey-Director (100% of the zones responded to the FFY2024 survey).

\*\*Numbers are rounded to the nearest integer

- The average caseload (yearly)=168

**C. Supervisors**

Supervisors FTE to Worker FTE Ratio	<i>Slightly more than 1:5.3 (19.2 supervisors FTE's to 96 assessment/intake worker FTE's)</i>
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- Average supervisor caseload= 5 employees.

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 102 hours.  
(Source: NCANDS)
  - When timeliness to initiation of assessment and timeliness to face-to-face contact with a child victim is calculated in reference to state policy for response time category, 87.6% of assessments are initiated and face to face contact completed timely:

FFY 2024 CPS Timeliness to Assessment Initiation and face to face contact* by Report Category			
Report Category	Yes	No**	Missing***
A (N=2705)	91.1%	8.9%	0.0%
B (N=7914)	86.7%	13.3%	0.0%
C (N=287)	80.9%	19.1%	0.0%
Total (N=10,906)	87.6%	12.4%	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.

\*\*\*Records excluded because they were missing initiation dates.

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.
  - o When response time is calculated according to state policy and administrative rule during FFY24, the response time is 102 hours. Workforce challenges were present statewide with the primary impact being higher caseloads than desired and increased response time to reports not identifying present danger. Several agencies have numerous vacancies, resulting in extremely high caseloads and decreased capacity. Vacancies are being filled with a younger, less experienced workforce, increasing the need for training and supervision.
10. For child protective service personnel responsible for intake, screening, assessment, and investigation of child abuse and neglect reports in the State—
  - A. 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 zone classification of Child Welfare staff was created in 2020 and continues to be used. The Family Services Specialist, was created in collaboration with the zone 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. Alternative classification. When no fully qualified candidates are available after an internal or external recruiting effort, an appointing authority may apply an alternative classification when filling a position if each of the following requirements are met: 1. The hiring authority shall include clear language in the position announcement that an alternative classification may be considered and explaining what circumstances will justify an alternative classification. 2. The alternative classification must be one for which human resource management services has granted specific prior approval for use in the position announcement or has provided delegated authority for position classification assignments to the agency as pursuant to section 4-07-03-06.1. 3. The applicant selected possesses the appropriate license or meets other applicable statutory requirements.

- 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.

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

An electronic survey was prepared in two sections, using Survey Monkey as the vehicle for collecting the data. This survey was transmitted via email to directors of all human service zones in the state on May 6, 2024. 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 workload 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. These were then calculated as a corresponding portion of a Full Time Equivalent position (FTE).

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 117 of the workers/supervisors, for a response rate of approximately 75.9%.)

North Dakota is a state-supervised, county administered child welfare system that continues to undergo redesign/re-structuring of programs. 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 above addresses the education, qualifications, and training requirements, addresses positions within the Child Protective Service Workforce.

Highest degree Obtained	Frequency	Percent
Bachelor of Social Work	55	47.01%
Master of Social Work	6	5.13%
Other Bachelor ( Psychology, criminal justice, behavioral health, child development, human development, and social science)	37	31.62%
Other Master (Business management, forensic psychology, education, youth development)	13	11.11%
Other	6	5.13%
<b>Total</b>	<b>117</b>	<b>100.0</b>

Ethnicity	Frequency	Percent
Hispanic	3	2.56%
Not Hispanic or Latino	114	97.44%
<b>Total</b>	<b>117</b>	<b>100.00%</b>

Race	Frequency	Percent
American Indian or Alaska Native*	8	7.02%
Asian	1	0.88%
Black or African American	5	4.39%
Hispanic or Latino	0	0
Native Hawaiian or other Pacific Islander	0	0.0
White*	105	92.11%
<b>Total</b>	<b>73</b>	<b>100.0</b>

\*5 employees reported more than 1 race

Gender	Frequency	Percent
Female	110	94.02%
Male	7	5.98%
<b>Total</b>	<b>117</b>	<b>100.0%</b>

Age	Frequency	Percent
18-24 years old	9	7.69%
25-34 years old	52	44.44%
35-44 years old	22	18.80%
45-54 years old	20	17.09%
55-64 years old	14	11.97%
<b>Total</b>	<b>117</b>	<b>100.0%</b>

34

- B. 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.
- 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 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.
    - o The caseload standard established in state policy is listed below:

#### **Caseload Standard for CPS Assessments 640-01-10-10-30**

For caseload standard purposes, the standard shall be no more than 15 child abuse and neglect assessments at one time per each full-time equivalent CPS zone worker. If at any time a CPS Worker has fewer than 10 cases over a 30-day period, the CPS Zone supervisor/Zone Director must look to other Zones to support workers that are exceeding the established caseload standards. 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 Zone Director and Family Service Specialist 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.

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 submitted in FRAME.

Each child protection service worker and supervisor receive 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 CWCTP 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.

- See number 7 above for data on the average caseload per worker for CPS Intake, Assessment and supervision.
- 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.
  - Number of children appointed a GAL from 10/01/23- 09/30/24 = 1,815
  - Total number of GAL hours dedicated to these children = 15,043
  - Average number of GAL hours per child = 8.2
  - 4. Total "out-of-court contacts" made to these children = 1,955
- 13. The annual report containing the summary of activities of the citizen review panels of the State required by subsection (c)(6).
- 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.
  - Following is the point in time Division of Juvenile Services (DJS) case count taken on June 1, 2023. Overall DJS cases are slightly lower than

2022 when the case count was 95 compared to 96 as of June 1, 2022. The % transferred is significantly lower, with 3 fewer youth under custody and with similar total transfers across the State.

<u>DJS Office</u>	<u>6/1/2025 Case Count</u>	<u># Transferred From Social Services to DJS</u>	<u>% Transferred from Social Services to DJS</u>
<u>Williston</u>	6	2	33.3%
<u>Minot</u>	9	1	11%
<u>Devils Lake</u>	9	1	11 %
<u>Grand Forks</u>	12	2	16.6 %
<u>Fargo</u>	24	3	12.5 %
<u>Jamestown</u>	7	2	28.5%
<u>Bismarck</u>	24	3	12.5%
<u>Dickinson</u>	2	2	100%
<u>TOTAL</u>	93	16	17.0 %
<u>West</u>	41	8	19.5 %
<u>East</u>	52	8	15%

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

- There were 155 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, Parental exposure to alcohol, Prenatal exposure to drugs other than meth, Parental exposure to meth, OR Parental exposure to opioids were listed in CPS reports during FFY 2024. Child victim counts with a caregiver risk factor for alcohol misuse is 150, methamphetamine use is 230, opioid use is 59, and other drug use by caregiver is 209. Child victim risk factor counts for prenatal exposure to alcohol is 18, prenatal exposure to methamphetamine is 90, prenatal exposure to opioids is 21 and prenatal exposure to other drugs is 112. In addition, the child victim risk factors for environmental exposure to methamphetamine is 220, environmental exposure to alcohol is 116, environmental exposure to opioids is 59 and environmental exposure to all other drugs is 209.

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 under subsection (b)(2)(B)(xxi), to agencies providing early intervention services under part C of the Individuals with Disabilities Education Act is **240**.
- 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 is 237. Of the 3 children eligible and not referred, two had moved out of the service area, and one passed away

17. The number of children determined to be victims described in subsection (b)(2)(B)(xxiv).

- There were **14** children reported for suspicion of sex trafficking. An identified child risk factor indicates that trafficking may have occurred by someone who is not a "person responsible for a child's welfare" under state law. Of these 14 children, two substantiated for sex trafficking.

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 **468**, with **424** verified unique suspected victims.
- The number **468** represents the number of infants less than 12 months of age with reported Alcohol present at birth, Drugs other than meth present at birth, Fetal Alcohol Spectrum Disorder, Meth present at birth, Neonatal Abstinence Syndrome, Parental exposure to alcohol, Prenatal exposure to drugs other than meth, Parental exposure to meth, or Parental exposure to opioids.
- Of the **424** verified unique reported victims, **155** were substantiated.

State law defines a "Substance Exposed Infant" as an infant younger than 12 months 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." A Plan of safe Care is required for substance exposed newborns.

- The number of substance exposed infants (under ) is **155**.

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

- The number of infants for whom a plan of safe care was developed under subsection (b)(2)(B)(iii) is 141.

C. The number of infants 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 a referral was made for appropriate services, including services for the affected family or caregiver; under subsection (b)(2)(B)(iii) is **141**, who



received at least one required service. All affected caregivers received some degree of appropriate service. Of those 155 substance exposed infants, 141 of them had a Plan of Safe Care.

Plans of Safe Care developed for infants and their caregivers are comprised of required elements to be addressed, which are specifically focused on the health and substance abuse treatment needs of the newborn and their caregivers, as well as optional elements, which can vary according to family needs and local resources. (See Section D. for more information.)

- **Juvenile Justice Transfers**

<u>DJS Office</u>	<u>6/1/2025 Case Count</u>	<u># Transferred From Social Services to DJS</u>	<u>% Transferred from Social Services to DJS</u>
<u>Williston</u>	6	2	33.3%
<u>Minot</u>	9	1	11%
<u>Devils Lake</u>	9	1	11 %
<u>Grand Forks</u>	12	2	16.6 %
<u>Fargo</u>	24	3	12.5 %
<u>Jamestown</u>	7	2	28.5%
<u>Bismarck</u>	24	3	12.5%
<u>Dickinson</u>	2	2	100%
<u>TOTAL</u>	93	16	17.0 %
<u>West</u>	41	8	19.5 %
<u>East</u>	52	8	15%

- **Education and Training Vouchers**

	<b>Total ETVs Awarded</b>	<b>Number of New ETVs</b>
2019-2020 School Year (July 1, 2019 to June 30, 2020)	72	27
2020-2021 School Year (July 1, 2020 to June 30, 2021)	51	12
2021-2022 School Year (July 1, 2021 to June 30, 2022)	69	17
2022-2023 School Year (July 1, 2022 to June 30, 2023)	64	17
2022-2023 School Year (July 1, 2023 to June 30, 2024)	68	14
2022-2023 School Year (July 1, 2024 to June 30, 2025)	58	14

- **Inter-Country Adoptions**

There was one youth who entered care in SFY 2024 who was adopted from Ghana. The case plan goal for this youth was to return home. This was accomplished within a little over one month of placement in a juvenile corrections facility, when he was placed with a relative. He entered care due to a child behavior problem and had diagnosis of ADHD and a conduct disorder.

## **SECTION D. UPDATES TO TARGETED PLANS WITHIN THE 2025-2029 CFSP**

NORTH DAKOTA

FOSTER OR ADOPT

## Foster & Adoptive Parent Diligent Recruitment & Retention



## **History & Background**

North Dakota is committed to recruiting foster and adoptive parents that reflect the racial, ethnic and cultural diversity of the children in out-of-home care. The North Dakota Foster and Adopt Recruitment and Retention State Plan has been operationalized for many years with updates made periodically. In August 2012, North Dakota enhanced the statewide recruitment and retention focus from solely addressing primarily 'general' recruitment efforts to equally addressing both general and targeted recruitment activities. During this time, regional R&R Coalitions were established statewide and required to submit a "Request for Funding" proposal which identified general and targeted recruitment activities. The coalitions were directed to analyze their regional data in order to identify gaps and needs in their region and submit their proposal based upon this determination. The amount of recruitment and retention funding made available to each region was determined based on the approximate population of children by region and budget expenditures from previous biennium.

In January 2018, the request for funding changed based on the North Dakota legislative bill SB 2206, County Social Service Redesign. This law change wrapped recruitment and retention funding into the legislative bill and funds were distributed to the counties in a similar way as done prior to 2018, but most costs were embedded into the county fiscal formula and not offered as monthly reimbursement within an isolated budget.

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 Recruitment Retention Specialist (R&R Specialist) to lead statewide recruitment and retention efforts. The R&R Specialist was hired and began working in April 2020. The duties of the contract include:

- Engage with the department Children and Family Services (CFS) to develop and maintain the R&R plan.
- Engage with community stakeholders to provide information and referral for all incoming foster care providers via website, telephone or inquiries forwarded from other partners.
- Support and inform inquiring individuals of foster care licensing and adoption options.
- Co-facilitate Recruitment and Retention Coalition meetings.
- Provide technical assistance and training as needed.
- Assist in efficient statewide planning to maximize funding.
- Administer statewide recruitment and retention funds.
- Oversee a statewide branding effort to establish cohesive messaging to increase "brand" awareness.
- Research and engage in best practice marketing and advertising, to develop statewide marketing efforts.
- 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 care providers to enhance retention efforts and overcome barriers.
- Other duties as determined necessary to carry out the goals of the plan and contract.

In April 2022, the CFS Licensing Unit was implemented. This included the transfer of ND Human Service Zone foster care licensing duties to the ND Department of Health and Human Services - Children and Families Services section. Legislative redesign efforts (SB 2086 (section 26) shifted all duties and local supervision of up to 16 staff to become licensing specialists and coordinators. The CFS Licensing Unit will provide statewide coverage, licensing foster homes, engaging in recruitment and retention efforts, identifying shelter and respite care providers, while offering the PRIDE pre-service training to prospective foster care providers. The CFS Licensing Unit will also oversee the licensing of Qualified Residential Treatment Programs (QRTP), Supervised Independent Living (SIL), Licensed Child Placing Agencies (LCPA), maternity homes and certified shelter care programs.

In September 2022, the North Dakota Department of Human Services merged with the ND Department of Health and Human Services; known as ND Department of Health and Human Services (HHS). This in fact required upgrades to all recruitment and retention branded materials, etc. All rebranding was required by July 2023. In April 2023, the CFS Licensing Unit remained stable with one year of redesign underway!

In January 2023, ND state legislature allowed for the CFS Licensing Unit to develop parameters and gain approval through administrative rules to proceed with a licensing level of care specific to short-term placements (respite and emergency shelter for less than 30 days), as well as work with the federal government to gain approval for PI-23 relative licensing. North Dakota has historically licensed foster care providers under one set of standards and these three levels of licensure will help meet the varied needs of children in need of out-of-home placement. Effective April 1, 2024, HHS Children and Family Services received approval under the federal Title IV-E State

Plan amendment to have separate standards for relatives licensed to provide foster care to related children. North Dakota family licensing includes:

**1. Licensed – Full**

- Care to children in need of an out-of-home placement including long term, short term, respite, and shelter.
- Providers are licensed by the State, Nexus PATH (treatment) or Tribal Nation.

**2. Licensed – Relative**

- Care to relative children only.
- Providers are licensed by the State or Tribal Nation.

**3. Certified - Short term care**

- Care for children for 30 days or less inclusive of emergency shelter care (14 days or less), or planned respite care (4 days or less).
- Providers are licensed by the State

**CFS Licensing Unit Contact Information:**

[cfslicensing@nd.gov](mailto:cfslicensing@nd.gov)

Office: 701-328-2322

Toll Free: 1-888-334-1330

Fax: 701-328-0962

CFS Licensing Unit			
Kelsey Bless, Licensing Unit Administrator			
Licensing/LOC Administrator Brittany Fode	Coordinators/Nexus PATH, Tribal, URM Licensing Sup Monica Miller	Licensing Specialist Sup Bob Schock	Licensing Specialist Sup Michelle Jacob
Dana Lindemann, License/LOC Specialist	Brooke Kosiak, Coordinator	Natalie Straub, Licensing Specialist	Sadie Olson, Licensing Specialist
Megan Colbenson, License/LOC Specialist	Renee Grussing, Coordinator	Becka Koll, Licensing Specialist	Barb Reed, Licensing Specialist
	Jenn Puppe, Coordinator	Rachel Suda, Licensing Specialist	Teresa Wieseler-Kubal, Licensing Specialist
<b>Unit Contact Information:</b> <ul style="list-style-type: none"> <li>• <a href="mailto:cfslicensing@nd.gov">cfslicensing@nd.gov</a></li> <li>• 701-328-2322</li> <li>• 1-888-334-1330 (toll-free)</li> </ul>		Jennifer Thoreson, Licensing Specialist	Samantha Everson, Licensing Specialist
		Jenny Smyth, Licensing Specialist	Amber Nix, Licensing Specialist
		Shantel Froelich, Licensing Specialist	Kathy Molland, Licensing Specialist

Inquiries go to UND CFSTC at 1-833-FST-HOME

**Inquiry Contact Information:**

Information related to foster care and adoption recruitment and retention efforts can be found by accessing the Department of Health and Human Services' website at: <https://www.hhs.nd.gov/foster-care-provider-inquiry> or by calling the North Dakota Toll Free Recruitment and Retention line at **1-833-FST-HOME** or 1-833-378-4663.

Individuals interested in learning more about becoming a foster or adoptive parent can enter their name, address and telephone number, press 'send', and the inquiry is sent directly to the R&R Specialist at The UND Children and Family Services Training Center (CFSTC). The R&R Specialist makes telephone and email contact with interested individuals immediately. The R&R Specialist gathers information about the inquiring family, shares information regarding different levels of care, agencies related to the level of care, and licensing and training requirements and process. The R&R Specialist and the interested individuals plan which licensing agency(s) to forward their information or to be followed up by the R&R Specialist. At the time the interested individuals are ready to move forward, their information gathered by the R&R Specialist is forwarded to the identified agency(s).



### **ND Provider Task Force**

The ND Foster Care Provider Task Force was created in February 2022. This format offered a platform for HHS Children and Family Services to solicit feedback, gain perspective, request assistance on small projects, while engaging subject-matter experts in system change and growth opportunities. The ND Provider Task Force is made up of twelve licensed foster care providers and facility representatives, as well as policy administration with an equal mission to identify challenges and seek change in a meaningful respectful, solution focused manner. The Task force meets every other month and is facilitated by the CFS Licensing Unit.

### **ND Recruitment & Retention Work Group**

The ND Statewide Foster and Adopt Recruitment and Retention Work Group was an enhanced effort formally created in April 2020. This format offered a more consistent statewide representation of agency staff and partners and took the place of the historical annual R&R Task Force meeting. Work Group members represent all areas of the state and include individuals from Human Service Zones, Division of Juvenile Services, Tribal Nations, Licensed Child Placing Agencies (Nexus PATH, Youthworks, AASK, etc), UND Children and Family Services Training Center, Children & Family Services, foster and adoptive parent/s. The goal of the work group is to review the R&R state plan, analyze data, address systemic issues for recruitment and retention, while meeting any additional requests of the Department.

### **Recruitment & Retention Coalitions**

The purpose of the Foster and Adopt Recruitment and Retention Coalition is to gather local parties to engage in conversation and support the recruitment and retention of foster care providers as well as adoptive families. Prior to 2020, Coalitions were structured by regional human service center boundaries and made up of various parties. Mostly led by the county licensor. In October 2020, the R&R Coalition structure was revised and repurposed to ensure consistency, efficiency and productivity statewide when carrying out the mission of recruitment and retention. Today, North Dakota has four functioning R&R Coalitions representing partners and providers from across the state. For more information about the ND R&R Coalitions, see ATTACHMENT A.

### **State Policy Limitations**

ND does not have limitations about who can become a licensed foster care provider. The US Supreme Court decision regarding same sex marriage has not and will not have program implications on licensing foster homes. Currently, ND does have same-sex couples licensed to provide foster care to children and our state has had same sex couples licensed in the past. Same sex couples may also adopt children from ND foster care.

### **Fee Structures**

There are no fees associated with licensing of family foster homes. The Department of Health and Human Services assumes costs related to fingerprint-based criminal records checks as well as costs related to private well water testing. In addition, any costs related to a physical or psychological exam required by the licensing agency is the responsibility of the individual insurance first, then the licensing agency or the Department of Health and Human Services. (NDAC 75-03-14) Fees charged to prospective adoptive families by the Adults Adopting Special Kids (AASK) program are minimal consisting of an application fee and psychological testing, if determined necessary. These costs along with a variety of other allowable expenditures (legal and court fees, etc.) can be reimbursed to the family if the child they adopt qualifies for an adoption subsidy.

### **Statewide Agencies and Service Areas**

HHS, Children and Family Services Licensing Unit hires licensing specialists to administer the licensing of foster care provider homes across the state. At this time, twelve licensing specialists oversee licensure requests statewide, while various authorized licensing agent/s complete the home study process, interview prospective families, complete licensure recommendations, etc. Foster care licensing packets are received to the Department from authorized agents including:

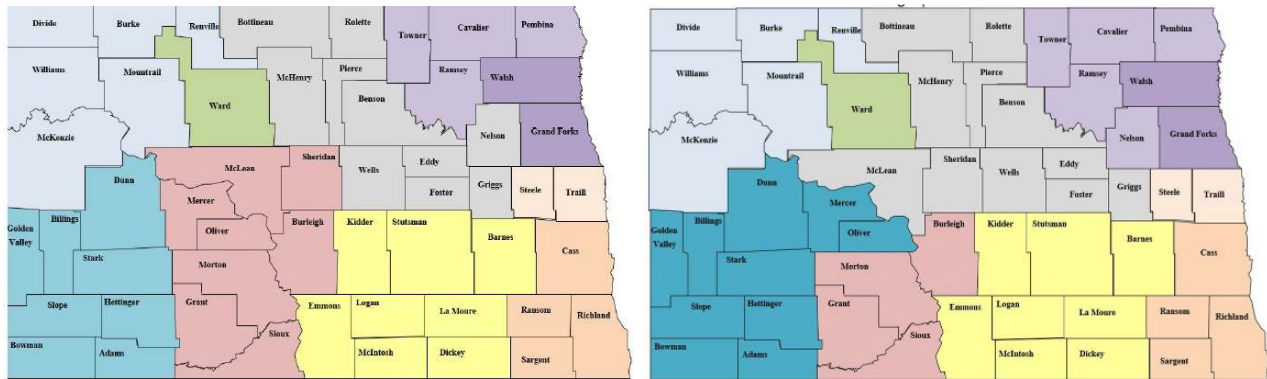
- Nexus – PATH
- Tribal Nations
- Unaccompanied Refugee Minor program

Home Study packets for adoption are received by the AASK adoption program. More details are located on the Department's web site at: <https://www.hhs.nd.gov/cfs/adoption-program>

## North Dakota Child and Family Services Plan 2025-2029 ATTACHMENT B

### CFS Licensing Specialist Coverage Areas

Licensing specialists are assigned to a service area where they will meet regularly (weekly or every other week) with custodial agencies to discuss new homes, changes to homes, recruitment needs, etc. The service areas offer a primary point of contact, but do not officially require the assigned specialist/s to complete tasks or home studies. The CFS licensing Unit works collaboratively to share areas, cover for one another, etc. as needed. In spring of 2025, Licensing Specialist capacity shifts impacted the ability to serve one area of the state known as "Dakota Central" located north of Bismarck. This offloaded nearly 20 homes from the Bismarck/Mandan specialists case load and transferred the homes to two specialists.



**KEY: The color on the map is associated with one or more Licensing Specialists as the main POINT of CONTACT for the service area. However, the CFS Licensing Unit does share homes and duties across jurisdictional lines, and dependent on the location or needs, another specialist may be called in to cover!**

Light Blue = Kathy      Green = Amber      Grey = Teresa      Light Purple = Barb      Dark Purple = Barb and Sadie  
Dark Blue = Natalie      Pink = Rachel and Becka      Yellow = Samantha      Light Orange = Jennifer T      Dark Orange = Jenny, Jennifer, Shantel

### Data Systems and Reporting (Foster and Adopt)

North Dakota has a reporting tool in our data management system, FRAME, to provide a quick glance at foster care demographics. The "Foster Care Demographics Report" is available to all FRAME users and allows access of up-to-date data related to foster youth, i.e., # foster children in each county/Zone, region, age, race, etc. Coalitions can view demographics as specific to their local county or as regional view to determine their needs. Recruitment & Retention Coalitions can view the foster care demographics reports "moment in time" data or in larger timeframes to determine increases, decreases, recruitment strategy updated needed, etc.

### ND Children in Foster Care Data

The report can be run as a statewide data report or specific to an area. Data below shows the demographic breakdown for children in foster care by age and location on a specific date.

2024 ND Data:

- 1230 children are in foster care on May 30, 2024, under the custody of one of these three public agencies: ND Human Service Zone, ND Tribal Nation with a Title IV-E Agreement, or the Division of Juvenile Services.
- 43% (533) of the children are age 5 and under
- 47% (620) of the children identify as sole/dual race of Native American. Tribal IV-E cases are included in our statewide data. Of the 47% of children who identify as Native American; 28% of the children are under the public custody of a Human Service Zone or DJS, while 19% are under the custody of a Tribal Nation.
- ND does not provide foster care services after age 21.

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	86	6	6	9	8	7	7	7	7	4	6	4	3	3	1	3	3	3	2	1	2		
II - North Central	156	8	10	14	15	11	10	5	9	8	5	12	5	4	2	9	5	11	5	5	1	2	
III - Lake Region	235	12	12	18	24	23	18	14	11	14	12	15	13	10	7	11	6	9	4	1	1		
IV - Northeast	165	8	16	14	9	13	10	5	9	9	8	10	8	7	8	5	5	3	5	9	3	1	
V - Southeast	217	15	23	12	18	15	12	9	13	9	7	12	4	11	5	10	11	8	8	9	2	4	
VI - South Central	39	1	2	2	3	1	3	3	3	2	3		2	1	1	4	1	3	2			2	
VII - West Central	294	19	19	25	15	25	19	18	12	14	5	18	9	14	14	16	11	9	16	9	5	2	
VIII - Badlands	38	3	1	5	2	4	1	2	2	1	1	3	1	1	1	1	3	1	3	1	1		
Age Totals	1230	72	89	99	94	99	80	63	63	45	73	45	49	41	59	45	46	44	36	13	12		

Unique Child Totals by Race

Race	Total
American Indian or Alaskan Native	620
Asian	5
African American	103
Native Hawaiian or Pacific Islander	9
White	530
Unable to Determine	52
Refusal by Client	0
Total	1319

Children by Gender

Gender	Total
Male	601
Female	629
Total	1230



## 2025 ND Data:

- 1,110 children are in foster care on May 30, 2025, under the custody of one of these three public agencies: ND Human Service Zone, ND Tribal Nation with a Title IV-E Agreement, or the Division of Juvenile Services.
- 42% (464) of the children are age 5 and under
- 47% (518) of the children identify as sole/dual race of Native American. Tribal IV-E cases are included in our statewide data. Of the 47% of children who identify as Native American; 85% of the children are under the public custody of a Human Service Zone (926) or DJS (16), while 15% are under the custody of a Tribal Nation (168).
- ND does not provide foster care services after age 21.

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	93	6	10	7	10	9	4	6	4	2	4	3	3	2	2	3	6	6	5		1		
II - North Central	140	9	16	11	11	13	6	7	6	7	5	6	7	5	6	3	5	7	5	3	1	1	
III - Lake Region	167	8	16	11	16	15	11	5	9	10	9	9	9	11	6	3	9	4	5	1			
IV - Northeast	133	7	9	13	10	7	3	6	4	5	6	7	9	9	6	10	5	6	4	2	3	2	
V - Southeast	199	13	20	16	9	11	9	12	9	17	9	7	10	6	6	9	6	12	8	4	5	1	
VI - South Central	34	2	2	4	1	3	1	1	1	1	1	1	1	1	1	2	5	3	2	1			
VII - West Central	308	17	25	17	20	15	23	13	22	21	12	6	17	10	14	18	11	17	11	9	6	4	
VIII - Badlands	36	2	5	3	1	2	5	1	3	2	1		2		4	2	1		1		1		
Age Totals	1110	64	103	82	78	75	62	51	58	65	47	39	58	44	45	50	48	55	41	20	16	9	

Unique Child Totals by Race

Race	Total
American Indian or Alaskan Native	518
Asian	5
African American	105
Native Hawaiian or Pacific Islander	15
White	506
Unable to Determine	58
Refusal by Client	0
Total	1207

Children by Gender

Gender	Total
Male	569
Female	541
Total	1110

## Adoption Specific Details

The AASK program continues to serve children in the foster care system who have a concurrent or primary goal of adoption. From July 1, 2023 to June 30, 2024, AASK served a total of 872 children in varying stages of the adoption process. In addition, a total of 166 adoption home assessments were completed on families. In fiscal year 2024, AASK facilitated 245 adoptions. Of this number:

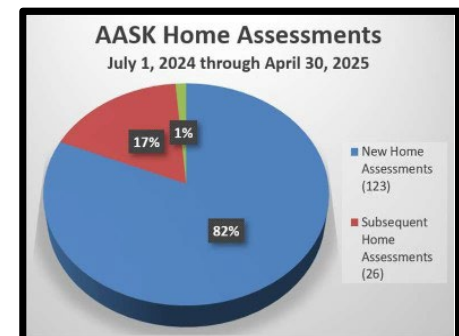
- 69% were North Dakota State Custody Children
- 25% were Tribal Custody Children
- 6% were Incoming ICPC Children

The average age of a child at the time of finalization during fiscal year 2024 was 7.07 years old. Children finalized ranged from 9.36 months to 17.71 years old.

In the current fiscal year (July 1, 2024 to April 30, 2025), AASK has completed 149 home assessments for adoptive families in North Dakota. Of this number, 123 are new adoptive families and 26 are families who have adopted through the AASK program in the past (see chart below).

In the Fall of 2023, The North Dakota Department of Health and Human Services, Children and Family Services Division began a formal adoption re-design effort to focus on identifying areas that could be enhanced on a child's journey to adoption. Through this process four areas of focus were identified, and workgroups were created to dig deeper into the following areas:

- Relative Search and Active Efforts (actively seeking out connections to a child prior to an adoption goal)
- Termination of Parental Rights (working with court systems to create consistency and timeliness in hearings and petitions)
- AASK Referral (creating workflows that allow a seamless transition of information from a child's custodian to meet adoption requirements)
- AASK and Foster Care Home Assessments (building a process to create efficiencies and utilizing foster care assessments within the adoption process)



Several implementations were made as a result, including many changes to the adoption home assessment. All implementations began February 1, 2024. Some high-level changes include:

- A new home assessment format, including a supplemental assessment option with the use of a foster care study

- A decrease in reference requirements
- The elimination of background check processing fees
- A decrease in home assessment visit requirements
- A decrease in application requirements

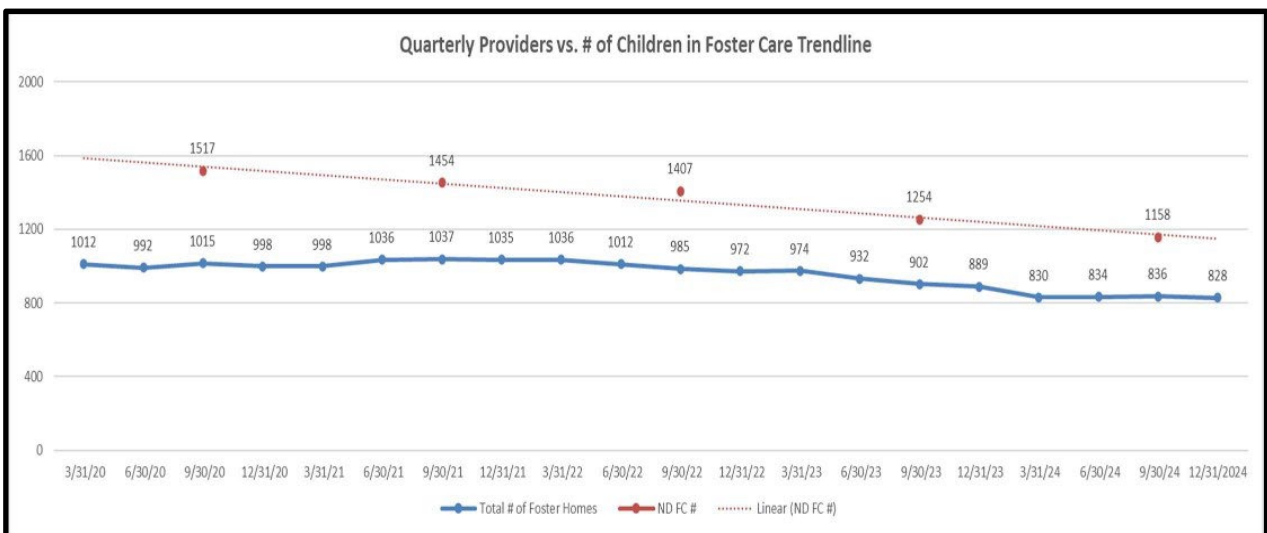
An overall goal of ND Adoption Redesign is to finalize child cases 60 days from the date of termination of parental rights. As a result of adoption redesign efforts, in the current fiscal year (compared to the prior fiscal year), we have seen a 23% decrease in the number of days it takes to complete an adoption study. We have also seen a 13% decrease in the time from TPR to finalization for children whose adoptions were completed in this fiscal year.

### **Children in Foster Care vs. Licensed Provider Data**

Historically, recruitment and retention coalitions tracked numbers of homes, inquiries, asked what data is most relative to our work and to create a baseline of data to analyze and compare. In July 2020, Children and Family Services began extracting foster care data from CCWIPS, provider and payment data management system. This change in data analysis altered the view of the data collected and showed ND disparity in data. The chart below represents the volume of homes licensed for one day in the preceding quarter of the biennium.

ND recognized a decline in the total number of licensed family foster care providers. In reviewing the data, North Dakota has a reduction in the number of children in ND foster care as well, so the decline in placement options is in alignment with the volume of children in care on any given day. In analyzing data, North Dakota highlights the decline in homes, but also wants to highlight two important timeframes that may have impacted the trajectory. ND Safety Framework Practice Model went into effect in December 2020, a time when the assessment of present danger versus impending dangers shifted and workers managed cases and assessed safety with a more definition, which has contributed to some reduction of children in care. In addition, April 2022 the CFS Licensing Unit went live which increased oversight/consistency in monitoring provider licenses.

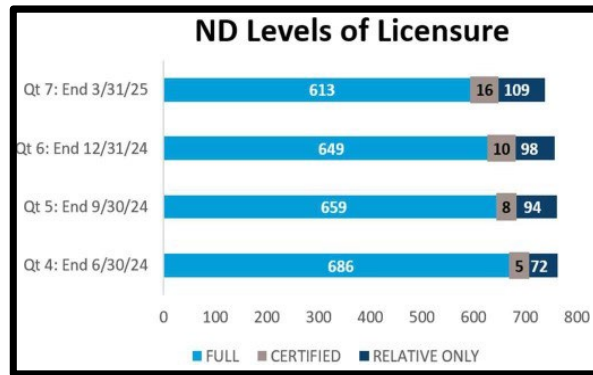
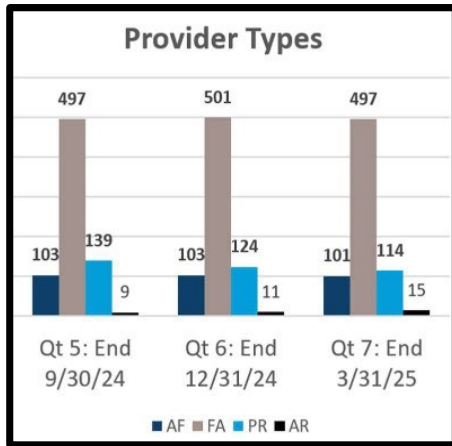
The chart below represents the volume children in North Dakota foster care compared to the volume of licensed providers. This downward trend between children in need of placement and providers is relatively consistent, but the reduction in volume of children is higher with a 31% decrease in volume of children in foster care compared to the 18% decline in homes from 2020 to 2025.



There is a constant effort made to ensure provider homes are available and willing to meet the needs of the children in care based on age, gender and complexity of needs.

### Provider Types

The Department issues a formal license or approval to State, Nexus PATH, and Tribal Nation homes. This chart shows a consistent trend for all provider types.



### State Provider Availability

In May 2024, the ND Provider List shows 438 active state homes. **42% of state homes** have at least one opening if you include the short-term homes:

- 158 (36%) are full
- 134 (30%) are open, with at least 1 bed available
- 27 (6%) Specific Child Only
- 56 (13%) Not Taking Placements
- 53 (12%) Short Term only
- 10 (2%) CFS Hold/Do Not Call
- 284 (65%) are willing to offer respite care
- 221 (50%) are willing to take emergency shelter care placements
- 40 (9%) have committed to join the on-call shelter care rotation in select parts of the state.

In May 2025, the ND Provider List shows 421 active state homes. There is a notable reduction in the number of homes as CFS Licensing no longer allows statewide access to the relative providers as they are specific to “related” children. **52% of state homes** have at least one opening if you include the short-term homes:

- 137 (33%) are full
- 151 (36%) are open, with at least 1 bed available
- 44 (10%) Not Taking Placements
- 78 (19%) Short Term only
- 11 (3%) CFS Hold/Do Not Call
- 318 (75%) are willing to offer respite care
- 279 (66%) are willing to take emergency shelter care placements
- 31 (7%) have committed to join the on-call shelter care rotation in select parts of the state.

### Respite and Shelter Care Services

ND tracks additional services and supports offered by licensed providers. 75% of the state homes have an interest in providing respite, while 66% are willing to offer shelter care services in their home. ND has a very small population of family homes “on-call”, but 31 homes have taken a week to be available to help in emergency on-call situations. Since July 1, 2024, North Dakota expended over \$56,360 on respite and \$65,368 on shelter care services. 68% of the shelter funds have been used for prevention in efforts to maintain children in the parental home (mom, dad, relative, close family friend, etc.)

### Long Stayers – Children in Care Greater than 2 years

Children and Family Services has been viewing specific the emergency/short term need for foster care to offer a safety service as well as the enhance structures and support to foster care providers who offer care to children in care longer than two years.

In March 2024, a collective data pull of foster care cases under the custody of the Human Service Zone, DJS and Tribal IV-E cases indicate length of stay:

- 39% (480) in care less one year,
- 158 (13%) in care less than 90 days
- 303 (25%) children are in care over 1 year, less than 2 years
- 213 (17%) children have been in care over 2 years, less than 3 years
- 230 (19%) children have been in care greater than 3 years, with longest length of time for a child is 4517 days (12.3 years).

In May 2025, a collective data pull of foster care cases under the custody of the Human Service Zone, DJS and Tribal IV-E cases indicate length of stay:

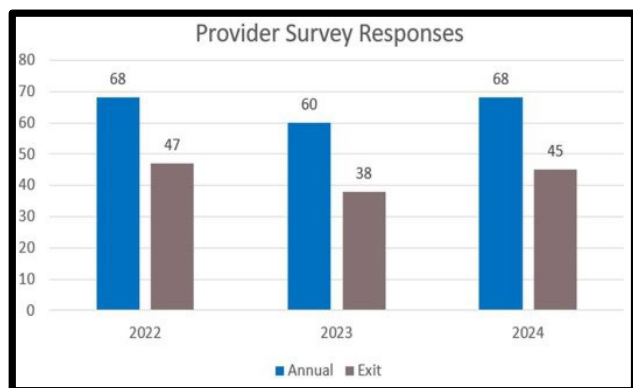
- 47% in care less than one year, with 28% of those cases in care 90 days or less
- 24% in care over 1 year, less than 2 years
- 15% in care over 2 years, less than 3 years
- 14% in care greater than 3 years; longest time for a child is 4192 days (11.5 years).

Cases in care greater than two years present with a variety of complex needs, which inadvertently leads to placement instability impacting the willingness of providers to accept placements into the home. North Dakota is fortunate to have majority (96%) of the children placed in a family least restrictive setting; 16% of children are with unlicensed caregivers, 77% with a licensed provider (relative or unrelated), and 27 children in 18+ are placed in supervised independent living apartments. Since 2019, HHS has seen a reduction in the number of children placed in long term residential settings and an increase in the number of relatives or known caregivers caring for children in the community!



### Provider Surveys

ND licensed foster care providers are surveyed each year during the annual onsite visit, renewal licensure and upon exit/discontinuation from providing foster care. A virtual survey is available to gain perspective and feedback from providers to generate awareness as well as improve the experiences of foster care providers and the children they provide care to. Participation is voluntary and anonymous.



Strengths Noted from Providers	Challenges Noted from Providers
<ul style="list-style-type: none"> <li>• The team has absolutely always gone above and beyond to support us and the child in care in any way possible. I brag about the ND foster system all the time.</li> <li>• Having the appropriate support has helped us provide for the children in our home and remain licensed.</li> <li>• Huge shout out to those case workers who are doing their jobs and making leaving this program difficult!!</li> <li>• I felt numerous trainings were offered and I could contact licensing at any time with questions</li> <li>• COVID really changed the delivery method for trainings, finally getting online options was and is a great opportunity for foster parents. Thank you!</li> <li>• Our case workers were responsive and helpful in securing respite or support for us.</li> <li>• We couldn't have fostered if not provided support with transportation and help from case managers/parent aides to get the children to appointments and visits,</li> <li>• We've been very lucky to work with individuals who genuinely care and give so much of themselves to children they meet through this process.</li> <li>• Licensing Specialists are there every time we need to ask questions. Our specialist walks us through stuff if we don't understand and is friendly and easy to talk to.</li> </ul>	<ul style="list-style-type: none"> <li>• We are grateful to be a foster care provider but wish we could offer more input as to what we think would be best for the child in our care and also would desire to see better communication with the caseworker.</li> <li>• We had to disrupt a long-term placement after a year. It was unfortunate. We needed respite and more services for the child and ourselves. The child transitioned to a more experienced foster home.</li> <li>• Lack of communication from case management</li> <li>• Lack of transparency in decision making and accountability of case managers by supervisors.</li> <li>• Providing a service is not "our job", it is a calling for many. We volunteer to step up and open our homes, we are a member of the team and should be treated as such.</li> <li>• The younger children required more financial support, between all of the trips to town for medical appointments, diapers, wipes, clothing and extras that babies need as they grow. The lowest rate is not equivalent.</li> <li>• As an adoptive parent, there's a diversity of support groups, but I am not aware of any for foster families. I say "families" because I think there could be opportunities to include support for biological parents or other children living in the home.</li> </ul>

ND tracks those families who discontinue with reasons for closure in two parts. CFS Licensing Unit monitors applicants who complete the process and obtain a license as well as those who start the process and never make it through the licensing process. In the last twelve months 282 licensed providers discontinued for a variety of reasons. Majority of the providers had family needs to attend to (36%), adopted a child and was using the time to bond as a family (27%), or was no longer interested (15%). Relative licenses discontinue when the child achieves permanency, 7% of the providers closed in lieu of transferring to a full license. There will always be moments of disagreement, but only 3% (n=8) of providers discontinued because of lack of support from the custodial agency. This is an improvement overtime as the CFS Licensing Unit works closely with the custodial agencies to ensure communication, engage with providers, show appreciation and support the provider-worker relationship in efforts to positively impact the placements in the home.

Reason for Closure	#	%
Family needs/circumstances	101	36%
Adoption	75	27%
No longer interested	43	15%
Relative/Specific child	21	7%
Moving	19	7%
Retiring	9	3%
Lack of support - custodial agency	8	3%
Health concerns	4	1%
Revocation	2	1%
Total Discontinued Licensure	282	

Never Licensed	#	%
Discontinued	119	88%
Denied CBCU	10	7%
Counseled out initial	5	4%
Denied	1	1%
Total	135	

As for prospective providers who apply to become licensed, 135 applicants did not complete the process. Data shows a limited number of applicants who are discontinued due to a denied criminal background check (7%), while less are counseled out on the front end by the Coordinator Lane. Counseling an applicant out happens through inquiry calls and discussions with the individual; some will openly explain they have a child with mental health concerns, and they are working through those times, they may share they are going through a divorce or have an employment barrier where they do not have flexibility in their schedule. These conversations often lead to a mutual agreement to discontinue the licensing process until their life circumstance stabilizes. Lastly, the majority of applicants (88%) discontinued the process on their own either they lost interest, no longer were in contact with CFS Licensing, had a specific child they were licensing for who returned home, they may have refused to complete training or had their own family circumstances change (pregnancy, divorce, marriage, health), which prompted their application closure.



CFS Licensing Unit and the R&R Work Group will continue to analyze rationale as to why a foster care provider discontinues their license. ND is always seeking ways to improve support and retention of licensed and trained providers to care for children in need of placement.

### **Statewide R&R Accomplishments 2024-2025**

The department has a contract with the University of North Dakota-Children and Family Services Training Center (CFSTC) to oversee statewide recruitment and retention of foster care providers and adoptive families. The role of CFSTC's Recruitment and Retention (R&R) Specialist is to lead and support statewide recruitment and retention efforts. A large focus is placed on consistent and cohesive messaging for statewide recruitment, working closely with the four recruitment and retention coalitions across the state to support their local recruitment and retention efforts, developing efficient plans to maximize the funds available, and administering recruitment and retention funds statewide. During the 2024-2025 timeframe, the contract also offered supportive services to assist with retention, including:

- Grief and loss counseling
- Monthly virtual training opportunities
- Foster care provider mentor program
- Post-adopt mentor program
- ICWA Cultural Liaison Program- Managed by Native American Training Institute (NATI) and supported by CFSTC

#### Tasks completed by R&R Specialist 2024-2025:

- Management of statewide foster or adopt inquiries including ongoing communication with new and past inquiries through email and phone calls and referring to the appropriate agency for licensing. Invites to virtual foster care panels are sent to pending inquiries, or individuals who are unresponsive after making initial contact with the R&R Specialist.
- Continued creation of branded recruitment materials (as noted below) to include specialized recruitment of homes for teenagers, Native American homes, and youth who identify as LGBTQAI+.
- Ongoing use of 13 full videos (2 have been archived) and five 30 second video PSAs produced by Chezy in 2022 for statewide recruitment. Examples of use: Video links are included in the initial inquiry email that is sent to interested families on a daily basis, videos are shared during virtual foster care panels, video links are included within the Fostering Communications newsletter, on-screen movie theater advertising, at foster or adopt presentations in the community, through social media, etc.
- Coordinated movie theater ads to run in the following theaters:
  - 30 second ad for 5 months (2/2025-6/2025) in Devils Lake Theater
  - 30 second ad for 3 months (3/15/2025-6/15/2025) in Williston and Dickinson Theaters
  - 30 second ad for 3 months (4/2025-6/2025) in Jamestown and Valley City Theaters
- Coordinated recruitment ads for:
  - Electronic screen- Lakota, ND (new ads created and provided every quarter)
  - Badlands Activity Center
  - Tidbits- Grand Forks, ND
  - High school sports programs (football, volleyball, basketball)- Divide County area
  - District tournament booklets- Divide County area
  - Sports program ads-Cavalier Chronicle
  - Electronic Screen- Bismarck Legacy High School Gymnasium
  - Thrill Hills Ski Area- Fort Ransom, ND
  - Volleyball tournament booklet- Grafton, ND area
  - Friday Flyer- Bismarck Public Schools
  - Wahpeton Daily News
    - ✓ Domestic violence special edition
    - ✓ Veterans Day special edition
    - ✓ Thanksgiving activity page for kids
    - ✓ Christmas Countdown edition
    - ✓ Athlete of the Year special edition
    - ✓ Lake Elsie Fishing Derby special edition
    - ✓ FFA special edition
    - ✓ Sports congrats page

- ✓ Spring sports edition
  - ✓ Say No to Drugs coloring book
- Daily News Monitor
  - ✓ Athlete of the year special edition
- Walsh County Record
  - ✓ Sports Tabs (fall, winter, spring)
  - ✓ Sports booster ads (October, November, January, February)
  - ✓ Front page weekly source
  - ✓ Christmas Greetings edition
  - ✓ 2025 Calendar
- The Morning Edition- Devils Lake, ND
- District 5 boys and girls basketball tournament booklets
- Fargo Mom- sponsored article and large sidebar ad
- ADventures- Fargo Public Schools
- Region 2 boys and girls basketball tournament booklets
- Southern Valley Living Magazine
- The targeted recruitment schedule was fulfilled in 2024 and updated for 2025. This tool acts as a recruitment guide throughout the year and offers consistency with recruitment throughout the state. The schedule denotes targeted locations, materials available to help recruit for targeted populations (Native homes, teens, LGBTQIA+ homes, etc.), and a list of recruitment ideas for each designated location. This schedule is reviewed at each Coalition meeting, and with the CFS Licensing Unit. It is important to note that it does not replace the day-to-day general recruitment that continues to take place in North Dakota.
- Ongoing coordination, advertising, and facilitation of the virtual foster care panels that are offered 4x per year. The panels give community members an opportunity to learn more about fostering or adoption through foster care in North Dakota.
- Supported coalition members with the planning and execution of community recruitment events, including:
  - Developing a payment plan, overseeing the paperwork process, and managing invoices for booth fees, parade fees, etc.
  - Ordering and distributing necessary items to supply resource booths.
  - Creating event specific recruitment materials, as needed.
- Supported licensing unit workers with the planning and execution of 7 training/appreciation events across the state, including:
  - Budget planning
  - Ordering of door prizes
  - Overseeing the paperwork process and payment of trainers, space rental, catering, and completing necessary reimbursements for on-site childcare.
- Assisted coalition members in the purchasing of foster provider appreciation gifts. Gifts were selected by workers, gift ideas varied across the state, and included:
  - Large canvas totes with "Licensed to Love" screen printed on them
  - May Day baskets
  - Keychains
  - Handmade magnets
  - Utensil Sets (Nexus-PATH)
  - Planter gift set (Nexus-PATH)
- Coordinated with AASK on the purchasing of gifts for families who finalized their adoption on National Adoption Day. Gifts included:
  - Personalized wood plaques
  - Gift baskets
  - Wall art with family quote
- Ongoing management of the Foster Care Provider Mentor program, Post Adopt Mentor Program, and ICWA Cultural Liaison program.
  - Accept referrals on providers needing a mentor, make contact with the family to review the mentor program, then match the family with a mentor.
  - Complete 6-month check-ins with families matched with a foster care provider mentor.
  - Facilitate meetings as needed with all foster care provider mentors to check-in, review program information, provide updates, seek feedback, and answer questions.

- Facilitate individual meetings or schedule phone calls with foster care provider mentors as needed to answer questions and/or talk through various scenarios.
- Follow-up with Licensing Specialists with the CFS Licensing Unit, ND Post Adopt Network workers, and NATI contacts as needed.
- Oversee and track invoices and payment for all three programs.
- Ongoing management of Grief and Loss Counseling. Solace Counseling is set-up as the vendor for this service. Counseling is available to foster care providers who are experiencing grief and loss and are in need of additional support. Each provider is offered:
  - (3) 1-hour individual sessions
  - Plus (3) family sessions to include provider/s and provider's own children.

#### Branded materials created & distributed in 2024-2025

See Attachment C for examples of publications and materials. Branded items include, but not limited to:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Pens- 3350</li> <li>• Magnetic chip clips-1800</li> <li>• Microfiber screen cleaners- 1800</li> <li>• Custom post it pads- 500</li> <li>• Hot/cold gel packs- 5100</li> <li>• Band aid dispensers- 2500</li> <li>• Mints- 1800</li> <li>• Re-usable mini tote bags- 1400</li> <li>• Bookmarks- 4000</li> <li>• Recruitment stickers- 45,000</li> <li>• Tear away flyers- 1300</li> <li>• 3'x6' vinyl banners- 9</li> <li>• Coffee sleeves- 8000</li> <li>• Custom luncheon napkins- 25,000</li> <li>• Provider holiday greeting cards- 875</li> <li>• Provider appreciation cards- 80</li> <li>• Thank you cards- 205</li> <li>• Community thank you cards- 875</li> <li>• Greenhouse recruitment cards- 2100</li> <li>• Marathon recruitment cards- 1100</li> <li>• Summer recruitment cards- 1440</li> <li>• 'Tis the Season recruitment cards- 4150</li> <li>• 'Tis the Season recruitment card (1-side)- 60</li> <li>• Foster care brochures- 700</li> <li>• Mentor brochures- 40</li> <li>• General recruitment post cards- 2850</li> <li>• General recruitment business cards- 5100</li> <li>• Licensing unit business cards- 675</li> <li>• A-frame posters- 2</li> </ul> | <ul style="list-style-type: none"> <li>• Color Sheets- full page               <ul style="list-style-type: none"> <li>○ Fall- 5300</li> <li>○ Winter- 1100</li> <li>○ Spring/Summer-3450</li> <li>○ Dreamcatcher-1300</li> <li>○ Valentines - 1095</li> </ul> </li> <li>• Color Sheets- 1/4 page               <ul style="list-style-type: none"> <li>○ Fall- 500</li> </ul> </li> <li>• Kids activity placemats               <ul style="list-style-type: none"> <li>○ Winter- 500</li> </ul> </li> <li>• Full page flyers:               <ul style="list-style-type: none"> <li>○ Teen Mythbusters- 250</li> <li>○ Teen-Top 10 Reasons- 50</li> <li>○ Grief &amp; Loss- 40</li> <li>○ One page handout- 400</li> </ul> </li> <li>• Half page flyers:               <ul style="list-style-type: none"> <li>○ General- 750</li> <li>○ Teen focus- 550</li> <li>○ Native family recruitment focus- 1350</li> <li>○ Virtual panel- 3000</li> </ul> </li> <li>• ¼ Page flyers               <ul style="list-style-type: none"> <li>○ State Fair- 250</li> <li>○ Bismarck marathon- 2100</li> <li>○ Wish Tree- 80</li> </ul> </li> <li>• Provider Survey Handout- 1325</li> </ul> |
|---|---|

#### Inquiries Received:

In addition to supportive services, the R&R Specialist manages the statewide inquiry clearinghouse phoneline, inquiries received online through the HHS website, and direct inquiries to CFSTC. This process has improved the response time and consistency in messaging across the state. The R&R Specialist makes telephone and email contact with interested individuals within 24 hours of their inquiry. The R&R Specialist gathers information about the inquiring family, shares information regarding different levels of care, licensing agency options, levels of licensure, licensing requirements, training requirements, and process. If an inquiry would like to have a more detailed conversation, or start the licensing process, a referral is made to the authorized licensing agency of their choice.

An online inquiry intake process is in place for authorized licensing agencies to assist in the data tracking of statewide inquiries. The online inquiry intake form can be found [here](#). This form is completed by licensors with



authorized licensing agencies for all inquiries they receive directly through their agency. All inquiries are to be submitted to CFSTC at quarter's end, and no later than January 5, April 5, July 5, and October 5 to assure accurate statewide data tracking and reporting. The R&R Specialist utilizes a printed copy of this form, that also includes a second page. The second page acts as a guide to get to know and to assess families that inquire directly through the inquiry Clearinghouse (reason for inquiry, experience, family dynamics, preferences, etc.). When a family is ready to move ahead with licensing, the completed form is shared in the referral process to the authorized licensing agency.

### CFSTC R&R Clearing House Inquiry Data by State Fiscal Year

Qts	# of Inquiries	# Referred to Agency	Screened Out	# of Inquiries	# Referred to Agency	Screened Out	# of Inquiries	# Referred to Agency	Screened Out
	July 2022 - June 2023			July 2023 - June 2024			July 2024 - June 2025		
Qt 1	178	95	32	172	89	28	131	79	12
Qt 2	118	72	20	142	76	32	121	59	25
Qt 3	144	72	14	160	80	22	170	88	18
Qt 4	150	74	32	151	76	28	pending	pending	pending
<b>Total</b>	<b>590</b>	<b>313</b>	<b>98</b>	<b>625</b>	<b>321</b>	<b>110</b>	<b>422</b>	<b>226</b>	<b>55</b>

*\*\*Tracking of total statewide inquiries began as follows in January 2022:*

### CFSTC R&R Clearing House & Partner Agency Inquiry Data by Calendar Year

UND Inquiry		Partner Inquiry	Total	UND Inquiry		Partner Inquiry	Total	UND Inquiry		Partner Inquiry	Total
Calendar Year 2023				Calendar Year 2024				Calendar Year 2025			
Jan	56	28	84	Jan	58	17	75	Jan	67	19	86
Feb	42	18	60	Feb	48	14	62	Feb	46	19	65
March	46	16	62	March	54	16	70	March	57	18	75
April	50	25	75	April	63	21	84	April	42	18	60
May	49	14	63	May	46	30	76	May	39	15	54
June	51	21	72	June	42	50	92	June	<div>pending</div>		
July	53	18	71	July	40	20	60	July			
Aug	67	32	99	Aug	48	13	61	Aug			
Sept	52	20	72	Sept	43	31	74	Sept			
Oct	39	18	57	Oct	33	26	59	Oct			
Nov	54	18	72	Nov	46	19	65	Nov			
Dec	49	14	63	Dec	42	25	67	Dec			
Totals	608	242	850	Totals	563	282	845	Totals	251	89	340

#### Publications 2024-2025:

- The CFSTC R&R Specialist contributed information and resources in the following editions of the *Fostering Communications* newsletter, which can be found online [HERE](#):
  - ✓ August 2024 edition focused on the “fear of getting too attached” and navigating grief and loss that providers experience.
  - ✓ December 2024 edition highlighted National Adoption Month (recognized in November) and provided more detail on the AASK programs collaboration with The Reel Hope Project and how this project's goal is to find a forever family for every child waiting in foster care.
  - ✓ March 2025 edition focused on “surviving the winter blues” including tips for families and access to a weekly mood booster activity sheet.
  - ✓ May 2025 edition focused on National Foster Care Month and this year's theme: “Centered on Family. Strengthened by Connections.”

- CFS Licensing Unit also creates a quarterly newsletter that is sent to providers, custodial agencies and partners. Strategically the newsletter is issued in opposite months of the CFSTC Newsletter. The CFS Licensing Unit issued the newsletter in July 2024, October 2024, January 2025, April 2025.

In addition, the *Fostering Communications* newsletter provides information on how to learn more about fostering in North Dakota by highlighting the toll-free inquiry line (1.888.FST.HOME). Information is also provided on upcoming virtual training opportunities through the Recruitment & Retention contract. The final portion of each edition showcases the upcoming virtual foster care panels, which provide another opportunity for community members to learn more about fostering in North Dakota.

Social media is a useful tool used for recruitment efforts. Posts through the CFSTC Facebook book page continue to reach a large audience. Between July 1, 2024 and May 31, 2025, the R&R Specialist made 56 posts specific to foster or adopt recruitment and retention resulting in:

- Total Impressions (7/1/24 - 9/17/24) - 16,609
- Total Views (9/17/24 - 5/31/25) - 49,559
- Total Reach (7/1/24 - 5/31/25) - 41,066
- Total Interactions (7/1/24 - 5/31/25) - 810

*\*Please note: Facebook stopped collecting data on "Impressions" and began collecting data on "Views" mid-September 2024.*

#### Virtual Events 2024-2025:

##### ➤ **Virtual Foster Care Panels**

- Panels were held four times between July 1, 2024-June 30, 2025. The panels continue to be facilitated on Zoom and advertised through the CFSTC Facebook page encouraging those interested in learning more about foster care in North Dakota to attend. The R&R Specialist sends email invites to past inquiries that are still pending or who have not responded to initial contacts. In addition, to assist with promoting the panel, the virtual panel flyer is sent to all families who have completed PRIDE training, the CFS Licensing Unit, Field Service Specialists, Human Service Zone staff, Nexus-PATH, URM Program, AASK, NATI, and tribal licensors. Panelists include licensed foster care providers, foster care licensors with the CFS Licensing Unit and Nexus-PATH, an AASK adoption worker, and when possible, a ND Youth Leadership Board Member (former youth in care). A DJS representative also joined as a panelist on the two most recent panels in 2025. The R&R Specialist coordinates the panel, facilitates the panel dialogue, and manages the zoom securities.
  - Registration and attendance details:
    - September 2024- 34 registered / 11 in attendance
    - November 2024- 20 registered / 9 in attendance
    - February 2025- 25 registered/ 6 in attendance
    - May 2025- 27 registered / 10 in attendance

##### ➤ **Foster Care Provider Educational Sessions:**

- A one-hour virtual educational session is offered on a monthly basis to foster care providers and kinship homes.
- Monthly flyers are created to promote the training opportunity, emailed out to all providers in North Dakota, and advertised on the CFSTC Facebook page.
- The following topics were presented on this last year during the monthly educational sessions:
  - Brain Injury Awareness
  - Student Led IEP
  - IEP vs. 504 Plan
  - Use of Sign Language to Enhance Learning
  - Grief and Loss in Foster Care: Working through the Goodbyes
  - Stand to Protect
  - ND Child Protection Process
  - Safety Planning for Youth at Risk of Suicide
  - Drug Trends
  - Beyond the Bed: Strategies for Pediatric Bed Wetting and Incontinence

- Organizational Tips for Providers

\*Due to unforeseen circumstances, the presenter in October had to cancel on short notice. Therefore, no training was held in October 2024. This topic was re-scheduled to January 2025.

### **Specific Adoption Recruitment**

The AASK Program completes adoption assessments for all families seeking to adopt a child from foster care in North Dakota, including families identified for specific children being adopted from foster care and for general recruitment adoptive families. In the current fiscal year July 1, 2024 through April 30, 2025 the AASK Program has completed 123 new assessments, 2 updated and 26 subsequent adoption assessments.

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. The AASK program also has appointed a "general recruitment" worker to ensure all children on WWK caseloads have an opportunity to receive child-specific recruitment services as well as broader statewide and national recruitment efforts. To support adoption re-design efforts, the AASK program converted the "general recruitment" worker into a full-time AASK recruiter to serve children across the state who do not have an identified adoptive home.

North Dakota has the ND Heart Gallery, which facilitates a website 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. The operations of the ND Heart Gallery have been on hold, but as of Spring 2025, a Heart Gallery Director has been hired, and active efforts are being made to ensure utilization of the organization is available to all children needing recruitment services.

On July 1, 2023, the AASK formalized a partnership with The Reel Hope Project (TRHP). This organization provides children needing adoption recruitment with a personal video to be used for child specific recruitment activities. Since the start of the partnership, TRHP has created 34 reels/videos for 40 children. Of those children, 11 have been matched and 3 have been adopted. As of today, 2 additional reels/videos are in progress with 3 additional children.

North Dakota provides adoption services to Tribal custody children at the request of each Tribe, through the AASK program. After adoption re-design efforts were implemented, the Tribes makes requests directly to the AASK program to provide these services on a case-by-case basis. In the current fiscal year July 1, 2024 through April 30, 2025, AASK has placed 79 children for adoption at the request of the Tribes and has also assisted in the finalization of adoption for 75 children.

### **R&R Plan Outcomes Reporting**

The R&R Work Group elected to create new outcomes for the 2024-2029 state plan.

#### **Outcome 1**

**Analyze and monitor the successes and challenges of the expanded levels of family foster care licensing (certified and relative)**

- *Effective August 1, 2023, CFS Licensing Unit was approved to proceed with "certified licensing" to offer short term placement options for children in care (30 days or less).*
- *Effective April 1, 2024, CFS Licensing Unit was approved to proceed with the "relative licensing" standards effective April 1, 2024. This new process was to support known relatives for the children in foster care.*
- *CFS Licensing unit reviews data monthly to assess volume and trends, jurisdictions and geography. There has been an increase in the volume of both levels since inception.*
- *Licensing Levels of Care offers support to providers caring for specialized medical and high behavioral need children through respite. Respite is utilized when a child has special medical, mental or behavioral health needs.*
- *Respite is used to support placement stability, enhance provider capacity and ensure children are able to remain in a least restrictive family setting with services and supports.*
- *Strengths of the Outcome*
  - *Relative license allows children to be placed with family/fictive kin they know! Less trauma.*
  - *Streamline licensing process for relatives with less barriers.*

- Increased willingness of the relatives who may feel more equipped to support getting licensed under the new standards. The relative standards seem to be more appealing for the relatives inquiring to foster.
- Case managers are finding the new process for relative licensing more tolerable, so ND has experienced workers encouraging “family to care for family” at a higher rate.
- Providers are appreciative of the abbreviated training opportunities.
- On occasion, relative providers are willing to remain open and transfer to a fully licensed provider to help others in the community. In addition, relative providers are willing to remain licensed for a period of time to ensure respite services could be offered to the child upon reunification.
- Certification as a level of care gives new providers the ability to ease into fostering, which allows for more time to understand the system and identify their strengths with varied child needs.
- **Challenges of the Outcome**
  - Education and awareness of the change. Always reinforcing that new standards do exist.
  - Understanding the intent of the levels of licensure by referrals and prospective providers.
  - Ensuring our licensing team is not “lowering” our minimum standards to meet the needs of a relative. Assessment is important and required.
  - Limited licensing period for relative providers as they are not as long term committed, as they come to licensing only to serve their relative child.
  - Inquiries asking to get licensed because “maybe” their relative child will enter care, we educate on how this is not the process in ND and we would encourage them to wait unless they are willing to care for unrelated children in the interim.
  - Education and awareness of other options that do exist for relatives. The relative licensing is for foster care cases, while the Kinship ND allowance program is supportive of families where the child can be opened in a preventative “in home” case with a relative for six months at the same daily rate. There are cases where the level of intrusion may be too high and ND continues to evaluate

## Outcome 2

### Monitor and review the process for those who “foster to adopt” to ensure adequate efficiencies with the AASK program.

- CFS engaged in adoption redesign in February 2024, this process allowed for a more streamlined approach to assessing providers who are already licensed to provide foster care, but are interested in or have been identified as the family to adopt the child. The redesign supports a more efficient and coordinated approach within the AASK program.
- **Strengths of the Outcome**
  - Providers have reported that the process more efficient
  - Licensing Specialists and AASK Specialists relationships have improved with great collaboration in addressing the needs of the family, summarizing their license, etc.
  - Positive Data Trends (between FY 2024 through April 30, 2025):
    - ✓ The average time to complete an adoption home assessment has decreased by 23%.
    - ✓ The time between termination of parental rights (TPR) and adoption finalization has decreased by 13, indicating improved permanency outcomes.
- **Challenges of the Outcome**
  - Education and awareness with all stakeholders of the process; change takes time.
  - Education and awareness of when the licensing process should be initiated versus when a family should pursue adoption study only.

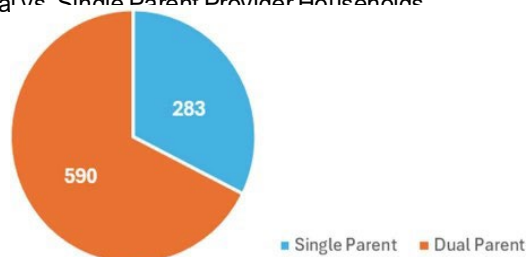
## Outcome 3

### Engage in targeted recruitment to ensure children are properly matched regarding their diversity, culture and complexity of the case.

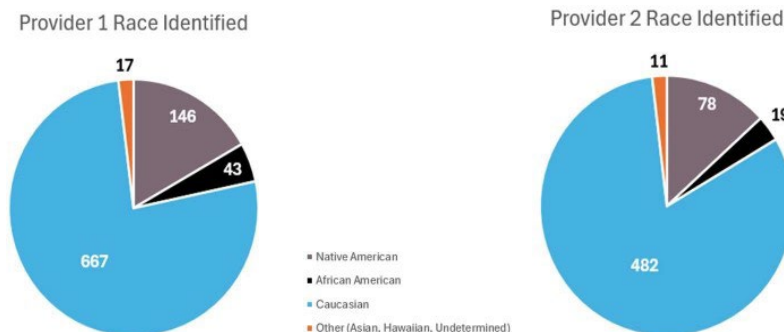
- CFS Licensing Unit works closely with the four Tribal Nations to accommodate recruitment and retention ideas specifically related to Native American populations. Tribal Nations have expanded their recruitment effort to include communities near the reservation.
- The Division of Juvenile Services (DJS) has requested an increased partnership to identify and secure homes willing to serve children adjudicated delinquent. Specialized recruitment efforts began in the fall of 2024 with increased marketing and presentations from DJS partners.
- Coalitions and CFS Licensing specialists report providers tend to be more willing to meet the needs and accept placement for high medical needs (drug exposed newborns, cancer, developmental delays, feeding tubes, etc.) more than behavioral health challenges. ND is experiencing a high need for providers to accept children with more behavioral or aggressive characteristics.
- Champion for Child is a campaign using targeted recruitment to identify a provider willing to accept a placement. Champion for a Child is intended to locate a foster care placement for a child in great need. Typically, the child's longevity in the system is a contributing factor to placement disruption, complex needs and a delay in permanency achievement. The flier describes the strengths of the child, a photo, age and permanency plan for the child.

email all providers in the state of ND and this effort has allowed providers to consider the case and call the case manager if interested in learning more about the child.

- Comprehensive Case Coordination (CCC) is a new strategy (October 2024) offered by CFS Field Service Specialists to provide direct supervision and support to agency case manager, facilitate meetings with the child's care team to monitor ongoing progress and follow through of treatment team members and complete a comprehensive overview of the case as it relates to placement history, family engagement, relative searches, and referrals to services. This process has assisted in securing placement for difficult to place children with complex behavioral health needs.
- Children's Treatment Services Level of Care (July 2024) is the universal assessment process determining the most appropriate treatment placement for North Dakota children and youth. CTS-LOC is structured to ensure needs are met in the least restrictive setting by using a single evidence-based assessment tool. Maximus serves as the third-party assessor, offering consistency and efficiency in reviewing treatment needs. CTS-LOC will ensure children receive the right services, at the right time, for the right duration. Ensure community services have been used and/or considered before seeking out-of-home or residential treatment for children, while also ensuring families or case workers have a clear process when seeking out-of-home or residential treatment for a child.
- Transition Plan Agreements are state general funds used to bridge relationships between a child in a facility placement needing to step down into a family setting. The TPA allows for partial payment to the licensed provider who agrees to visit, send cards, call, attend therapy, learn more about skills integration techniques, etc. prior to the discharge from a facility into their home.
- When a provider is identified, licensing and custodial agencies do seek additional services and training to support the provider including behavioral analysts, clinical experts, or other professional staff offering hands on learning and techniques to use in the home.
- When a provider is identified, custodial agencies do request excess maintenance payments to assist in the general costs to supervise, provide service and meet the needs of the child during placement. The excess maintenance is not an incentive, but rather support for service.
- Children who meet criteria as "difficult to place" are reviewed with CFS Licensing Specialists and referred to the CFS Licensing Coordinator, as needed, to properly match the child's needs to a provider who is equipped to manage the needs. Specialists and Coordinators know the families and are able to engage in ways that case management may not, this process has been available to custodial agents.
  - Jan – Dec 2024 = 134 unique children in need of placement
  - Jan – May 2025 = 74 unique children in need of placement
- Seeking partnership and additional cultural events to recruit and show support to our Tribal Nations who are recruiting homes, but also attending Native American powwows, gathering, school functions, etc.
- Demographics of the providers to care for children
  - Recent quarterly data shows 873 provider homes, North Dakota had 590 (68%) dual parent households and 283 (32%) single parent households. Provider homes were inclusive of 1180 (dual) + 283 (single) = 1463 actual adult individuals. Dual vs. Single Parent Provider Households



- ND does accept applications with no discrimination based on gender identity, age, or race. CFS Licensing staff have put forth additional recruitment efforts to recruitment at Pride parades, events and distribute materials to the LGBTQIA+ clinic in Fargo.
- Quarterly race data shows variety in providers licensed to care for children in ND foster care includes:





- **Strengths of the Outcome**
  - Encouraging current providers to accept the more complex behaviors...
  - 2025 Speaker Challenge for all CFS Licensing Unit staff. The goal is ambitious; the CFS licensing Unit Administrator asked Licensing Specialists to do 8 speaking engagements, Coordinators to do 4 and Unit leadership to do as many as they can in efforts to be present in the communities across ND. Face-to-face visual presentations or attending meetings in small groups is a new opportunity!
  - New advertising options to secure space to find new audiences
- **Challenges of the Outcome**
  - Identify new providers for these specific needs
  - Willingness to try new things and reach new populations of individuals and families
  - Nexus PATH Family Healing is the treatment foster care agency in ND providing specialized treatment services to children in the least restrictive setting. In May 2024, the agency began detailing enhancements to the treatment foster care program, which went into effect July 1, 2024. The model has been well received by some licensed provider homes and not tolerated by other foster care providers who have transferred their licenses and left the TFC program with capacity issues. This past year has offered growing pains for the agency and placement needs for the state.
  - CFS Licensing Unit has a desire to explore additional recruitment techniques to develop "specialized foster care providers" to identify a select number of specialized family foster care providers to accept placements of children with complex needs. This has been challenging. The specialized providers will use trauma-informed care to stabilize children, engage the child in community services, while transitioning the child to their permanent home. Children in foster care in need of this specialized family setting are known to have multiple, concurrent medical and behavioral health needs, have experienced multiple placement settings and their need for supervision, services and support is high. If we can expand this option in ND, Specialized Family Foster Care Providers will receive:
    - ✓ Training in managing behaviors that require enhanced supports.
    - ✓ Comprehensive and individualized services for children to meet their unique needs.
    - ✓ Assessments of the child, foster care provider and bio family to create appropriate treatment plan.
    - ✓ Enhanced case management and clinical support while the child is in their home.
    - ✓ Increased reimbursement for providing care in the least restrictive family setting.

#### Outcome 4

**Retain an appropriate volume of providers compared to the volume of children in foster care, by offering respite, support, and ongoing education.**

- Retention is a priority and CFS Licensing Unit along with authorized licensing agents work collectively to show recognition and appreciation for providers efforts.
- CFSTC R&R contract offers monthly training opportunities to support the provider and allow for additional training to best meet the needs of a child placement (sexualized behavior, autism spectrum situational awareness, de-escalation techniques, ...)
- CFS Licensing Unit has the ND Provider Task Force to hear concerns and help brainstorm solutions or provide feedback to the CFS office regarding areas that may require attention or change.
- **Strengths of the Outcome**
  - ND has capacity in ND; many homes – just see a lack of willingness to accept placements.
  - Grief and loss counseling is offered to providers in need of additional support after an incident occurs or a placement transfers out of their home.
  - Mentoring is offered to providers in need of additional support after obtaining a license, an incident occurs, or a placement transfers out of their home.
  - Quarterly check ins have been a huge incentive and sounding board for foster care providers. This is an opportunity to feel heard and cared about even when they are not reaching out for help.
- **Challenges of the Outcome**
  - Provider willingness, tolerance and flexibility to manage the needs in our communities.
  - Underutilized supports and services (respite, therapeutic interventions, crisis supports, etc.)
  - Buy in from providers to ask for help before it gets too challenging or a crisis erupts.
  - Attendance at trainings both in-person and virtual.
  - Attendance at Specialized TFC program – treatment providers to meet the needs of children with complex behavioral health needs.

### **Statewide R&R Challenges**

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

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

During the spring of 2024, CFS engaged in a systemic factor review of item 35, Diligent Recruitment of Foster and Adoptive Homes. The committee identified challenges related to this item:

1. Data shows that the number of licensed foster homes in North Dakota has declined in the past three fiscal years. Although retention efforts have strengthened during this timeframe, families continue to close their license for a variety of reasons.
2. As ND increases their licensing of relative providers, there is projected to be an increase in the large number of providers who are interested in only providing foster care to a relative child or a specific child, who discontinue once the child achieves permanency. The exit reasons have been helpful in monitoring retention and reasons why a family may discontinue service. Since March 2020, the impact of COVID pandemic had on families was significant and it has led to mental health, financial and willingness to accept new challenges, resulting in less interest and more families vocalizing they need to tend to their own family needs. Since April 2022, CFS has been better tracking and collecting reasons why families discontinue their license.
3. Need for Native American foster homes continues as the number of children identifying as Native American remain stable.
4. North Dakota does solicit preference (age, gender, race, etc.) from foster care providers, the CFS Licensing Unit and other authorized licensing agents want to be respectful of preference, however there are times that preferences of the provider cannot always be guaranteed or followed by the custodial agency placing children. This challenge is historical, as providers have become more prescriptive in the parameters they will serve, which challenges the system and restricts placement options for children in need of placement.

### **Onsite Case Review – CFSR PIP**

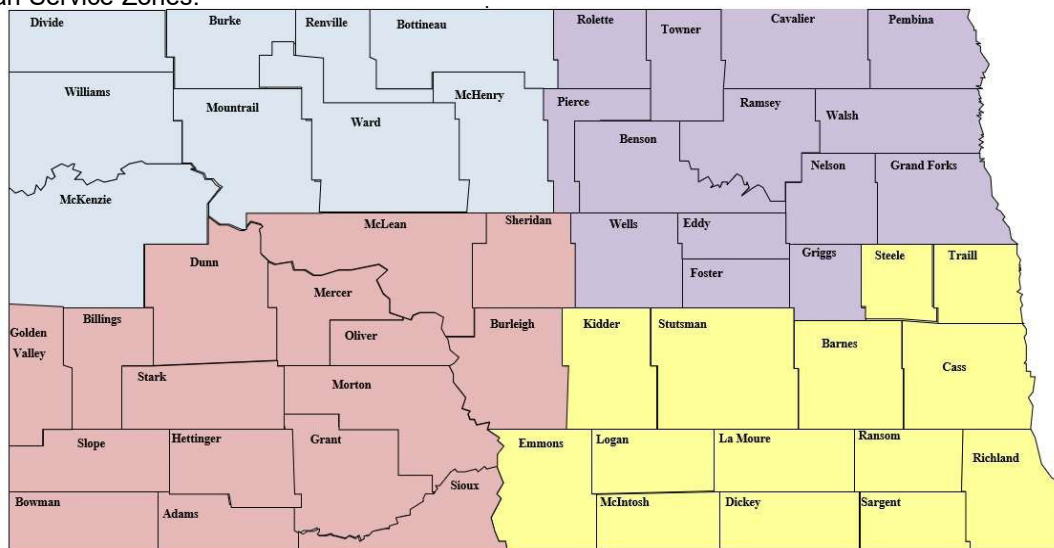
Historically, North Dakota has had a goal noted in the CFSR Performance Improvement Plan (PIP) related to strengthening and reframing the statewide foster and adoptive parent diligent recruitment plan to support the recruitment of families who meet the needs of the children they serve and who reflect the ethnic and racial diversity of children served by the foster care program (CFSR Items 35 and 36). HHS made continual efforts throughout the PIP to improve the collaboration with foster and adoption providers, and relative caregivers to increase awareness of available resources or training and to better recruit prospective providers to meet the ongoing needs of North Dakota children in foster care, particularly those with specific behaviors. This has included making a more effective use of social media, newsletters and surveys to obtain feedback and input from foster care providers, relative, and adoptive families as to what is working well and where things could be enhanced in order to improve overall satisfaction and retention. The Department, CFSTC, custodial case managers and provider agencies continued to collaborate throughout the PIP to further align training to increase the ability of relative caregivers and providers to manage child behaviors and best meet the needs of children in placement. This goal is always a foundation of the innovative and creative planning to be flexible in our recruitment strategy dependent on the demographics of children in ND foster care.

**ND Recruitment/Inquiry Toll Free Line**  
**1-833-FST-HOME or 1-833-378-4663**

**CFSTC Role:** The North Dakota Department of Health and Human Services (HHS) Children and Family Services has a fiscal contract with UND Children and Family Services Training Center (CFSTC) to oversee statewide Recruitment and Retention efforts. CFSTC is responsible to accept and communicate with initial inquiries, collect data, participate/co-facilitate coalition meetings to assess and address local needs, manage the statewide R&R budget for fiscal purchases, etc.

**Coalition Purpose:** The purpose of the Foster and Adopt Recruitment and Retention Coalition is to gather local parties to engage in conversation and support the recruitment and retention of foster care providers as well as adoptive families. The statewide goal is to continue to offer education and awareness surrounding the need for families to open their hearts and homes to children in need of safe placement.

**Coalitions:** North Dakota has four functioning coalitions located statewide; service area varies based on Human Service Zones.



**Coalition Schedules: Monthly or Every Other Month?**

	Coalition 1	Coalition 2	Coalition 3	Coalition 4
Meeting Dates	Third Wed 10:00	Fourth Monday 2:00pm	First Wed 1:00pm (x2)	Third Monday 12:00pm
Co-Facilitator	Kathy Molland	Jennifer Puppe	Shantel Froelich	Becka Koll
Co-Facilitator	Amber Nix	Barb Reed	Brooke Kosiak	Rachel Suda
Minutes	Megan Colbenso		Jennifer Thoreson	Natalie Straub

**Coalition Attendance:** Each coalition is inclusive of various agency representatives; CFSTC R&R Specialist, CFS Licensing Unit staff, Human Service Zone, Tribal Social Service office, Nexus PATH, Youthworks, URM, AASK, Division of Juvenile Services (DJS) and Native American Training Institute. These agencies should have at least two participants at each meeting including the agency licensing worker and a supervisor/case manager. In addition, coalitions should secure local business leaders with an interest in advertising, faith-based and volunteer organizations (Churches, Lions Club, Kiwanis, etc.)



driven to engage as supports, as well as foster care providers and adoptive families who have a passion for child welfare who are willing to participate in coalition meetings.

**Coalition Participation Limits:** There is no limit to the number of members each coalition should have. Some coalitions are larger and function with various perspectives, which spreads the work around more evenly. Other coalitions are smaller in size but have great connections to recruiting agency staff or local volunteers to assist when needed.

**Coalition Participant Roles:** Each coalition will function with appointed members or volunteers to serve:

1. **Co-Facilitator/s** – CFSTC R&R Specialist along with one CFS Licensing Unit Specialist, Coordinator or LOC. The CFS Licensing Unit representative will send all of the TEAMS meeting invites, generate emails to the coalition members, etc.
2. **Minutes Lead** – CFS Licensing Unit staff member will capture the discussion and take meeting minutes to share with coalition members and CFS Licensing Administration for federal reporting. Distribution of the meeting notes should occur within one week of the meeting.
3. **Expectation of all Coalition Participants:**
  - a. **Events** – Coalition members will research and review local events to advertise for families to attend (free, low cost, etc.). All members will also identify local opportunities for licensing specialists and volunteers to attend as a meet and greet, booth, parade engagement, etc. Local events will require a point of contact to lead and organize. The lead can solicit help from other coalition members in the area to attend/participate.
  - b. **Training** – Coalition members will research local training opportunities, notify licensed providers of any CFSTC and NATI trainings, and identify local speakers for event/training as needed.
4. **Other** – Retention activities, National “Months of Interest” or local advertising.

**Meeting Agenda:** Each coalition will function differently; however common themes are to be discussed at each meeting. Attached is an example of coalition meeting structure.

**Questions/Contact Information:** If you have questions regarding your role or expectations with a local Foster and Adopt Recruitment and Retention Coalition, please contact the CFS Licensing Unit representative or email the unit at [cfslicnesing@nd.gov](mailto:cfslicnesing@nd.gov) or 701-328-2322.

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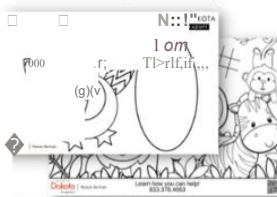
**Meeting Date:**

**Attendees:**

1. **Licensing Agent Updates:** *This agenda item allows each agency time to share highlights and successes. In addition, agencies will share # of inquiries, # of licensed provider homes and # of families who have discontinued.*
  - a. Zone
  - b. Tribe
  - c. Nexus-PATH
  - d. AASK
  - e. DJS
2. **Training** *This agenda item allows the coalition members to reflect on training topics that would benefit providers. This also is a time to review what was offered locally and share specific details regarding future trainings (who can attend, when, how to register, etc.).*
  - a. Training requests from providers
  - b. Training offered since last coalition meeting
  - c. Training planned for future
3. **Recruitment and Retention Activities**
  - a. Activities completed since last meeting
  - b. Activities planned for future
4. **Provider Appreciation**
  - a. Activities completed since last meeting
  - b. Activities planned for future
5. **National Months of Interest**
  - a. November is Adoption Month *(Begin planning in August of each year)*
  - b. May is Foster Care Month *(Begin planning in February of each year)*
6. **Other Agenda Items:**
  - a.
  - b.
  - c.
  - d.
7. **Next Meeting**



Virtual panel flyer



Kids activity placemats



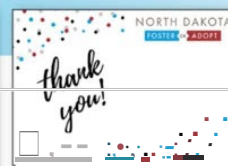
Support/Training flyer



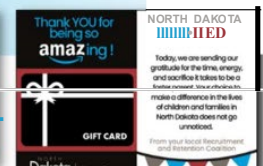
Church flyer



Sticker



Thank you card



Appreciation card



Pizza flyer



Movie night flyer



Mentor brochure



Poster/Ad



Recruitment business cards



Vinyl banner



Recruitment post cards



Branded table display



Foster care brochure



Training flyer



Open chat flyer



Coffee sleeves



Posters (A-frames)

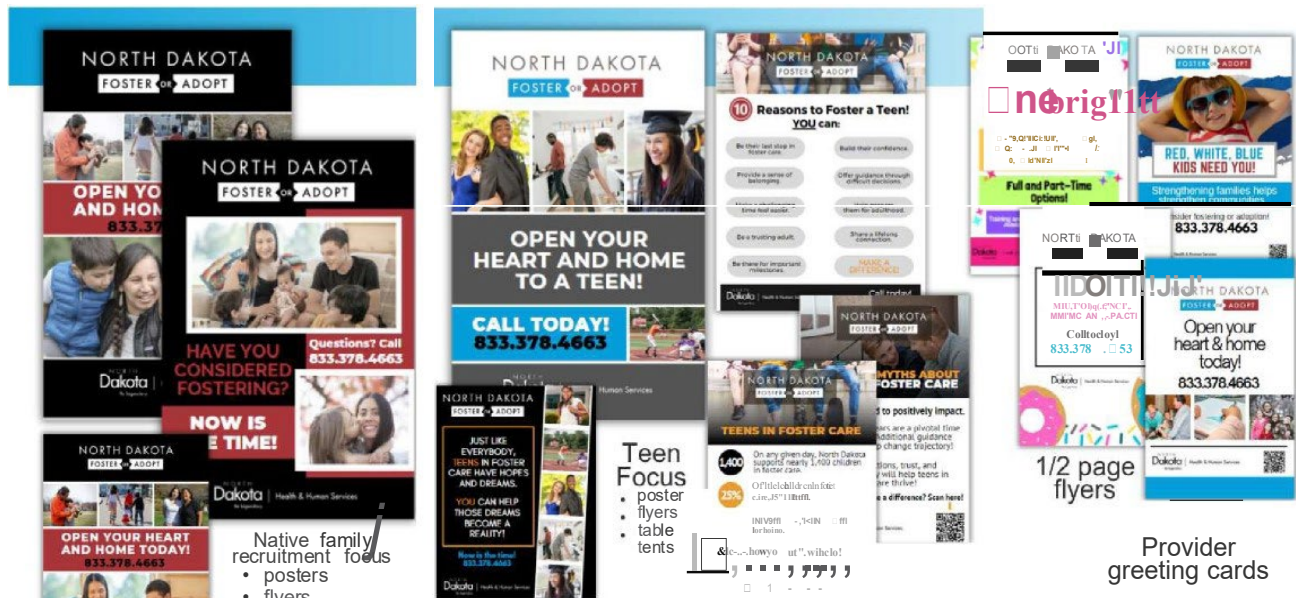


Promo Items  
• bandaid dispensers  
• koozies  
• pens



Shirts





Native family recruitment focus  
• posters  
• flyers

Provider greeting cards



Holiday recruitment cards  
Video shoot

AASK coffee sleeves



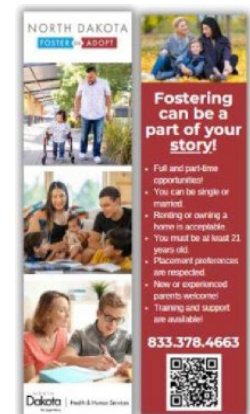
Bookmarks



Summer recruitment cards

Anniversary cards

Giving tree tags



Promo Items  
• post its  
• stress balls  
• mints

Flyers  
1mgtymtg  
training

Advertisements









**NORTH DAKOTA**  
FOSTER OR ADOPT

**10 Reasons to Foster**

0. their IH I •toein  
fortre...
- Provide• hear of  
belonging.
- Mah • challenging  
time feel easier
0. • tnatng adtl.
- Be there for importa  
mile.tone.

Build their confide.nce.  
Off, guid'ance through  
difficut decision

Help p.e.p.e  
them for adulthood.

Share a lifedong  
connection.

**Make a  
difference!**

**Call or Scan Today!**  
833.378.4663

**NORTH DAKOTA**  
Health & Human Services

Teen flyers/handouts  
revised 4/2025

**NORTH DAKOTA**  
**Emlol!ED**

Teen FosterCare

Lo11-1na1d1 -myth1al

**Call or Scan Today!**  
833.378.4663

**NORTH DAKOTA**  
Health & Human Services

**NORTH DAKOTA**  
FOSTER OR ADOPT

Children are waiting.

Will you go the distance?

**NORTH DAKOTA**  
Be Legendary. 833.378.4663

Health & Human Services

Marathon flyer

**NORTH DAKOTA**  
FOSTER OR ADOPT

**NORTH DAKOTA**  
Health & Human Services

Native family  
recruitment  
flyer  
revised 4/2025

**NORTH DAKOTA**  
FOSTER OR ADOPT

Just like  
everybody,  
teen• in foster  
care have hope  
and dream

You can help  
those dreams  
become a  
reality!

**Call or Scan Today!**  
833.378.4663

**NORTH DAKOTA**  
Health & Human Services

**NORTH DAKOTA**  
FOSTER OR ADOPT

Fostering can be a  
part of your story!

- Seeking those who are caring, patient, and flexible.
- Full and part-time opportunities!
- You must be at least 21 years old.
- Renting or owning a home is acceptable.
- You can be single or married.
- New or experienced parents are welcomed.
- Training and support are available!

**833.378.4663**

Bookmarks  
revised 4/2025

**NORTH DAKOTA**  
FOSTER OR ADOPT

**NORTH DAKOTA**  
Health & Human Services

**Share your  
sunshine!**

**from tiny  
seeds...**

**grow magnificent  
things!**

**Call or Scan Today!**  
833.378.4663

**NORTH DAKOTA**  
Health & Human Services

**NORTH DAKOTA**  
FOSTER OR ADOPT

Like  
Child

Scan to learn more about  
fostering or adoption in ND!

**Call or Scan Today!**  
833.378.4663

**NORTH DAKOTA**  
Health & Human Services

CFSLU business cards

Children are waiting.  
They need you!

- See long and iv, dulo  
where caring,  
committo dpatfll  
and fte d-ile.
- FIA and pet-time  
opoonutres!
- New or experienced  
parentswelc:omd
- TrMung and support  
era/Met-k!!

**Call or Scan Today!**  
833.378.4663

**NORTH DAKOTA**  
Health & Human Services

Summer recruitment  
cards  
revised 4/2025

**NORTH DAKOTA**  
FOSTER OR ADOPT

'Tis the season...  
Share your heart!

**833.378.4663**

**NORTH DAKOTA**  
Health & Human Services

**NORTH DAKOTA**  
FOSTER OR ADOPT

CHILDREN ARE WAITING.  
OPEN YOUR  
HEART AND HOME TODAY!

**833.378.4663**

**NORTH DAKOTA**  
Health & Human Services

**NORTH DAKOTA**  
FOSTER OR ADOPT

**Open your  
heart & home  
today!**

**833.378.4663**

**NORTH DAKOTA**  
Health & Human Services

**NORTH DAKOTA**  
FOSTER OR ADOPT

**Open your  
heart and home  
today!**

**833.378.4663**

**NORTH DAKOTA**  
Health & Human Services

**NORTH DAKOTA**  
FOSTER OR ADOPT

**Open your  
heart and home  
today!**

**833.378.4663**

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**Open your  
heart and home  
today!**

**833.378.4663**

**NORTH DAKOTA**  
Health & Human Services

**NORTH DAKOTA**  
FOSTER OR ADOPT

**Share your heart!**

**833.378.4663**

**NORTH DAKOTA**  
Health & Human Services

Ads

**NORTH DAKOTA**  
FOSTER OR ADOPT

**You can be  
an important  
chapter in a  
child's story!**

**833.378.4663**

**NORTH DAKOTA**  
Health & Human Services

**NORTH DAKOTA**  
FOSTER OR ADOPT

**Share your heart!**

**833.378.4663**

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**Share your heart!**

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**NORTH DAKOTA**  
Health & Human Services

# HEALTHCARE OVERSIGHT & COORDINATION PLAN

2025-2029



Health & Human Services

## BACKGROUND

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

REQUIREMENT 1	ACTION STEPS
Review and revise, if needed, current protocols and maintain a schedule for initial and follow up health screenings that meet reasonable standards of medical practice.	1a. North Dakota will continue to use the Health Tracks Screenings process within the first 30 days of foster care placement.
	1b. The CFS Section staff will review/update the policy concerning Health Tracks Screenings for foster children.
	1c. The CFS Section staff will consult with the Head Start Collaboration Administrator regarding dental care for foster children.
<b>PROGRESS</b>	
North Dakota continues to follow policy concerning the use of Health Tracks screenings for youth within the first 30 days of placement into foster care. Policy relating to health screenings continues to be monitored and updated as needed. The most recent update concerned clarification surrounding dental care. Consultation with Head Start continues on an as needed basis.	
REQUIREMENT 2	ACTION STEPS
Review and revise, if needed, current protocols and maintain procedures to ensure that health needs identified through health screening will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home.	2a. Health needs identification; monitoring and treatment are accomplished through the Health Tracks Screening Plan.
	2b. The CFS Section staff will collaborate with the Behavioral Health (BH) staff regarding initiatives aimed at addressing mental health screenings for foster children.
<b>PROGRESS</b>	
Physical, mental, and emotional needs identified through initial and ongoing screenings are addressed by case management and reviewed at Child and Family Team Meetings. Collaboration with Behavioral Health to address ongoing screening and needs of foster children is ongoing. Collaboration and partnership continues with Behavioral Health and ND Medicaid as Children and Family Services partners to ensure quality assessments for children's treatment needs. Significant effort has been made to review the CANS assessment tool, review the clinical decision making model threshold for each level of care and provide education and awareness on the needs of clinical documentation to support the severity of out of home treatment in a residential setting. The department created a website page to help inform: <a href="#">Children's Treatment Services - Level of Care   Health and Human Services North Dakota</a>	



REQUIREMENT 3	ACTION STEPS
Review and revise, if needed, current protocols and maintain procedures to ensure that medical information for children in care will be updated and appropriately shared.	b. The CFS Section staff will collaborate with health professionals regarding the ACA "Health Exchange" to track foster children's medical care while they are in foster placement.
	c. FRAME, as an electronic record, will maintain current medical information on all foster children.
	Physicians/psychiatrists will be included as team members so that they receive the plan of care updates.
<b>PROGRESS</b>	
<p><b>The Foster Care and Sub Adopt (FCSA) Unit continues to determine and monitor eligibility for healthcare coverage for youth in care. FRAME continues to be utilized as an electronic record for the medical and healthcare needs of youth in care. These issues continue to be discussed at quarterly CFTMs where team members include healthcare professionals as needed.</b></p>	
REQUIREMENT 4	ACTION STEPS
Review and revise, if needed, current protocols and maintain procedures to ensure the continuity of health care services which may include establishing a medical home for every child in care.	a. Case workers will review current prescription medications at the Child & Family Team Meetings.
	b. Medication updates will be documented in the FRAME system.
	c. Physicians/psychiatrists will be included as team members and provided with care plans and updates to the care plan.
<b>PROGRESS</b>	
<p>CFTMs are utilized to review and document medical needs of children in care. As the child's needs and the ability of current providers to meet those needs are reviewed, the CFTM members may discuss available options for placement to meet those needs. This also includes reviewing current medications and reaching out to medical providers for input as CFTM members.</p>	
REQUIREMENT 5	ACTION STEPS
Review and revise, if needed, current protocols and maintain procedures for the oversight of prescription medicines for all foster care children, including those for the appropriate use and monitoring of psychotropic medications.	a. Case workers will review current prescription medications at the Child & Family Team Meetings.
	b. Medication updates will be documented in the FRAME system.
	c. Physicians/psychiatrists will be included as team members and provided with care plans and updates to the care plan.
	d. CFS staff will continue to collaborate with NDHHS Medical Services-Pharmacy section to review and study the overuse of prescription medication, especially psychotropic medications, for youth in foster care versus non-foster care youth. The collaboration includes participation in data gathering/analysis, studies, and in implementing strategies to help remedy the issue.

<b>PROGRESS</b>	
<p>CFTMs continue to be utilized to review the need for and utilization of medication for children in care. This information continues to be documented in the FRAME system. Medical professionals continue to be included as CFTM members. All prescription medications, including psychotropic medications, are prescribed, evaluated, monitored and stored as per policy. Efforts are currently underway within the Case Management FSS Unit to create specific policy and procedure concerning the use and monitoring of psychotropic medication.</p> <p>Collaboration continues between CFS and Medical Services-Pharmacy to gather and analyze data concerning the over-prescription of psychotropic medications to children in care, as well as polypharmacy.</p>	
<b>REQUIREMENT 6</b>	<b>ACTION STEPS</b>
Actively consult with and involve physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care.	a. Case workers will report consultations with medical personnel at the Child & Family Team Meetings and will document updates in FRAME.
<b>PROGRESS</b>	
The assessment, consultation, and involving of both medical and non-medical professionals concerning the health and well-being of children in care is ongoing. These are reported at and discussed in CFTMs and are documented in the FRAME system.	
<b>REQUIREMENT 7</b>	<b>ACTION STEPS</b>
Review and revise, if needed, current protocols and maintain procedures that ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities and placed in settings that are not foster family homes because of the inappropriate diagnoses.	b. The CFS Section staff members will participate on the Healthy North Dakota Committee.
	c. Staff from BH and CFS divisions will coordinate discussions regarding mental health screenings, including training and dissemination of suggested evidence-based screenings.
<b>PROGRESS</b>	
There are continued updated to policy and procedure concerning the appropriate and accurate determination, monitoring and documentation of medical, and behavioral health issues of children in care. CFS staff continue to participate on related committees and to collaborate with other HHS sections to accomplish this. The Level of Care (LOC) Unit also assists in ensuring that children in care are placed at the appropriate level of care.	
<b>REQUIREMENT 8</b>	<b>ACTION STEPS</b>
Review and revise, if needed, current protocols and maintain procedures assuring that a health care transition plan for youth aging out of foster care is developed to	a. The transition plan including components of health care needs of youth aging out of foster care is developed and offered to youth aging out of foster care.

# 2024-2029

## Disaster Plan

Created June 2024

Last updated June 2025

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# DISASTER PLAN INDEX

Introduction .....	Page 3
Continuity of Operations Plan (COOP) .....	Page 3
Types of Disasters .....	Page 3
Disaster Preparedness Process .....	Page 4
Initiation of Disaster Plan .....	Page 4
Provider Information & Locating .....	Page 4
Communication .....	Page 5
Training .....	Page 6
ND Court System .....	Page 7
Records Preservation .....	Page 7
CFS Function .....	Page 7
Disaster Follow Up .....	Page 7
Disaster Response .....	Page 7
Disaster Recovery.....	Page 7
Call In & Email Address Reminder .....	Page 8
Foster Care Providers (SFN 1037).....	Page 9
Amendments/Updates .....	Page 10

This plan can be found by going to the ND Department of Health and Human Services website

<https://www.hhs.nd.gov/cfs/publicationschildren-and-family-services>

## **Introduction**

The Child and Family Services Improvement Act of 2006 (P.L. 109-288) mandates that State child welfare agencies develop disaster plans that include how they will do the following:

- Identify, locate, and continue the availability of services for children under State care or supervision who are displaced or adversely affected by a disaster;
- Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those cases;
- Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster;
- Preserve essential program records;
- Coordinate services and share information with other States

## **Continuity of Operations Plan (COOP)**

North Dakota has developed and implemented the Emergency Disaster Preparedness Continuity of Operations (COOP) Plan to provide disaster preparedness instruction to foster care providers and adoptive families and children under the custody of a North Dakota public agency. This comprehensive and effective plan is to first and most importantly, ensures the safety, permanency, and well-being of our youth. Second, by having a plan North Dakota will be in full compliance with federal and state mandates.

The North Dakota Department of Health and Human Services (HHS), Children and Family Services has an obligation to the clients served to perform its essential functions efficiently during periods of disruption. When emergencies or other situations arise that disrupt HHS operations, HHS will activate the COOP to continue essential functions. This plan has been developed in accordance with guidance in Executive Order (EO) 12656. The Department uses an all-hazards approach in its disaster preparedness planning process.

## **Types of Disasters**

Natural and man-made disasters come in many forms and may dramatically overwhelm North Dakota's current welfare services service system. This plan is specific to response when one of the three levels of disasters occur.

1. Destruction of the North Dakota ND Department of Health and Human Services vault in the state capitol or the Children and Family Services office located on Divide Ave in Bismarck, ND.
2. Destruction of all or some level of the two data management systems that hold all of the pertinent ND child welfare data; Comprehensive Child Welfare Information and Payment System (CCWIPS) or FRAME.
3. Natural disasters impacting our outlying counties, facilities, and foster homes causing excess loss of life or property damage due to unforeseen destruction by floods, tornados, high winds, power outages, winter and summer storms, etc.



### **Disaster Preparedness Process**

ND Department of Health and Human Services, Children and Family Services, Human Service Zones (counties), providers, professionals and other partners play an important role in preparing and responding to the safety and well-being of children and families during a disaster. ND follows this developed plan in an effort to protect vulnerable children and families during the disaster and for direction in moving forward after a disaster.

1. Initiation of Disaster Plan
2. Provider Identification and Locating
3. Communication Protocols
4. Training for state and custodial agency professionals

### **Initiation of Disaster Plan**

The CFS director, or designee, will activate the CFS Continuity of Operations (COOP) Plan and work in tandem with the HHS Disaster Preparedness Administrator and assigned CFS Field Service Specialists. If a disaster occurs, the COOP is initiated, and information is disseminated immediately to the field by Children & Family Services.

### **Provider Information & Locating**

Children and Family Services (CFS) has established a system for gathering and providing information on foster care providers in the event they are caring for a child under public custody and they become unexpectedly displaced. Since January 2009, all foster care providers must outline disaster evacuation plans (SFN 1037) that consider primary and secondary planning. At the time of licensing and relicensing, applicants disclose and update their plan, which is made part of the 'licensing file'.

### **Adoption Placements:**

Children in pre-adopt placement are still under the custody and supervision of a public agency; Human Service Zone or Tribal Nation. In the event of an emergency, the custodian of the child is responsible for maintaining contact with the adoptive families. Adults Adopting Special Kids (AASK) is the contracted vendor for adoptive placements. AASK maintains a database of active families, which includes disaster evacuation procedures specific to each active adoptive family.

### **Foster Care Placements:**

Children in foster care placement are under the custody and supervision of a public agency; Human Service Zone, DJS or Tribal Nation. In the event of an emergency, the custodian of the child is responsible for maintaining contact with the foster care provider or caregiver to the child. CFS Licensing Unit requires each licensed foster care provider to complete the disaster plan details on the SFN 1037. CFS Licensing Unit employees have access to the file in Sharepoint and can access emergency contact information at any time, while also sorting families by county, city, etc.

North Dakota Administrative Code (NDAC) 75-03-40 requires Qualified Residential Treatment Programs to have written plans and procedures for meeting disasters and emergencies. A facility must have written plans and procedures for meeting disasters and emergencies. Employees must know all plans and procedures for meeting disasters and emergencies. The facility shall advise children in placement and their custodial agency of all emergency and evacuation procedures upon admission to the facility.

Foster care providers are required to follow the communication protocols and will have access to the CFS telephone numbers and email address for ongoing updates and feedback.

## **Communication**

The CFS director, or specified designee, will activate the CFS COOP and work in tandem with the HHS Disaster Preparedness Administrator and CFS Field Service Specialists to develop processes that are specific to each region so as to respond to the disaster utilizing the appropriate services in that particular region/area. Children and Family Services in direct communication with the HHS Executive Office and Risk Management partners with the following state agencies: Department of Agriculture, Department of Public Instruction, Environmental Quality Departments, Department of Justice and the Department of Corrections and Rehabilitation, Disaster and Emergency Services, Military Affairs, Labor and Industry Departments, Department of Commerce, Department of Revenue and Department of Transportation, the Red Cross, Salvation Army, local, state and regional disaster directors, Homeland Security and other private and professional agencies and associations.

No one can predict when and where a disaster may strike. It is even more difficult to plan for every scenario to produce the best possible outcome to get through such tragic events. ND has established this basic flow chart of communication and contacts that will assist in the event of a disaster.

1. CFS Administration (Case Management, Licensing and Adoption) all have direct communication access (phone and email) to public custodians; Human Service Zone, DJS and Tribal Nations (IV-E cases). Children in placement can be tracked through our data management system, FRAME. A report can be generated through this system which will outline the placement resource for all children by county of residence under public custody.
2. CFS Field Service Specialists are a primary connection between the local Human Service Zone, Division of Juvenile Services or Tribal Nation as the child's public custodian. Each Field Service Specialist has a list of cases they offer technical assistance for in their service area, as well as emergency contact information of the public agency case manager.
3. CFS Licensing Unit has access to all licensed foster care providers and the ability to sort families from a geographic area and identify if they have a placement in their home, etc. if new need to get ahold of a family. The SFN 1037 has identified emergency contacts and locations where they would go in the event of an emergency. In addition, our unit has a centralized email inbox ([cfslicensing@nd.gov](mailto:cfslicensing@nd.gov)) and phone call center (701-328-2322).
4. Press releases addressing a state disaster will be generated from the Department of Homeland Security/ND Department of Emergency Services, Public Information Office or a Joint Information Center (JIC). There is a website available to provide emergency information to foster care providers that will be initiated when and if a disaster plan is required.
5. Child Protection Services will continue to deliver services through the local agency, with backup support from other North Dakota Field Service Specialists and CPS Intake Unit.
6. During any disaster, the CFS COOP (Division Director, CFS Management Team and Interstate Compact Administrator) will remain available through phone and electronic forms of communication to coordinate services and share information with appropriate parties.
7. The department has two measures in which providers and families can contact the Department to report a disaster or evacuation. CFS Central Office email address [dhscfs@nd.gov](mailto:dhscfs@nd.gov) and **1-800-245-3736** and **701-328-2316** as well as CFS Licensing Unit email address at [cfslicensing@nd.gov](mailto:cfslicensing@nd.gov) and **701-328-2322**. The following message has been placed on the two designated telephone numbers: *You have reached Children & Family Services of the North Dakota Department of Health and Human Services. If you are a foster care provider or adoptive*

*family who has been displaced as a result of a disaster, please leave your telephone number and current address, as well as the name of the child or children currently with you. We will contact you as soon as possible.*

8. Emergency Communication to Human Service Zone's: HHS can access Assurance NM as the emergency notification system used by the State of North Dakota and the Department of Health and Human Services to provide important information to our team members.
9. Information/System Security: NDIT provides direction and technical expertise to all Department Sections and facilities to ensure the Department's IT Resources are used appropriately and in accordance with Department and NDIT policies and procedures. This includes protecting the confidentiality, integrity, and availability of Department information and the systems that handle the information. The Department encourages the proper use of its IT Resources for conducting Department business as an effective and efficient tool within the framework of applicable federal and state laws, federal regulations, administrative rules, and Department policies. Users of Department IT Resources hold positions of trust both in preserving the security and confidentiality of Department information and in safeguarding Department IT Resources. Any potential loss of Department information or IT Resource availability can have a significant impact on the Department's ability to fulfill its mission. The requirements outlined in this policy are to assist users in understanding the expectations with regard to appropriate use, and consequently will help minimize some of the risks that are inherent with the daily use of Department IT Resources.

If a disaster has occurred anywhere in North Dakota, Children and Family Services (CFS) staff will immediately follow up on all voice messages left or emails received. Depending upon the extent of the disaster, CFS staff is prepared to provide 24-7 staff coverage to manage phone lines and needs. A Sharepoint list of impacted families will be started and managed as determined reasonable and necessary by the COOP Team.

The child welfare case management system, FRAME, contains placement information on all children in foster care. This system can be accessed by Human Service Zone, DJS and CFS employees. Although there are limits as to what information Zones and DJS have access to, CFS can view all cases with full statewide access in FRAME.

### **Training**

Training for state and local offices is determined based on the locality of the agency, local approaches to agency structure for detailed disasters, inclusive of drills for fire, tornado, storms, active shooter, etc. Foster care providers receive training on emergency response as part of the PRIDE training module, and fire safety in person and web based online training is available. HHS can choose to develop a team to train state and local offices in disaster preparedness and is a direct liaison to the North Dakota Department of Emergency Services, an agency that provides 24/7 emergency communications and resource coordination with more than 50 lead and support agencies, private enterprise, and voluntary organizations to assist local jurisdictions in disaster and emergency response activities. Training is ongoing and updated when necessary.

CFS Administrators have access to the Disaster Plan which is also posted on the department's website. This information is disseminated annually and shared at the time of a new hire at CFS. CFS will participate in mock drills to better prepare for a disaster.

Foster care providers and adoptive parents may be given an "Emergency North Dakota Foster Care Call In" card at the time of licensure or re-licensure as well as have emergency information and agency contacts available to them in the [Foster Care Provider Handbook](#)



### **North Dakota Court System**

If a disaster has occurred in any region of North Dakota involving children in foster care under the jurisdiction of the North Dakota Court System, a protocol between the North Dakota Department of Health and Human Services and the North Dakota Court System has been developed. A master list of all displaced children and their location, compiled by the CFS Licensing Unit Administrator, will be sent to the Juvenile Court Director located in the region the disaster has occurred.

### **Records Preservation**

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

### **Children & Family Services Function**

North Dakota is a state supervised, county administered state. ND HHS Children and Family Services (CFS) supervises all activity in ND child welfare. CFS is responsible to facilitate the creation of the designated CFS Continuity of Operations (COOP) team. CFS will collaborate with emergency personnel, state emergency agencies to best accommodate comfort in knowledge and understanding of expectations during the emergency. CFS will observe all mandates regarding state and federal requirements, including report completion, grant management and information system oversight. ND Department of Health and Human Services recognizes that critical incident stress debriefing may be needed. Should the disaster leave personnel requiring assistance in coping with the tragedy, personnel will be offered debriefing groups and /or counseling. CFS administration will also determine which staff and essential services are needed to be dispatched to the disaster affected area.

### **Disaster Follow-Up**

The ability of the stakeholders to carry out the disaster plan will be evaluated, as well as CFS's ability to obtain assistance from designated partners. Administration will review all information available stemming from the disaster. An assigned team will determine if policies and/or the disaster plan needs to be revised or if new policies need to be written, to adequately address future disasters.

### **ND Disaster Response**

The Disaster Plan is intended to offer clarity to foster care providers and adoptive families surrounding who to call and when. In addition, exposes the collaborative effort of various agencies who partner when natural disaster strikes, and North Dakota is in a position to respond and support families and caregivers.

### **ND Disaster Recovery**

After a disaster, Children and Family Services will work diligently to ensure disaster planning includes specific information about how to address any child, family, provider and staff emotional trauma. In addition, coordination with service providers and community agencies will occur to ensure appropriate referrals are made to support the emotional wellbeing of children and families impacted by the disaster.

**CFS Disaster Plan  
Provider Call In & Email Notification**

**FOSTER CARE PROVIDER &  
ADOPTIVE FAMILY PLACEMENT  
DISPLACED DUE TO DISASTER?**

**CALL IN ASAP**

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

**or, the**

**ND DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**CHILDREN AND FAMILY SERVICES**

**701-328-2316 or 701-328-2322**

**[dhscfs@nd.gov](mailto:dhscfs@nd.gov) or [cfslicensing@nd.gov](mailto:cfslicensing@nd.gov)**

Full disaster plan is viewable by going to the ND Department of Health and Human Services  
website location: <https://www.hhs.nd.gov/cfs/publicationschildren-and-family-services>

# FOSTER CARE PROVIDERS

SFN 1037 <https://www.nd.gov/eforms?sfntitle=1037#searchResults>

## SECTION D - FAMILY EVACUATION DISASTER PLAN

Evacuation planning is required for all licensed foster parents in the event there is reason to leave your home due to a natural disaster or catastrophic event. Indicate emergency contact information below:

### Emergency Contact #1

Contact				
Address		City	State	ZIP Code
Telephone Number	Cell Phone Number	Email Address		
Additional Contact Information				

### Emergency Contact #2

Contact				
Address		City	State	ZIP Code
Telephone Number	Cell Phone Number	Email Address		
Additional Contact Information				

### Evacuation Location

Type				
<input type="checkbox"/> Hotel	<input type="checkbox"/> Relative's Home	<input type="checkbox"/> Lake Cabin	<input type="checkbox"/> Other	
Contact Name				
Address		City	State	ZIP Code

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

- Agency contact information (e.g. agency emergency contact number.)
- Child information (e.g. prescriptions, recent medical reports, physician's name and contact information, immunization history).
- I understand that in the event that I must evacuate my home, I am required to report my location to the legal custodian, licensing agent or the North Dakota of Human Services, CFS Licensing Unit.
- I understand that if any of the information included in this plan changes, I am to update the legal custodian, licensing agent or the North Dakota Department of Human Services within 7 days of the change.

## SECTION E - YOUTH IN FOSTER CARE DRIVING

Foster parents must review the pamphlet, [DN 271](#), "Motor Vehicle Operation by Youth in Foster Care" at the time of initial licensure, annual licensure, and as needed thereafter. Below is the notice/acknowledgment the foster parent(s) received and understand the information.

- ☐ I have reviewed the pamphlet "Motor Vehicle Operation by Youth in Foster Care" which outlines the North Dakota Department of Human Services policy related to the operation of motor vehicles by youth in foster care.
- ☐ I understand the policy related to the operation of motor vehicles by youth in foster care.
- ☐ By checking this box and typing my name below, I/we am signing this document electronically. I/we agree that my electronic signature is the legal equivalent of my manual/handwritten signature. I/we agree that the electronic signature appearing on this document has the same validity and enforceability as a handwritten signature.

Signature	Date
Signature	Date

# Historical Disaster Plan Use 2020 - 2024

**2019:** North Dakota was presented with flooding in the spring of 2019, ND activated the State Recovery Multi-Agency Coordination Center, led by the state Agriculture Commissioner, the NDDES Director, the NDDES Homeland Security Director and the State Engineer, who provided direction to help communities with recovery efforts. 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. 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 Federal Aid System (FAS) to fix roads.

**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 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. A series of FAQ documents were made available: <http://www.nd.gov/dhs/info/covid-19/provider-q-a.html>

**2021:** Unprecedented dry winter. The Disaster Plan was not utilized for weather related impacts, rather to review protocol related to the world-wide health pandemic (COVID-19) which led to economic disaster for residents across the nation.

**2022:** Record high snowfall and blizzard conditions in mid-April, which led to additional and unpredicted ground flooding and flash floods in cities and towns across North Dakota. It is typical for the Red River in eastern North Dakota, along the Minnesota boarder to flood, but it is not as common for the Pembina River (Neché, ND), Sheyenne River (Lisbon and Carrington, ND). CFS did not experience any families who were displaced, but rather able to hold out the storm and maintain dry homes.

**2023:** Record high snowfall across majority of North Dakota. CFS did not experience any families who were displaced, but rather able to hold out the storm and maintain dry homes. In May, 2023 Governor Burgum asked the federal government for a Major Disaster declaration stating, "Within the past five years, North Dakota has received eight federally declared disaster declarations with our most recent being the November 2022 ice storm. The state had a particularly challenging winter, falling within 0.4 inches of the record average statewide snowfall and breaking snowfall records in the central portions of the state. North Dakota requested a major disaster declaration various counties impacted with \$4.1 million in damages".

**2024:** A December winter ice storm affected large parts of North Dakota causing more than \$11.5 million dollars in damage over 13 counties. Freezing rain and 40 mile per hour winds destroyed more than 2,000 power poles and knocked out power to more than 20,000 customers. The ice storm forced sections of interstate highways to close, including from Grand Forks to the Canadian border. Federal funding was made available to state, tribal, and eligible local governments and certain private nonprofit organizations on a cost-sharing basis for emergency work and the repair or replacement of facilities damaged by the severe winter.

In addition to this plan, ND Department of Health and Human Services manage response plans; updated and revised periodically. A site with various plans can be referenced at: [HHS Disaster Plan](#).

## Plan Amendment - 2025

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

Disasters in North Dakota are continuous, but that does not stop our communities from standing strong and remaining adaptable. Efforts to ensure the safety and security of North Dakota citizens are always ongoing but was specifically shown historically with extreme and variable weather events causing substantial damage.

As noted on the previous page, several rounds of precipitation hit the state producing snow, rain, and freezing rain creating thick layers of ice accumulations on critical electrical infrastructure. In addition, the ND Watch Center and NDDES coordinated a response to the Missouri River Ice Jam from February 28th to March 1<sup>st</sup>, 2024. On February 28, 2024, an ice jam began forming at the confluence of the Heart and Missouri Rivers between Bismarck and Mandan.

In October 2024, the state deployed resources to manage wild land fires which occurred in the western part of North Dakota.

*Given the nature of the North Dakota climate and local supports, there was no need to formally utilize the ND Disaster plan in this past year. However, formal changes were made to the ND Disaster Plan included providing clarity to the process for how we manage adoptive families, which is inclusive of the custodial agency case worker.*

# 2025-2027 Children and Family Services Training Center Training & Work Plan



# 2025-2027 CFSTC Training and Work Plan

## **The administrative Work Plan expectations of the Children and Family Services Training Center (CFSTC) are:**

- A. The CFSTC Director/or the CFSTC Designee will attend field staff meetings of the Children and Family Services (CFS) Section.
- B. The CFSTC Director and staff will develop child welfare training connections with other child welfare related state training centers and National Resource Centers.
- C. CFSTC staff will be proactive in recommending to CFS methods, products, and materials that will strengthen and improve the training of child welfare staff.
- D. CFS Section may have input on staff hired at CFSTC per CFS request. CFS Section staff or CFS designee may participate in interviews of prospective staff if requested. For the position of the Director of the CFSTC, the CFS Section may participate in the interviews. The CFSTC Director will have communication with CFS Director prior to all staff hires being finalized.
- E. The selection of any trainer to carry out training under this Work Plan shall be the responsibility of CFSTC in consultation with the CFS Section.
- F. CFSTC staff will record and retain records on child welfare workers who participate in trainings facilitated or organized through the Training Center or CFS Section.
- G. The CFS Section (CFS Management Team) will hold an annual meeting (in- person or virtual) with CFSTC. The CFS Section Director and CFSTC Director will meet at least twice per year to update and communicate on the progress of the Work Plan.
- H. The Director of CFSTC will provide quarterly reports to the CFS Section Management Team on the progress of the items contained in the Work Plan.
- I. Any proposed amendments to the Work Plan by either the CFS Section or the CFSTC must be approved by the CFS Management Team and the Director of CFSTC.
- J. Participate in child welfare program redesign efforts at the request of CFS including task force membership and assisting with developing and providing training.



- K. Assist in requested statewide CFS partner trainings per request of the CFS Section Director. All training requests should come through communication between CFS Section Director and CFSTC Director to determine capacity of CFSTC and fit for state need/goals.

## **Section I: CHILD WELFARE CERTIFICATION TRAINING**

- C. A minimum of two complete sessions of Human Service Zone and Tribal Social Service Child Welfare Certification Training (CWCT) sessions be completed in each contract year using the developed curriculum, unless determined otherwise by the CFS and CFSTC.
- D. Each session of CWCT will include a minimum of 10 participants and no more than 30 participants. If there are more than 30 participants requesting to register for either Child Welfare training, discretion will be used by the Director of the Training Center, in consultation with the CFS director to increase the number of participants for each session. Human Service Zone and Tribal Social Service employees will be eligible for the cost of lodging. Reimbursement for any other participants or any other expenses must be pre-approved by the CFSTC Director and the CFS Section Director. Questions about any participants who wish to attend the training, who are not on the approved list of agencies will be discussed with the CFS Section Director before acceptance into the training.
- E. CFSTC will also:
  - i. Evaluate the training and the curriculum through trainee evaluations, ongoing staff meetings, and consultation with CFS Section program administrators. A summary of the evaluations will be provided to CFS upon request. A debrief about the CWCT sessions with the CFS Section Management Team will be held upon completion of the evaluation summary as requested.
  - ii. An update of child welfare certification participants, those that have completed, and those that are in the process of completing will be included in the quarterly report. Upon request, the names of child welfare workers who did not complete the certification program due to attendance issues or incomplete assignments will also be provided.
  - iii. Provide a list of all individuals who have completed Child Welfare Certification at the request of the CFS Section Director or designee.
  - iv. CFSTC will make ongoing efforts to review all training CWCT curriculum and make changes as requested by CFS. Modifications to training materials/curriculum will be made to maintain consistency



with any policy changes. CFSTC will ensure that any changes based on child welfare program redesign along with the Safety Framework Practice Model are implemented into training. Any significant updates that are made will be documented in the CFSTC quarterly reports and shared verbally in CFS related meetings.

- v. Ongoing efforts will continue to update and utilize the transfer of learning document for child welfare supervisors to reinforce knowledge and skills obtained in child welfare certification. The transfer of learning document will be posted on CFSTC website as well as emailed out to supervisors who have workers attending in current CWCT cohort.

- D. CFSTC will also hold up to two partner child welfare overview online training sessions for stakeholders to include Nexus-PATH, AASK, DJS, and other child welfare related agencies, if requested and approved by the CFS Section, per contract year. This abbreviated training is currently titled Child Welfare Partner Orientation Wraparound Training. Additional sessions may be added based on need, availability of funding, and capacity of the Training Center.

## **Section II: FOSTER CARE PROVIDER/ADOPTIVE PARENT TRAINING**

11. Plan and provide the necessary budgetary support to include materials, trainer fees, mileage, childcare, meals, and lodging, and other anticipated costs for foster care provider training.
12. Evaluate the training delivery and the curriculum through trainee evaluations, ongoing staff meetings, and consultation with the Foster Care and Adoption related Administrators.
13. Maintain the PRIDE and Abbreviated PRIDE On-Line Curriculum through contract agreement with Governor's State University.
14. Provide various training supports to local foster provider training activities in selected sites as negotiated with Foster Care and Adoption related Administrators. These activities include:
  - A. Reimburse foster care providers for up to twelve hours of annual training for travel, per diem, and childcare expenses.
  - B. Provide technical assistance regarding training and resources to Human Service Zones conducting local foster care provider or adoptive parent training.
  - C. Conduct an annual foster care provider training needs assessment and develop a training plan based on the assessment.
  - D. Provide training or assist in the delivery of training upon request of Field Service Specialists and Permanency Administrator on specialized topics to foster care provider groups (taking budget constraints into consideration).
  - E. Seek advice from Human Service Zones on foster care provider training needs annually.
  - F. Provide specialized training for foster care providers & adoptive parents to assist in skill development for the complex needs of children within the child welfare system.

15. Participate in Statewide Case management calls as requested. Provide representation by attending Statewide Case management calls regularly.

### **Section III: THERAPEUTIC FOSTER CARE TRAINING**

19. CFSTC will meet with Nexus-PATH Operations Director or Nexus-PATH designee to review the Therapeutic Foster Care training plan, at least annually.
20. CFSTC will coordinate, deliver, and evaluate the Treatment Foster Care training curriculum in partnership with Nexus-PATH Therapeutic Foster Care providers. Three initial training sessions will be offered during the Work Plan year. These

weekend trainings will include Non-Violent Crisis Intervention Training, Trauma Informed Care Training, and Together Facing the Challenge Training.

- C. Reimbursement will be provided to Nexus-PATH therapeutic foster providers for training expenses as outlined in the CFSTC reimbursement guidelines.
- D. CFSTC will have representation and participate in the Nexus-PATH Education Committee.

### **Section IV: FOSTERING COMMUNICATIONS NEWSLETTER**

- A. CFSTC will write, edit, and produce Fostering Communications four times annually and distribute. Review foster care and adoption literature and various publications for ideas and stories for development.
- B. CFSTC will distribute the newsletter electronically to foster care and adoptive family homes, residential facilities, Human Service Zones, CFS Section, and private human service agencies in North Dakota.
- C. CFSTC will post the newsletter on the CFSTC website and share on social media.
- D. CFSTC will provide a newsletter draft to Permanency Manager or designee for their review, if requested.

### **Section V: CHAFEE FOSTER CARE TRANSITION PROGRAM**

- A. Attend Chafee Program Quarterly meetings and trainings, as requested.

- B. Coordinate training updates on Chafee programming as necessary for the field.

## **Section VI: CFSTC WEBSITE**

- A. CFSTC will maintain a website which will house information related to training child welfare professionals as well as foster care providers, kinship providers, and adoptive parents. It will include:
- Details about Child Welfare Certification with registration.
  - Ongoing training calendar with event registration capability.
  - Child Welfare resource materials with instructions on how to obtain the potential resource.
  - Newsletters currently include Fostering Communications and the Human Service Zone Supervisor Brief.
  - Other child welfare related information as deemed appropriate.
  - Link to a CFSTC Facebook Page to highlight news, resources, and events related to child welfare in North Dakota.
- B. CFSTC will work with CFS Administration to develop a comprehensive learning management system to enhance both live and online training capabilities for child welfare practitioners and foster/adoptive families within the planned CFS comprehensive data management system, potentially OCEANS.
- CFSTC will maintain current LMS system until state system is employed.

## **Section VII: WRAPAROUND CERTIFICATION TRAINING**

- A. CFSTC will deliver Wraparound Certification Training to child welfare staff and partner agencies including Human Service Zone, Tribal Social Services, Nexus- PATH, AASK, DJS, Chafee Transition Coordinators, and QRTP staff, as well as any other contracted providers deemed appropriate by CFS Section.
- B. CFSTC will provide a list of individuals who have completed Wraparound Certification Training Certification to the CFS Section.
- C. CFSTC will continue to review and enhance curriculum based on child welfare redesign efforts and Safety Framework Practice Model.

## **Section VIII: SECONDARY TRAUMA EDUCATION, PREVENTION, AND SUPPORT PROJECT**

- A. CFSTC will manage the secondary trauma education, prevention, and support project.
- B. CFSTC will work with the consultant to provide ongoing support and training to child welfare professionals in North Dakota including Human Service Zone employees and QRTP staff.
- C. CFSTC will evaluate the ongoing need for support and education for the child welfare field.
- D. Secondary trauma consultant will deliver training to child welfare professionals: Introduction to Secondary Traumatic Stress, Advanced Training for Supervisors, Trauma and Stress Reduction Training, and other special topics as requested and developed.
- E. Secondary trauma consultant will provide supportive sessions to workers impacted by secondary trauma, including both individual and group debriefing.
- F. Regular meetings will be held between the CFSTC Director and Secondary trauma consultant.

## **Section IX: SUPERVISOR TRAINING**

- A. CFSTC will deliver foundation training for new Human Service Zone child welfare supervisors.
- B. CFSTC will continue to research, evaluate, and implement additional potential supervisor support trainings to replace the past utilized Leadership Academy for Supervisors training.
- C. CFSTC will secure a national supervisor trainer to provide either in-person or online training for Human Service Zone Supervisors.
- D. CFSTC will attend Human Service Zone Supervisor meetings as requested.
- E. CFSTC will evaluate the need for ongoing training addressing special topic areas for supervisors and provide as able.
- F. CFSTC will publish quarterly Child Welfare Supervisor Briefs that focus on supporting best practice efforts in child welfare.

## **Section X: GENERAL EXPECTATIONS**

In addition to the above-mentioned activities, CFSTC may be involved in other training activities that directly support or complement these activities. For these additional various training activities, each request will be evaluated in accordance with all current activities, contract scope of service, availability of funds, and must be approved by the CFS Section Designee prior to implementation.

The following training activities are expectations for CFSTC for this Work Plan period:

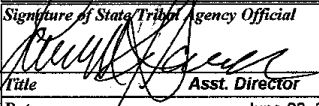
- A. Make payment for in-state travel, registration fees, and per diem expenses for foster providers, Human Service Zone workers, Field Service Specialists, and CFS Section staff upon approval of the CFS Director and as funds allow.
- B. Attend out-of-state and in-state training conferences as requested by the CFS Section Director or Designee.
- C. Serve on State Task Forces, Champions of Change, and other initiatives at the request of the CFS Section Director or Designee.
- D. Serve as a member of the Alliance for Children's Justice.
- E. Continue developing, with CFS Section staff, electronic methods, and options for delivery of child welfare related trainings.

## **Section XI: OTHER TRAINING TASKS AND PROJECTS**

- A. Conduct up to two PRIDE Mutual Family Assessment Training sessions during the Work Plan period, *if needed*. This training will occur only if there are at least 10 or more individuals needing to receive the training.
- B. Schedule and conduct Initial Foundation Parent Aide training for new parent aides annually. This training will occur only if there are at least 6 or more individuals needing to receive the training.
- C. Provide coordination and support for an annual statewide conference with the CFS Section and Behavioral Health Section staff.
- D. Maintain a presence on social media to provide child welfare educational materials, social awareness, and promote available trainings.
- E. Assist and support training needs for IV-E evidenced based program(s) as they are approved by CFS for the child welfare field, kinship care providers, and other related providers as budget and capacity allows.
- F. Meet with the Native American Training Institute up to twice yearly to facilitate integration of training session/schedules, collaboration and coordination of training activities and resources, and explore opportunities for enhanced collaboration as long as the resource is available.
- G. Notify CFS Administration of any request from Human Service Zone or private agency staff for training on North Dakota child welfare policy and procedures in order to make joint decision on response to request.

## Financial Information

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

For Federal Fiscal Year 2026: October 1, 2025 through September 30, 2026					
<b>1. Name of State or Indian Tribal Organization AND Department/Division:</b> North Dakota Department of Health and Human Services - Children and Family Services Section			<b>3. EIN:</b> 45-0309764	<b>4. UEI:</b> GSKXYGKX6A4	
<b>2. Address:</b> (insert mailing address for grant award notices in the two rows below) 600 E Boulevard Ave Bismarck ND 58505-0250			<b>5. Submission Type:</b> (mark X on selection) - New <input checked="" type="checkbox"/> - Reallotment <input type="checkbox"/>		
<b>a) Contact Name and Phone for Questions:</b> Lauren J. Sauer (701) 328-1709			<b>b) Email address for grant award notices (one only):</b> lsauer@nd.gov		
<b>REQUEST FOR FUNDING for FY 2026:</b> The annual budget request demonstrates a grantee's application for funding under each program and provides estimates on the planned use of funds. Final allotments will be determined by formula. <i>Hardcode all numbers; no formulas or linked cells.</i>					
<b>6. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:</b>					\$615,925
<b>a) Total administrative costs (not to exceed 10% of the CWS request)</b>					\$61,592
<b>7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:</b>			<b>% of Total</b>		\$380,501
<b>a) Family Preservation Services</b>			22.9%		\$87,134
<b>b) Family Support Services</b>			22.9%		\$87,134
<b>c) Family Reunification Services</b>			22.9%		\$87,134
<b>d) Adoption Promotion and Support Services</b>			22.9%		\$87,134
<b>e) Other Service Related Activities (e.g. planning)</b>			0.0%		\$0
<b>f) Administrative Costs (STATES: not to exceed 10% of the PSSF request; TRIBES: no maximum %)</b>			8.4%		\$31,965
<b>g) Total itemized request for title IV-B Subpart 2 funds: NO ENTRY: Displays the sum of lines 7a-f.</b>			100.0%		\$380,501
<b>8. Requested Monthly Caseworker Visit (MCV) funds: (For STATES ONLY)</b>					\$24,502
<b>a) Total administrative costs (not to exceed 10% of MCV request)</b>					\$0
<b>9. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: (STATES ONLY)</b>					\$301,883
<b>10. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood: (Chafee) funds:</b>					\$605,838
<b>a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of Chafee request).</b>					\$0
<b>11. Requested Education and Training Voucher (ETV) funds:</b>					\$182,974
<b>REALLOTMENT REQUEST(S) for FY 2025:</b> Complete this section for adjustments to current year awarded funding levels. This section should be blank for any "NEW" submission.					
<b>12. Identification of Surplus for Reallocation:</b> a) Indicate the amount of the State's/Tribe's FY 2025 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>	<b>ETV Program</b>	
\$0	\$0	\$0	\$0	\$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>	<b>ETV Program</b>	
\$0	\$0	\$0	\$0	\$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>		
<b>Title</b> Asst. Director			<b>Title</b>		
<b>Date</b> June 28, 2025			<b>Date</b>		

FY 2026 APSR



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

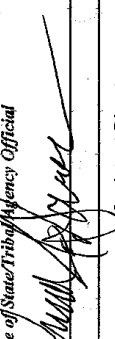
Name of State or Indian Tribal Organization: **North Dakota Department of Health and Human Services - Children and Family Se** For FY 2026: **OCTOBER 1, 2025 TO SEPTEMBER 30, 2026**

ENTER WHOLE NUMBERS ONLY

SERVICES/ACTIVITIES	(A) 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, TRIBAL, & DONATED FUNDS	(I) Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served (describe)	(L) Geographic Area To Be Served
1.) PROTECTIVE SERVICES	\$ -			\$ 75,471				\$ -	4,900	8,700	NA	Statewide
2.) CRISIS INTERVENTION (FAMILY PRESENTATION)	\$ 94,282	\$ 87,134		\$ 75,471				\$ -	1,100	NA	Crisis/Risk of Foster Care	Statewide/ Reservation
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	\$ 94,280	\$ 87,134		\$ 75,471				\$ -	600,000	3,000	Reports of Abuse & Neglect	Statewide/ Reservation
4.) FAMILY REUNIFICATION SERVICES	\$ 94,280	\$ 87,134						\$ -	650	NA	All Eligible Children	Statewide/ Reservation
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	\$ 94,280	\$ 87,134						\$ -	200	NA	All Eligible Children	Statewide/ Reservation
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	\$ -	\$ -						\$ -	NA	NA	NA	NA
7.) FOSTER CARE MAINTENANCE:												
(a) FOSTER FAMILY & RELATIVE FOSTER CARE	\$ -							\$ 6,191,270	1,500	NA	All Eligible Children	Statewide/ Reservation
(b) GROUP/INST CARE	\$ -							\$ 3,784,949	175	-	All Eligible Children	Statewide
8.) ADOPTION SUBSIDY PYMTS.	\$ -							\$ 12,447,003	2,100	NA	All Eligible Children	Statewide
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	\$ 177,211							\$ 200,000	180	NA	All Eligible Children	Statewide
10.) INDEPENDENT LIVING SERVICES	\$ -				\$ 605,838			\$ -	400	NA	All Eligible Children	Statewide/ Reservation
11.) EDUCATION AND TRAINING VOUCHERS	\$ -					\$ 182,974		\$ 60,792	60	NA	All Eligible Children	Statewide/ Reservation
12.) ADMINISTRATIVE COSTS	\$ 61,592	\$ 31,965	\$ -					\$ 14,331,440				
13.) FOSTER PARENT RECRUITMENT & TRAINING	\$ -	\$ -						\$ -				
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	\$ -	\$ -						\$ 1,105,585				
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	\$ -	\$ -						\$ 180,843				
16.) STAFF & EXTERNAL PARTNERS TRAINING	\$ -	\$ -						\$ -				
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	\$ -	\$ -	\$ 24,502					\$ 554,793				
18.) TOTAL	\$ 615,925	\$ 380,501	\$ 24,502	\$ 301,883	\$ 605,838	\$ 182,974		\$ 38,009,343				
19.) TOTALS FROM PART I	\$ 615,925	\$ 380,501	\$ 24,502	\$ 301,883	\$ 605,838	\$ 182,974						
20.) Difference (Part I - Part II)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00						
(If there is an amount other than \$0.00 in Row 20, adjust amounts on either Part I or Part II. A red value in parentheses (\$) means Part II exceeds the amount on Part I.)												
21.) Population data required in columns I - L can be found:									On this form		In the AFSS Narrative	
									X			

**CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Program, and Education And Training Voucher**

**Reporting on Expenditure Period For Federal Fiscal Year 2023 Grants: October 1, 2022 through September 30, 2024**

1. Name of State or Indian Tribal Organization: North Dakota Department of Health and Human Services - Children and Family Services Section		2. Address: 600 E Boulevard Ave Bismarck ND 58505-0250		3. EIN: 45-0309764		4. UEI: GSKXYGKGX6A4	
5. Submission Type: (type New or Revision)							
Description of Funds	(A) Actual Expenditures for FY 23 Grants (whole numbers only)	(B) Number Individuals served	(C) Number Families served	(D) served	Population (describe)	(E) Geographic area served	
<b>6. Total title IV-B, subpart 1 (CWS) funds:</b>							
a) Administrative Costs (not to exceed 10% of CWS allotment)	\$ 545,291	4,127	1,486		At Eligible Families	Statewide	
<b>7. Total title IV-B, subpart 2 (PSSF) funds: Tribes enter amounts for Estimated and Actuals, or complete 7a-f.</b>							
a) Family Preservation Services	\$ 388,255	675,464	1,851		At Eligible Families	Statewide	
b) Family Support Services	\$ 87,357						
c) Family Reunification Services	\$ 87,357						
d) Adoption Promotion and Support Services	\$ 87,357						
e) Other Service Related Activities (e.g. planning)	\$ 38,827						
f) Administrative Costs	\$ -						
<b>(FOR STATES, not to exceed 10% of PSSF spending)</b>							
g) Total title IV-B, subpart 2 funds:	\$ 388,255						
<b>NO ENTRY: This line displays the sum of lines a-f.</b>							
<b>8. Total Monthly Caseworker Visit funds: (STATES ONLY)</b>							
a) Administrative Costs (not to exceed 10% of MCV allotment)	\$ 24,542						
<b>9. Total Chafee Program for Successful Transition to Adulthood Program (Chafee) funds: (optional)</b>							
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of Chafee allotment)	\$ 537,662						
<b>10. Total Education and Training Voucher (ETV) funds: (Optional)</b>							
b) 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.	\$ 168,293						
<b>Signature of State/Tribal Agency Official</b>							
		<b>Signature of Federal Children's Bureau Official</b>					
<b>Title</b>		<b>Date</b>		<b>Date</b>			
Assistant Director		6/28/2025					



## **Attachment A: Organizational Chart**

