

2015-2019

Child and Family Services Plan

Final Report

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

June 14, 2019

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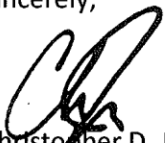
Dear Ms. Kennerson:

As the Executive Director of the North Dakota Department of Human Services, I am pleased to present the Final Report to the 2015-2019 Child and Family Services Plan. The Child and Family Services Plan represents a consolidation of four state plans including Title IV-B Sub Part 1, Title IV-B Sub Part II, the Child Abuse Prevention and Treatment Act, and the Chafee Foster Care Independence Act Program Plan.

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

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

Sincerely,



Christopher D. Jones
Executive Director

Enclosure

EXECUTIVE OFFICE

GOVERNOR
Doug Burgum

EXECUTIVE DIRECTOR
Christopher Jones

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

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

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

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

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I. GENERAL INFORMATION

Collaboration: The North Dakota Department of Human Services' (NDDHS) Children and Family Services (CFS) Division (see Attachment A) has engaged statewide partners in substantial, ongoing, and meaningful collaboration in the implementation of the 2015-2019 CFSP and the development of the 2016 federal Child and Family Services Review (CFSR) Performance Improvement Plan (PIP). Ongoing service coordination has continued through this past year with all stakeholders as described on pages 101-105 and 111 of the 2015-2019 CFSP.

The Children and Family Services Division has worked closely with system stakeholders on education and implementation activities for the Family First Prevention Services Act.

- In November of 2018, CFS hosted a stakeholder convening that brought together nearly 400 stakeholders both in person and virtually through web streaming to learn about the Act and how it will impact North Dakota.
- During the Winter/Spring of 2019 and working with stakeholders including private providers and legislators, CFS drafted new administrative rule and helped revise century code for Qualified Residential Treatment Programs.
- The Division has implemented Family Centered Engagement, which is a facilitated team process that brings together families and service providers to improve decision making and outcomes for children who are removed, at risk of removal, or are dual status youth. The goals of the Family Centered Engagement:
 - Reduce the number of children entering foster care;
 - Increase the number of children remaining safely in their own homes; and
 - For those children who are removed, increase the number placed with relatives/kin
- Kinship Navigator: We are implementing a Kinship Navigator Program, which will assist kinship caregivers in learning about, finding and using programs and services to meet the needs of the children they are raising and their own needs, and to promote effective partnerships among public and private agencies to ensure kinship caregiver families are served.

The Division partnered with the ND Supreme Court, Division of Juvenile Services, and the Juvenile Justice State Advisory Group and other stakeholders to implement the Dual Status Youth Initiative. The Target Population are youth (1) Who is involved in an open CPS Assessment or who has been identified as a victim of a CPS "Services Required" determination and (2) Who has an Unruly/Delinquent referral. This Dual Status Youth Initiative is a community collaborative to improve multi-disciplinary policies and practices impacting youth with prior histories in the child welfare system who enter the juvenile justice system. Through a data sharing agreement between the ND Supreme Court and DHS, youth meeting the criteria are being identified. A multidisciplinary team, or an FCE team, then meets with the parents and child to wrap services around them to prevent further movement into the system. North Dakota is the first state that has implemented this collaborative program statewide.

Since 2017, the ND Department of Human Services and county social services have been engaged in redesigning the social service delivery system. The Children and Family Services Division has been heavily involved in this collaborative process. The process uses Theory of Constraints (TOC), which is a methodology for identifying the most important limiting factor (i.e. constraint) that stands

in the way of achieving a goal and then systematically improving that constraint until it is no longer the limiting factor. Combined with a focus on systems thinking, TOC can transform operations within an organization or system.

The primary focus of TOC is to identify the constraints, believe there is hidden capacity and apply the “rules of flow” to measure the work output and the quality of work.

A TOC implementation schedule for other CFS programs, including in-home services and quality assurance (OCR) in 2019 and foster care in 2020, has been developed with the goal to complete all CFS programs by the end of 2020.

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

During the past year, the ND Supreme Court was awarded federal grants allowing for the restart of the Court Improvement Program. The purpose of North Dakota’s program is to provide a forum to consider issues, review data, develop plans and promote system enhancements related to deprived and delinquent/unruly youth in order to improve outcomes for North Dakota children and families.

The Children and Family Services Division is a part of the Court Improvement Program Executive Board, which include other key system stakeholders such as:

- Court Improvement Project Coordinator
- Two trial court judges/referee
- One Legal Counsel for Indigent Defense
- One State’s Attorney
- Director of Children and Family Services
- Juvenile Court Coordinator
- Director of ND Indian Affairs Commission or designee
- One ND Department of Human Services Legal Advisory Unit Attorney
- One County Social Service Director
- One Juvenile Court Director
- One DHS Behavioral Health Division Representative
- One Division of Juvenile Services Representative
- One Department of Public Instruction Representative
- Native American Training Institute Director
- Children and Family Services Permanency Division Representative

This collaborative group is charged:

- To oversee the implementation of the goals of the Court Improvement Project Grant;
- To oversee the implementation of the goals of the Dual Status Youth Initiative;
- To address issues, legislation, data and practices affecting multiple systems;
- To share information, data and resources;

- To develop system wide plans;
- To identify and implement best practices;
- To provide for the training of judges, attorneys and other personnel in child welfare cases, and
- To minimize duplication of effort

The Children and Family Services Division is also a member of the Juvenile Justice State Advisory Group. This group is appointed by the Governor pursuant to the federal Juvenile Justice and Delinquency Prevention (JJDP) Act. The role of the SAG is to monitor compliance with the JJDP Act and work on juvenile justice reform, taking into account the latest research on adolescent development and the hallmarks of a developmental approach:

- Accountability without criminalization;
- Alternatives to juvenile justice system involvement;
- An individualized response based on assessment of needs and risks;
- Confinement only when necessary for public safety;
- A genuine commitment to fairness;
- Sensitivity to disparate treatment;
- Family engagement

The SAG develops North Dakota's Three-Year Juvenile Justice Plan, which is submitted to the Federal Office of Juvenile Justice and Delinquency Prevention pursuant to the JJDP Act and focuses on the state's planned reform efforts.

One of the mandates of the JJDP Act and reform area identified by North Dakota's SAG is to address the over-representation of minority youth in contact with the juvenile justice system. North Dakota's Disproportionate Minority Contact (DMC) Plan details the higher rates of contact with the juvenile justice system, particularly at the point of arrest. Several studies to assess the higher rates of arrest of minority youth were conducted in 2018 for Burleigh and Cass Counties by DLN Consulting Inc.

System planning and development of the 2020-2024 CFSP, including a review/discussion of the 2015-2019 CFSP goals and accomplishments, was a concerted effort through collaboration with a wide variety of system stakeholders engaged in several CFSP Development Workgroup meetings. Stakeholders included Morton County Social Services, Developmental Disabilities Division, Lutheran Social Services of North Dakota, University of North Dakota Children and Family Services Training Center, PATH-ND, Adults Adopting Special Kids, Juvenile Court, State's Attorney – Cass County, Behavioral Health Division, Tribal Social Service Directors, Native American Training Institute, Children's Bureau, NDDHS Field Services, ND Supreme Court, ND Commission on Legal Counsel for Indigents, Medical Services Division, Red River Children's Advocacy Center, Village Family Services, Youthworks, Home on the Range, Prevent Child Abuse North Dakota, Court Improvement Program, Dakota Boys and Girls Ranch – Western Plains, Regional Human Service Centers, County Social Service Directors, ND Federation of Families for Children's Mental Health, Parents, Inner Groundwork, Youth Leadership Board.

During the Development Workgroup meetings, stakeholders:

- Reviewed the purpose and structure of the Children and Family Services Plan;
- Reviewed pertinent system data that would be used to drive the 5-year plan;

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

Vision – Mission – Values and Principles: There is no change to the vision, mission or values and principles statements:

Vision

Safe Children – Strong Families

Mission

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

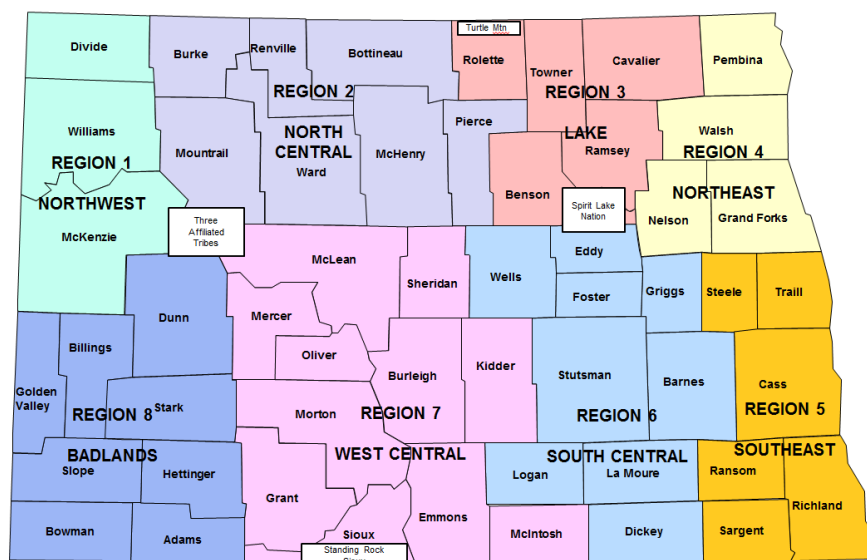
Values and Principles

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

2. UPDATE ON ASSESSMENT OF PERFORMANCE

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

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



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

Assessment of Performance

In 2016, the Children's Bureau, in collaboration with the North Dakota Department of Human Services' Children and Family Services Division, conducted the Child and Family Services Review (CFSR). A statewide assessment was prepared by North Dakota and submitted to the Children's Bureau on July 15, 2016. During the week of September 12, 2016, a traditional CFSR review was completed at Cass, Grand Forks, and Burleigh-Morton counties.

The CFSR found North Dakota to be out of substantial conformity with six of seven outcomes and

five of seven systemic factors.

North Dakota engaged in analysis to determine the root cause for the issues identified in the CFSR. This work revealed five major factors impacting the system and – as noted in the approved 3rd Round CFSR Performance Improvement Plan – include the following:

1. Lack of an operating Continuous Quality Improvement (CQI) system that has the capacity to collect and analyze case work practice data.

North Dakota has not had a CQI process in place. It has struggled to develop and maintain a functioning quality assurance process. While North Dakota's child welfare information system – known as FRAME – has been in place since 2009, its functionality is cumbersome and limited. Coupled with no formal processes to routinely gather and analyze system data, it has been difficult to identify strategies and activities that will have the greatest impact. North Dakota recognizes that gathering data to inform system change and practice adaptations is critical to improving outcomes for children.

Compounding the difficulties caused by a lack of a CQI system is the fact that the counties administer independent service delivery systems. While the Division is charged with overseeing the public child welfare system, it has very little leverage with the counties. This contributes to the inconsistency of practice identified in the 2016 CFSR. North Dakota recognizes that engaging with the counties to collaboratively work towards consistent and effective child welfare practice is the only way to implement and sustain system change and create ongoing continuous quality improvement within systems.

2. Inconsistent case work practice due to excessive workforce turnover and increases in the ratio of case workers to supervisor.

During the 2016 CFSR, the struggle with practice consistency was apparent. North Dakota believes that excessive workforce turnover and increases in the ratio of case workers to supervisor are contributing factors to inconsistent practice. Outcomes for families and children are impacted on many levels when less experienced workers and unprepared supervisors struggle to provide services.

One noted area of challenge related to this is the lack of consistency in completing ongoing needs assessments with children and families. North Dakota adopted the Family Assessment Instrument (FAI) as its primary assessment tool in 2009. CFS conducted a survey in February 2019 of county foster care workers, county in-home services workers, and Division of Juvenile Services foster care workers regarding the use of needs assessment tools. The number of years of experience in their current position ranged from 0 years to 23 years with a mean of 7 years. Their caseload ranged from 1 – 20 cases with a mean of 10 cases. Results indicated inconsistent use of the FAI. Just under 43% of respondents found the FAI *Somewhat Useful* (Likert Scale: Not Useful, Somewhat Useful, Very Useful) while 21.28% found it *Not Useful* when assessing the needs of children and families. Just over 13% of respondents reported they never use the FAI to guide development of the care plan goals and tasks. Nearly 60% of respondents reported they didn't re-evaluate needs on a quarterly basis and only 13% reported discussing the results of the assessment with their supervisor on a regular basis.

Similarly, North Dakota surveyed county social services and Division of Juvenile Services supervisory staff during the same timeframe as noted above. The number of years of experience in

their current position ranged from 1 years to 35 years with a mean of 10 years. The number of people supervised ranged from 1 – 19 individuals with a mean of 6. When asked how often they coached or mentored staff in needs assessment practices, respondents indicated:

- Daily = 30.29%
- Weekly = 35.71%
- Monthly = 17.86%
- Quarterly = 7.14%

Just over 59% of respondents found the FAI *Somewhat Useful* (Likert Scale: Not Useful, Somewhat Useful, Very Useful) while 3.7% found it *Not Useful* when assessing the needs of children and families. Just under 7% of respondents reported they never use the FAI to guide development of the care plan goals and tasks.

3. Widely varying degrees of child and family engagement.

Another issue identified in the 2016 federal CFSR that North Dakota believes necessary to address is related to child and family engagement. Further, as part of the quality work, research was conducted that identified caseworker visits with parents, in particular absent parents, as a major root cause for North Dakota's poor outcomes relating to engagement practices. North Dakota acknowledges that child and family engagement is a critical component of good practice and that challenges with engagement efforts impacted a number of 2016 CFSR outcomes (Safety 2 – Children are maintained in their homes whenever possible and appropriate; Permanency 1 – Children have permanency and stability in their living situations; Permanency 2 – Continuity of family relationships and connections is preserved for children; and Well-Being 1 – Families have enhanced capacity to provide for their children's needs).

4. Limited engagement with court system leading to permanency issues.

The federal CFSR process identified Permanency Outcome 1 as a practice challenge requiring further exploration. Most significant was achieving timely permanency for children in foster care (Item 6). North Dakota recognizes that the courts play a critical role in permanency achievement and that there is a need to better collaborate with courts, state attorneys and other legal partners. Historically, CFS and county social service agencies have struggled to fully engage with the legal system.

5. Limited ability to recruit and retain 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 findings indicate that North Dakota does not have an efficient data management system to collect foster and adopt provider demographics: Race, ethnicity, marital, LGTBQ status, etc. Currently, foster parent data analysis is a manual process complicating documentation of recruitment efforts. North Dakota is impressed with the overall number of licensed foster homes; however, the utilization of the licensed provider homes remains at 65%. The rationale for the lower utilization includes child demographics compared to provider desire, child needs, child access to services, provider geographic location, and provider sabbatical. North Dakota is confident that recruiting within our already established pool of providers may assist with engaging licensed providers to best meet the placement needs of children.

Child behaviors are known to be a primary reason why children are placed in a higher level of care such as a residential/congregate care, as such behaviors are perceived as unmanageable in a family setting. Interstate Compact data (collected each month) indicates roughly 55 North Dakota youth are placed out of state in a licensed facility due to aggressive, sexually acting out, and/or low functioning child behaviors. North Dakota has worked with licensed Residential Child Care Facility (RCCF) providers to decrease residential beds, which in turn has maintained the need to seek out of state placement options and recruit North Dakota specialized family foster homes as a viable placement option. The North Dakota residential facility capacity has decreased from 288 beds in 2012 to 164 in March 2018, an overall decrease of 124 licensed beds statewide. As North Dakota foster care numbers continue to increase, facility placements have decreased, and out of state placements have maintained over time, the state is confident locating and engaging licensed family providers to meet the higher needs of children in placement.

Please refer to Attachment C for the approved 3rd Round CFSR Performance Improvement Plan. The PIP was approved effective April 1, 2019 and –at the time of the submission of this Final Report – work has just begun on implementing the changes outlined in the document.

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

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

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

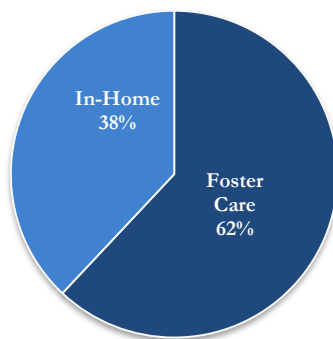
REGION	DATE	PERIOD UNDER REVIEW (PUR)	NUMBER OF CASES
Northeast– 4 Grand Forks	January 22-26, 2018	1/17/17 – Date case reviewed	10 (8 FC; 2 IH)
Lake Region – 3 Devils Lake	February 12-16, 2018	1/1/17-Date case reviewed	9 (7 FC; 2 IH)
Northwest – 1 Williston	April 16-20, 2018	4/1/17 – Date case reviewed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

Fargo			
Badlands – 8			
Dickinson			
North Central – 2			
Minot			
Total Cases Reviewed	October 22-26, 2018	10/1/17 – Date case reviewed	4 (2 FC; 2 IH)
	November 5-9, 2018	10/1/17 – Date case reviewed	6 (3 FC; 3 IH)
			64 (44 FC; 20 IH)

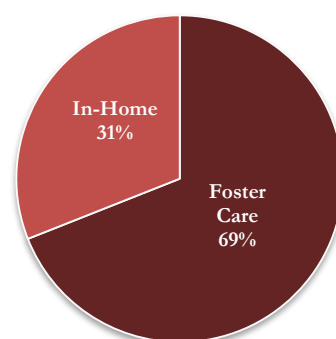
Case Demographics: Cases were randomly selected to represent both foster care and in-home services cases. The review focused on the activity in a case that occurred during the PUR, and a rolling quarterly case sampling process was employed. Foster care cases involved a target child in substitute care for over 24 hours or more. Foster care services were provided by county social services, the Division of Juvenile Services, or, if applicable, the tribal child welfare agency(ies) operating within a region. In-home services cases involved a family receiving case management services for at least 45 days with no foster care episode greater than 24 hours during the entire PUR. In-home services cases subject to this review process were those served through county social services agencies within each region. For complete case sampling information, please see the ND OCR Procedures Manual available at <https://und.edu/centers/children-and-family-services-training-center/nd-ocr/overview.cfm>.

A cumulative review sample of forty-four (44) foster care and twenty (20) in-home services cases were identified out of an overall sample of 1,994 foster care cases and 611 in-home services cases. In the event a case was eliminated during the review week, each review site prepared alternate cases. Four sites experienced the need to move to an alternate case in five situations. The primary reason for the elimination was due to the inability to secure an interview with a key case participant. The findings in this report represent data on all 64 cases reviewed.

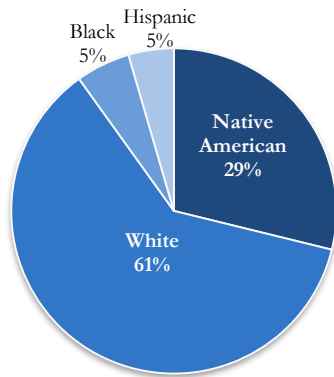
ND R3 CFSR Case Type



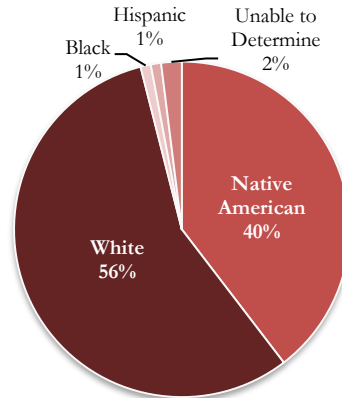
CY 2018 ND OCR Case Type



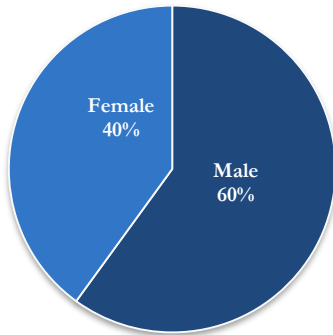
ND R3 CFSR Child Race/Ethnicity



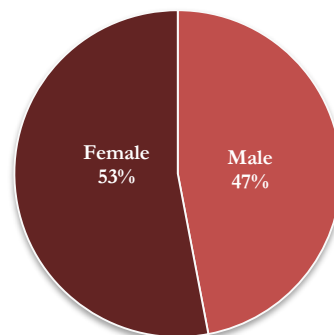
CY 2018 ND OCR Child Race/Ethnicity



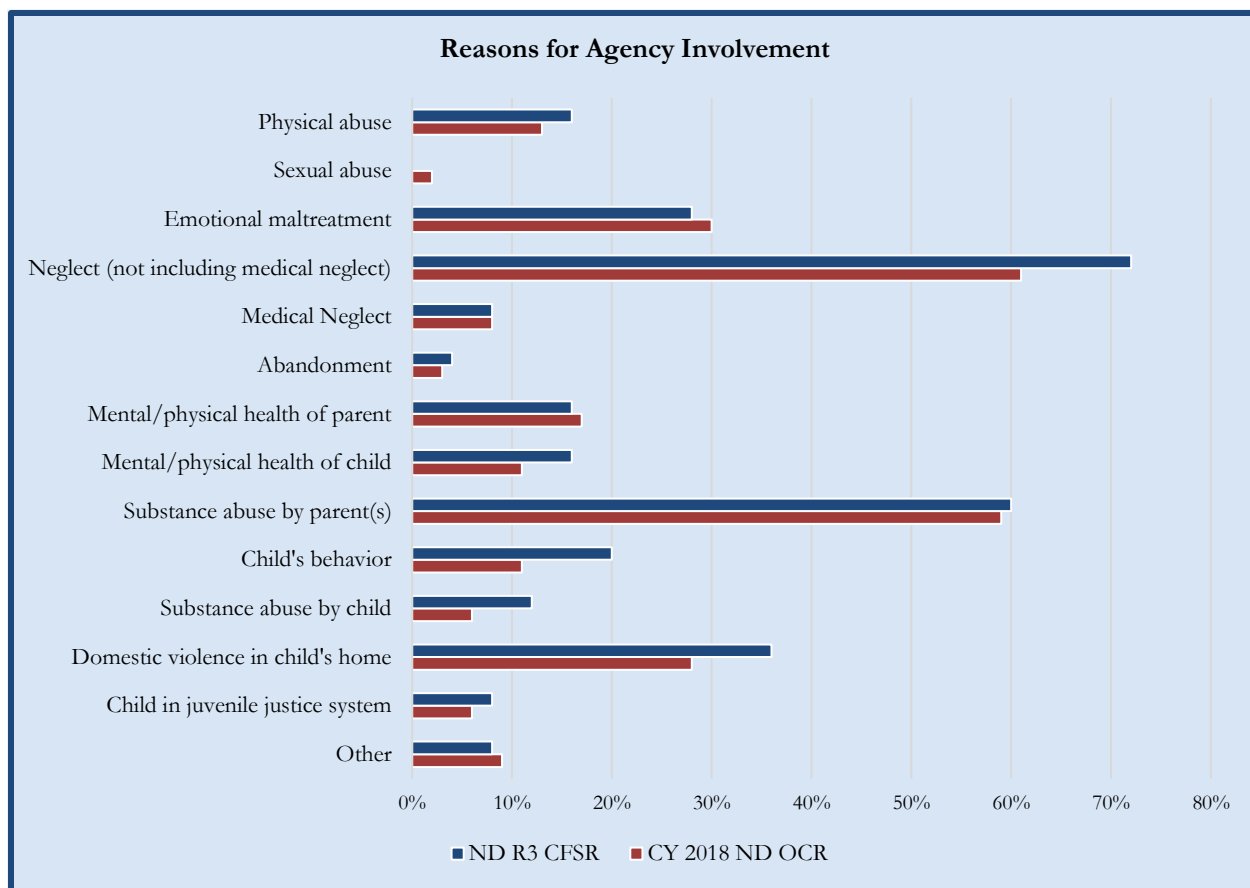
ND R3 CFSR Child Gender



CY 2018 ND OCR Child Gender



Reasons for Agency Involvement: Reasons for agency involvement at the time the case was opened for services are identified through the course of the case review. As many reasons as were applicable to a case are selected. Data from the CY 2018 OCR show the top three reasons for agency involvement as: 1) Neglect (not including medical neglect), 2) Substance abuse by parent(s), and 3) Emotional maltreatment. “Other” includes inadequate supervision, housing needs, and parental incarceration.



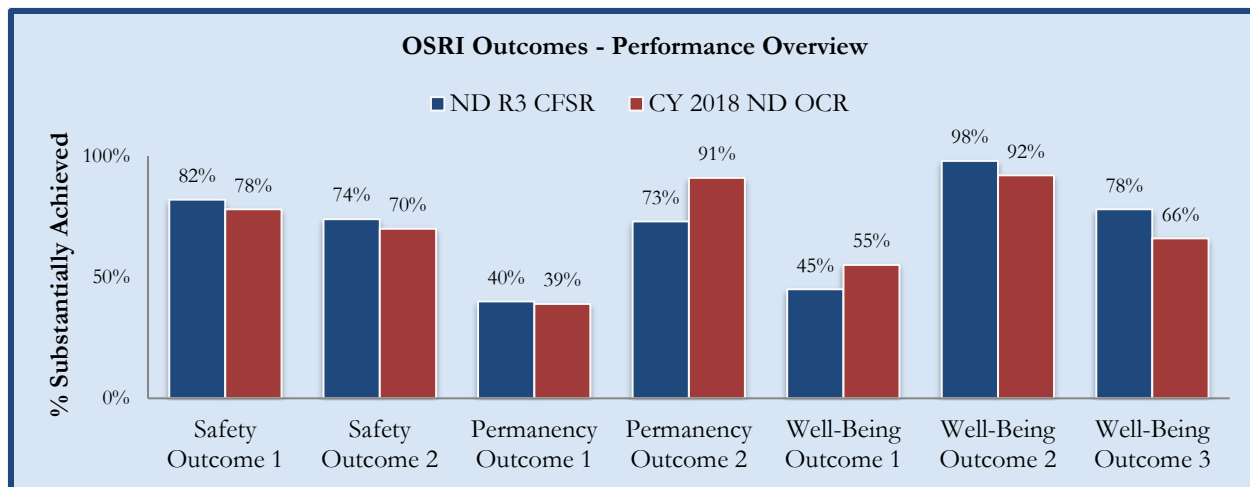
Percentages exceed 100% because more than one reason can be selected

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

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

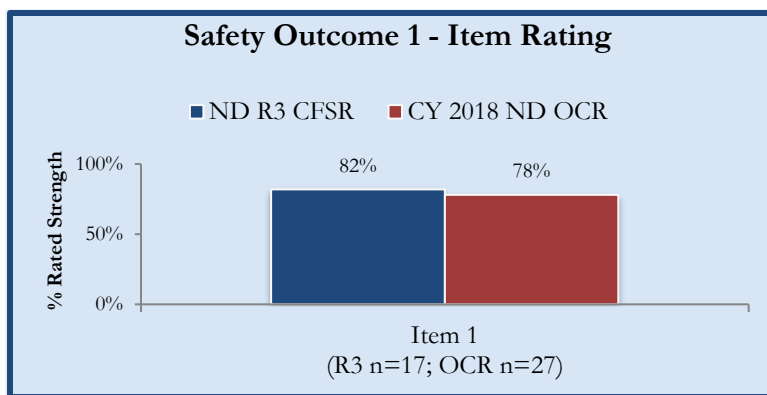
Performance Overview: As noted in the graph below, in both the ND R3 CFSR and the CY 2018 ND OCR, Well-being Outcome 2 – *Educational Needs* was the highest performing OSRI outcome, and Permanency Outcome 1 – *Children have stability and permanency in their living situations* was the lowest performing outcome. Each of the 18 OSRI items will now be discussed in depth, including key

strengths and areas needing further exploration. Please note that while the OSRI instrument uses the term, “Area Needing Improvement,” North Dakota has adopted the term, “Area Needing Further Exploration,” to align with our developing CQI process. This is because we cannot be certain at the conclusion of an OCR whether a need for improvement exists, absent a thorough review of all available data and regionwide discussion.

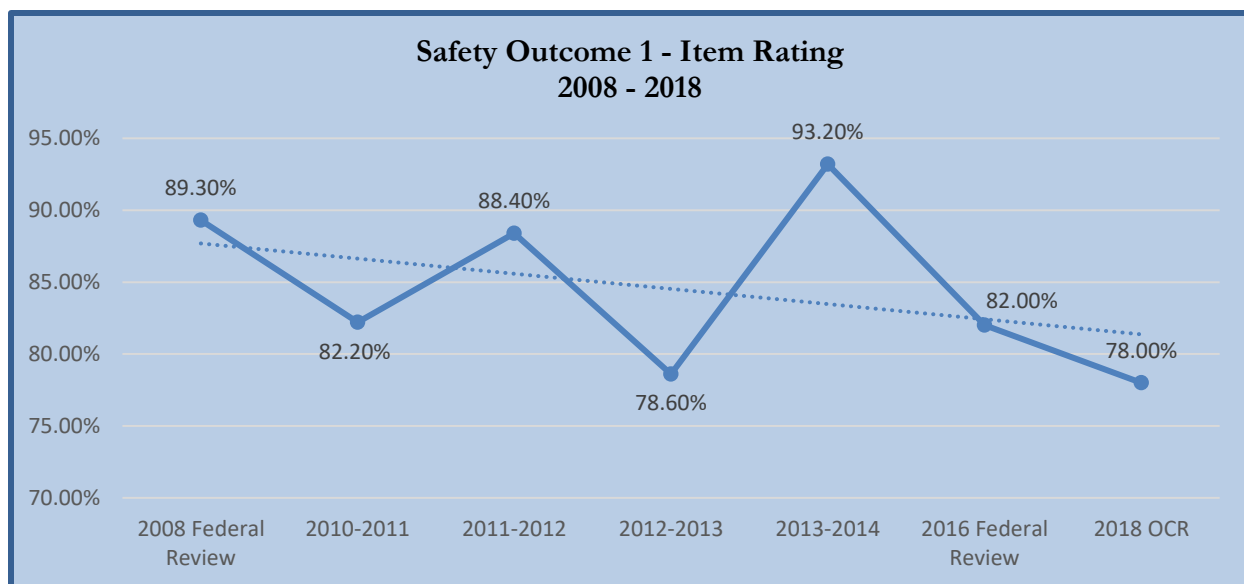


Safety Outcome 1: *Children are, first and foremost, protected from abuse and neglect*

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



When you compare data from previous years, you can see a trending decline in overall performance for this outcome item:



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

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

Twenty-one (21) cases received a Strength for Item 1 meaning that investigations (i.e. CPS Assessments) were initiated in a timely manner, and face-to-face contact with the alleged victim was made within the established time frame for applicable cases.

- **Key strengths related to performance on Item 1:**

- When rated a Strength, the agency initiated their response timely in all reports received and the face-to-face contact with alleged victims occurred within the timeframes required in state regulations.
- In many situations, the agency's response exceeded state standards for face-to-face contact occurring within the timeframes set forth in state law.
- Strong collaboration between county agencies to address children's safety was noted in many regions.

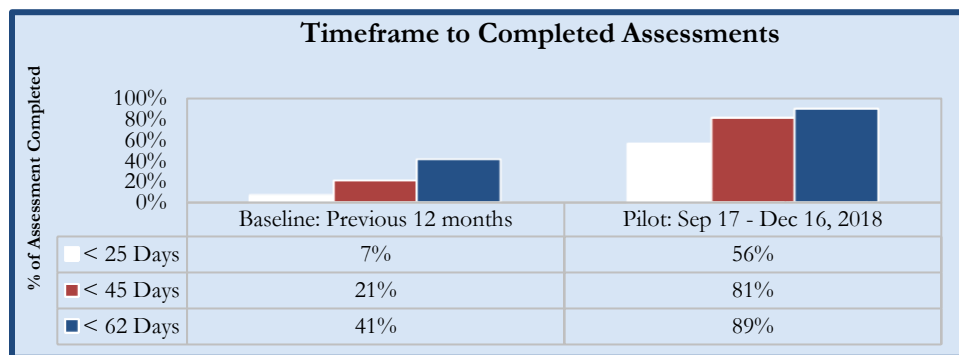
- **Key areas needing further examination related to performance on Item 1:**

- The agency's efforts to initiate their response to a report of child maltreatment was not timely in four separate situations.
- There were also six situations in which face-to-face contact with all alleged victims occurred outside the state's established timeframes.
- In most situations, workload and workforce challenges were identified as a contributing factor.

- **Key data from the CPS redesign pilot**

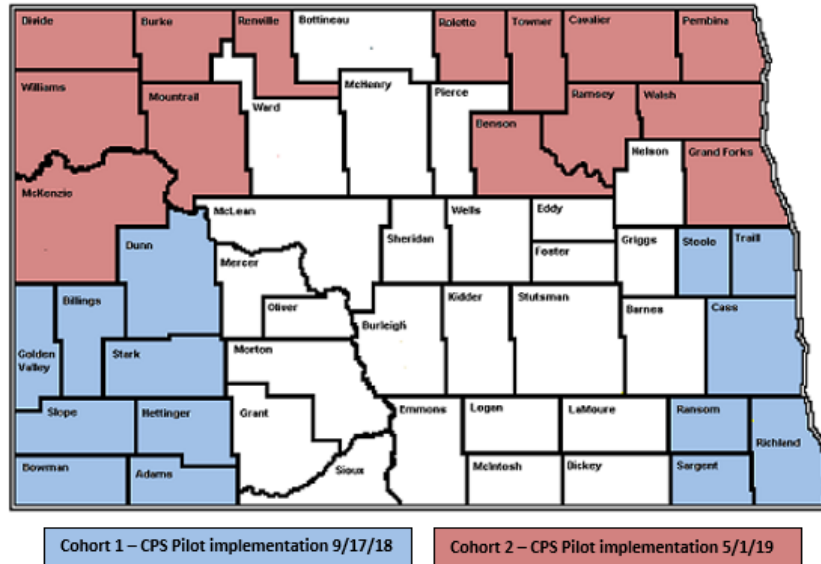
The first child welfare program to undergo the Theory of Constraints (TOC) redesign process was CPS. The TOC kick-off began June 2018 with participation from CFS administrators, regional representatives, and 14 county social service agencies from two ND regions – Southeast and Badlands.

- o Core elements of the pilot include:
 - A designated intake worker is assigned to the pilot region:
 - Gathers information for the “Full Kit” intake (i.e. everything the caseworker needs to initiate the assessment) and enters the report of suspected maltreatment into the data system.
 - A supervisor to CPS caseworker ratio of 1:6
 - CPS supervisor assigns cases to CPS caseworkers and monitors progress:
 - The assigned CPS caseworker sees the children (alleged victims) within 3 days of receiving the report;
 - CPS caseworkers receive active supervision through “huddles” multiple times per week as well as routine staffing; and
 - CPS supervisors and caseworkers use a Task Analysis Board (TAB) to monitor case progress to timely closure.
- o Traditional CPS practice allows for 62-day assessments (current Administrative Code), with approved extensions to complete the assessments for appropriate reasons. The goal of the redesign was to shorten the timeframe to completed assessments from 62 days to the ambitious target of completing 50% of CPS assessments in 25 days, 75% of CPS assessments in 35 days and 95% of CPS assessments completed by 62 days, without compromising quality. The Phase 1 pilot period was 9/17/18-1/17/19, and the data is as follows:



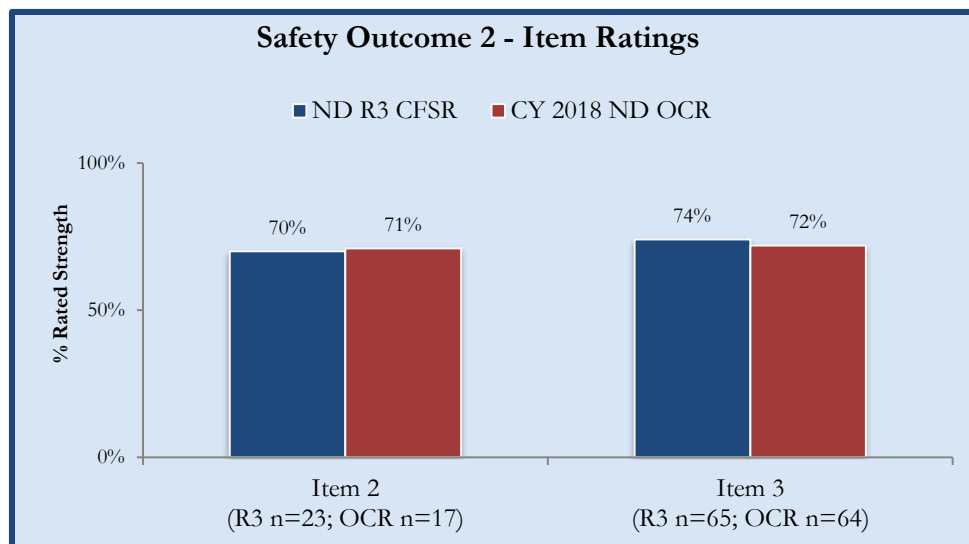
Within the pilot counties, 89% of the closed cases were closed within 62 days, versus a baseline for 12 months of CPS cases in the pilot of just 41%. Additionally, 56% of the 499 closed cases were closed within 25 days, versus a baseline for 12 months of CPS cases in the pilot regions of only 7%.

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

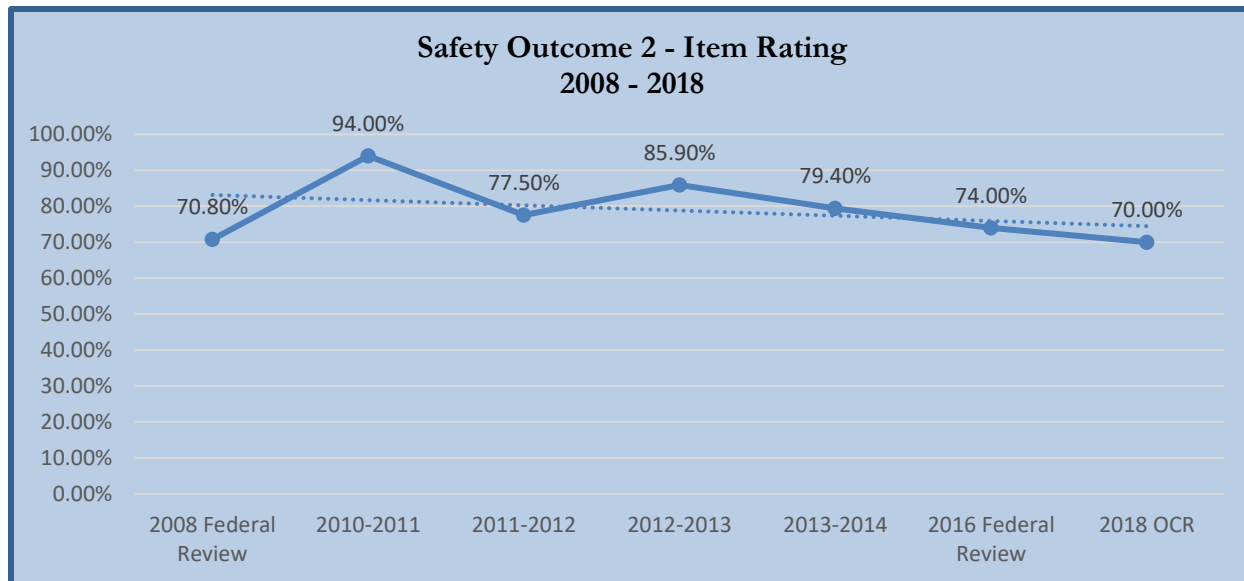


Safety Outcome 2: *Children are safely maintained in their homes whenever possible and appropriate.*

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



When you compare data from previous years, you can see a trending decline in overall performance for this outcome item:



CFSR 3 Data Profile

Recurrence of Maltreatment
Of all ND children who were victims of a substantiated or indicated maltreatment report during a 12-month period, 14.7% were victims of another substantiated or indicated maltreatment report within 12 months of the initial victimization. North Dakota's performance on this indicator is statistically worse than national performance, which is 9.5%.
<i>(January 2019 CFSR Data Profile, risk standardized performance, NCANDS FFY 16-17)</i>

Maltreatment in Care
Of all ND children in foster care during a 12-month period, the rate of victimization per 100,000 days in care was 5.68 days . North Dakota's performance on this indicator is statistically better than national performance, which is 9.67 days.
<i>(January 2019 CFSR Data Profile, risk standardized performance, AFCARS 16A-16B)</i>

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

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

Twelve (12) cases achieved a Strength rating for this item indicating the agency made concerted efforts to provide services to the family to prevent the children's entry into foster care or re-entry after a reunification whenever possible and appropriate.

- **Key strengths related to performance on Item 2:**

- Agencies made concerted efforts to provide or arrange for the family to protect the children and prevent their entry into foster care. Example of services provided included: immediate substance abuse assessments and treatments (including random UA testing and hair follicle testing for the children), parent aide, intensive in-home family therapy and intensive in-home case management services.
 - In five applicable situations, the agency was unable to make concerted efforts to prevent the child's removal and placement into foster care because immediate removal was necessary to ensure the child's safety.
- **Key areas needing further examination related to performance on Item 2:**
 - Concerted efforts were not made to provide appropriate safety-related services to children remaining in the home despite safety concerns being present.
 - In some cases, there were concerns that all safety issues were not fully assessed or that all available safety services were fully considered.
 - Delays in service delivery were also noted in some affected cases.
 - **Key data from the CPS redesign pilot**

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

Item 3: *Risk and safety assessment and management*

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

Forty-six (46) cases were rated a Strength for Item 3 because the agency properly assessed all applicable individuals for risk and safety and appropriately addressed all identified concerns.

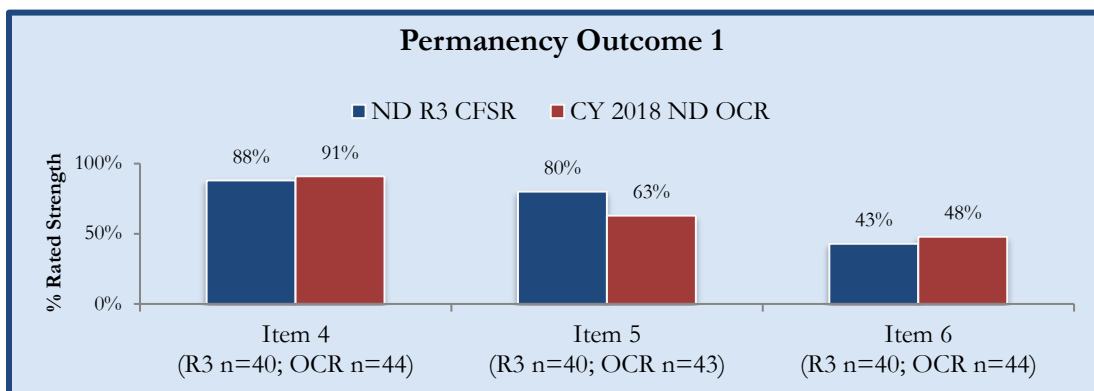
- **Key strengths related to performance on Item 3:**
 - The agency conducted an initial assessment that accurately assessed all the risk and safety concerns in 19 applicable cases and ongoing assessments that accurately assessed all risk and safety concerns at critical case junctures occurred in 48 of the cases.
 - When rated a Strength, assessments were completed using formal and informal assessment efforts, including completion of the Family Assessment Instrument, vigilant monitoring of safety during monthly caseworker visits, and discussion of safety concerns at Child and Family Team Meetings.
 - When safety concerns were present, the agency developed an appropriate safety plan with the family and continually monitored the safety plan as needed, including monitoring family engagement in safety-related services in 13 applicable cases.
 - All safety concerns pertaining to children in the family home were adequately or appropriately addressed by the agency in 22 of 27 applicable cases.
 - Other practice Strengths noted was that the safety of the target child in foster care during visitation with parent/family that was adequately or appropriately addressed by the agency in 32 of 33 foster care cases.
 - Any concerns for the target child's safety in the foster home or placement facility were adequately or appropriately addressed by the agency in 42 of 44 foster care cases.

- **Key areas needing further examination related to performance on Item 3:**

- Evidence not found that a thorough and comprehensive assessment of all safety and risk was conducted either initially or on an ongoing basis.
- For five situations in which safety concerns were present, it was not evident that the agency developed an appropriate safety plan with the family or continually monitored the safety plan.
- Evidence that safety concerns for children in the family home was adequately addressed by the agency was not found for one situation.
- Systemic challenges potentially impacting performance in this outcome were agency challenges with staff turnover and transferring cases from one worker to another.

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

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



Placement Stability

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

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

Re-entry to Foster Care

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

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

Permanency in 12 Months (entries)

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

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

Permanency in 12 Months (12-23 months)

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

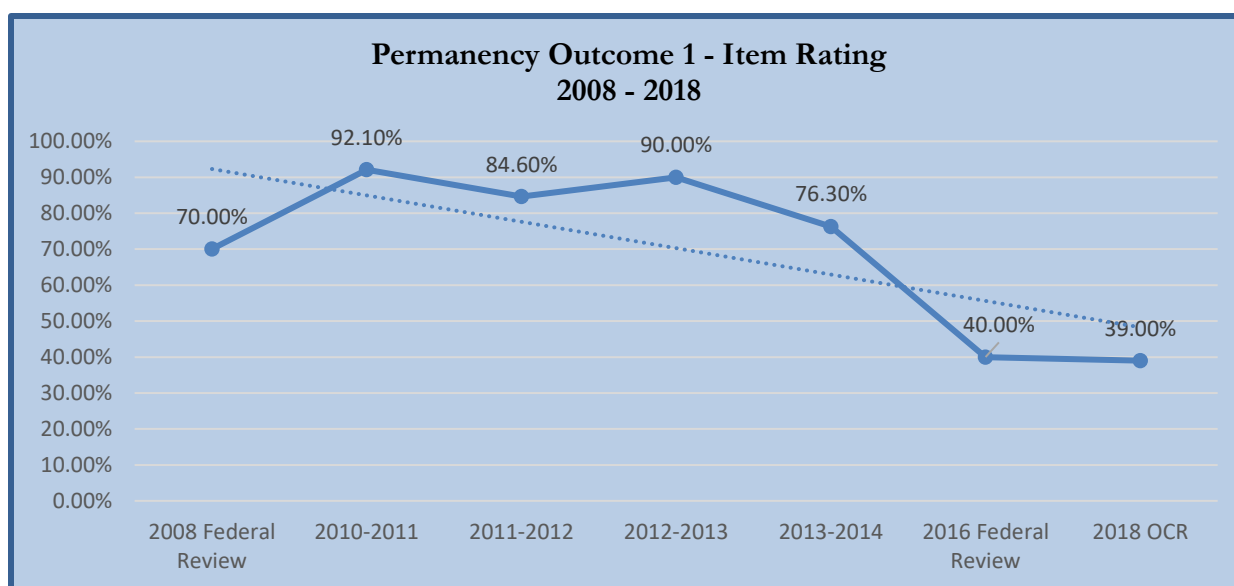
(January 2019 CFSR Data Profile, risk standardized performance, AFCARS 18A-18B)

Permanency in 12 Months (24+ months)

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

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

When you compare data from previous years, you can see a trending decline in overall performance for this outcome item:



Item 4: *Stability of foster care placement*

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

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

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

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

- The current or most recent placement setting for 98% of children was stable at the time of the review.
- Results indicate the agency made concerted efforts to provide appropriate services and resources to facilitate placement stability in most situations throughout the state.

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

- Four children in foster care experienced placement moves that were not specifically planned by the agency.
- One child's placement was not stable at the time of the review.
- A contributing factor was the agency's inability to assess the needs of the caregiver and children in unplanned or emergency placements.

Item 5: *Permanency goal for child*

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

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

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

- Permanency goals in effect during the PUR were established timely in 74% of cases.
- Permanency goals were appropriate to the child's needs and circumstances in 79% of cases.
- Throughout the PUR, 59 permanency goals were assessed:
 - Reunification (26);
 - Guardianship (5);
 - Adoption (25); and
 - Other Planned Permanent Living Arrangement (3).

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

- Lack of timely establishment of permanency goals based on the circumstances of the case.
- While many cases involved the adoption permanency goal not being established in a timely manner, there were also several cases in which the goal of reunification remained an active goal in the case despite no active plans or indication reunification was likely.

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

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

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

- **Key strengths related to performance on Item 6:**

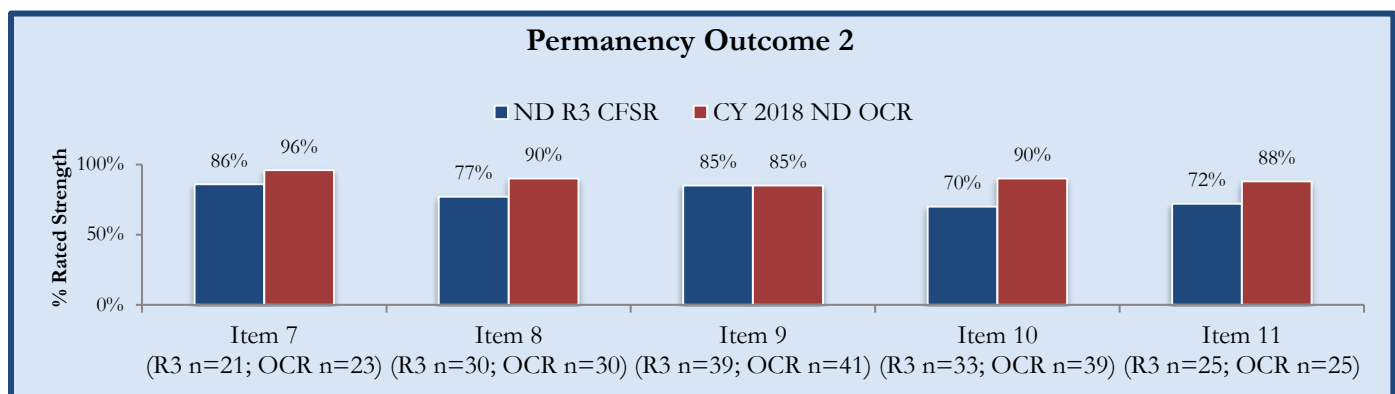
- Concerted efforts by the agencies and courts towards timely achievement of permanency goals were seen in:
 - 79% of cases with a plan of reunification;
 - 50% of cases with a plan of guardianship;

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

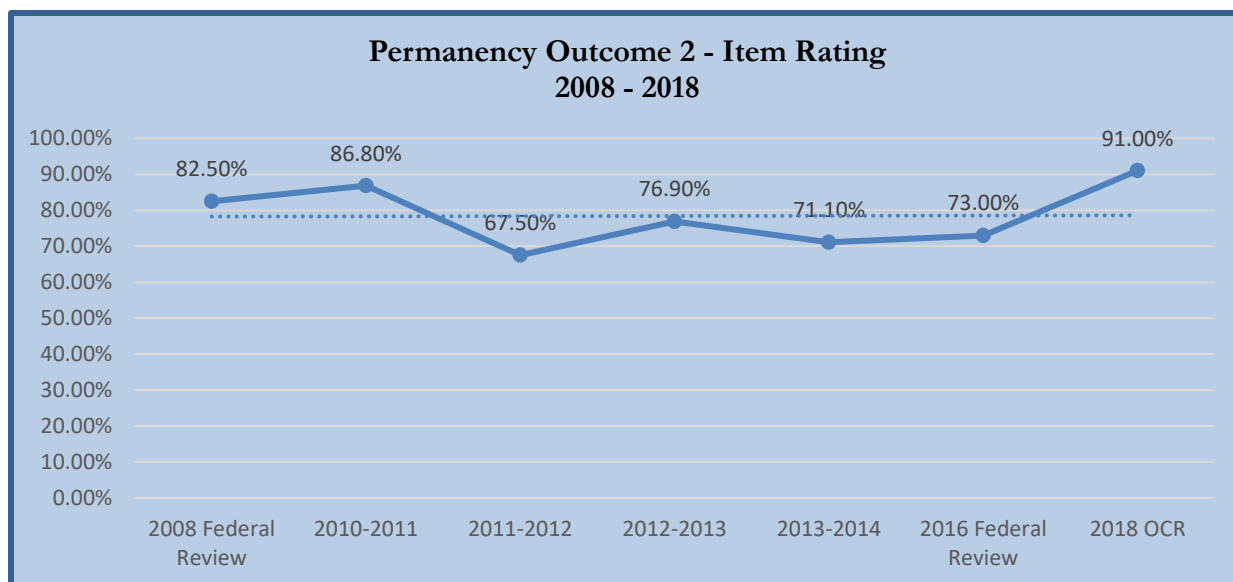
PERMANENCY OUTCOME 2

The continuity of family relationships and connections is preserved for children

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



When you compare data from previous years, you can see that – despite a significant increase during from the 2016 Federal Review to the 2018 OCR, the overall trend was flat this outcome item:



Item 7: *Placement with siblings*

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

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

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

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

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

Twenty-seven (27) cases were rated a Strength for Item 8 because the agency ensured that the visits between the child and his/her siblings and/or parents were of sufficient frequency and quality to maintain the relationship.

- **Key strengths related to performance on Item 8:**
 - The agency made concerted efforts to ensure frequency and quality of visits sufficient to maintain and support continuity of the relationship with each group of applicable cases as follows:
 - Mothers: 91%;
 - Fathers: 79%; and
 - Siblings in foster care, not placed together: 100%.
 - Evidence of creativity in the location and frequency of visits occurring in the target child's

home and community were noted.

- **Key areas needing further examination related to performance on Item 8:**
 - Insufficient efforts to engage parents (mothers and fathers).
 - Scheduling challenges for parents when the agency utilized a community visitation center.

Item 9: *Preserving connections*

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

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

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

Item 10: *Relative placement*

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

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

- **Key strengths related to performance on Item 10:**
 - The target child's current, or most recent, placement was with a relative in 41% of applicable cases.
 - In 100% of relative placement cases, the child's placement with a relative was considered stable and appropriate to his/her needs.
- **Key areas needing further examination related to performance on Item 10:**
 - The agency did not make concerted efforts to identify, locate, inform, and/or evaluate relatives. This was especially evident in situations where the target child entered foster care at a very young age.

- In 50% of the cases that received an ANI, concerted efforts were not made to identify, locate, information and/or evaluate maternal relatives. One situation did not reflect similar efforts to consider paternal relatives and another situation did not reflect efforts to consider either maternal or paternal relatives.

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

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

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

• **Key strengths related to performance on Item 11:**

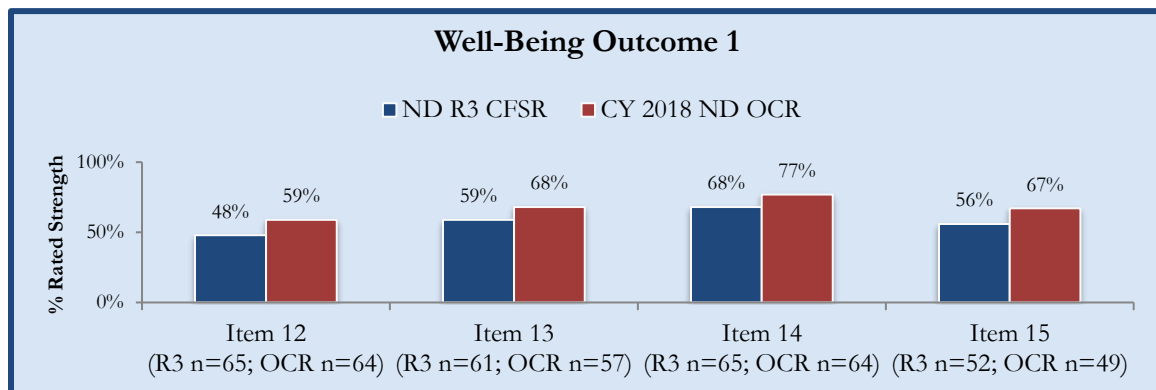
- Concerted efforts were made to promote, support, and otherwise maintain a positive, nurturing relationship between the child in foster care and his/her mother in 91% of 23 applicable cases.
- Concerted efforts were made to support a positive, nurturing relationship between the child in foster care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

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

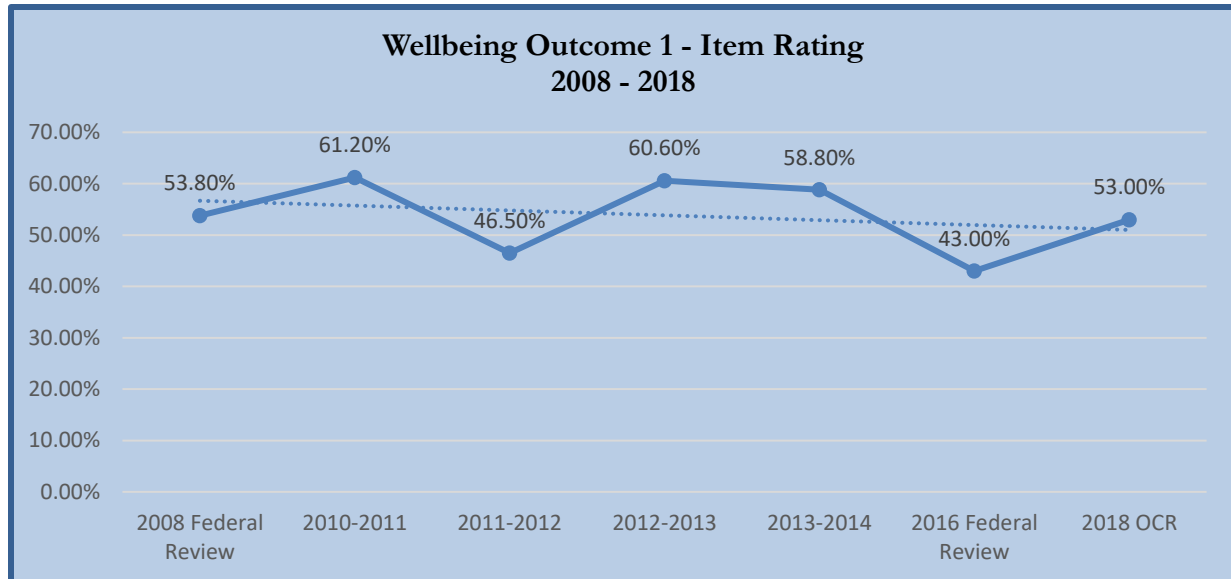
- Lack of concerted efforts to engage parents or provide opportunities to participate in activities intended to strengthen the parent/child relationship through efforts other than visitation.
- An isolated situation involved the lack of clear documentation in the case record indicating contact between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

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

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



When you compare data from previous years, you can see that – despite a significant increase during from the 2016 Federal Review to the 2018 OCR, the overall trend was declining for this outcome item:

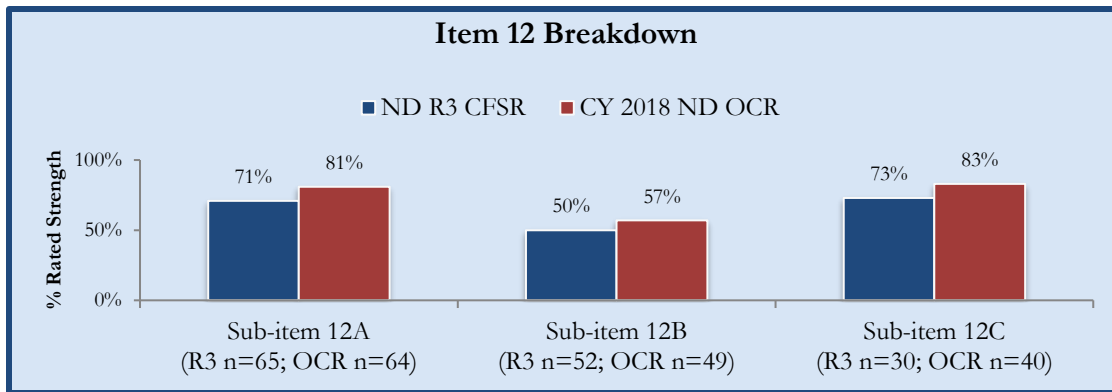


Item 12: *Needs and services of child, parents, and foster parents*

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

Thirty-eight (38) cases were rated a Strength for Item 12 because the agency made concerted efforts to accurately and comprehensively assess the needs of the child, parents, and foster parents and provided the appropriate services to meet their identified needs.

- **Key strengths related to performance on Item 12:**
 - Concerted efforts noted regarding the use of ongoing formal and informal assessments, including use of the Family Assessment Instrument, regular Child and Family Team meetings and caseworker visits.
- **Key areas needing further examination related to performance on Item 12:**
 - Lack of agency efforts to accurately and comprehensively assess the needs on an ongoing basis.
 - Lack of agency efforts to ensure the child and family were provided appropriate services to meet the identified needs.
 - These challenges were noted in both foster care and in-home services.



Sub-item 12A: *Needs and services of child*

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

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

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

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

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

Twenty-eight (28) cases received a Strength rating for Sub-item 12B indicating the agency made concerted efforts to assess the needs of applicable parents and provide services to address identified needs and accomplish case goals.

- **Key strengths related to performance on Sub-item 12B:**
 - Concerted efforts were made both to assess and address the needs of mothers in 71% of applicable cases (76% of foster care cases and 63% of in-home services cases).
 - Concerted efforts were made to both assess and address the needs of fathers in 55% of 38 cases (70% of foster care cases and 33% of in-home services cases).
- **Key areas needing further examination related to performance on Sub-item 12B:**
 - The agency did not conduct a formal or informal initial and/or ongoing comprehensive assessment that accurately assessed the mother’s needs in 15% of applicable cases (14% of

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

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

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

Thirty-three (33) foster care cases were rated a Strength indicating the agency made concerted efforts to assess the needs of foster parents to support their ability to care for the target child and provide appropriate services for the identified needs.

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

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

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

Thirty-nine (39) cases were rated a Strength for Item 13 indicating the agency adequately involved developmentally appropriate children and all parents in the case planning process.

- **Key strengths related to performance on Item 13:**
 - Concerted efforts to actively involve the following in the case planning process:
 - Children – 75% of 36 cases (84% of foster care cases and 55% of in-home services cases);
 - Mothers – 90% of 48 cases (97% of foster care cases and 79% of in-home services cases); and
 - Fathers – 65% of 37 cases (74% of foster care cases and 50% of in-home services cases).

cases).

- **Key areas needing further examination related to performance on Item 13:**
 - Lack of concerted efforts made to involve fathers in case planning, particularly for non-custodial fathers and for in-home services cases.
 - Lack of concerted efforts to involve all children in the case planning process, particularly for in-home services cases.
 - In a few of the cases reviewed, no member of the family appeared to be adequately involved in the case planning process.

Item 14: *Caseworker visits with child*

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

Forty-nine (49) cases were rated a Strength for Item 14. In each of these cases, the caseworker had visits with the child that were of sufficient frequency and quality to meet the needs of the child and promote achievement of case goals.

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

Item 15: *Caseworker visits with parents*

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

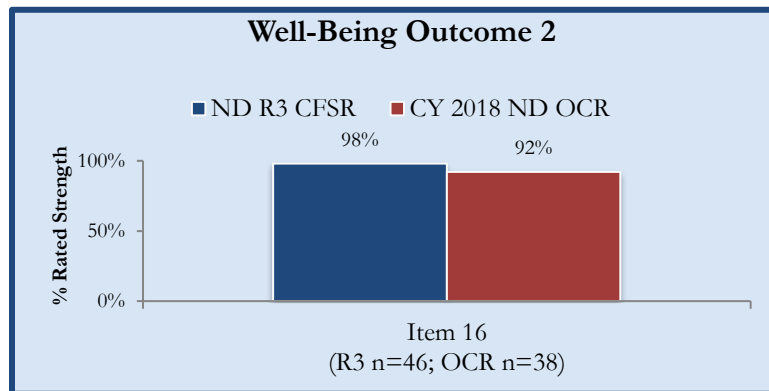
Thirty-three (33) cases were rated a Strength for Item 15 because the agency conducted visits with the parents that were of sufficient frequency and quality to promote achievement of the case goals.

- **Key strengths related to performance on Item 15:**
 - The typical pattern of visits occurring at least once a month between:
 - Caseworker and mother was 68% of the 48 applicable cases; and
 - Caseworker and father was 49% of the 37 applicable cases.
 - Strong practice to ensure both the frequency and quality of caseworker visitation was sufficient to meet the needs of the case occurred with:
 - Mothers in 77% of 48 cases (79% of foster care cases and 74% of in-home services

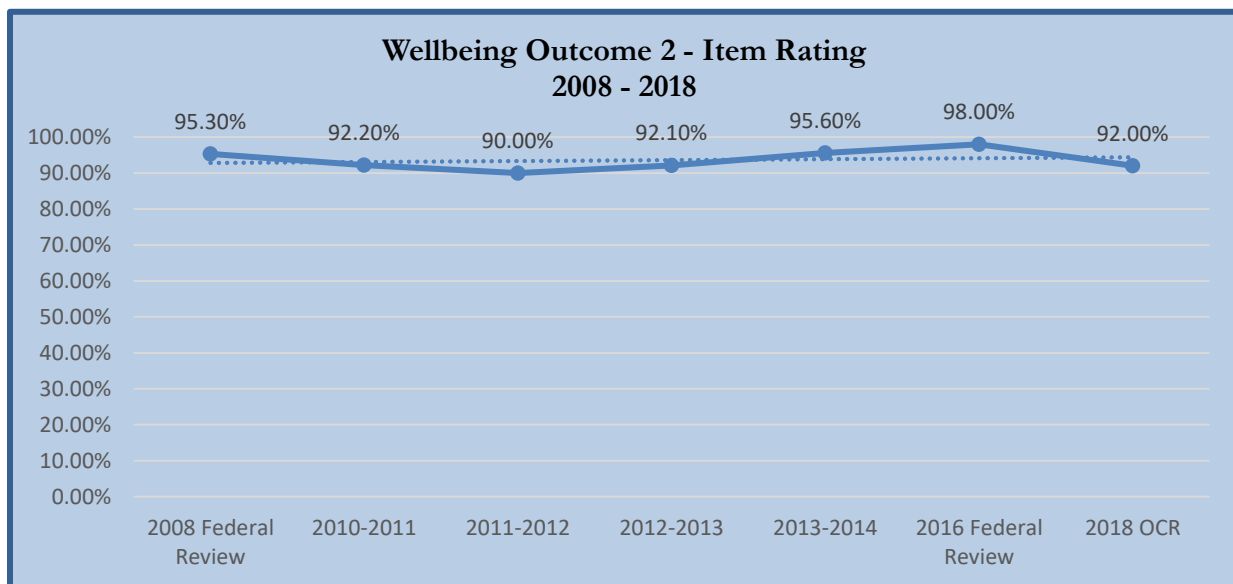
- cases); and
 - Fathers in 62% of the 37 cases (65% of foster care cases and 57% of in-home services cases).
- **Key areas needing further examination related to performance on Item 15:**
 - Challenges generally involved parents whose whereabouts were known, yet they were not engaged with services.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

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

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



When you compare data from previous years, you can see that the overall trend was slightly increasing for this outcome item:



Item 16: *Educational needs of the child*

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

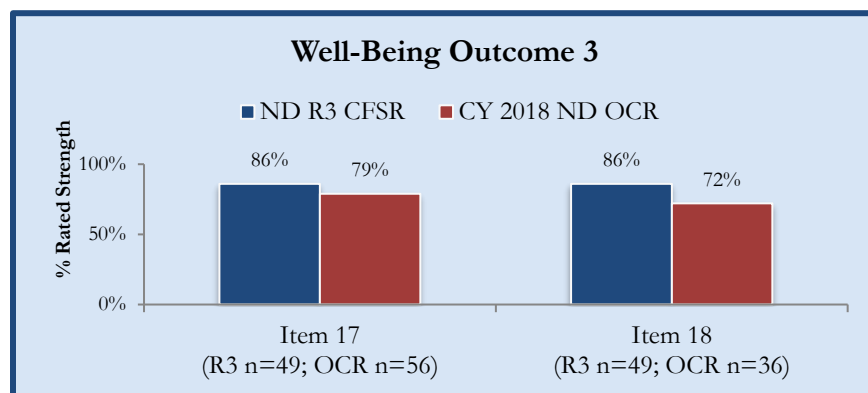
Thirty-five (35) cases were rated a Strength for Item 16. In these cases, the agency assessed and provided appropriate services to meet the educational needs of the children during the course of case planning, throughout the PUR.

- **Key strengths related to performance on Item 16:**
 - Efforts of the agency to address the educational needs of children included regular contact and coordination between the agency, school, foster parent, and when age-appropriate, the youth.
 - Some of the children were involved in Early Childhood or Head Start services, while others had needs met through a 504B Plan or an Individual Education Plan (IEP).
 - For foster youth who did not have identified needs, the agency monitored school progress through case planning efforts. Review of grades and attendance at school conferences were efforts noted in these cases.
- **Key areas needing further examination related to performance on Item 16:**
 - In some foster care situations, evidence was not found that the agency made concerted efforts to assess the target child's educational needs.
 - Agency reliance on foster parents and the foster parent agency to assume much of this responsibility during the PUR was noted as a common concern.

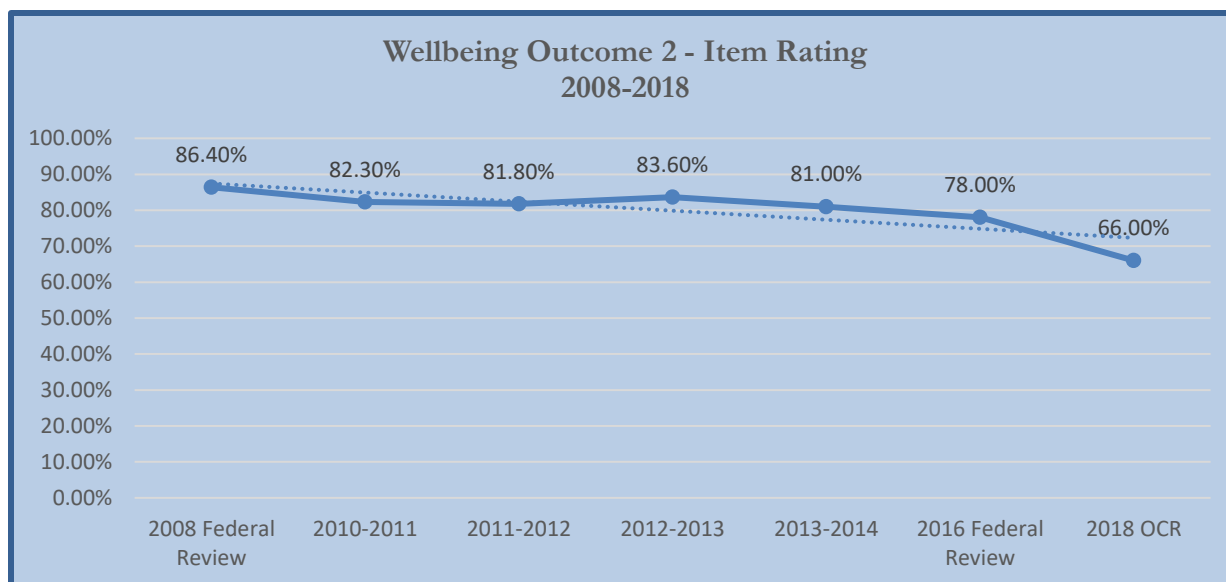
WELL-BEING OUTCOME 3

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

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



When you compare data from previous years, you can see that there was an overall decreasing trend for this outcome item:



Item 17: *Physical health of the child*

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

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

- **Key strengths noted related to performance on Item 17:**
 - The agency accurately assessed the children’s physical health needs in 93% of applicable cases and accurately assessed the children’s dental health needs in 94% of applicable cases.
 - Agencies ensured that appropriate and timely services were provided to the children to address all identified physical health needs in 83% of applicable cases. Services often included (but not limited to):
 - Health Tracks screenings;
 - Immunizations;
 - Early Intervention services;
 - Medical procedures; and
 - Physical and occupational therapies.
 - Agencies ensured appropriate services were provided to the children to address all identified dental health needs in 88% of applicable cases. Dental services provided primarily involved regular dental examinations along with some orthodontia services.
 - Agencies provided appropriate oversight of prescription medications for the physical health issues of the target child in foster care for 77% of the applicable cases.
- **Key areas needing further examination related to performance on Item 17:**
 - Noted challenges included:
 - Delays in dental examinations;
 - Lack of providers able to provide dental services for children under the age of 3;
 - Lack of documentation regarding the agency’s efforts to assess and monitor a foster child’s medical condition; and
 - Agency reliance on foster parents to monitor the child’s physical health needs, including

any prescribed medications for diagnosed medical conditions.

Item 18: *Mental/behavioral health of the child*

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

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

ND SYSTEMIC FACTOR OUTCOMES

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

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

For each Onsite Review, feedback was received through the form of online surveys for five of the above groups and in-person meetings for two of the groups (Foster Caregivers and Youth).

The collection of Stakeholder feedback questions was guided by the Stakeholder Interview Guide (SIG). Online surveys were developed and administered through the Qualtrics software program at the UND Children and Family Services Training Center. The survey window was the week prior to and the week of the Onsite Review. Agency administrators, case managers, legal, and community stakeholders were directly emailed the survey link along with two additional reminders. Local foster care agencies assisted by providing parents of children in foster care the opportunity to participate either through a website link, a QR scan code, or a paper version of the survey accompanied by a postage-paid envelope addressed to the OCR Manager. Cumulative response rates for the surveys are

as follows:

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

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

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

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

STATEWIDE INFORMATION SYSTEM

Item 19

Statewide Information System

Data source: FRAME, CCWIPS

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

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

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

➤ **Status**

- FRAME is able to track the child's foster care status from the entry into foster care through discharge from care. Once a child is discharged from foster care, their foster care program in FRAME is closed.

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

services staff or human service center personnel enter information into FRAME/CCWIPS on behalf of children in the Tribe's custody deemed eligible for Title IV-E.

Assessment on Progress to Date

No additional information is available.

Activities Targeted at Improving Performance

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

CASE REVIEW SYSTEM

Item 20

Written Case Plan

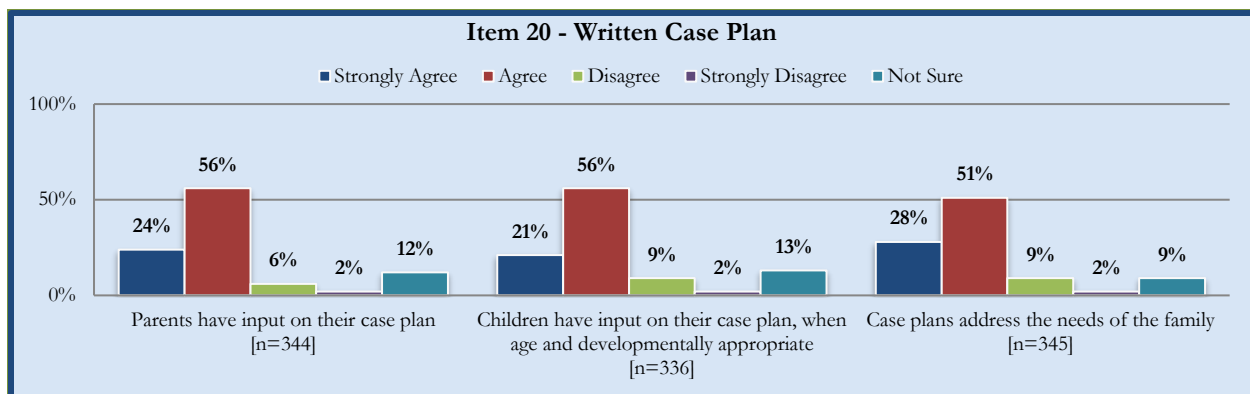
Data Sources: CY 2018 OCR Stakeholder feedback from Agency Administrators, Agency Caseworkers, Parents, Youth, Foster Caregivers, Legal/Court, Community Providers; OSRI Item 13

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

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

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

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

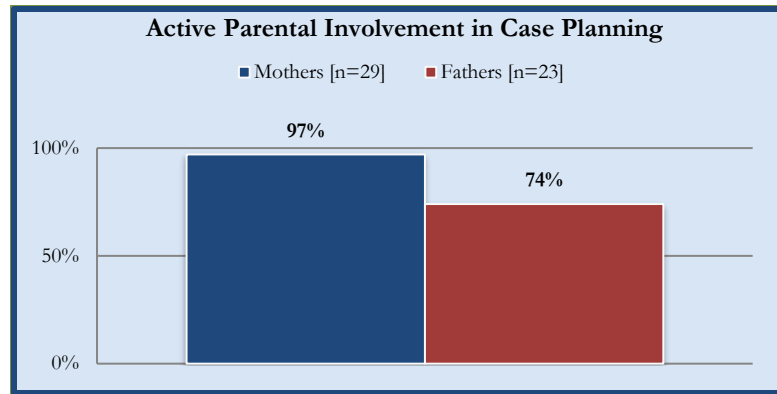


Note: Parents were afforded a "Does not apply" option and one (1) parent chose that option for the first question and (9) parents chose that option for the second question.

- Questions asked of the Parents included the following (options were Strongly Agree, Agree, Disagree, Strongly Disagree, Does Not Apply) [n=21]:
 - **I have a clear understanding of what my family needs to accomplish before my case can be closed**
 SA 29% A 33% D 24% SD 14% DNA 0%
 - **My family's case plan has information about the following items:**
 - **My child's placement:**
 SA 33% A 38% D 10% SD 14% DNA 5%
 - **My child's school progress:**
 SA 23% A 38% D 10% SD 19% DNA 10%
 - **My child's health progress:**
 SA 33% A 43% D 5% SD 19% DNA 0%
 - **Please comment on anything else you'd like to share about your family's case plan (optional):**
 - Seven (7) comments were received, ranging from frustration with the case planning process ("very disappointing") to appreciation ("I appreciate the help I have been getting so far").
- Questions asked of the Foster Caregivers during in-person Stakeholder meetings included the following:
 - **Do you, in your role as caregiver for the foster child, participate in meetings where case plans are created?**
 - Yes – consensus among groups that they generally attend Child and Family Team meetings.
 - **If so, from your perspective, are case plans developed jointly with the children's parents?**
 - Yes – consensus that case plans are developed jointly with the children's parents from their perspective.
 - Additional comments that it may depend on case manager or agency.
 - At times, comments were made reflective that some case plans were developed by the agency and then shared with the parents at the meeting.
 - **Describe examples of how you have observed the agency try to involve the parents in**

the development of the plan.

- *“The parent is involved at every meeting, even by phone, if not able to be there in person.”*
 - *“The parent was aware of all that was going on until the TPR occurred; efforts made by the agency to make sure everybody was included – bio parents, tribe, etc. and that they knew what the plan was.”*
 - *“[The agency sends out] letters to parents, not sure what the agency gets back in return.”*
 - **As an observer and participant in these meetings, do you think the parents have opportunity to participate equally in the process?**
 - Yes – consensus among groups that parents are as involved as they want to be.
 - Specific comments included:
 - *“The parents have more rights than the kids. I get frustrated with their non-participation. They may say they want their kids, but will they do what they need to do?”*
 - *“Sometimes, parents are intimidated and don’t want to speak but they [caseworkers] make efforts to pull them in.”*
- Questions asked of the Youth during in-person Stakeholder meetings included the following:
- **What is your understanding of how the agency involved your parent(s) in the development of the plan?**
 - Consensus among most participants that the agency involved parents through team meetings in person or on the phone. Some parents were no longer involved as parental rights had been terminated.
 - Specific comments included:
 - *“My caseworker let us know what my parent needs to do to stabilize. My parent was involved in making these decisions, too.”*
 - *“One of my parents was involved, got letters and when in jail could participate by phone, gave input, but couldn’t get to choose what happened to me, the whole team did. One of my parents wasn’t involved.”*
 - **How have you worked on the development of your case plan? Follow up questions: Were you invited to CFT meetings? Were meetings held at times you were able to attend without missing school, etc.?**
 - Participants indicated they were invited to the CFT meetings and involved in some way.
 - Specific comments included:
 - *“My caseworker is really flexible with her time - she works around schedules and has been successful to be part of a phone call meeting – I always feel a part of the development of the plan.”*
 - *“I usually attend in person, sometimes by phone during the school day. My school are willing to participate too.”*
 - *“I was able to give input and talk about what I wanted.”*
 - *“[The meetings were] held at times I could attend.”*
 - *“In the beginning when in placement I didn’t have much choice, but I do now.”*
- During the CY 2018 OCRs, Item 13 – Child and family involvement in case planning was applicable for parents in 29:44 foster care cases reviewed. This item captures whether mothers and fathers are actively involved in case planning for their children, when appropriate to the circumstances of the case. The data regarding parents of children in foster care is included in the following chart.



Item 21

Periodic Reviews

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

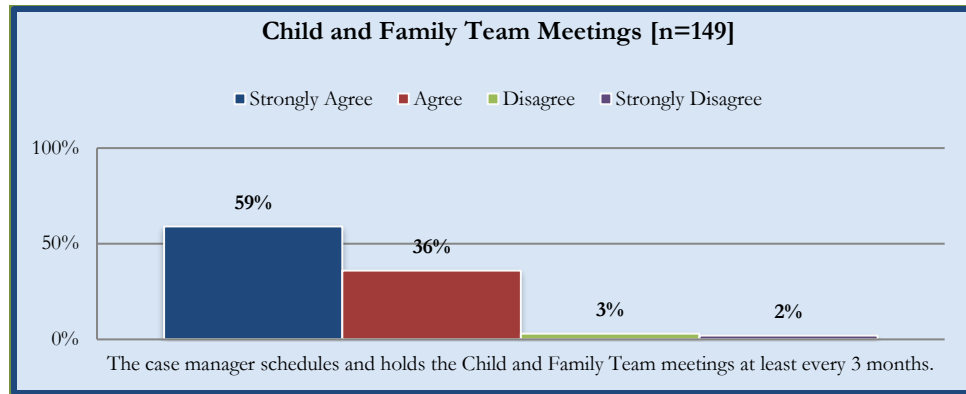
How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

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

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

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

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

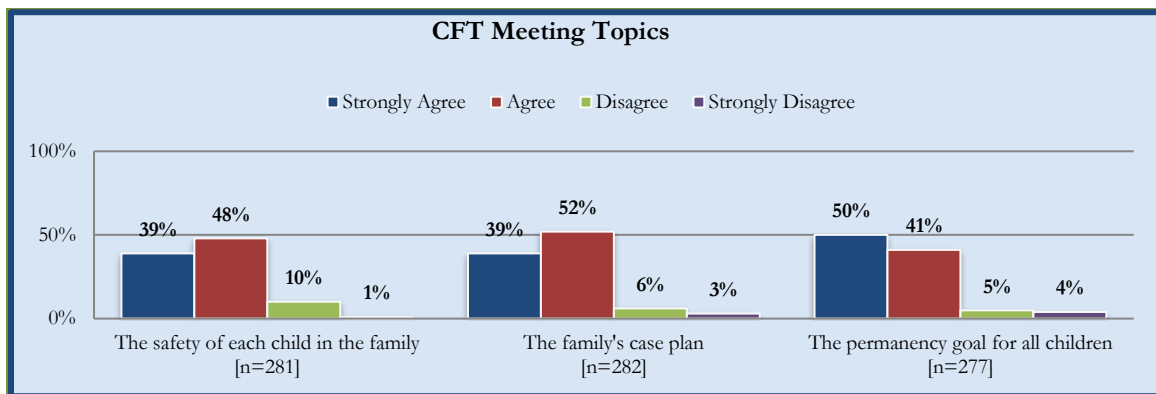


All 5 Stakeholder groups identified above were asked to respond to the following statement:

➤ **At CFT meetings, the following topics are addressed:**

- The safety of each child in the family;
- The family's case plan; and
- The permanency goal for all children

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



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

➤ **When topics relating to safety of all children in the family, family case plan tasks, or the permanency goal for all children in foster care at CFT Meetings does not occur, please briefly explain noted barriers.**

The following comments represent statewide themes regarding reported barriers:

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

Parent respondents were asked:

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

The following represent statewide themes from received comments:

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

Item 22

Permanency Hearings

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

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

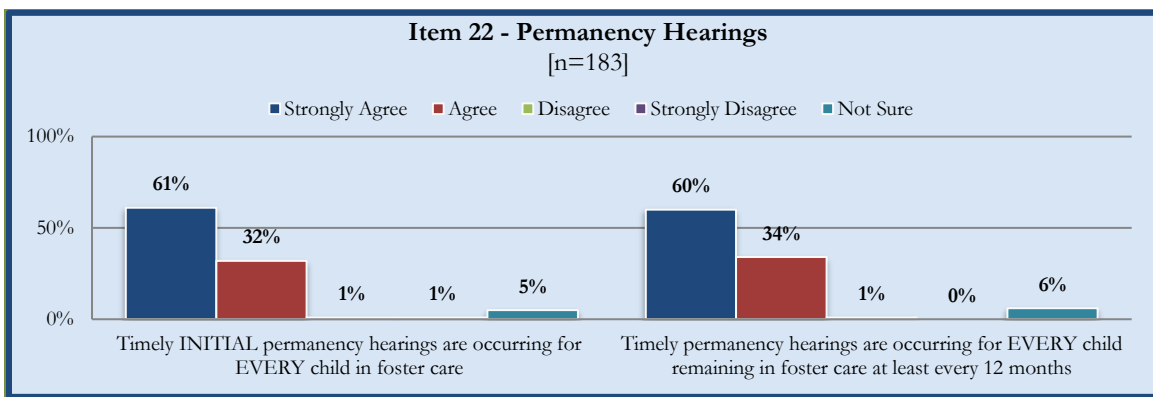
In accordance with NDCC 27-20-36(2)(b), permanency hearings are conducted by the court. The hearing must be held in a juvenile court or tribal court of competent jurisdiction, or as an option, by DJS for youth under its custody. The agency must obtain a judicial determination that it made reasonable efforts to finalize the permanency plan that is in effect (whether the plan is reunification, adoption, legal guardianship, placement with a fit and willing relative, or placement in another planned permanent living arrangement) within twelve months of the date the child is considered to have entered foster care, and at least once every twelve months thereafter while the child is in foster care. The requirement for subsequent permanency hearings applies to all children, including children placed in a permanent foster home or a pre-adoptive home.

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

Stakeholders were asked to respond to the following statement:

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

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



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

each category are as follows:

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

Item 23

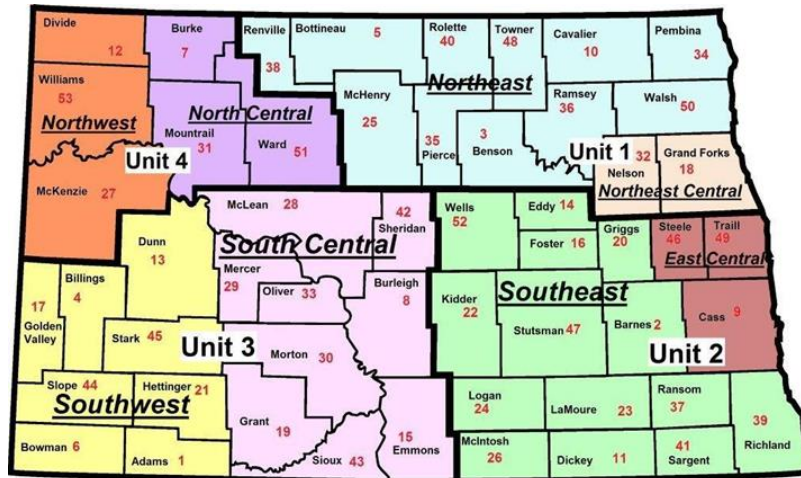
Termination of Parental Rights

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

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

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

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



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

MEDIAN DAYS TO TPR PETITION	UNIT 1	UNIT 2	UNIT 3	UNIT 4
CY 2018 [N=141]	576	337	463	516

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

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

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

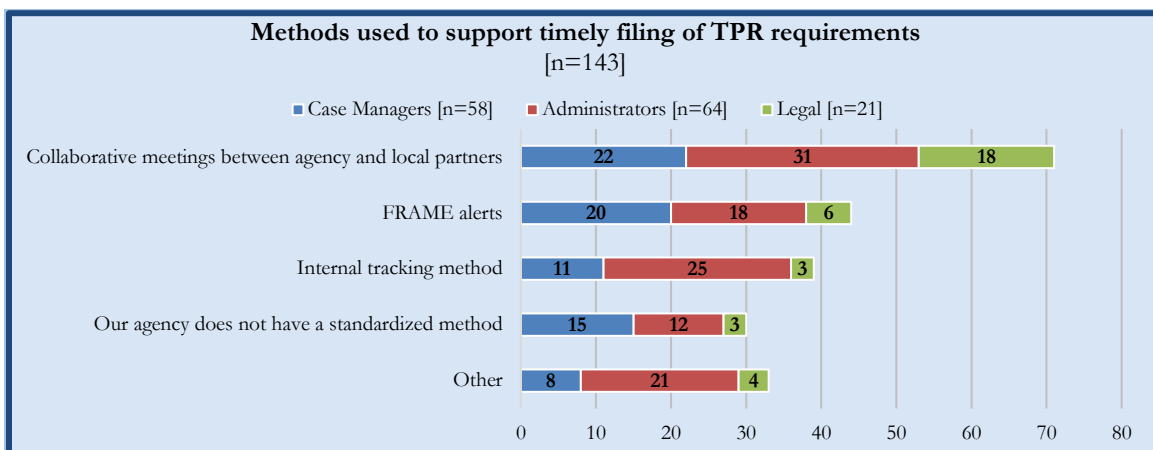
**Unit numbers exceed the number of filings due to cases with multiple children in the family.*

During the ND OCRs, feedback regarding Termination of Parental Rights was sought from four

Stakeholder groups. Please note that Community and Legal Stakeholders were only asked the third question below, regarding TPR filing requirements.

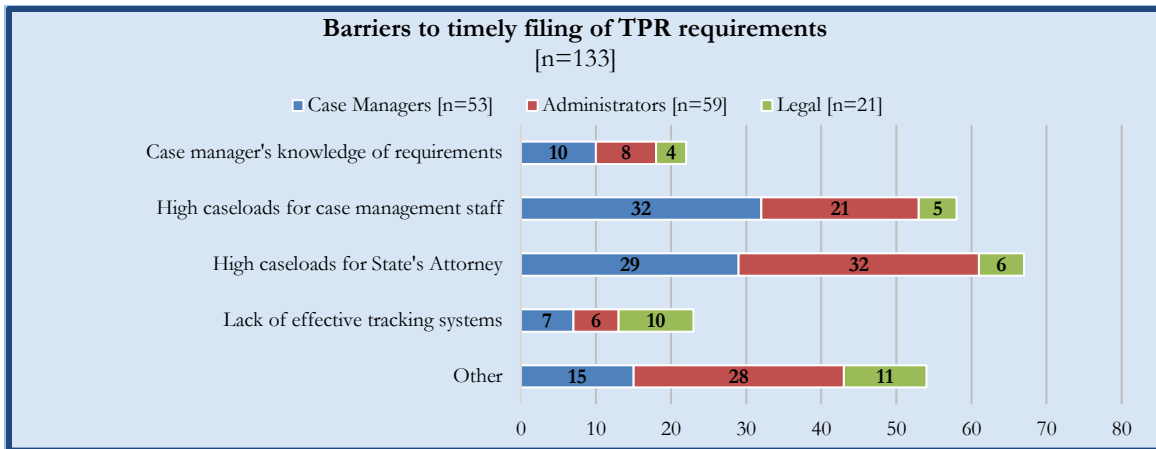
Stakeholders were asked to respond to the following questions:

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



- The following represent themes from those who selected “Other”:
 - *“Discussion at CFTM.”*
 - *“Discussion during supervision meetings.”*
 - *“DJS does not often discuss TPR due to child’s age and wishes when under our custody.”*
 - *“Tribe is using Suspension of Parental Rights, not Termination of Parental Rights.”*
 - *“Combination of the above is used.”*

- **What are the barriers that specifically affect your agency’s ability to ensure that filing of TPR proceedings occurs in accordance with the required provisions for each child in foster care? Please select up to 3 reasons from the list below:**



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

➤ **Statewide data from the Supreme Court indicate the state experiences challenges to ensure filing requirements for termination of parental rights occurs timely for all children in foster care. Based on your experience with child welfare partners in your jurisdiction, please comment on strong practices or barriers that impact the ability to ensure timely filing of TPRs when appropriate to do so.**

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

Item 24

Notice of Hearings and Reviews to Caregivers

CY 2018 Data Source: OCR Stakeholder feedback from Agency Administrators, Agency Caseworkers, Foster

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

Caregivers, Legal/Court

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

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

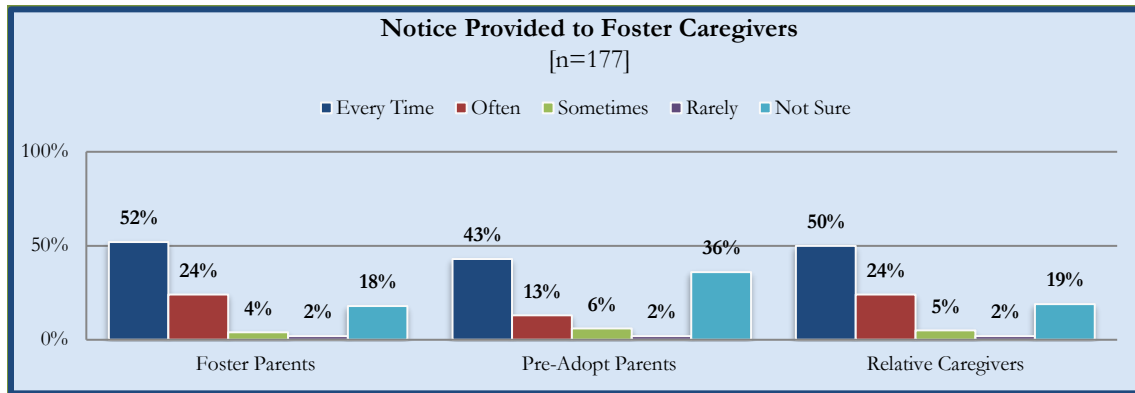
Foster Caregivers were asked the following questions regarding their experiences:

- **What has been your experience receiving notice of upcoming reviews and hearings regarding foster children/youth for whom you provide care?**
 - Most participants said the notice primarily comes from the caseworker but there was great variance among participants on how soon they received the notice. Specific comments include:
 - *"Usually from our county worker we get a heads-up even before the actual notice comes out – we're well looped-in."*
 - *"The county worker keeps in good contact with us and in addition we get notice from the court directly as to what's happening."*
 - *"What are you talking about? We don't receive paper notices anymore."*
 - *"It depends on the worker; some do, and some do not."*
- **Does your experience match the experiences of other foster caregivers you know?**
 - Many participants stated, *"Yes, I think it's the same as with other foster parents."* A few participants weren't sure if their own experience was similar to others.
- **What has been your experience providing information or 'being heard' during a review/hearing? Have you been able to provide information to the Court during these proceedings, either in person or in writing?**
 - Many participants did not have experience being heard during a review/hearing. Some had experience in providing written feedback. The following comments were often heard throughout the state:
 - *"Mixed bag as to whether we're recognized by the Court, aren't often invited to provide input."*
 - *"I've been subpoenaed before."*
 - *"I asked the caseworker about my right to be heard and the caseworker told me not to go, but that I could send something in writing."*
 - *"I've been invited to attend but never to provide input."*
- **What gets in the way of the agency and court ensuring foster caregivers are notified of, and have a right to be heard, in any review hearing held in respect to the foster child in their care?**
 - Common themes expressed in the meetings include:
 - *"I was told it's not the caseworker but an administrative person who sends out the notice."*
 - *"The caseworkers are so overworked they don't have time."*
 - *"State's attorneys shut it down."*

- “Not sure.”

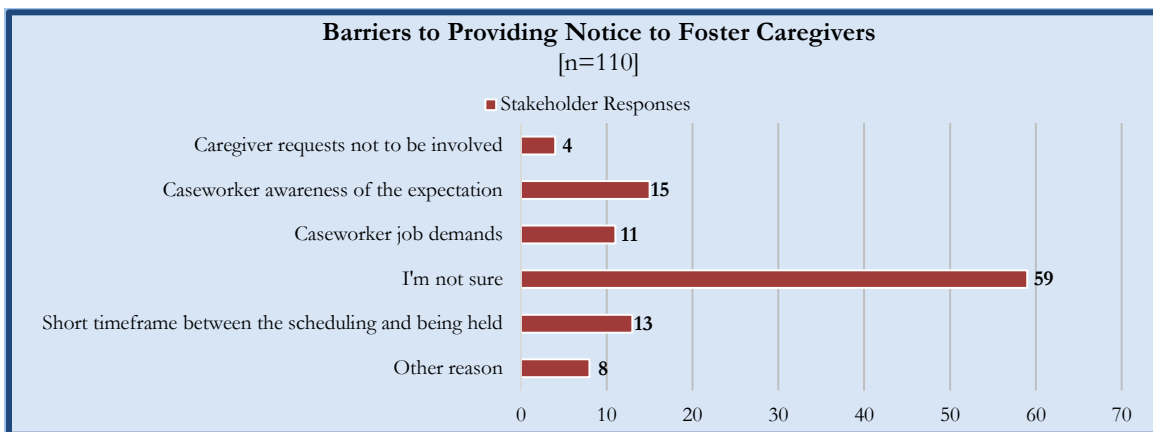
The remaining Stakeholder groups were asked the following questions in the OCR online survey:

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



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

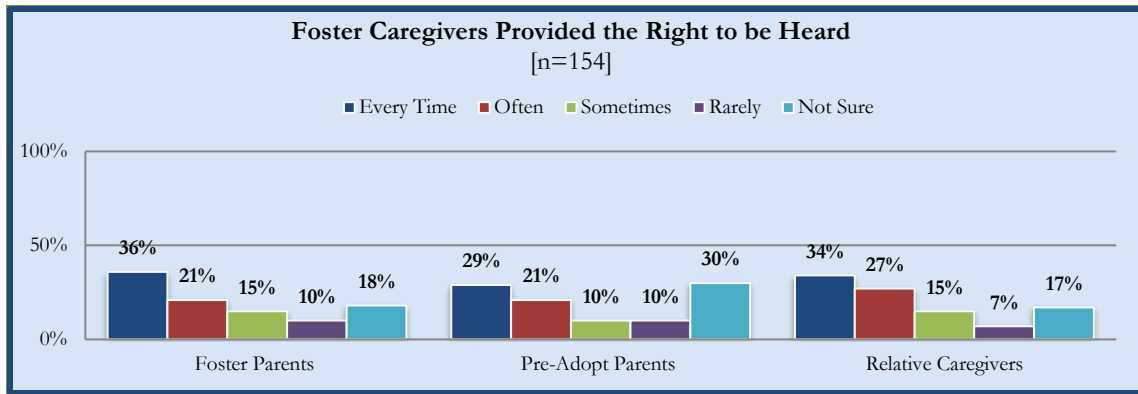
Respondents who did not answer “Every Time” to the above questions were asked to indicate the most important barrier, in their opinion.



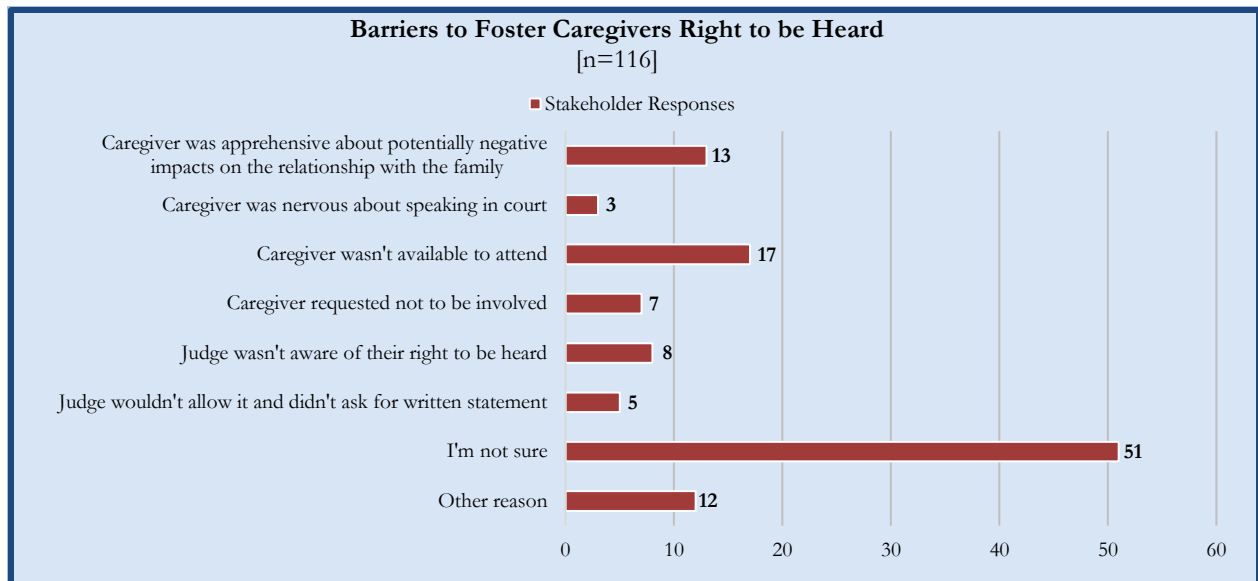
The following represent themes from those who selected “Other”:

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

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



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

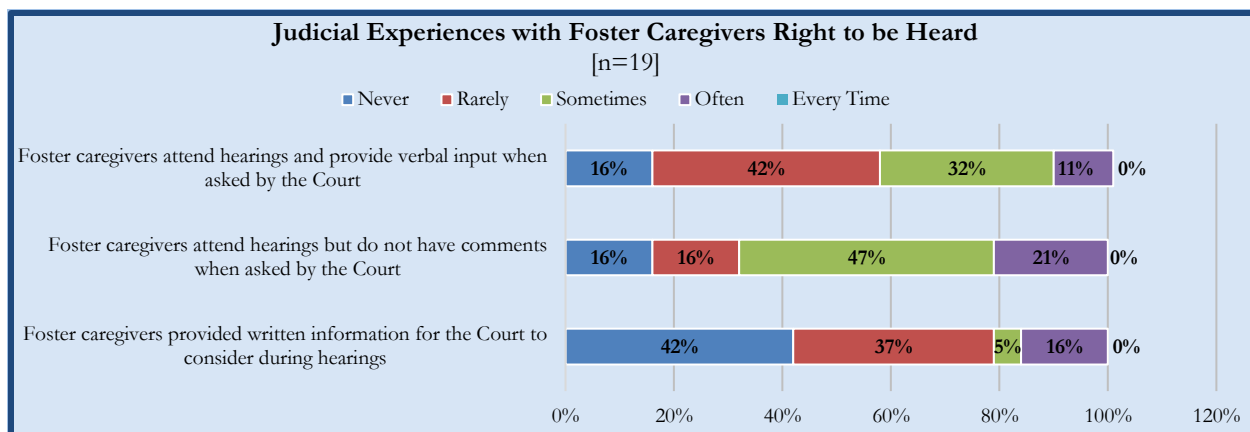


The following represent themes from those who selected “Other”:

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

Judges and Judicial Referees were asked the following questions:

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



➤ **Please share any comments on how our child welfare system could strengthen or support foster caregivers in their right to be heard during reviews or hearings involving the foster child(ren) in their care:**

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

Assessment on Progress to Date

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

Activities Targeted at Improving Performance

➤ **PIP Activities**

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

QUALITY ASSURANCE SYSTEM

Item 25

Quality Assurance System

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

➤ **Statewide Case Reviews**

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

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

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

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

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

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

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

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

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

➤ **Quality at the Source**

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

➤ **Additional Quality Assurance Processes**

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

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

supervisor conducts a formal case review on all closed cases.

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

➤ Federal Reports

- **National Child Abuse and Neglect Data System (NCANDS):** North Dakota submits NCANDS data per the required federal timeframes. The data for this report is derived from FRAME. The NCANDS workgroup meets on a consistent basis to address state challenges with NCANDS reporting. A CFS staff has been assigned the task of reviewing data entry regularly and notifying counties of needed corrections in a timely manner. This consistent monitoring has been well received both internally at CFS and by the county social service

agencies.

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

Assessment on Progress to Date

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

Activities Targeted at Improving Performance

➤ **PIP Activities**

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

STAFF AND PROVIDER TRAINING

Item 26

Initial Staff Training

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

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

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

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

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

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

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

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

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

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

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

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

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

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

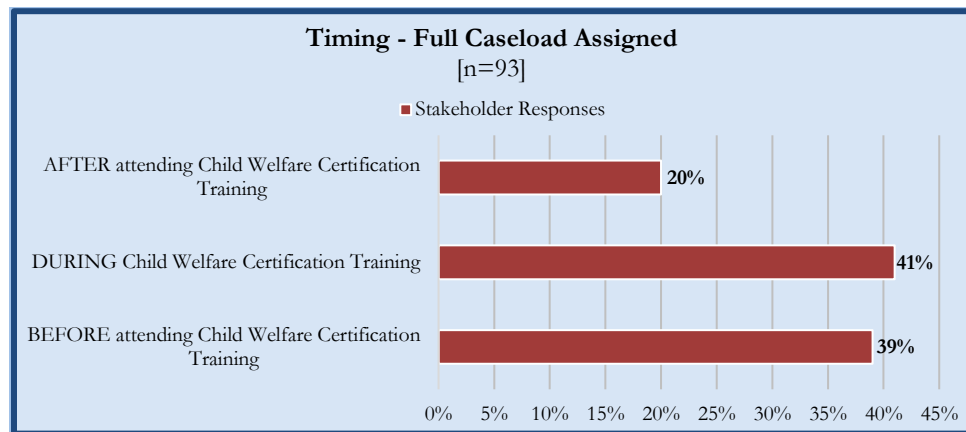
At the completion of each week of training, participants evaluate their specific competencies and skills. They rate themselves on their understanding of the concepts or their skill acquisition. Feedback is also elicited from the training group on any additional training needs they identify. For example,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

OCR Stakeholder Feedback

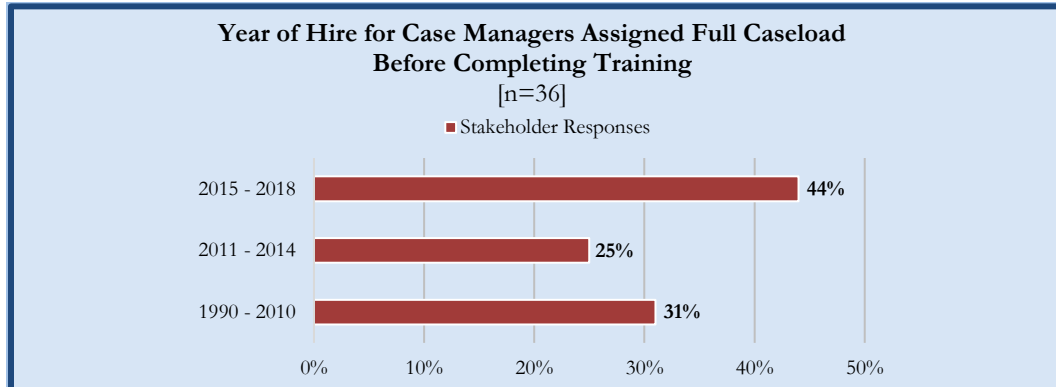
Feedback for this systemic factor item was received from Agency Administrators and Agency Case Managers through the OCR online survey.

Agency Case Managers were asked the following questions:

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



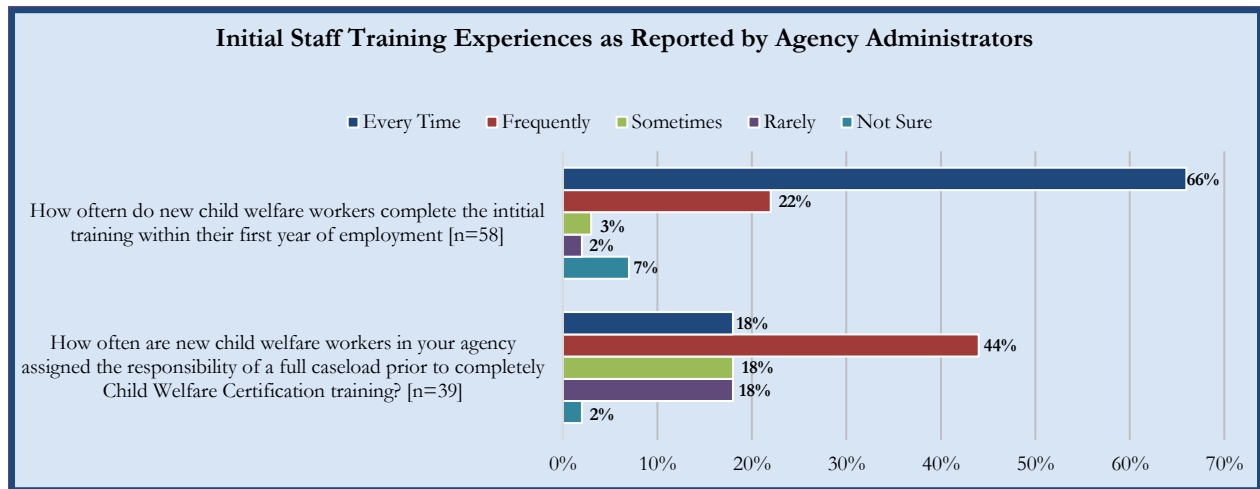
- **If you were assigned the responsibility of a full caseload BEFORE attending Child Welfare Certification Training, in what year were you hired as a child welfare worker?**



- **Please provide any additional comments regarding the initial training and support offered to you or other child welfare workers within the first year of employment.**
 - Thirty comments were received, and the following statements reflect the general themes:
 - *"I have received very limited training and the training that I have received was from my coworkers not a supervisor."*
 - *"Most of the training that was helpful was provided by co-workers."*
 - *"Training information is not consistent across staff and nearly not enough is provided."*
 - *"The supervision I received was 'it's in your manual' or more current a supervisor who doesn't know policy at all."*
 - *"I have an incredible supervisor-she is just super busy."*

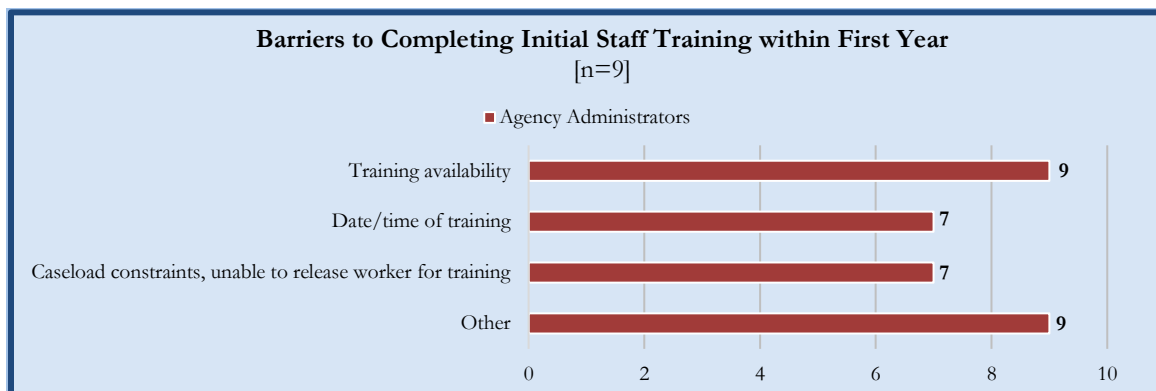
Agency Administrators were asked the following questions:

➤ **To the best of your knowledge:**



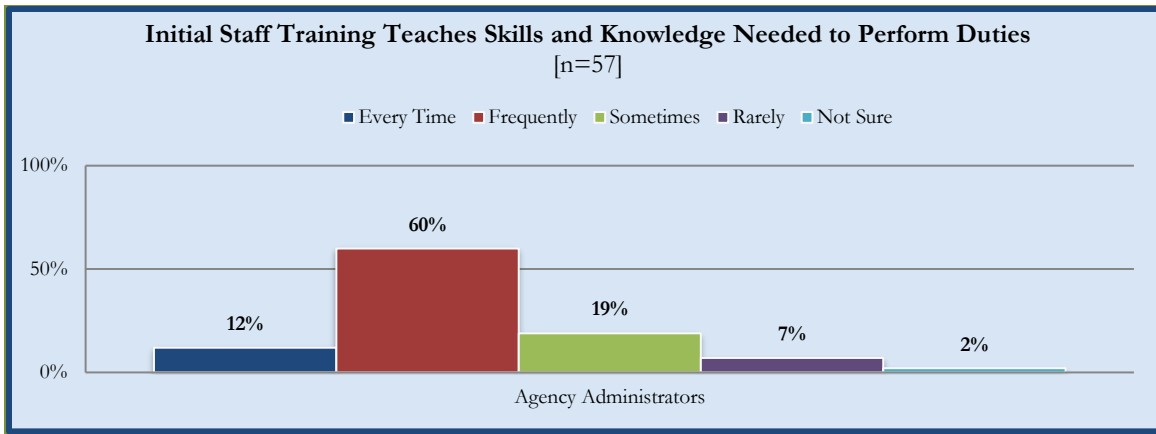
Respondents who did not answer “Every Time” to the question of new child welfare workers completing training in the first year of employment were asked the following question:

➤ **In your opinion, what gets in the way of all new child welfare workers completing the required training within their first year of employment? Please rank up to three barriers.**



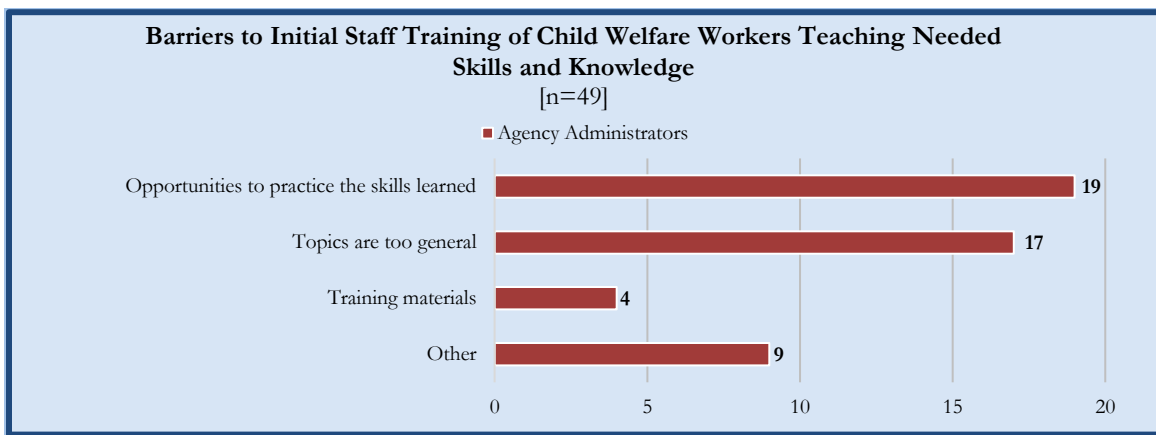
Due to an error in the survey logic, respondents were unable to provide comments.

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



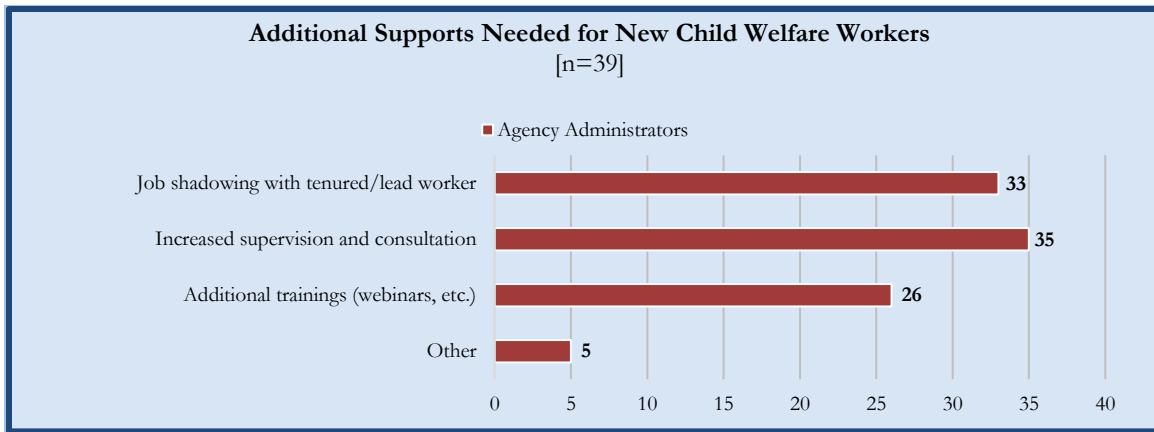
Respondents who did not answer “Every Time” to this question were asked the following question:

- **In your opinion, what gets in the way of child welfare workers getting all the needed skills and training needed to perform their duties from INITIAL trainings? Choose the most important reason.**



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

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



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

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

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

Item 27

Ongoing Staff Training

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

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

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

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

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

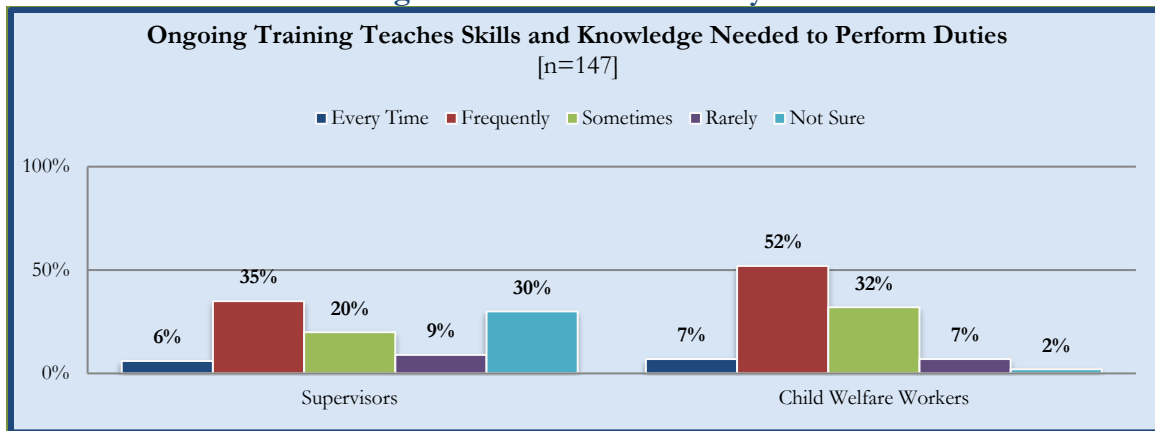
PROVIDER TYPE	NUMBER OF STAFF WRAPAROUND RECERTIFIED
Adults Adopting Special Kids (AASK)	12
CFS Program Administrators	6
County Social Services	189
Division of Juvenile Services (DJS)	14
Professional Association of Treatment Homes (PATH ND)	49

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

OCR Stakeholder Feedback

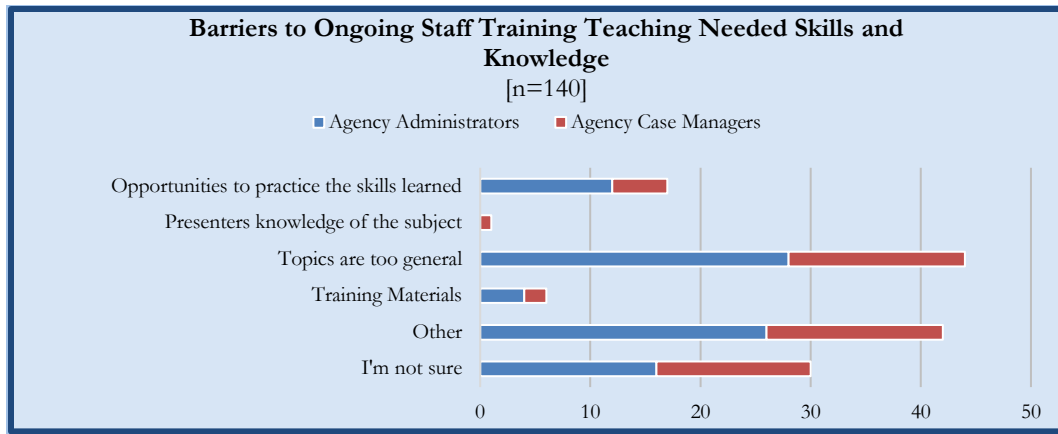
Feedback for this systemic factor item was received from Agency Administrators and Agency Case Managers through the OCR online survey. Both Stakeholder groups were asked the following questions:

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



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

- **In your opinion, what gets in the way of child welfare workers/supervisors getting all the needed skills and training needed to perform their duties from ONGOING trainings? Choose the most important reason.**



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

Item 28

Foster & Adoptive Parent Training

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

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

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

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

Initial Training for Foster and Adoptive Parents

The readiness of families to foster or adopt is assessed in the context of their ability and willingness

to meet five essential competencies per the PRIDE Pre-Service training.

➤ **PRIDE Pre-Service Training**

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

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

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

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

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

➤ **Additional Initial Training Requirements**

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

Ongoing Training for Foster and Adoptive Parents

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

to attend ongoing training events as needed.

➤ **PRIDE Core Training**

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

➤ **PRIDE Advanced and Specialized Training**

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

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

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

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

➤ Newsletters

- CFSTC continues to issue a regular online newsletter, *Fostering Communications*, for foster and adoptive parents. The newsletter routinely includes educational topics and information to support their work. A recent version of this newsletter can be found at <https://www1.und.edu/centers/children-and-family-services-training-center/march2019newsletter.pdf>.
- The AASK Program issues a regular electronic newsletter, *The Heart Times*, which features an educational component to supplement the recruitment opportunities provided by such a publication. The Heart Times is made available to all current foster families and families who have adopted through the AASK program. A recent newsletter can be viewed at https://docs.wixstatic.com/ugd/d3fc4f_7548e0d63eaa48589303e28a58511095.pdf.

Facility and Institution Training – Initial & Ongoing

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

➤ Residential Child Care Facilities

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

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

In addition to above, each RCCF chooses their own training curriculum components based on the individualized needs of the facility, along with input from staff, within the requirements of NDAC 75-03-16. As of this writing, North Dakota has eleven licensed RCCFs. DHS, as the licensing agent, schedules one licensing visit annually at each of the RCCFs. DHS completes additional “random-site visits” as needed. Approximately 80 RCCF employee files are randomly

selected for review each year. Documentation of initial and ongoing training received by facility employees is evaluated during the licensing review process. If any training areas are found to be out of compliance at the time of the licensing review, it is noted and the facility is required to make the correction within 30 days.

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

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

➤ **Psychiatric Residential Treatment Facilities**

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

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

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

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

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

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

OCR Stakeholder Feedback

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

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

➤ **What training was initially available to you when you began providing foster/relative care/pre-adoptive care?**

- All groups commented that PRIDE was the initial training available. A few specific responses include:
 - *“PRIDE, First Aid/CPR. After we had placements we got trauma-centered care training through the private provider. Wish we could’ve gotten it sooner. I can see huge value in any foster parent getting that training. PRIDE gave me a gist of what I was in for but didn’t really prepare me for what foster parenting would be like.”*
 - *“First placement was relative care and I was provided absolutely nothing – no training, no support from the case worker, and it was a meth baby. There was no respite care, there was no one to contact with questions. We had to find help on our own.”*

➤ **Was the initial training of high quality to prepare you for your role as a foster caregiver?**

- There was a range of response. A sample of the comments include:
 - *“Yes, it was.”*
 - *“It’s a lot of fluff – they don’t tell you all you need to know, like what not to do.”*
 - *“PRIDE was ok – gave me the basics but didn’t prep me for the child behaviors I would encounter and if I hadn’t had other resources available I probably wouldn’t have been able to stick with it.”*
 - *“There is a lot of training on ‘This is what happened to get your kids to this place’ but nothing on ‘What do we do now?’.”*

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

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

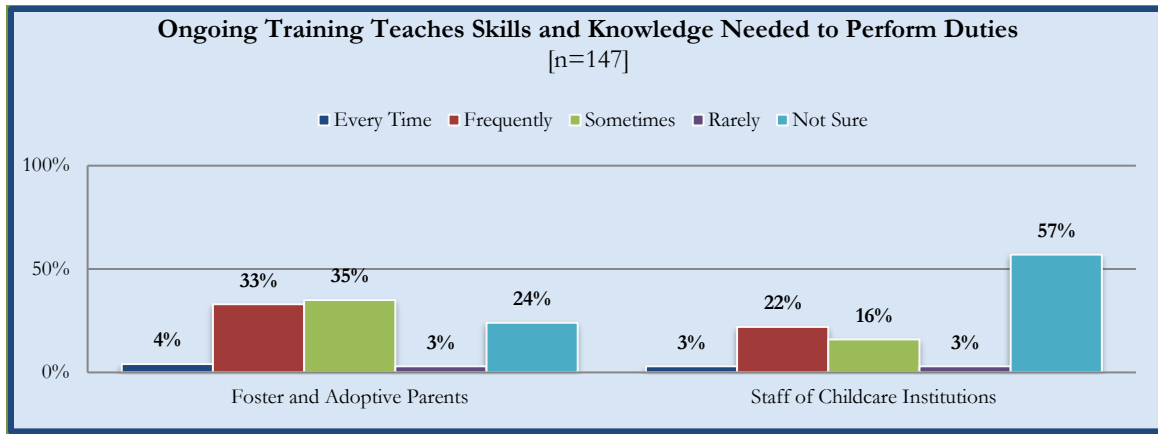
➤ **What ongoing training is available?**

- There was a range of responses. A sample of the comments include:
 - *“CFSTC training festivals.”*
 - *“Monthly Share and Support with other foster families which sometimes provides training.”*

- *“Webinars available all the time.”*
 - *“Standard required ongoing training regarding fire safety/ medication safety.”*
 - *“We like that we get credit for applicable training available through a private therapeutic foster care agency that’s pertinent to the needs of our foster children.”*
 - *“We get notice of a lot of trainings available which is very helpful – some awesome opportunities to attend conferences, too.”*
 - *“We don’t get notice of any trainings in our area.”*
- **Is there ongoing training of high quality and does it support you in your role as a foster caregiver?**
- There was a range of responses. A sample of the comments include:
 - *“Festivals of training are helpful.”*
 - *“We get a lot of training.”*
 - *“I’m not told about trainings, just found out about one in our area that would be helpful, and heard that there are scholarships available, but wasn’t told about it by the agency.”*
- **Have you participated in, or are you aware of specialized training for adoption in your area? If so, is that training of high quality?**
- Most participants responded with a “No.” Several commented *“If there is, I haven’t seen it yet. But it might just be where we are in the adoption process”* or *“I don’t recall hearing about any available.”*
- **What are the barriers, or what gets in the way, of receiving necessary training?**
- There was a range of responses. A sample of the comments include:
 - *“Lack of childcare.”*
 - *“The time of day/ week training is offered.”*
 - *“Who is my support?”*
 - *“Some required trainings only available once annually and some may not be able to get to them, which is an obstacle for some people. I think if there were some opportunities for online training that would be helpful.”*
 - *“There are trainings available in the larger community, but not so much in rural areas. I’ve been told they are trying to train additional staff to provide more trainers available to us.”*

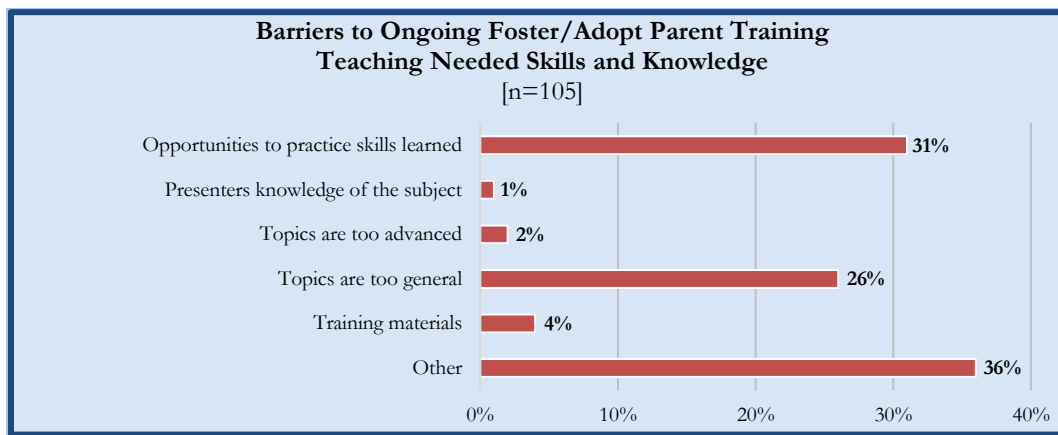
Agency Case Managers and Agency Administrators were asked the following questions through the OCR online survey:

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

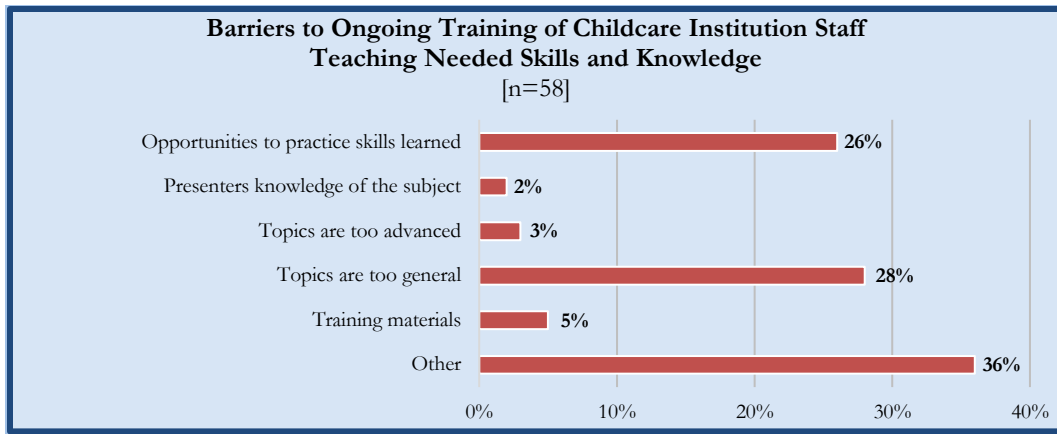


Respondents who did not answer “Every Time” to this question were asked:

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



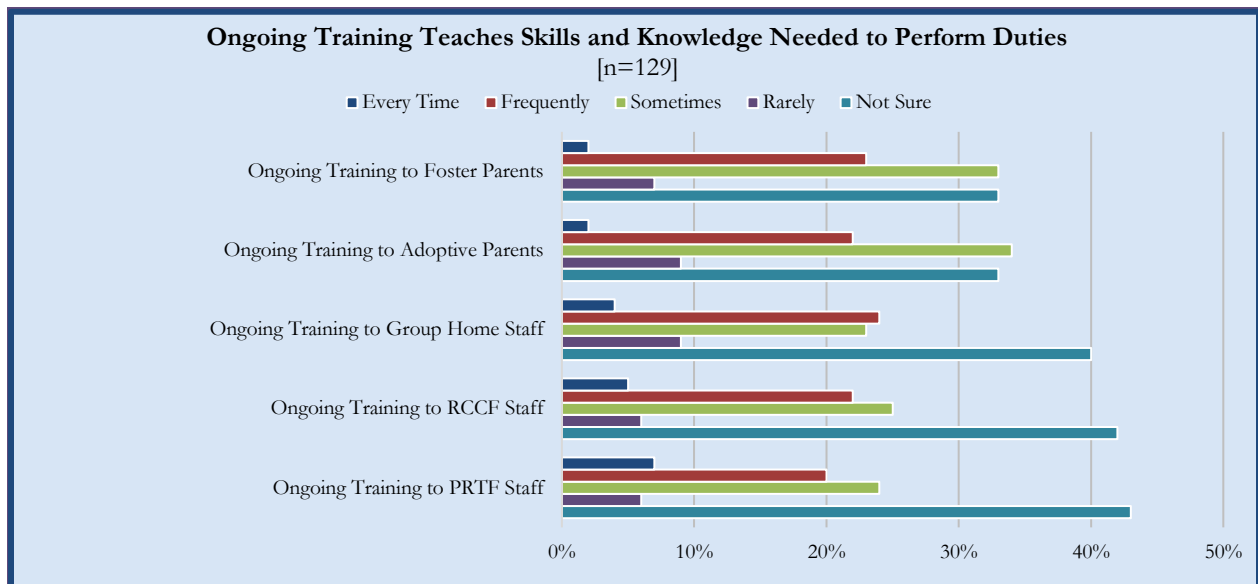
- The following represent themes from those who selected “Other”:
 - *“Scheduling conflicts, childcare arrangements.”*
 - *“Distance and travel, lack of training.”*
 - *“Not enough trainings in our area.”*
 - *“More opportunities and web-based opportunities I believe would be beneficial.”*
 - *“Increasingly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



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

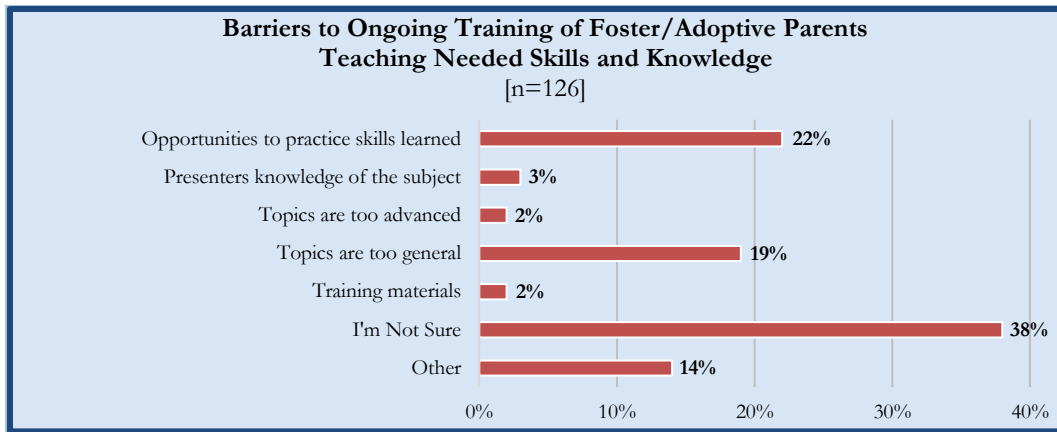
Community Stakeholders were asked the following questions through the OCR online survey:

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

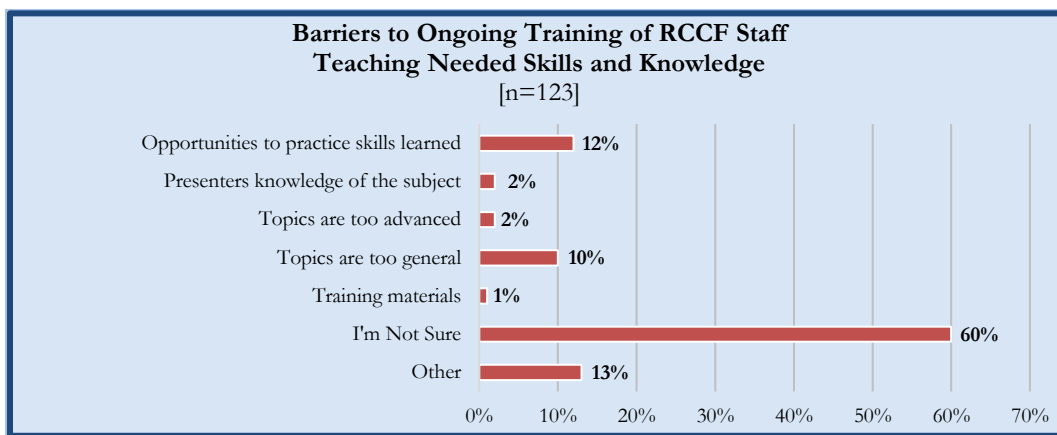


Respondents who did not answer “Every Time” to this question were asked:

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



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



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

Assessment on Progress to Date

No additional information is available.

Activities Targeted at Improving Performance

Through discussions at social services redesign meetings, it has been noted that initial/ongoing training to the workforce as well as foster caregivers and prospective adoptive parents needs to be

redesigned as well. The CFS Training Center staff participate in these meetings.

SERVICE ARRAY

Item 29

Service Array

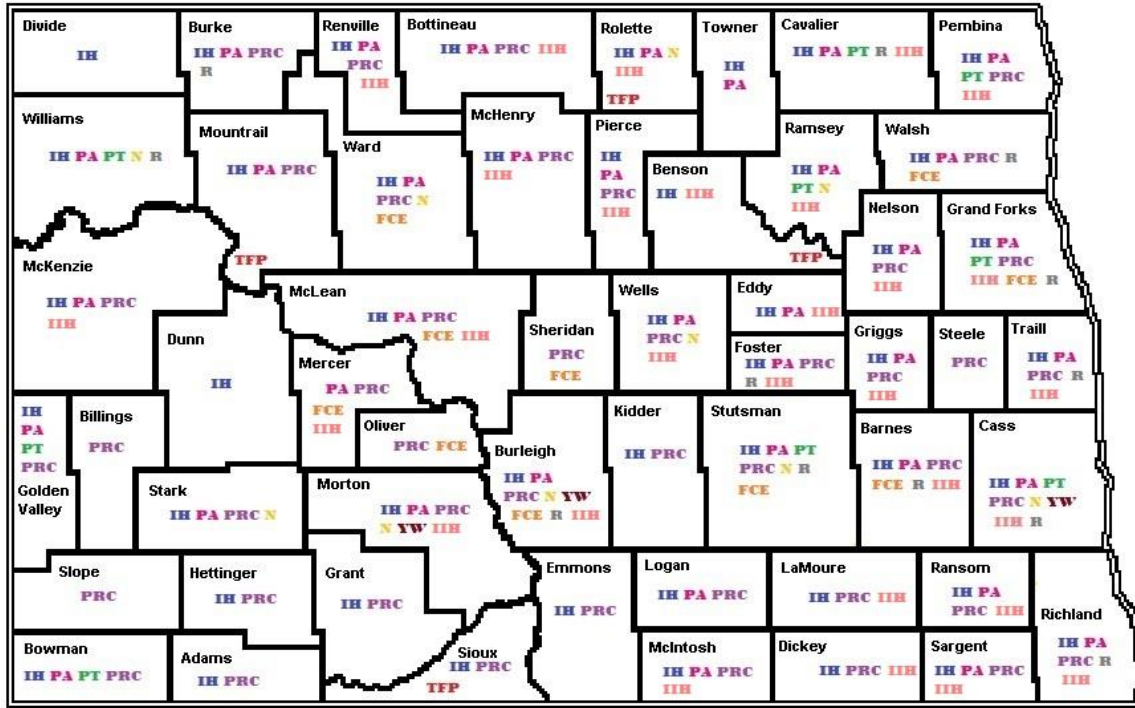
CY 2018 Data Source: OCR Stakeholder feedback from Agency Administrators, Agency Caseworkers, Parents, Youth, Foster Caregivers, Legal, Community; The Village Family Services Center; Youthworks; Lutheran Social Services ND; Children's Advocacy Centers; CFS Administrators

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

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

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

Legend – Service Array Map Family Preservation Services Provided during FFY 2018					
IH In-Home Case Management	PA Parent Aide	N Nurturing Parenting Program	PT Prime Time Childcare	IIIH Intensive In-Home Family Therapy	HF Healthy Families
FCE Family Centered Engagement	PRC Parent Resource Centers	YW Youthworks	TFP Tribal Family Preservation	R Respite Care	CAC Children's Advocacy Centers



- **Services that assess the strengths and needs of children and families and determine other service needs**
 - **Child Protection Services** are available in every ND county social service agency. CPS is tasked with protecting the health and welfare of children by encouraging the reporting of children who are known to be or suspected of being abused or neglected. CPS provides services for the protection and treatment of abused and neglected children, as well protecting them from further harm. As a county-administered state-supervised system, direct CPS services are provided by county social service agencies. Tribal child welfare agencies provide CPS independent from the state system.
 - **Institutional CPS** addresses situations of known or suspected child abuse or neglect that occur within state institutions responsible for the child's welfare such as a residential child care facility, a public or private residential educational facility, a maternity home, or any residential facility owned or managed by the state or a political subdivision of the state. Regional representatives are responsible for conducting assessments in the region where the institution is located. The regional representative provides a summary of all ICPS assessments to the State Child Protection Team, who reviews the assessments and determines if child abuse or neglect is indicated or not indicated. The team may issue reports or recommendations on any aspect of child abuse or neglect, when deemed appropriate.
 - **Assessment** of strengths and need occurs throughout service delivery. All caseworkers are responsible to assess children and families initially and ongoing. In doing so, caseworkers collaborate with public and private educators, medical professionals, dentists, mental health and substance abuse providers, and other providers to address identified needs. Documentation of assessments are in FRAME under the Family Assessment Instrument tab.

- **Children's Advocacy Centers (CAC)** provide child and adolescent victims of abuse access to a multidisciplinary team approach of investigation, treatment, and care in a safe, family focused environment. The multidisciplinary team includes victim protection, social services, law enforcement, prosecution, victim advocacy, the medical and mental health communities, who work together to provide comprehensive, coordinated and compassionate investigation and intervention of victim abuse allegations. assist in the assessment of child physical and sexual abuse. The CACs are located in three communities in North Dakota, with outreach to four additional communities. All county social service agencies have access to, and have used, the CAC in their area. The CACs are accredited through the National Children's Alliance. The Center directors are members of the Alliance for Children's Justice and meet with this state-facilitated multidisciplinary team quarterly.
- **Services that address the needs of families in addition to individual children in order to create a safe home environment & those that enable children to remain safely with their parents when reasonable**
 - **Prevent Child Abuse North Dakota** is not a direct service provider yet is a key primary prevention organization. Prevention Networks, Public Awareness & Community Development and Outreach services are available statewide. Prevention Networks are provided through PCAND's efforts to build on existing networks and connect new partners, as well as forming new networks for prevention of child abuse and neglect, including the North Dakota Home Visitation Network.

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

Public Awareness efforts include coordination of statewide Child Abuse Prevention Month activities. Community Development and Outreach efforts include the Nurturing Healthy Sexual Development (NDSD), an engaging, interactive discussion-based training program developed to help adults better understand the sexual development of children and learn how to respond to children's sexuality in ways that promote healthy development.

- **Healthy Families (HF)** is a home visitation program which often begins prenatally or early in a child's life and may continue for three years. All services with families are free and voluntary. Family Support Specialists offer education, support and assistance on topics such as parenting, child development and ways to reduce family stressors.
- **Alternative Response for Substance Exposed Newborns** is provided to mothers of substance exposed babies to support the babies remaining safely in the home through the development and implementation of a Plan of Safe Care. The goal is to build a support system around the infant/family for safety and continued support after the CPS assessment is closed. This service is available in all counties.
- **Nurturing Parenting Program (N)** is a group-based program in which both parents and

their children participate. This field-tested and nationally recognized program provides a common learning experience and enhances positive interactions for parents and children. Nurturing Parenting programs offer, *“The Nurturing Program for Parents and Children Ages 5-12,”* and *“The Nurturing Parent Program for ages Birth to 5 Years.”* The Nurturing Parenting Program is recognized by the SAMHSA National Registry of Evidence-Based Programs and Practices (NREPP) and by OJJDP’s Model Programs Guide as a Promising Program.

- **Parent Resource Centers (PRC)** provide parenting education and in doing so they offer the following:
 - Parenting education designed to assist parents or primary caregivers to strengthen their knowledge and skills and enhance understanding and performance of positive parenting practices, which prevent child abuse and neglect and reduce primary risk factors: caregiver problems with mental health, substance abuse, family and community violence, and other negative conditions in the child and family’s life situation;
 - Meaningful involvement of parents in the development, operation, evaluation, and oversight of the funded programs;
 - Collaborative community activities specific to Child Abuse Prevention Month;
 - Identification and community needs for parent education and support, and strategies to address the identified needs; and
 - Parent education outreach activities which include referrals to social services and community supports and participation in the Family Resource Center Network.

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

- **In-Home Case Management Services (IHCMS)** are provided to families who have come to the attention of the child welfare agency through a child protection report or self-referral. In-home case management services are designed to ensure the safety and well-being of children and youth in their homes, prevent their initial placement or re-entry into foster care, and preserve, support, and stabilize their families. While in-home case management is available in every county, not all counties had a caseload during FFY 2018.
- **Parent Aide Services (PAS)** are designed to improve parenting skills with parents who are at risk of abusing or neglecting their children by reinforcing parents’ confidence in their strengths and helping them to identify where improvement is needed. This service uses the relationship between the parent and the parent aide as a tool to encourage, teach, and assist parents.
- **Prime Time Childcare (PTC)** provides payment for temporary childcare to assist children of families where child abuse and/or neglect has occurred or is at risk of occurring. Parents can attend counseling, addiction treatment, or other needed services while their children are cared for in a licensed childcare facility.
- **Respite Care (RC)** provides the caregiver temporary relief of duties for the child whose

mental or physical conditions require special or intensive supervision or care. Respite funds are used to reimburse the approved provider, support the placement, and reduce burnout. Respite Care is available through both foster care and in-home case management.

- **Intensive In-Home Family Therapy (IIH)** provides families who have one or more children at risk of being placed outside their home with intense crisis intervention services. Licensed therapists work with families in their homes and make every effort to work around the family's schedule.
- **Family Centered Engagement (FCE)** is a facilitated team process that includes participation from parents/caregivers, extended family members, children, service providers, child welfare professionals, juvenile court staff, community partners, and others involved in a child's life. The meetings have only one purpose and that is to make critical decisions with families regarding the removal of children from their homes to the least restrictive and safest placements that are in the best interest of the children.

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

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

➤ **Services that help children in foster and adoptive placements achieve permanency**

- **Foster Care** is 24-hour out-of-home care for children whose parents are unable, neglect, or refuse to provide for their children's needs. This includes food, clothing, shelter, security, safety, guidance and comfort. In nearly all cases, the child in care has been removed from the home by a court order with custody given to a public agency such as the Division of Juvenile Services, county social services, or Tribal social services. CFS is responsible for rules for licensure of foster care homes and facilities to maintain a standard for the safety and well-being of the children in care. CFS is also responsible for the review of all license assessments prior to issuing a license to provide foster care.
- **Therapeutic Foster Care** is available through two private non-profit providers, PATH ND and Lutheran Social Services.
 - PATH also provides in-home family support, respite, reunification services, assessment homes, and adoption services collaboratively with Catholic Charities ND (collaboration occurs through CFSR inclusion, ongoing meetings for discussion of issues, licensure through ND DHS, case reviews for licensure and audits, policy issuances from the department).

- Lutheran Social Services also provides an array of services to promote the well-being of at-risk youth in ND communities such as attendant care, restorative justice, youth court, restorative practices in schools, and the youth cultural achievement program.
- **Youthworks (YW)** is a private non-profit agency that directs services to youth who are:
 - Homeless and living on the street;
 - Trafficked;
 - Juvenile offenders;
 - Failing, suspended, or expelled from school;
 - Young parents or pregnant moms (under age 22);
 - Arrested and unable to immediately return home;
 - Needing emergency care;
 - Needing peer support or cross-age mentoring; and
 - Struggling with anger issues.

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

- **Residential Child Care Facilities (RCCFs) and Psychiatric Residential Treatment Facilities (PRTFs)** work as closely as they can with families to include biological, foster, extended family members in the process of creating and building an individual plan of care for the child placed in the facility. Families are encouraged to visit, engage in family activities, write letters, maintain phone contact, etc. RCCF and PRTF programming does vary throughout North Dakota, however some facilities provide family therapy, offer a family engagement and strengths building classes, pay for travel expenses to get families to and from the facility, as well as house the families in separate apartment units to accommodate the distance in travel.
- **Adoption Services** are provided by private providers within the state. Pursuant to statute, CFS is served notice of all adoptions that occur in the state of North Dakota. CFS facilitates a contract with a private provider to provide adoption services to children in foster care and the families who adopt them. DHS has long contracted with private vendors to provide adoption services in North Dakota (Adults Adopting Special Kids – AASK). Catholic Charities North Dakota (CCND), in collaboration with PATH ND, is the current contracted vendor to provide adoption services to children in foster care and the families who adopt them. Services provided by the vendor include child preparation and assessment, family preparation and assessment, general recruitment functions, technical assistance to the public agency on adoption matters, placement and placement supervision, services to finalize the adoption, assistance with application for adoption subsidy, and post adoption information and support. Under this contract, payment for services relates to adoption placement, finalization and timeliness in adoption (consistent with the national standard). An additional payment is made for those adoption finalizations where specialized recruitment was necessary to facilitate placement (degree of difficulty payment). This performance based contracting system has been in place since July 1, 2005.

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

- **TANF Kinship Care Program** became a statewide program available to county social service agencies and the Division of Juvenile Services in 2005. TANF currently does not include tribal social service agencies in the Kinship Care program due to lack of funding. This program offers a modest monthly financial payment to kin providers who chose not to become licensed as foster parents. This service is available in all counties.
- **Chafee Foster Care Independence Program (CFCIP) and Education & Training Voucher (ETV)** program operations are administered by CFS. North Dakota ensures that all political subdivisions in the eight regions and 53 counties are served by CFCIP, including tribal youth and youth in custody of the Division of Juvenile Services.
- **OPPLA:** Foster youth with a goal of Other Planned Permanent Living Arrangement are assessed for available community services during the child and family team meeting process and within the context of foster care case management services. Eligible youth are referred to CFCIP as appropriate while all youth with this goal receive Independent Living and other supportive services through case management.
- **Subsidized Guardianship** offers state-funded financial support for youth who are not able to return to their parent(s). Eligibility for this program includes:
 - Youth age 12 and above (sibling groups will also be included if one member of the sibling group is 12+);
 - Adoption and reunification have been ruled out;
 - Youth legally free for adoption who do not wish to or cannot be adopted;
 - Youth in temporary custody whose parents are incapacitated or unwilling to participate with planning for the child and whose parental rights will not be terminated; and
 - The youth has been in the state foster care system for at least 6 months and the state has responsibility for maintenance payments.

OCR Stakeholder Feedback

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

Questions asked of Foster Caregivers:

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

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

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

➤ **Are there specific services you feel you need to support you in your ability to provide care for your foster that is/are NOT available? Please give examples.**

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

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

➤ **Has anyone experienced challenges getting the child to services they need due to distance or other transportation problems? Did you receive the support you needed?**

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

➤ **Can you identify a service in your area that is particularly helpful for families in your area, or a service that is particularly helpful as you provide care for your foster child? Can you identify a specific service that is missing in your area?**

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

- Helpful:
 - *“Services for education concerns we’re seeing gains in the children because of those educational services.”* [Several others agreed that school personnel are providing individual supports to their foster child which has resulted in academic success]
 - *“Great dental, vision, medical care who take time to understand the kids and talk to them.”*
 - *“Parent Aide – ours works with the parents and has been fantastic with them.”*
 - *“Generalized medical care for foster children.”*
- Missing (not working well):
 - *“Difficult to find medical doctors, and therapists who take Medicaid – huge issue.”*

- *“Difficult to find dentists willing to take Medicaid or serve young children.”*
- *“Some therapists won’t let MA clients preschedule, which is difficult, too. We’re delaying some services until we switch to our insurance providers.”*
- *“Everything is catered to the parents.”*
- *“Supportive services to foster parents to work through challenges with their foster child, and timely reimbursements.”*
- *“We need a Mentor/Natural Support program for foster parents.”*

Questions asked of Youth:

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

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

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

➤ **While you are in foster care, do you feel the restrictions or limitations on the things you can do are typical for teens? If you feel there are more restrictions in foster care, what are some examples?**

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

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

➤ **Have you received Independent Living Services? If no, were you offered the opportunity and declined? If yes, who provided the IL Services (i.e. PATH’s IL program, custodial agency, facility, foster parents, all the above, etc.)?**

- Most participants said “yes” while some stated they were just starting to receive IL services. School personnel, IL Coordinators, social workers, and foster parents were the providers most identified by the participants.

➤ **What was most helpful (IL service) and what would have made the service more beneficial?**

- The most helpful services reported:
 - *“Getting a driver’s license so I could get to work.”*
 - *“How to apply for college and scholarships.”*
 - *“Budgeting.”*

- The least helpful services reported:
 - Participants did not identify a service which was not helpful. One comment summed it up as: *"IL services are one of the most reliable things about foster care."*
- **Have you had an opportunity to talk to a counselor? If no, would you have liked to? If yes, was this helpful?**
 - All participants acknowledged they have had the opportunity to talk to a counselor. However, there was a range of feedback received regarding how beneficial therapy is or is not. The following comments reflect the sentiments expressed:
 - *"Yes, I have the best therapist in the world."*
 - *"Yes, I guess it's been helpful. I'm not a big fan of therapy."*
 - *"It wasn't helpful at all, didn't help one little bit -was forced to go."*
- **What would help the agency's ability to ensure that services children and family need are provided?**
 - Themes from the responses received are reflected in the following comments:
 - *"I live in a small community, so I think we need to have a center where you can get counseling, rehabilitation services."*
 - *"Better foster parent screening and training."*
 - *"Make sure we have a good social worker (always there for you, talk about anything, tell things you don't feel like telling foster parents, really cool)."*
 - *"Communication is a big thing – there was such a lack of communication between agencies, and my parents – it was really a struggle."*
 - *"My county should have more time together with the kids they're taking care of, instead of like 10 minutes a month."*
 - *"If there is something bad going on, there should be a way to fix the problem instead of just keep moving me and moving me and moving me. They should quit moving people because it does affect you in the long run."*
- **On a scale of 1 -10, with 10 being the highest, how would you rate the services you have received from your custodial agency while in foster care?**
 - Responses to this question ranged across the state. A few on each end of the spectrum ("1" or "10") whereas the majority of the responses fell somewhere in the middle ("5" to "8"). Many youth commented that it would be dependent on what time period of their involvement with the agency as many have had a range of experiences and not always reflective of their current situation.
- **Is there anything else you thought would be asked that wasn't or anything else you would like to share about the services you have received from your custodial agency?**
 - *"I thought you were going to ask how many case managers I've ever had. I've had 4."* [Others also talked about currently having multiple case managers now, from various agencies, for various reasons.]
 - *"When there's something wrong and the child does everything they don't take care of it because the child didn't say it verbally because they're scared. Need to pay more attention to the child. Instead of just saying they're being bad and need to go into treatment, understand what's behind the behavior."*
 - *"I don't think there should be a money limit on the clothes that we need because we grow so much."*

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

- **My child/ren and family's situation is considered by the agency when deciding what services are provided:**

4 SA 10 A 2 D 4 SD 1 DNA

- **There are many services available in my area that can help families safely care for their children:**

3 SA 13 A 1 D 3 SD 1 NS

- **My family has access to services that address our needs and help me meet the case plan goals:**

2 SA 13 A 2 D 3 SD 1 NS

Themes from the comments received:

- *"The services are all non-specific to completely made up of lies."*
- *"A step by step plan on paper would be helpful."*
- *"My worker was not very helpful. I at one time asked to case workers due to her rudeness."*
- *"Children are considered, but support of resources for a mother are not. I have done all I've done without support from them."*
- *"Case manager and team are always available."*

- **Are there specific types of services you or your family need, or needed, but are not available in your area? 9 Yes 12 No**

- **Briefly comment on your responses to the statements above (Optional):**

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

- *"More assistance with parenting evals."*
- *"Felon friendly housing. Low-income child care."*
- *"Help with transportation."*

Parents were provided a list of services (Case Management Services, Intensive In-Home Therapy, Parent Aide, Addiction Services, Mental Health Services, Domestic Violence Treatment, Anger Management Treatment, Prime Time Child Care and Transportation Assistance) and asked a series of three questions (results below).

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

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

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

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

➤ **Is there anything else that you can think of that would help your local agency provide services that would better able to meet the needs of families in your area?**

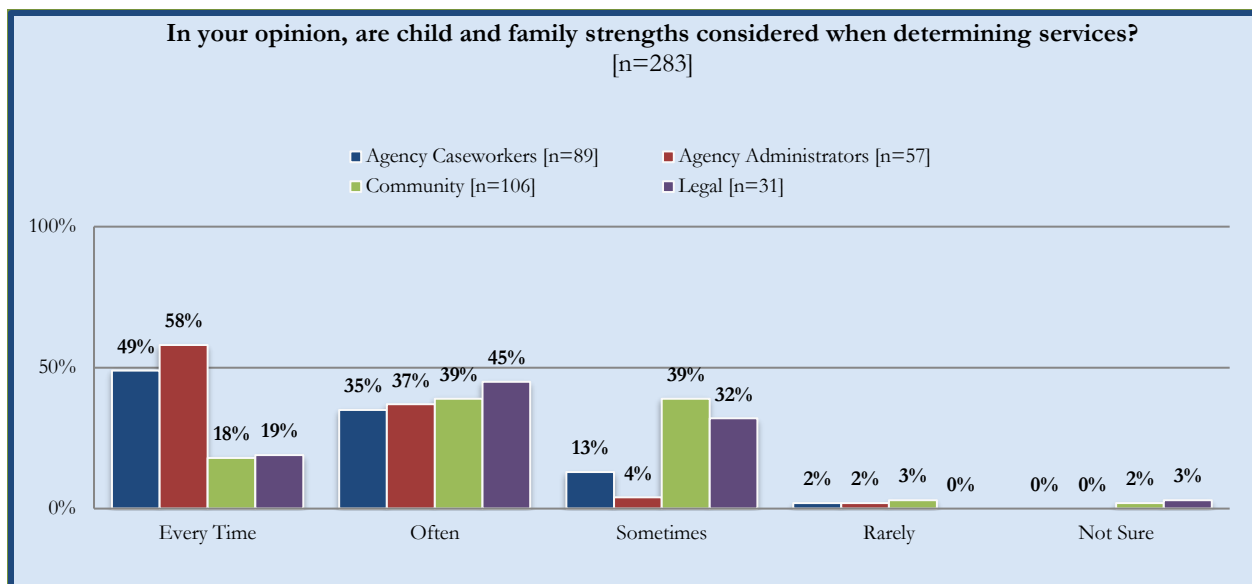
Yes **9** No **12**

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

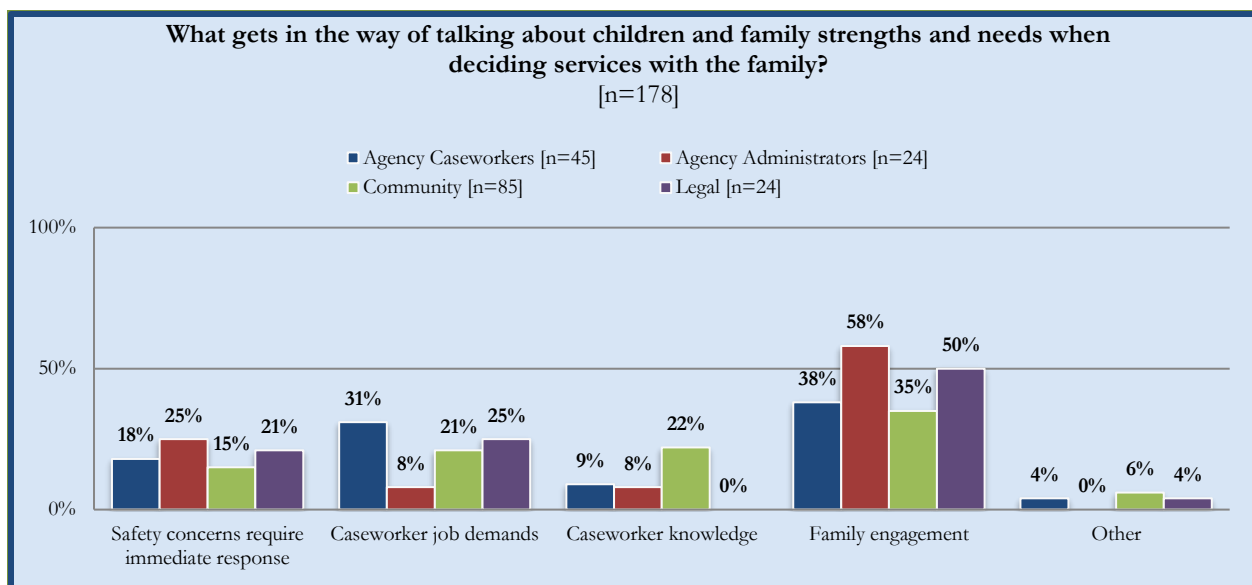
Themes from the responses received are reflected in the following comments:

- *"Make sure that the case worker is not working against the parents and they aren't rude to parents that are slower to learn."*
- *"I think they should treat inmates with respect. No one is willing to treat me as an equal. How am I supposed to do better?"*
- *"I think as each individual of families should put in what they think they especially need."*

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



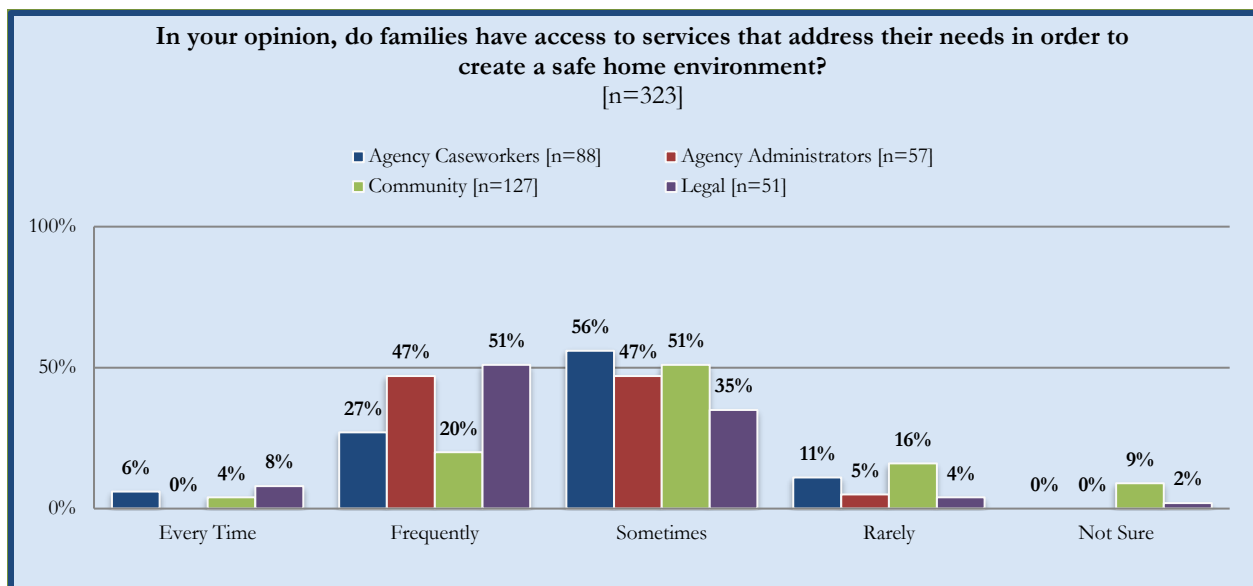
The respondents who did not answer “Every Time” or “Not Sure” to the above question were then asked the follow up question:



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

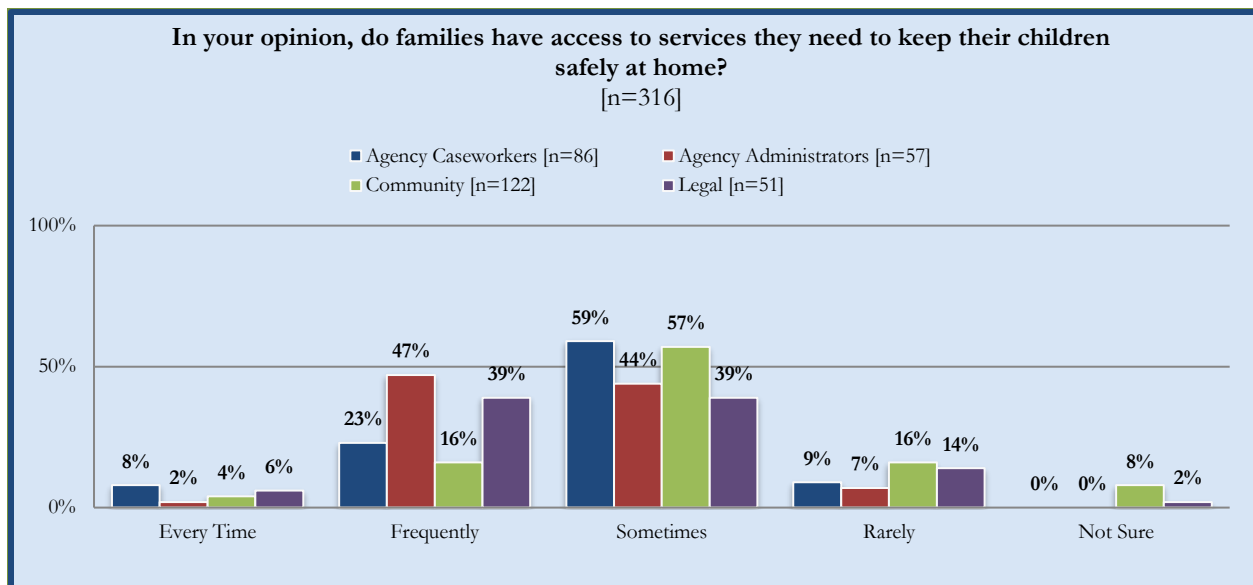
- *“Conflict between philosophy of regional representatives and local agencies.”*
- *“It’s a combination of all.”*
- *“Inconsistent family involvement.”*

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



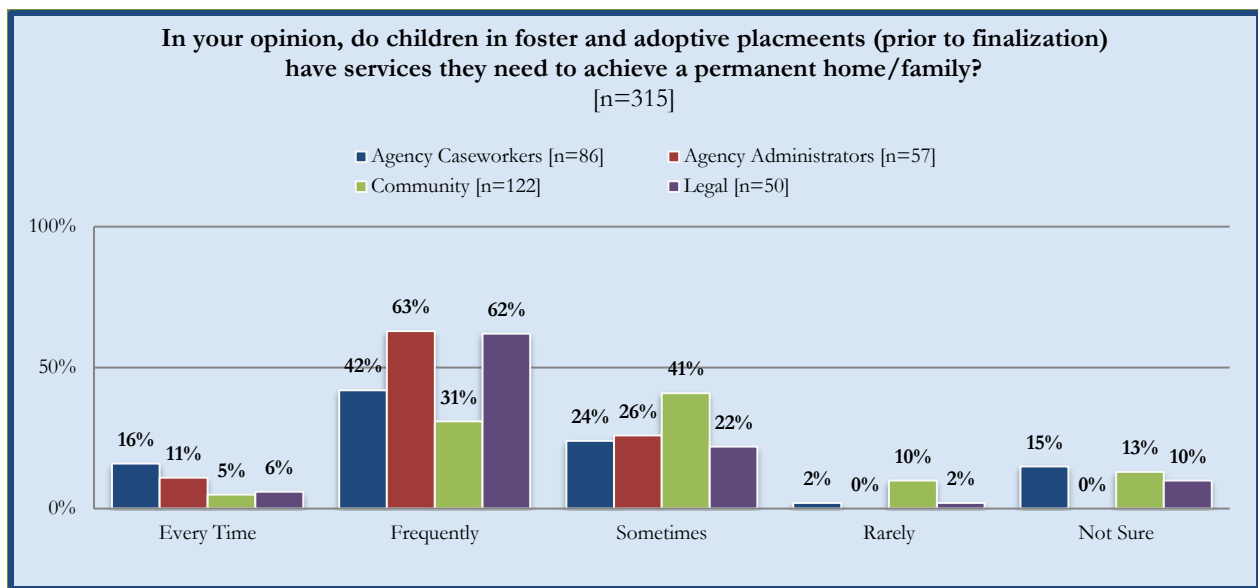
The respondents who did not answer “Every Time” or “Not Sure” to the above were then asked the follow-up question, **What gets in the way of families receiving services need to create a safe home environment?** [n=291] The top three issues identified were the following:

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



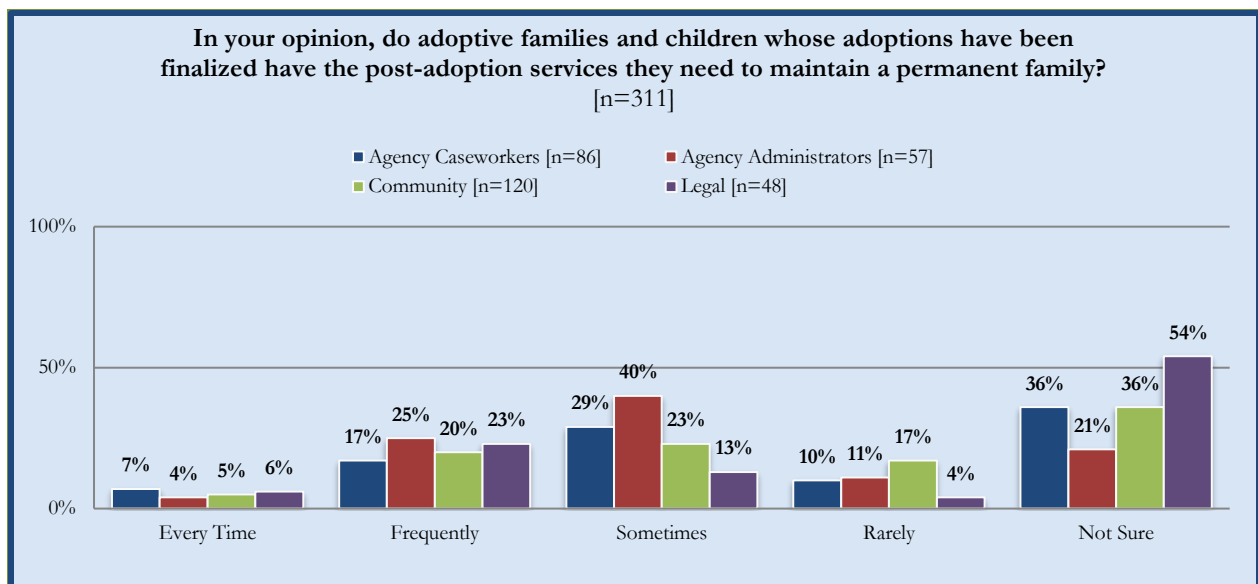
The respondents who did not answer “Every Time” or “Not Sure” to the above question were then asked the follow up question, **What gets in the way of families receiving services they need to keep their children safely at home?** [n=291] The top three issues identified were the following:

- *Lack of family engagement* [135 responses]
- *Lack of mental health services* [121 responses]
- *Lack of addiction services* [114 responses]



The respondents who did not answer “Every Time” or “Not Sure” to the above question were then asked the follow up question, **What gets in the way of children in foster and adoptive placements (prior to finalization) receiving the services they need to achieve a permanent home/family?** [n=220] The top three issues identified were the following:

- *Lack of mental health services* [125 responses]
- *Waiting list for services* [113 responses]
- *Lack of supportive services* (i.e. respite care, parent aide) [98 responses]



The respondents who did not answer “Every Time” or “Not Sure” to the above question were then asked the follow up question, **What gets in the way of adoptive families and children whose adoptions have been finalized having the post-adoption services they need to maintain a permanent home/family?** (n=182) The top three issues identified were the following:

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

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

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

OCR process in the future."

Item 30

Individualizing Services

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

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

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

OCR Stakeholder Feedback

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

Questions asked of Foster Caregivers:

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

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

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

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

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

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

➤ **Can you provide an example of how the agency (of your foster youth) in the last year adjusted a case plan or service to meet the specific need of the child (religious, cultural, language, special needs, etc.)?**

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

- *"Trauma-focused therapy, horseback riding/therapy."*
- *"It's nice that the parents can FaceTime with their children – mom can read stories or sing songs so that helps."*
- *"For Native American children, the social worker took the kids to pow wows, so they could experience their culture."*

Questions asked of Youth:

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

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

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

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

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

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

Themes from received feedback are reflected in the following comments:

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

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

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

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

➤ **When you think about the services you and your family have received from the agency, please share an example of one good experience and one that needs to be improved.**

Various responses are shared below:

- Good experiences:
 - *“My foster parent and I are really close and say ‘I love you’ to each other.”*
 - *“My therapist checks in with foster parents which has been good.”*
 - *“I really think the services really help because without them I wouldn’t be who I am right now” [others agreed – “I wouldn’t be here right now”; “I wouldn’t be as successful as I am now.”]*
- Experiences that need to be improved:
 - *“CPS workers were rude and I hated how they talked to me – I cried when they took me from my parent because she told me I wasn’t going to be with my parent anymore, could have been more respectful and sympathetic and explained things to me [another agreed]; we’re told not to get into cars with strangers but we had to go with them; more information being passed along between workers, foster families, and us - better communication.” [Others agreed]*
 - *“Confusion with workers and not knowing or understanding policy.”*
 - *“Communication between me and the team – they know what’s going on but I’m the last to know and*

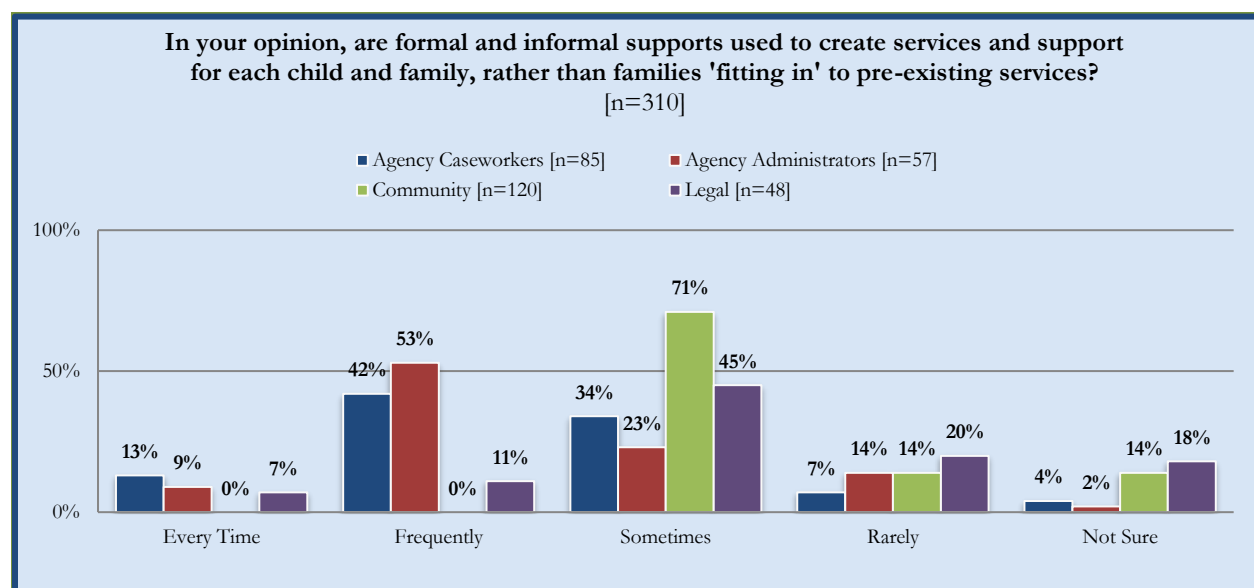
it's my life they are talking about."

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

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

- **The agency works with me to identify and offer services to help the unique needs of my family.**
3 SA 8 A 5 D 5 SD 0 NS
- **The case managers I have worked with were available and respectful.**
8 SA 5 A 4 D 4 SD 0 DNA

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

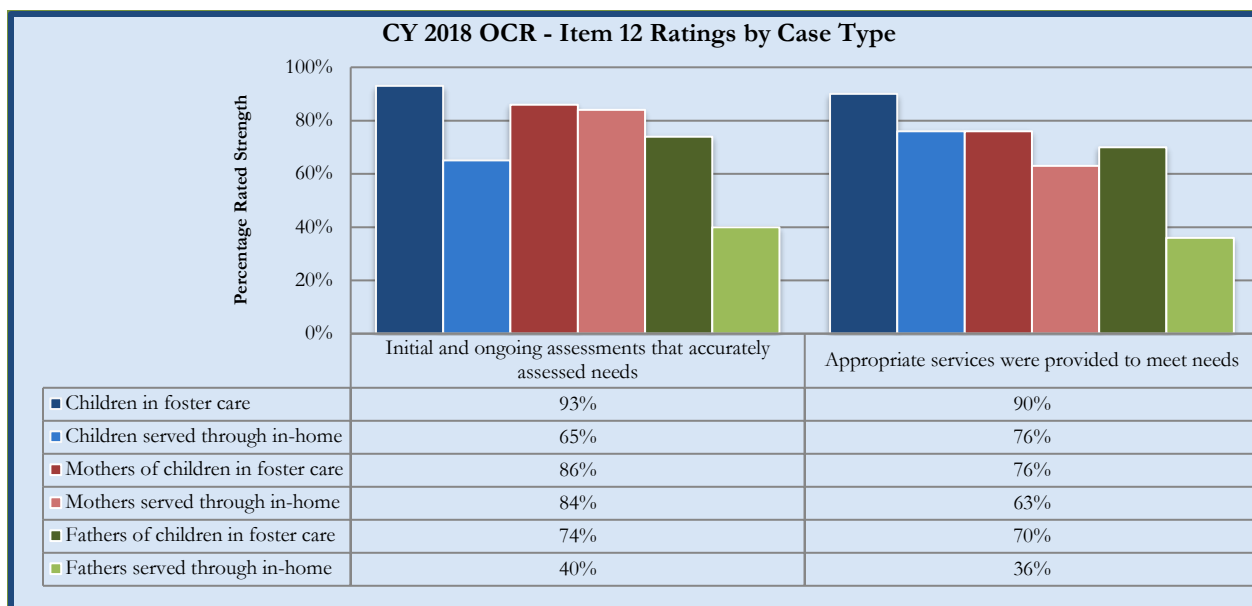


The respondents who did not answer *"Every Time"* to the above question were then asked the follow up question, **What gets in the way of formal and informal supports being used to create services and supports that are developmentally and culturally appropriate?** [n=246]
The top five issues identified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

- Lack of Native American foster homes, elders/mentors, caseworkers [117 responses]
- Lack of services tailored to meet the needs of parents [97 responses]
- Collaboration between Child Welfare, Behavioral Health, Developmental Disability [89 responses]
- Lack of culturally appropriate services [69 responses]
- Lack of residential services for dually diagnosed children [65 responses]

Item 12 data (*Needs and Services of Children, Parents, and Foster Parents*) from the CY 2018 OCRs reflects

that Strength ratings were 68% for foster care cases and 40% for in-home cases. It becomes clear by reviewing the data below that the primary practice challenge was related to assessment and service provision to children and families receiving in-home case management.



Interdisciplinary Teams

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

Assessment on Progress to Date

No additional information is available.

Activities Targeted at Improving Performance

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

AGENCY RESPONSIVENESS TO COMMUNITY

Item 31

State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

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

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

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

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

- County Supervisors Committee
- CFS Committee (subcommittee of the county directors association)
- Court Improvement Project
- Dual Status Youth Initiative
- ND County Social Services Directors Association

- Regional Representatives of County Social Services
- State and Tribes Enhancing Partnership Strategies (STEPS)

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

CFS utilizes the feedback received from the above meetings to develop the state's CFSP 5-year goals, objectives, and annual updates. Furthermore, the state makes these documents available to stakeholders, tribes, and the public on the Department's website at the following link:

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

OCR Stakeholder Feedback

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

Foster Caregivers were asked the following questions:

- **Have you, or anyone you know, been involved in a “IV-B Planning” meeting – a meeting to work on the state’s five-year plan, also called the Children and Family Services Plan (CFSP)?**
 - There was a universal “No” response.
- **Have you, or anyone you know, been a part of a meeting to review the annual progress of the state’s IV-B plan, known as the Annual Progress and Services Report (APSR)?**
 - There was a universal “No” response.
- **Do you know where to find the state’s plan and annual reports on the Department’s website?**
 - There was a universal “No” response. Some participants indicated they could probably search the internet to find it.

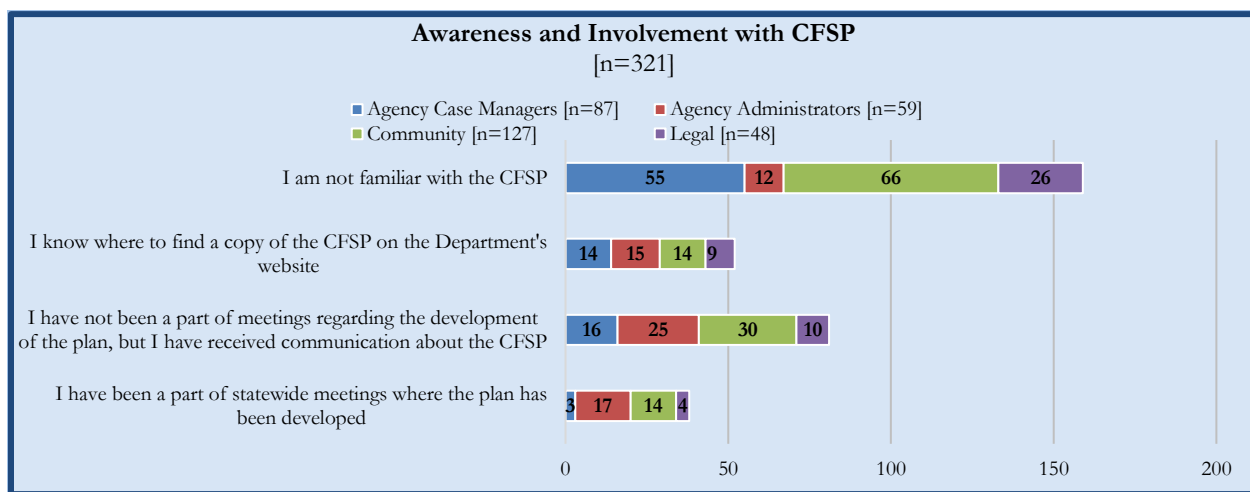
Youth were asked the following questions:

- **Now, thinking more generally, when you think of child and family services in your area, can you tell me one good thing that is happening and one thing you think really needs to be changed?**
 - Examples of “Good” things happening are reflected in the following comments:
 - *“Families getting better after being in therapy, getting smarter and knowing things they didn’t know before.”*
 - *“I like my caseworker.”*
 - *“Stuff like this where we actually have a chance to talk about how things are going.”*
 - Examples of things youth believe need to be changed are reflected in the following comments:
 - *“We don’t have enough foster homes – wanted to sign myself in to foster care after age 18, but there wasn’t a home available for me.”*
 - *“Better communication - still am not able to get my driver’s license – just as strict.”*
 - *“I think there should be a support group for foster care kids like foster parents have share and support.”*

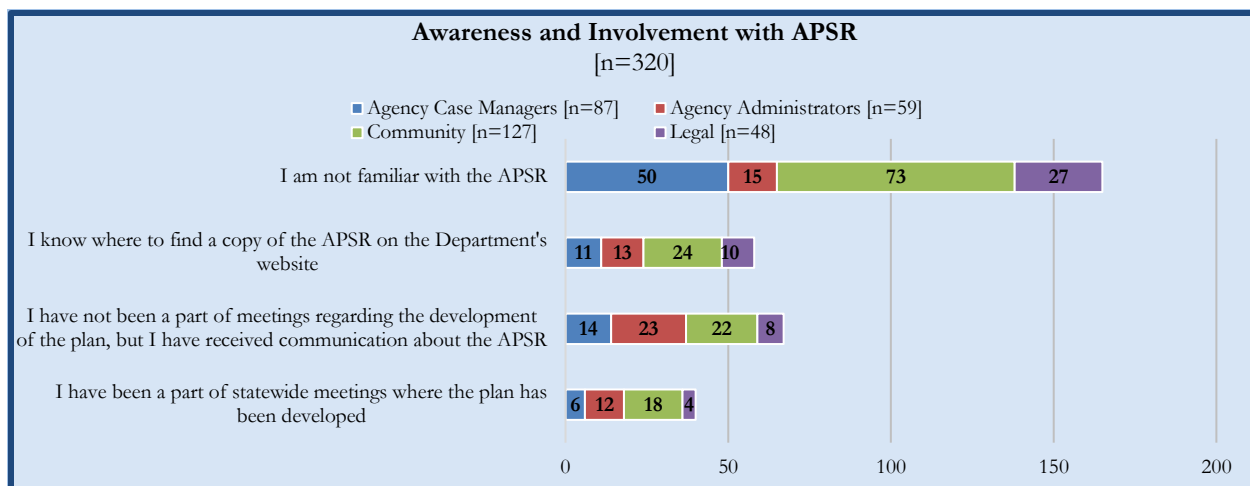
- **Are you aware of any opportunities for foster youth to be involved in statewide efforts to provide child welfare services?**
 - Most participants were unaware of opportunities. In a few locations, however, youth mentioned awareness of the ND Youth Board.
- **What can the system do to gather more input from youth as it develops and reviews the plan the state agency has for serving children and families?**
 - Themes from feedback received are reflected in the comments below:
 - *“We need more groups like this. I don’t think some know about this and don’t have the chance to participate in groups like this.”* [Referring to the Stakeholder meeting]
 - *“Groups for kids in foster care who can do activities together, and even with those who aren’t in foster care, so they can succeed too – so we can save them, too. Help them out so they don’t have to go to foster care.”*
 - *“Listen.”*

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

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



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



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

Item 32

Coordination of CFSP Services with Other Federal Programs

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

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

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

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

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

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

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

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

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

Assessment on Progress to Date

No additional information is available.

Activities Targeted at Improving Performance

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

FOSTER AND ADOPTIVE PARENT LICENSING

Item 33

Standards Applied Equally

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

OCR Stakeholder Feedback

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

Foster Caregivers were asked the following question:

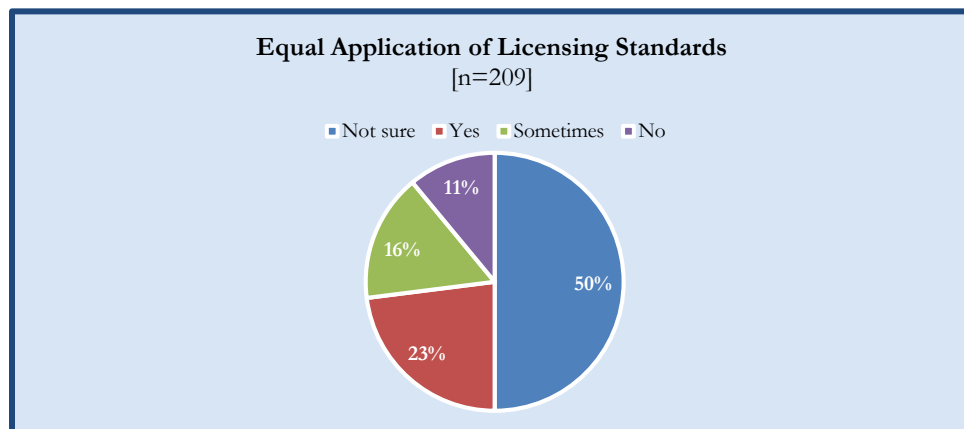
➤ **Are the state's standards applied equally to all licensed foster home or child care institutions?**

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

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

Agency Workers and Community groups were asked the following questions:

➤ **Do you believe there is equal application of state standards when licensing foster care providers in North Dakota (ex: Licensed Foster Homes, Residential Child Care Facilities, Group Homes)?**



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

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

knowledge of licensure issues and accreditation issues difficult to maintain from one person to the next. Consistency of knowledgeable state level personnel is required if providers are to reach their full potential as trust is critical when looking for guidance, etc.”

Item 34

Requirements for Criminal Background Checks

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

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

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

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

North Dakota participated in a title IV-E foster care eligibility review June 12-16, 2017. According to the report issued by the U. S. Department of Health and Human Services: *“The North Dakota title IV-E Review encompassed a sample of the state’s foster care cases in which a title IV-E maintenance payment was made for an activity that occurred in the six-month period under review (PUR) of April 1, 2016 – September 30, 2016. A computerized statistical sample of eighty (80) cases plus twenty (20) oversample cases was drawn from data the state submitted to the Adoption and Foster Care Analysis and Reporting System (AFCARS) for the above period. The sample included cases from three of the four tribes that participate in title IV-E agreements with the state. Prior to the onsite review, one case from the original sample was eliminated and during the onsite case review, another*

case was eliminated from the original sample after it was determined that title IV-E payments were not made for a period during the PUR.”

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

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

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

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

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

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

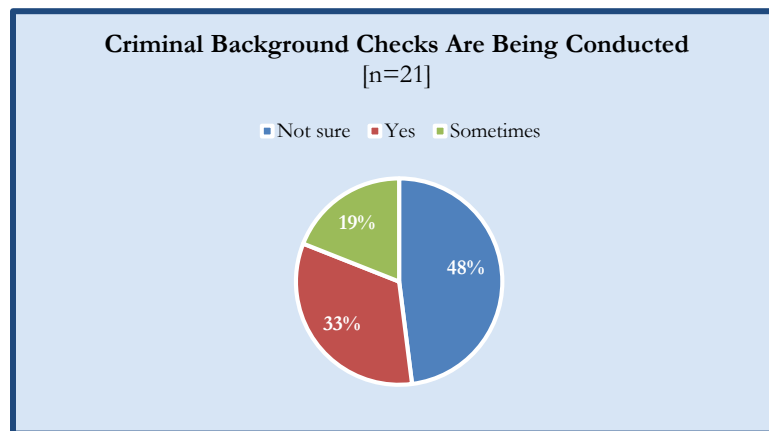
North Dakota's 2018 NCANDS submission reflects there were four substantiated non-relative foster parent perpetrators. This was an increase from the 2017 NCANDS submission where zero substantiated non-relative foster parent perpetrators were reported. The state's Child Protection Administrator and Foster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

OCR Stakeholder Feedback

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

Question asked of Legal Stakeholders:

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

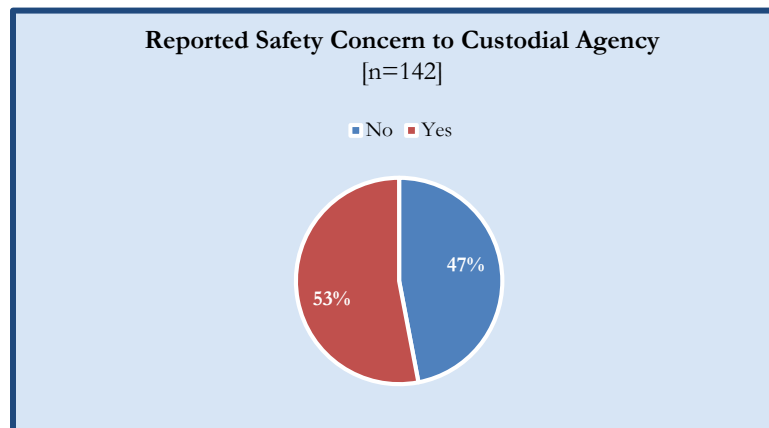


- Please comment on your response above. [n=2]

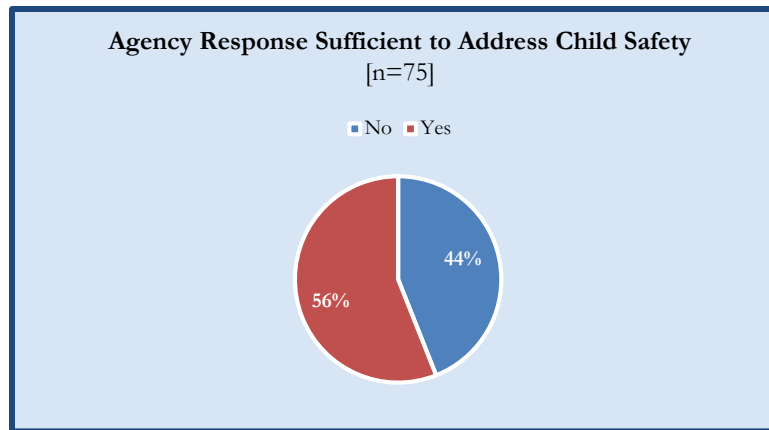
- *"Unfortunately, I see situations where a home is necessary, and the criminal check is not done right away and then with the caseload of a social worker the criminal check gets delayed."*
- *"No involvement with this."*

Questions asked of both groups:

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



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



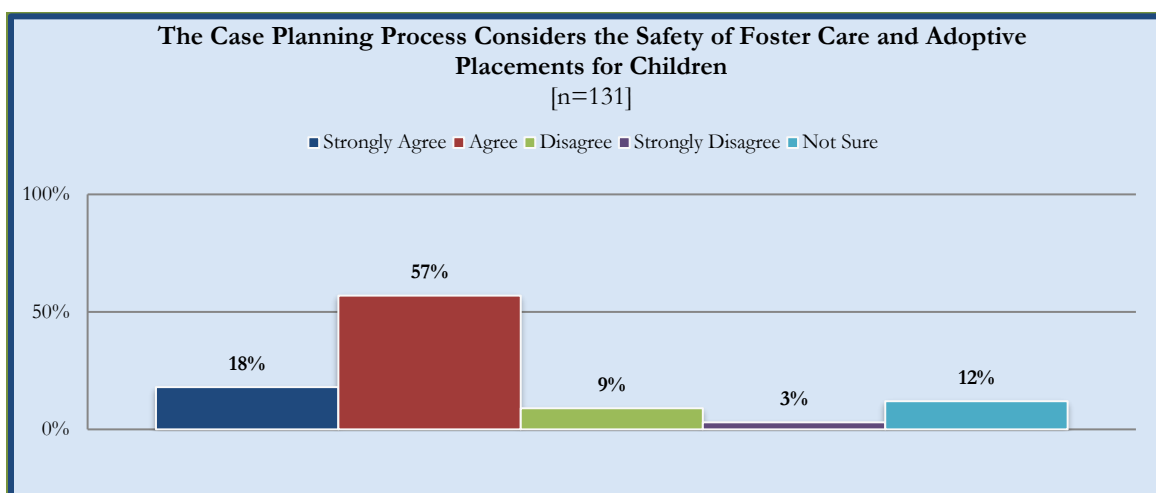
➤ **Please comment on your response above.**

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

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

Question asked of Community Stakeholders:

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



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

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

following comments:

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

Item 35

Diligent Recruitment of Foster and Adoptive Homes

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

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

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

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

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

Unique Child Totals by Age

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

Unique Child Totals by Race

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

Children by Gender

Gender	Total
Male	826
Female	780
Total	1606

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

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

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

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

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

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

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

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

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

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

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

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

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

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

OCR Stakeholder Feedback

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

Foster Caregivers were asked the following questions:

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

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

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

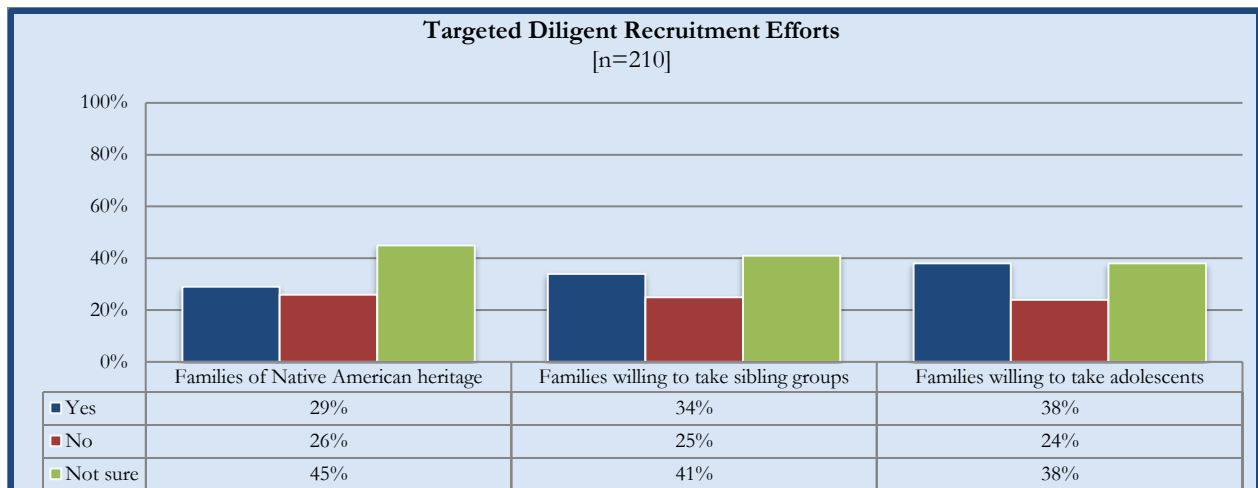
- **Do efforts focus on the need for homes to parent older children? Sibling Groups? Families with Native American heritage?**

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

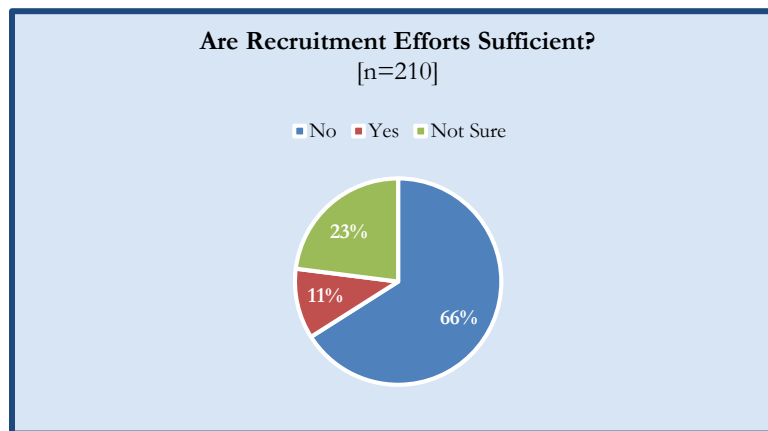
- *"Not really." [many participants did not see that there were many recruitment efforts focused on these specific populations]*
- *"First think people hear is the negativity about having Native American kids and ICWA – that stuff turns people off."*
- *"People want little kids they can adopt. Nobody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

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

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



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



- **What could be done to increase the availability of foster and adoptive homes able to meet the needs of youth in foster care in your area?**

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

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

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

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

- **Because you have indicated you have responsibility for the licensing of foster homes in your agency, please briefly comment on how your local recruitment effort is informed by the ND Foster and Adoptive Parent Recruitment plan.** [n=1]
 - One response was received: *“Unsure.”*

Item 36

State Use of Cross-Jurisdictional Resources for Permanent Placements

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

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

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

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

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

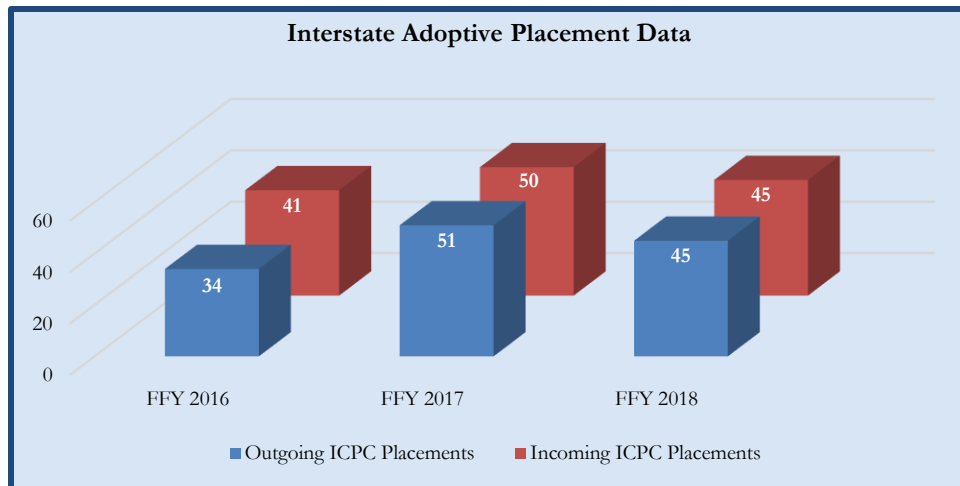
there was an average of 21 North Dakota ‘waiting families’ and 5 approved-out-of-state ‘waiting families’ receiving this packet.

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

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

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

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

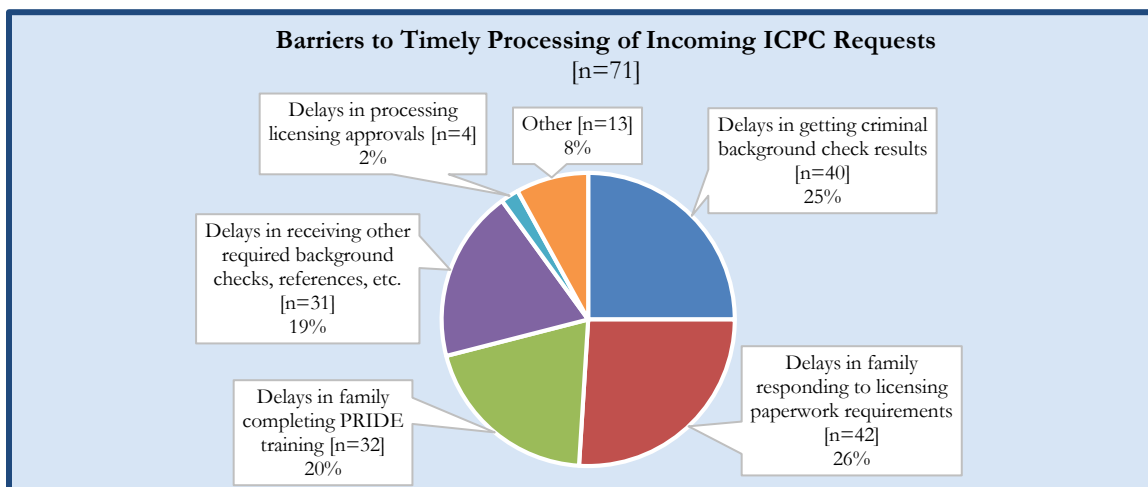


- AASK indicated utilization of interjurisdictional recruitment resources has been evident for all children. Direction from the Dave Thomas Foundation is to solely focus initial efforts on child-specific recruitment efforts (SENECA relative searches, case record reviews, diligent search for connections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

OCR Stakeholder Feedback

Feedback on this systemic factor was sought from those indicating a role with processing Interstate Compact for the Placement of Children (ICPC) requests from: Agency Case Managers, Agency Administrators, and those indicating a role with AASK in the Community Survey.

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



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

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

Assessment on Progress to Date

No additional information is available.

Activities Targeted at Improving Performance

➤ **PIP Activities**

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

➤ **Court Improvement Program**

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

Plan for Improvement and Progress

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

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

FINAL UPDATE: Final results for Well-Being Outcome 1 showed a decrease in the percentage of cases reviewed that received a substantially achieved rating from 58.8% to 53%. In fact, during the 2016 CFSR, just one year into the plan, the percentage had been 43%. Research was conducted that identified caseworker visits with parents, in particular absent parents, as a major root cause for North Dakota's poor outcomes relating to engagement practices. North Dakota acknowledges that child and family engagement is a critical component of good practice and that challenges with engagement efforts impacted a number of 2016 CFSR outcomes (Safety 2 – Children are maintained in their homes whenever possible and appropriate; Permanency 1 – Children have permanency and stability in their living situations; Permanency 2 – Continuity of family relationships and connections is preserved for children; and Well-Being 1 – Families have enhanced capacity to provide for their children's needs). This is being addressed in the 3rd Round PIP.

GOAL II: A comprehensive Continuous Quality Improvement process will support a strong practice base in accordance with the North Dakota Wraparound Practice Model.

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

FINAL UPDATE: Following the 2016 CFSR, North Dakota embarked on a redesign of the case review process, named the Onsite Case Review (OCR). This effort was accomplished through a contract between DHS-CFS and the University of North Dakota-CFS Training Center. Policies and procedures were finalized in 2017 and the state began convening onsite case reviews and stakeholder surveys/meetings in January 2018. This continued throughout 2018, and each of the eight ND regions participated in an onsite review. Following each onsite review, the OCR manager sent a final report to regional agencies to highlight the findings from reviewed cases and feedback received from Stakeholders. The vision included onsite post-OCR work using CQI principles with regional agencies to review the final report findings, along with other regional data, so that each region had sufficient information to identify practice improvement opportunities. However, due to lack of staff resources at CFS, this follow-up regional CQI process did not get implemented. As a result, the OCRs were received as a 'compliance audit' by regional and local agencies, because they did not perceive the OCR as informing practice or positively impacting their work.

Due to CFS's inability to implement the regional CQI process, the OCRs were suspended. Concurrent with this challenge, DHS adopted the Theory of Constraints (TOC) as its CQI process for child welfare (see narrative prior to Strategy 1.2 for a detailed description). It was decided by DHS and CFS leadership that the OCR process would be reviewed and redesigned through the TOC process. Additionally, during the 2019 legislative session, SB 2124 included a quality assurance unit separate from the CFS Division. This will impact CFS's plans to implement a revised OCR process.

North Dakota has not had a CQI process in place. It has struggled to develop and maintain a functioning quality assurance process. While North Dakota's child welfare information system – known as FRAME – has been in place since 2009, its functionality is cumbersome and limited. Coupled with no formal processes to routinely gather and analyze system data, it has been difficult to identify strategies and activities that will have the greatest impact.

Compounding the difficulties caused by a lack of a CQI system is the fact that the counties administer independent service delivery systems. While the Division is charged with overseeing the public child welfare system, it has very little leverage with the counties. This contributes to the

inconsistency of practice identified in the 2016 CFSR. North Dakota recognizes that engaging with the counties to collaboratively work towards consistent and effective child welfare practice is the only way to implement and sustain system change and create ongoing continuous quality improvement within systems.

North Dakota believes that a fully functioning statewide Continuous Quality Improvement process will provide it with strategies to more effectively address child welfare practice concerns and establish ongoing protocols for checks and balances within the system. North Dakota has chosen the Theory of Constraints (TOC) as the model for a statewide CQI process across all divisions within the North Dakota Department of Human Services.

Currently, North Dakota is engaged in a quality improvement project using TOC within Child Protective Services. Key stakeholders came together to redesign Child Protective Services (CPS) to provide individuals and families the right service at the right time, at the right frequency and intensity.

Three goals were identified as part of the CPS redesign project:

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

Current North Dakota statute requires that CPS assessments are completed within 62 days. Regretfully, this was only occurring 48% of the time during a 12-month assessment period. The CPS redesign Pilot Project targets are:

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

Preliminary pilot project data shows progress including:

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

This project is a prime example of a quality improvement process in action resulting in improved outcomes for children. A Transformation Manager has come on staff at DHS with the expressed role of leading the Theory of Constraints work as well as facilitating other large-scale projects within the agency. Developing a statewide culture of Theory of Constraints as the chosen CQI process is a venture intended to produce measures that support lasting positive change.

GOAL III: North Dakota will have a thriving child welfare workforce.

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

FINAL UPDATE: North Dakota continues to work to recruit and retain a quality workforce. The Title IV-E Stipend Program continues to be implemented with the University of North Dakota. The UND Children and Family Services Training Center continues to provide a myriad of training opportunities for the workforce. Please refer to Page 55 for the latest information on the workforce.

3. UPDATE ON SERVICE DESCRIPTION

Title IV-B, Subpart 1 Services:

North Dakota provides the following:

- **Family Group Decision Making (FGDM)**

FGDM is a strengths-based decision-making process bringing together family members, friends, community specialists and other interested people. The primary purpose is to create a care and protection plan for children who are at imminent risk of placement outside the home or to create a plan for permanency and reunification of children. FGDM is provided through a contract with The Village Family Services Center. During FFY 2018, 99 families received FGDM services through this contract. It is planned that title IV-B, subpart 1 funds will be reallocated to support the Family Centered Engagement (FCE) initiative in the coming year. Therefore, North Dakota will no longer provide FGDM services once the FCE initiative is launched (projected date of 10/1/18).

- **Intensive In-Home Family Therapy Services**

A combination of subpart 1 and 2 funds, in addition to other funding streams, are used to support this service area. Intensive In-Home Family Therapy Services are provided to families who are at risk of one or more children being placed in out-of-home care with intensive in-home crisis intervention, family education, and therapy. Intensive in-home family therapy can also be provided to support and sustain reunification following an out-of-home placement. The families who receive this service are typically experiencing difficulties due to many factors including: physical, sexual, or emotional abuse or a combination of all three; neglect; delinquency; status offense; substance abuse of parents or child, or both; and emotional or behavioral concerns of parents or child, or both. Intensive in-home family therapy services are provided through a contract with The Village Family Services Center. During FFY 2018, 259 families received intensive in-home family therapy services in seven of the eight regions in the state through this contract. The eighth region has this particular service available through their regional human service center. It is planned that title IV-B, subpart 1 funds will continue to be used to support this service in the coming year.

- **Safety/Permanency Funds**

Safety/Permanency Funds are flexible funding available to local county social service agencies to families who are having difficulty and are at risk of their children being placed out of their homes. Due legislation passed in 2017, as of January 1, 2018 the state discontinued funding Family Preservation Services through memoranda of agreement with the counties. Per this new law, the county social service agencies are expected to provide family preservation services as part of their service array, and this includes safety permanency funds. Costs are covered by the state using a caseload formula developed by the legislature.

Subsidized Guardianship Program

The subsidized guardianship program provides a monthly cash payment for the child's maintenance needs to an eligible guardian who provides care to an eligible child. During FFY 2017 an average of 65 families received subsidized guardianship payments each month. It is

planned that title IV-B, subpart 1 funds will continue to be used to support this service in the coming year.

Title IV-B, Subpart 2 Services:

North Dakota provides the following:

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

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

- **In-Home Case Management:** In-home case managers provide supportive case planning services for families and children living in the home at risk of foster care placement, and for children returning to the home following reunification to prevent re-entry into foster care. In FFY 2018, 1,319 unduplicated families received in-home case management services. It is planned that title IV-B, subpart 2 funds will continue to be used to support this service in the coming year.
- **Parent Aide:** Parent Aide services are designed to improve parenting skills with parents who are at risk of abusing or neglecting their children, by reinforcing parents' confidence in their strengths and helping them to identify where improvement is needed and to obtain assistance in improving those skills. It uses the relationship between the parent and the parent aide as a tool to encourage, teach, and assist parents. In FFY 2018, 428 unduplicated families received parent aide services.
- **Prime Time Child Care:** Prime Time Child Care provides temporary childcare to children of families where child abuse and/or neglect have occurred or there is a risk of it occurring. It gives parents an opportunity to attend counseling, addiction treatment, or other needed services while their children are cared for in a licensed facility. In FFY 2018, 29 unduplicated families received Prime Time Child Care services. It is planned that title IV-B, subpart 2 funds will continue to be used to support this service in the coming year.
- **Safety Permanency Funds:** Safety/Permanency Funds are flexible funding available to local county social service agencies to families who are having difficulty and are at risk of their children being placed out of their homes. Safety/Permanency Funds are dispersed to the eight North

Dakota regions in proportion to child population rates. The funds are managed by the Regional Supervisors with oversight by the Family Preservation Administrator. During FFY 2018, Safety/Permanency Funds requests totaled 1,091 for the eight North Dakota Regions.

Time Limited Family Reunification

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

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

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

Child Abuse Prevention Month 2018 Grant Summary Snapshot:

Number of grantees – 16

Counties reached – 42

Total population outreach estimate – 582,325

Amount Requested in Grant Proposals: \$19,627

Amount Spent/Reimbursed: \$12,025

Percent Spent: 61.3%

Materials Provided by PCAND

Magnets: 757

Pinwheels: 1,100

Yard Signs: 95

Period of PURPLE Crying DVD/app Packages: 150

Pamphlets: 1,091

Lapel Pins: 160

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

Time Limited Family Reunification

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

Adoption Promotion and Support

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

For SFY July 1, 2018 through May 31, 2019, there have been 173 placements of North Dakota children made by AASK (24 were Tribal custody children and an additional 24 were placed outside of North Dakota), with an additional 8 incoming Interstate Compact for the Placement of Children (ICPC) placements, for a total of 181 placements through AASK. There have been 187 adoption finalizations for North Dakota children during that time period which included 30 Tribal custody cases and 7 incoming ICPC cases. AASK has completed 97 new home studies for adoptive families with an additional 29 subsequent and 9 updates assessments. AASK has also completed 172 child adoption assessments during this time period.

In January 2016, North Dakota has implemented its post adoption service program through the AASK Program, the ND Post Adopt Network. This is a service supporting adoptive families and families providing guardianships for youth in North Dakota and is funded by adoption savings identified through the delinking provisions of Public Law 110-351. Outreach to private agencies has encouraged their referral of families in need of service who have adopted internationally, as well as other private adoptive families. The Post Adopt Network provides training opportunities,

information and referral, mentorship, triage and support for families, training for professionals and other supportive services. Information regarding this new service can be obtained at <http://www.ndpostadopt.org/>. From July 1, 2018 to May 31, 2019, the ND Post Adopt Network has facilitated support groups in seven areas of the state for a total of 58 individual groups being held monthly. There are plans to begin support groups in two additional regions of the state in the next six months. There was one “Instant Family” community movie event sponsored by ND Post Adopt, with approximately 100 children and families in attendance. A winter retreat was held that involved 7 families, including 12 parents and 16 children. ND Post Adopt co-sponsored a community “Empowered to Connect” training in two locations of the state that featured Trust Based Relational Intervention methods. The 2019 Post Adopt Camp Connect is scheduled for June 2019 and has 10 families, which includes 15 parents and 23 children registered. A national speaker will be presenting and bringing three of his children as well.

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

Funding from the department was secured in August 2019 for a new position to focus on providing adoption services for tribal custody children. Due to difficulties filling the position, this remained open until recently, when the AASK program hired (March 18, 2019) a worker to begin adoption work with children and families, specifically those referrals from the Spirit Lake and Turtle Mountain Tribe. This newly hired worker will continue adoption work in these parts of the state, as they are identified as areas with significant backlog for adoption services at the request of the Tribes.

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

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

For FFY 18, the CFS Division has budgeted to spend 25% of IV-B, subpart 2 funds for Family Preservation services, 22% for Family Support Services, 23% for Time Limited Family Reunification Services and 20% for Adoption and Support Services.

- **Adoption and Legal Guardianship Incentive Payments**

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

implemented through the AASK program to provide specific post adoption supports to adoptive and guardianship families at their request.

- **Populations at Greatest Risk of Maltreatment:** The National Child Abuse and Neglect Data System (NCANDS) data reveals that for FFY 16, 44.5% of all child victims were children age 5 and younger, representing a 0.5% decline from the data reported in the 2015-2019 CFSP. Infants under the age of one comprised nearly 30 percent of the victims under age 5 and were 12.1% of all victims, a higher percentage than any other age. Services targeted to this population continue through referrals to Early Intervention programs for all children under age three identified as victims of child maltreatment, Health Track Screening for all children entering foster care, and referral to county case management services for individualized child and family service plans.
- **Services for Children Under the Age of Five**
North Dakota continues to have an accelerated permanency planning practice for all children in foster care, including those children under the age of five. Child and Family Team meetings provide the opportunity to review a child's permanency plan and status of reaching that goal every three months, as opposed to the federally required period review minimum of six months. In addition, the following steps continued during this past year as described in the 2015-2019 CFSP:
 - Health Tracks, the Early and Periodic Screening, Diagnosis, and Treatment (EPDST) program, screenings for all youth in foster care within 30 days of entry, which include developmental and mental health assessments,
 - Training provided to foster and adoptive parents regarding the needs of this population in foster care, as well as an assessment and eventual development of these types of trainings available for parents of all children in this age group,
 - Continued work with the Head Start Collaboration Office to maintain awareness of the availability of Head Start and Early Head Start to all young children, including those in foster care,
 - Continued referrals to early childhood intervention services pursuant to CAPTA requirements for all children under age 3 determined to be a victim of abuse or neglect, and
 - Continued work with the regional human service centers (HSC), which provides services to all young children with developmental delays, to assess their capacity to serve all children needing assessment and services to assure developmental progress.
 - Regional human service centers (HSC) have an array of services available including developmental assessments and therapy for all children in this age range.

Specific to children in foster care, recent available data showed there were 584 children less than 5 years of age out of 1,165 children in foster care on the last day of Adoption and Foster Care Analysis and Reporting System (AFCARS) reporting period 2018B. There were 650 children less than 5 years of age out of 1,624 children in foster care on the last day of AFCARS reporting period 2019A. Children under the age of five both represented 50% and 40% of the foster care universe respectively for these reported time periods

- **Steps to Track and Prevent Child Maltreatment Deaths**
North Dakota uses Child Fatality Review Panel (CFRP) data to compile and report child fatalities, in addition to the child welfare system (NCANDS) data. The North Dakota Child Fatality Review

Panel is a state level multidisciplinary panel organized under state statute and supported through the state child welfare agency. Child Fatality Review Panel data is based on data from Vital Records death certificates issued by the state for deaths of all children from birth to age 18. All child death certificates are reviewed by the CFRP coordinator with assistance as requested from the medical Examiner's Office and other Panel members as requested. Any death in which the manner of death is indicated as "Accident", "Suicide", "Homicide", "Undetermined" or "Pending Investigation" is selected for in-depth review by the Panel. Death certificates in which the manner of death is indicated as "Natural" are reviewed to determine whether the "Cause of Death" listed on the death certificate qualifies as "sudden, unexpected, or unexplained". These deaths, then, are also selected for in-depth review by the Panel and include all deaths where the cause of death is SIDS or SUID. Additionally the Child Fatality Review Panel coordinates with the state Medical Examiner's Office, law enforcement agencies and medical facilities, statewide to accomplish these reviews.

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

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

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

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

- Develop a contract with Prevent Child Abuse North Dakota to coordinate development of the plan
 - Review child abuse and neglect fatalities in the state over the past 5 years in order to gather data about commonalities in case presentations, demographics, maltreatment types, cause & manner of death, etc. to inform prevention planning
 - Using existing groups with members representative of the public health community, law enforcement, Courts, (ACJ, CFRP, CPSTF) and other relevant public and private agency partners, begin to map out a prevention plan which addresses the issues identified by the data review
 - Consider surveying additional staff of partner agencies, including the public health community, law enforcement and the Courts as to preferred prevention strategies to inform preferred prevention methods
 - Implement the plan with support and collaboration from system partners
- **Services for Children Adopted from Other Countries**
Post adoption services through the ND Post Adopt Network are available to families who have adopted from other countries. Adoption specialists provide information and referral services to families who inquire or present with a need. Family preservation services are available to families who are at risk for out of home placement and may be accessed through the local county child welfare agency. Of the 245 families served from July 1, 2018 to May 31, 2019, 4 international adoptive families were provided information and referral services through the ND Post Adopt Network. One international adoptive family attended the Post Adopt Winter retreat and will attend the upcoming Camp Connect

Chafee Foster Care Program for Successful Transition to Adulthood (The Chafee Program):

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

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

North Dakota's implementation of the expanded Chafee Program requirements is consistent with FFPSA legislation, and are as follows:

- Chafee Program Minimum Age: 14
- Chafee Program Maximum Age: 23
- Youth who have experienced foster care at age 14 or older are eligible for Chafee services. This means any youth in foster care, including extended foster care, may be served starting at age 14 up through their 23rd birthday, as a priority 1 or 2 status youth in the Chafee Program.
- Youth who age out of foster care at age 18, 19, or 20 may be served up until the 23rd birthday as a priority 1 status youth in the Chafee Program.

- Youth who exited foster care to either adoption or legal guardianship after attaining age 16 may be served until their 23rd birthday, as a priority 1 status youth in the Chafee Program.
- Youth who exited foster care for reasons other than adoption, guardianship or aging out of foster care (e.g., youth who were reunified) may be served if they experienced foster care at age 14 or older until their 23rd birthday, as a priority 2 status youth in the Chafee Program.

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

- North Dakota amended the ETV program to extend eligibility to youth up until their 26th birthday, while placing a five-year limit on the total length of time a youth can receive an ETV voucher. The maximum annual amount of the voucher (\$5,000) and its purpose (to apply toward the cost of attendance at an institution of higher education) remains unchanged. The lifetime maximum per youth increased to \$25,000.
- Youth who have aged out of foster care at the age of 18, 19, or 20, and have not yet reached the age of 26.
- 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 18th birthday.
- Youth who exited foster care to adoption or guardianship at the age of 16 or older and have not yet reached the age of 26.
- A young person who has not yet attained 26 years of age, are enrolled in a postsecondary education or training program, and are making satisfactory progress toward completion of that program.
- In no event may a youth participate in the program for more than 5 years (whether or not the years are consecutive).

Following FFPSA legislation, North Dakota is focusing on the provision of existing services to the expanded population. North Dakota is also developing Supervised Independent Living throughout the state which will enhance services available for Chafee participants. The Chafee Program is expected to collaborate closely with the new SILPs to benefit Chafee participants.

If additional Chafee or other funding were available, ND would like to expand our service array to focus on additional housing options to make an impact on our state's homelessness, substance abuse, and incarceration rates for former foster youth. As evidenced by NYTD data included in this report, these areas are identified as the highest need.

Expanding youth involvement in the system is also priority for North Dakota. Youth involvement is critical to system change and our current 5-member youth board is unable to keep up with the demands of the system. Additional Chafee funding allotted to our state to expand the youth board component would have a large impact on system change, in particular on the implementation of Family First expansion.

During this reporting year, the NDDHS partnered closely with PATH, Inc. in the execution of a FFPSA – Chafee Program implementation plan which included collaboration with youth representatives and child welfare partners to ensure all were kept apprised of changes resulting from

FFPSA legislation. DHS updated the Chafee Program policy and all related forms and brochures and distributed to relevant parties.

The North Dakota Department of Human Services, Child & Family Service Division continues to administer the Chafee Program grant and oversees the Regional Chafee and Education and Training Voucher (ETV) Programs across the state. PATH ND continued to be the Chafee Program statewide provider; the Chafee Transition Coordinators (prior to FFPSA legislation were called Chafee IL Coordinators) are located in seven of the eight regional PATH offices statewide. Chafee Transition Coordinators deliver service to eligible current foster care youth and Foster Care Alumni in all eight regions of the state. In North Dakota, all youth who are at least 14 years of age, are not yet 23 years of age (formerly 21 years of age), and who are or were in foster care after the age of 14 are eligible for components of the Chafee Program. In addition, all youth in foster care, as well as foster care alumni Chafee participants, age 14 and older, are required to have their independent living needs assessed. The Chafee Program does not have a case load standard.

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

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

Benefits and services under the programs are made available to Indian children in the state on the same basis as to other children in the state. In FFY 2018, 114 of the 468-youth served in the Chafee program were Native American youth. Each of the regional Chafee programs collaborate with tribes located within their regions, on the same basis as other custodial agencies. No tribe in North Dakota has requested to develop an agreement to administer or supervise the Chafee or ETV programs with respect to eligible Indian children and to receive an appropriate portion of the state's allotment for such administration or supervision. In addition, tribes haven't brought forth concerns to the state with accessing Chafee services.

Current North Dakota foster care policy requires all foster care youth over the age of 14 have an independent living needs assessment completed and an independent living care plan in place. Custodians are responsible to complete these requirements, with access to the Chafee program as one way to help accomplish the task. All North Dakota Chafee program youth participants are given two assessments. North Dakota utilizes the Casey Life Skills Assessment <http://caseylifeskills.org> for youth ages 14 to 18, as well as the state developed North Dakota CFCIP Assessment. The North Dakota CFCIP Assessment was created by CFS and is to be administered on all youth at the age of 17 and must be repeated annually for all participating Chafee youth until age 23, or in the case of an ETV participant, until age 26. The North Dakota CFCIP Assessment collects outcomes data related to the eight purposes of Chafee Independent Living (economic resources, education/employment, connectedness, safe and stable place to live, avoid high risk behaviors, access to medical, preventing parenthood, and normalcy). This data is used as a guide to how the Chafee Program is engaging with youth participants and will continue to be used in a mirrored effort with NYTD data to analyze state successes and challenges.

Chart 1 indicates the % of Chafee participants who responded “yes” (favorably) to the 8 outcomes of the CFCIP assessment in 2018.

Chart 1

Outcome	% of Yes Responses
1. Economic Resources	65.4%
2. Safe Stable Living	94.7%
3. Educational Plan	91.5%
4. Permanent Connection	90.4%
5. Avoid High Risk Behavior	96.8%
6. Postponed Parenthood	93.1%
7. Ability to Access Mental Health Services	92.0%
8. Normalcy	91%
Overall % of Yes Responses	89.4%

National Youth in Transition Database (NYTD) Update:

North Dakota efforts to implement NYTD began in October 2010. The process has evolved over time and enhanced quality of the data collected and reported since the July 2013 federal onsite review. The North Dakota NYTD Handbook is a guide to the field detailing procedures of how the process of both served population data and outcomes data collection can work to improve outcomes for children in the North Dakota child welfare system and their families. NDDHS recently finalized an online survey process which is expected to increase survey response numbers.

The North Dakota Chafee Administrator is the North Dakota NYTD Lead. 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. The NYTD Work Group is made up of the NYTD Lead from Children & Family Services, Information and Technology Department, Information and Technology (ITS) Services, Decision Support Services (DSS), and Fiscal Administration.

Efforts continue to complete the required FRAME changes identified from the NYTD Review conducted in July 2013 in preparation for the upcoming Federal NYTD Review. North Dakota's limited IT staff and competing priorities pose a large challenge to making timely changes and updates to the FRAME system. Efforts during this reporting year include completion of required updates to NYTD Element 18 Educational Level and NYTD Element 19 Special Education. The goal to work towards completion of the required FRAME system changes for Element 14 Foster Care Status – Services; Element 36 Foster Care Status – Outcomes; Element 17 Adjudicated Delinquent; Element 15 Local Agency; Element 16 Federally Recognized Tribe; and Element 13 Hispanic or Latino ethnicity are on-hold due to competing priorities. Efforts to update the FRAME system to accommodate changes to Chafee related data entry resulting from FFPSA are in process, but not completed due to lack of IT resources.

Updates to the FRAME system will result in improved data quality, assist CFS with assessment of performance and program planning efforts, and eventually lead to improved outcomes. Following the completion of the required NYTD system updates, North Dakota will focus on the recommendations made during the 2013 Federal visit.

Every six months, North Dakota submits the federal NYTD report to the NYTD Portal. After submission of the federal report, North Dakota provides a summary of the report to the field with NYTD highlights. The state report is similar to the report provided by the NYTD Portal indicating which independent living service categories were most utilized, how many youth were engaged in the process, as well as which agency provided the services. NYTD survey / outcomes data is reported to the field as well. NYTD data has proven very beneficial to the state with guiding program planning and quality assurance efforts. Additional benefits would be experienced if additional resources were available through NDDHS IT to make FRAME changes, and from Decision Support Services to assist the Chafee Administrator with developing NYTD reports for dissemination.

The first and second Cohorts of NYTD Surveys, ages 17, 19, and 21 are complete, and states are currently in the process of collecting surveys for the Age 19, Cohort 3 participants. The reader is invited to view North Dakota's NYTD Data Snapshot FY 2014 – 2018, Cohort 2, Ages 17,19, and 21 in Chart 2.

Chart 2

Data Snapshot FY 2014-2018

North Dakota

Youth Services

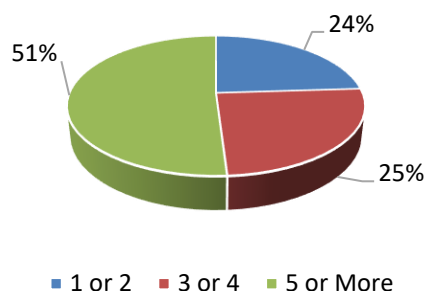
(FY 18 total served: 462 youth)

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

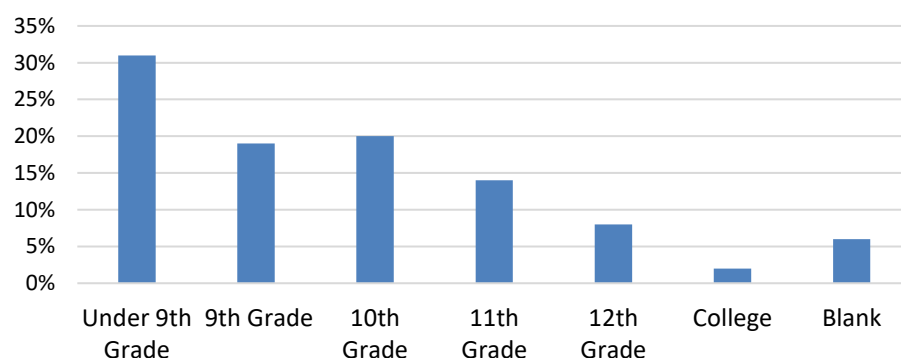
Characteristics of youth receiving services (FY 18)

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

Number of services received (FY18)

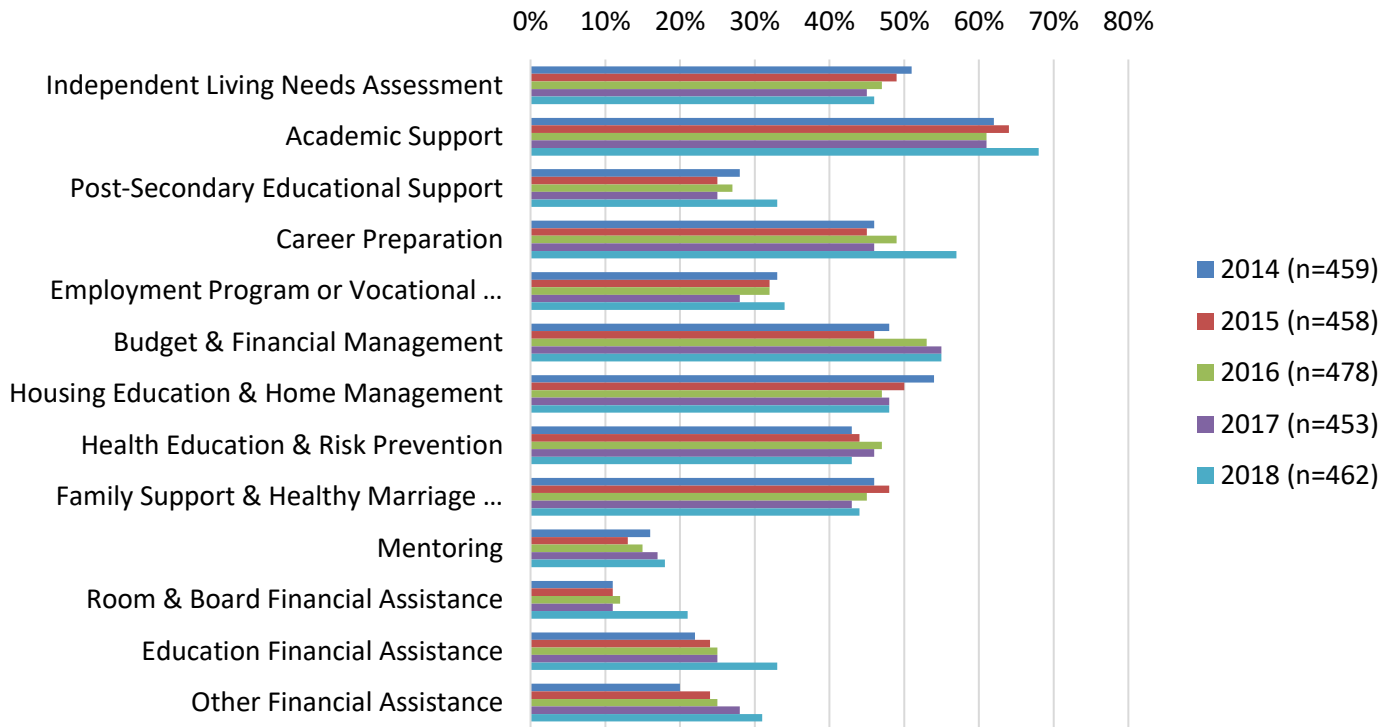


Education level of youth receiving services (FY 18)



Type of services received (FY 14-18)

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



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

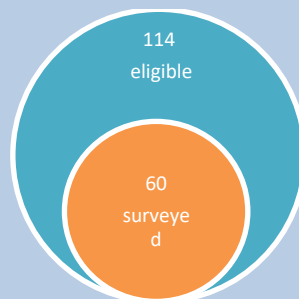


Youth Outcomes

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

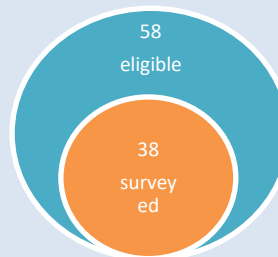
Cohort 2 survey participation, FY 14-18

Baseline Population
(17 year-olds in foster care, FY 14)



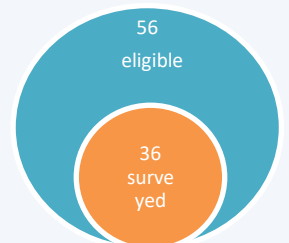
53% surveyed

Follow-Up Population
(19 year-olds, FY 16)



66% surveyed

Follow-Up Population
(21 year-olds, FY 18)



64% surveyed

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

Education and Training Vouchers

North Dakota's Chafee ETV program continues to provide financial assistance to help eligible youth make the transition to self-sufficiency and receive the education, training, and services necessary to obtain employment.

The ETV Program continues to be administered by ND Department of Human Services Children and Family Services Division, by the State Chafee Administrator. The Chafee Administrator continues to review ETV applications assuring award recipients are in compliance with Chafee ETV Federal law. The ETV award amounts are determined through final review and audit of the

application including the youth's Federal financial aid resources, the educational institution's Cost of Attendance, along with other documents required for complete application submission. The Chafee Administrator ensures that the Federal assistance does not exceed the total cost of attendance as well as avoids duplication of Federal benefits. Youth are notified through a written letter from the state Chafee Administrator of their ETV award and the ETV voucher payment is sent directly to their educational institution.

North Dakota has expanded the maximum age of eligibility for the ETV program to age 26 as allowed by FFPSA. During the past year 64 ETV awards were provided, which is an increase over the previous year's 54 awards. (See Attachment E. of this report.) Attachment E (ETV awards) contained in this report, represents the unduplicated number of Chafee ETVs awarded for the period July 1st to June 30th for 2018 and 2019. The academic school year is defined as fall, spring, and summer semesters in that order meaning all ETV awards for this summer 2019 have been awarded and included in our annual totals.

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

ND does allow for the Unaccompanied Refugee Minor (URM) program to follow the Chafee and ETV policy and procedures, funding eligibility, etc. The URM program has their own funding stream but has asked NDDHS to review the awards for application compliance and funding allocation. The ETVs awarded to the Unaccompanied Refugee Minor youth are not included in the Attachment E as Chafee funding does not support the award.

4. PROGRAM SUPPORT

Training and Technical Assistance to Counties:

North Dakota continues to work closely with the University of North Dakota Children and Family Services Training Center. During the past planning period, the following training and technical assistance activities took place:

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

The training is delivered as a four-week curriculum (over 100 hours of training), one week per month, with sessions offered in both the spring and fall. During each of the training weeks, assignments and tests are completed by trainees that assess their level of knowledge and skill on several of the training topics. Successful completion of these tasks is required for certification. Child welfare case workers are required to complete this training within their first year of employment. During FFY 2018, 55 individuals completed Child Welfare Certification training in its entirety. Each week provides special emphases as follows:

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

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

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

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

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

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

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

WEEK 4 SURVEY CHILD WELFARE CERTIFICATION TRAINING	% STRONGLY AGREE/AGREE
I understand the PRIDE foster/adopt home assessment process. [n=39]	92%
I understand the impact of secondary trauma on my work. [n=39]	92%

I understand the impact of attachment, separation, and loss issues on foster children and their families. [n=37]	93%
I can implement the permanency planning/concurrent permanency planning process [n=38]	93%

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

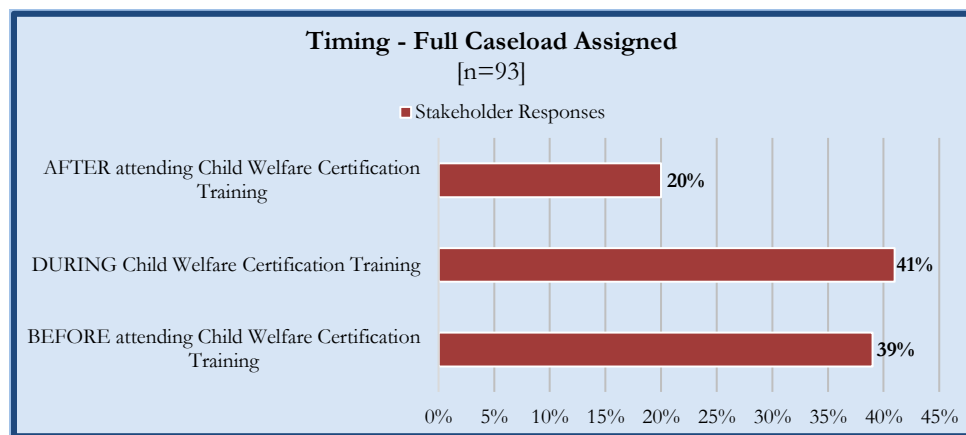
At the completion of each week of training, participants evaluate their specific competencies and skills. They rate themselves on their understanding of the concepts or their skill acquisition. Feedback is also elicited from the training group on any additional training needs they identify. For example,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

OCR Stakeholder Feedback

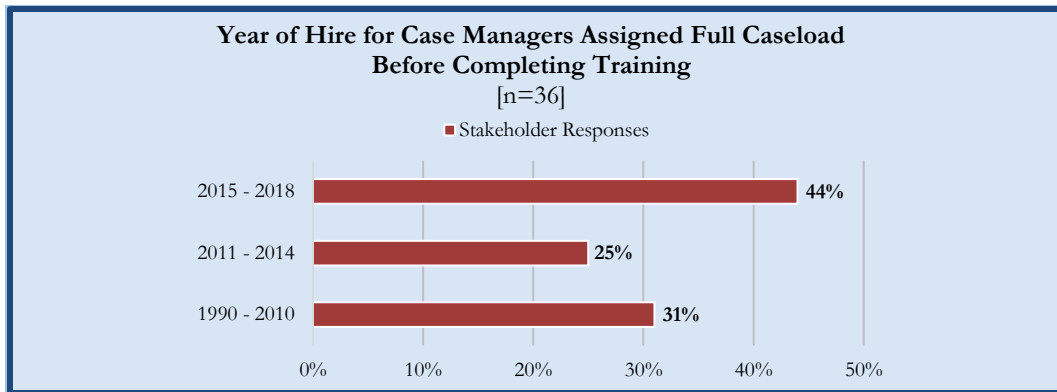
To determine the impact of this training, feedback was received from Agency Administrators and Agency Case Managers through the OCR online survey.

Agency Case Managers were asked the following questions:

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



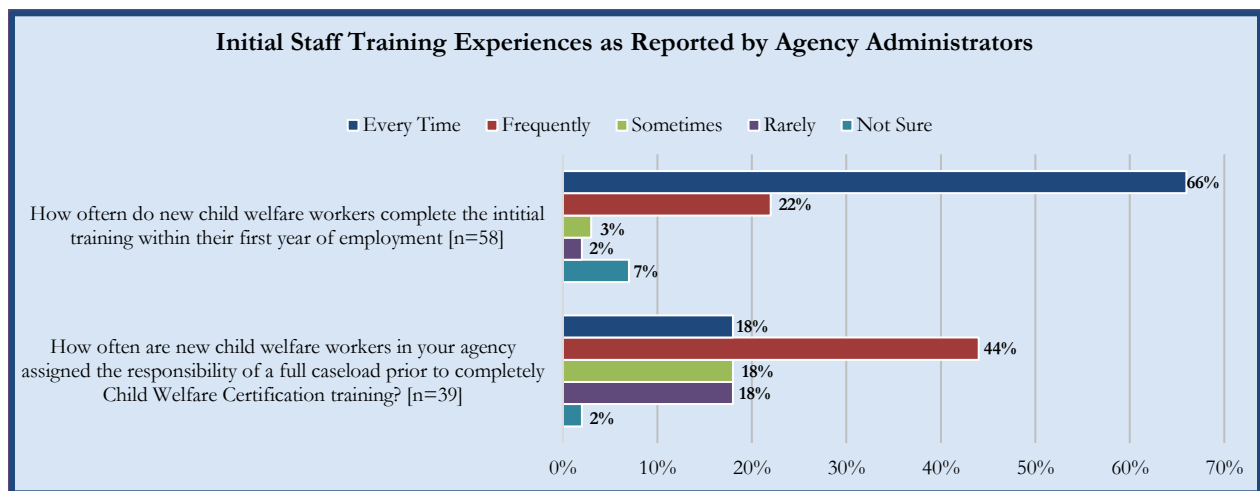
- **If you were assigned the responsibility of a full caseload BEFORE attending Child Welfare Certification Training, in what year were you hired as a child welfare worker?**



- Please provide any additional comments regarding the initial training and support offered to you or other child welfare workers within the first year of employment.
- Thirty comments were received, and the following statements reflect the general themes:
 - “I have received very limited training and the training that I have received was from my coworkers not a supervisor.”
 - “Most of the training that was helpful was provided by co-workers.”
 - “Training information is not consistent across staff and nearly not enough is provided.”
 - “The supervision I received was “it’s in your manual” or more current a supervisor who doesn’t know policy at all.”
 - “I have an incredible supervisor-she is just super busy.”

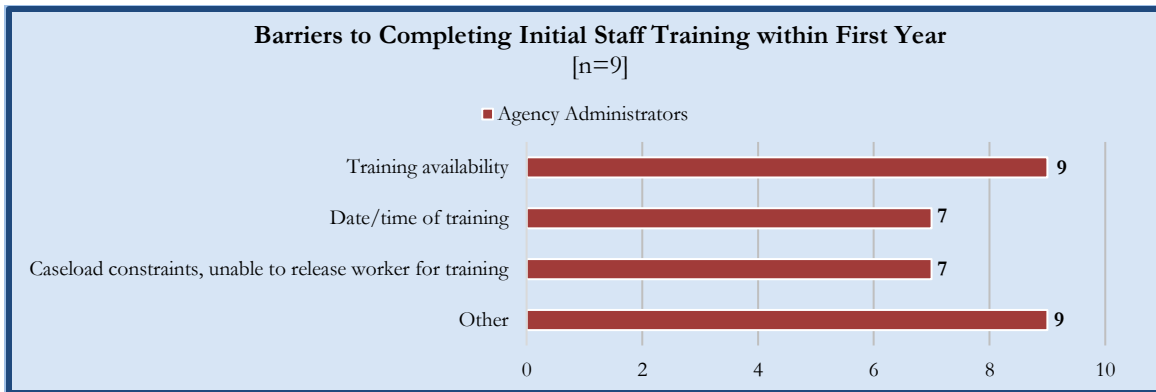
Agency Administrators were asked the following questions:

- To the best of your knowledge:



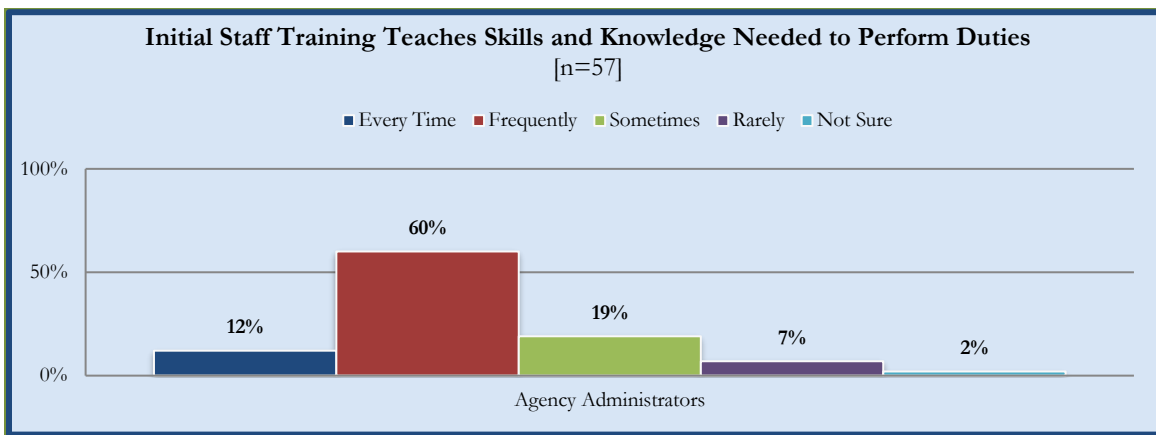
Respondents who did not answer “Every Time” to the question of new child welfare workers completing training in the first year of employment were asked the following question:

- In your opinion, what gets in the way of all new child welfare workers completing the required training within their first year of employment? Please rank up to three barriers.



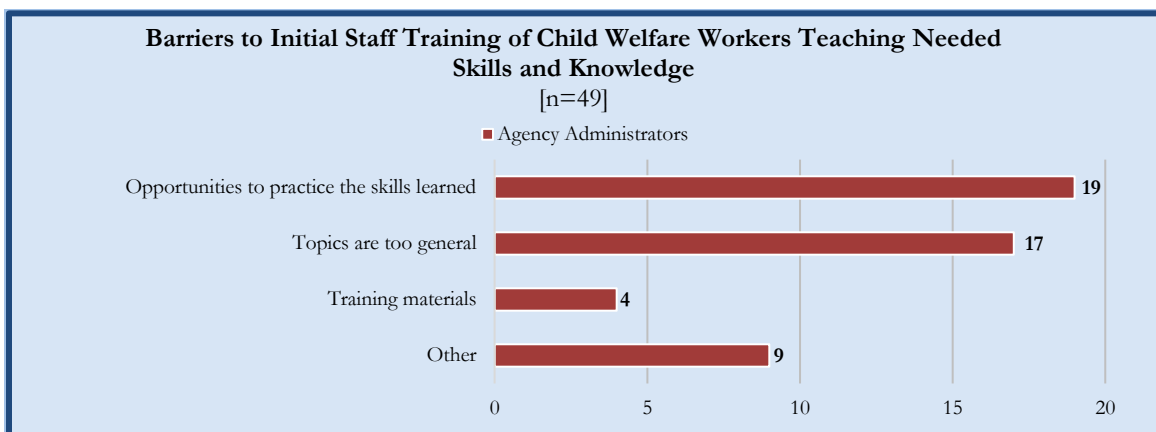
Due to an error in the survey logic, respondents were unable to provide comments.

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



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

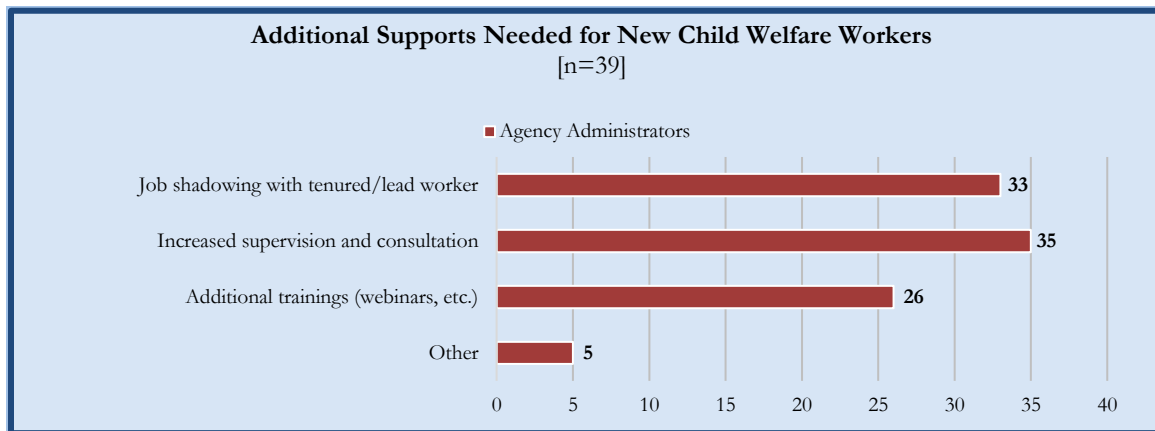
- In your opinion, what gets in the way of child welfare workers getting all the needed skills and training needed to perform their duties from INITIAL trainings? Choose the most important reason.



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

- “Too many things/requirements of the job to learn. It takes year of experience.”
- “Lack of proper oversight and expectations, lack of accountability for outcomes.”
- “Location, time and distance to be in Grand Forks... some technology needs to be considered.”

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



- “Other” supports mentioned by agency administrators included:
 - “DJS has a training module in place for all new hires that offer a wide array of training in the first year, including the Child Welfare training.”
 - “We have implemented an onboarding process.”
 - “Prior to child welfare training, Social Workers are typically given ‘easier’ cases, starting with in-home cases to learn the basics and progressing to foster care. Typically, new workers have fewer cases as well while they are learning.”
- **Adoption Competency Training** is required of AASK adoption case managers within their first year of employment, in addition to the 4-week child welfare certification training, additional trainings on the PRIDE family assessment model, and Train the Trainers. During FFY 2018, 8 participants completed the Adoption Competency training.
- **FRAME Case Record System Training** is included in the Child Welfare Certification Training Program. For new employees not attending that session, training occurs at the local social service agency. During FFY 2018, 39 participants completed FRAME training.
- **Title IV-Eligibility Training** for new eligibility workers is offered by CFS personnel. During FFY 2018, 36 participants completed this training.
- **Initial Parent Aide Training** is provided per the contract with CFSTC, to newly or recently hired parent aides to give them an understanding the child welfare system and their role within the system. Training topics include an overview of parent aide services, the Wraparound practice model, understanding the influence of culture when working with families, an overview of child abuse and neglect, child development overview, building relationships with parents, supervising visits between children and parents, and secondary trauma. Parent aides and their

supervisors are invited to complete this training. During FFY 2018, 9 participants completed parent aide training.

- **Initial Training for Partner Agencies** is provided to children’s behavioral health case managers (Partnerships Program), DJS case workers, and family preservation staff from the Village Family Services Center and Lutheran Social Services of North Dakota complete Week 2 of the Child Welfare Certification Training Program as required in policy and to satisfy the initial Wraparound Certification requirement.
- **PRIDE Trainings** are offered to support statewide use of the PRIDE model in foster parent licensing and adoptive family assessments. “PRIDE Train-the-Trainer” is a course for any case manager or foster/adoptive parent wanting to become a PRIDE trainer in their local area. “PRIDE Model – Conducting a Mutual Family Assessment” is a course designed for the licenser/adoption worker in applying the PRIDE competencies to the family study process.
- **Non-Violent Crisis Intervention Training** is required of all PATH foster parents and staff, presented by certified trainers in the CPI model. In addition, it is a PATH requirement that all treatment foster parents attend an annual refresher course reviewing the major elements of the CPI model. During FFY 2018, 54 participants completed this training.

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

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

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

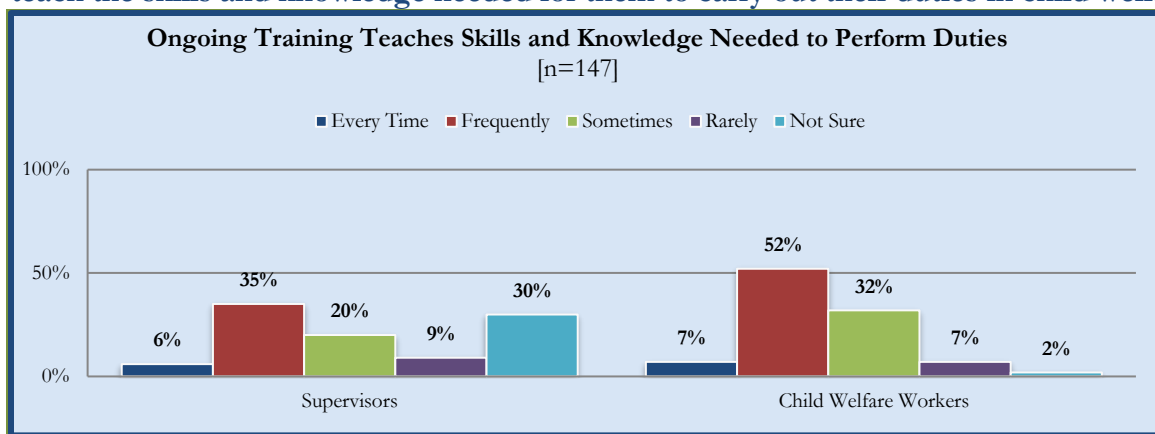
PROVIDER TYPE	NUMBER OF STAFF WRAPAROUND RECERTIFIED
Adults Adopting Special Kids (AASK)	12
CFS Program Administrators	6
County Social Services	189
Division of Juvenile Services (DJS)	14
Professional Association of Treatment Homes (PATH ND)	49

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

OCR Stakeholder Feedback

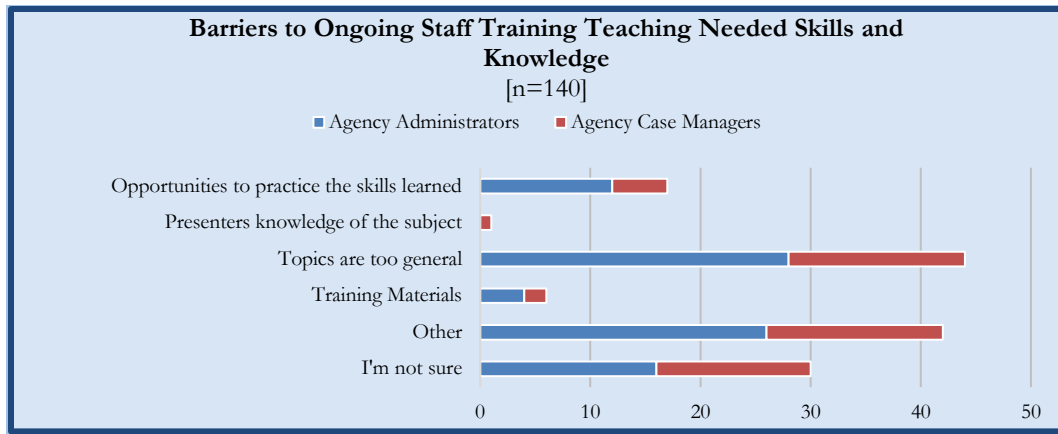
Feedback was received from Agency Administrators and Agency Case Managers through the OCR online survey. Both Stakeholder groups were asked the following questions:

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



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

- **In your opinion, what gets in the way of child welfare workers/supervisors getting all the needed skills and training needed to perform their duties from ONGOING trainings? Choose the most important reason.**



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

Technical Assistance and Capacity Building:

CFS began working with the Capacity Building Center for States in September 2015. Based on the Capacity Center’s assessment, a work plan was developed to guide the Capacity Center’s work with CFS. That work encompasses:

- **Data Quality, Comprehensiveness and Interpretation**

A CQI Academy began in April 2017 including CFS staff and key stakeholders to develop evaluation methods, capacity and a culture to support CQI concepts. Using the CFSR results, the CQI Academy will assist CFS in operationalizing the Performance Improvement Plan, and developing the framework for meaningful data needs for the state-wide CQI process.

- **Developing a knowledgeable child welfare supervisor workforce**

Recognizing that quality supervision is a foundational cornerstone to all child welfare practice, a supervisor training curriculum was being developed by the UND Children and Family Services Training Center. This curriculum offers core supervisor training related to knowledge of policy, practice and service array and will become a requirement, much like the child welfare certification, for all child welfare supervisors. The Capacity Building Center assisted with development.

- **Policy Updates**

CFS program and practice policies are outdated and in some cases, nonexistent. This creates opportunity for broad interpretation across counties and regions. With the implementation of social service redesign and FFPSA, solid policies are instrumental to assure consistent delivery of services and movement towards practice improvements. The Capacity Building Center worked with the Division on specific policies and will continue to provide assistance in policy refinement.

- **Organizational Structure**

The county administered – state supervised system and the regional supervisor organizational structure create challenges in practice consistency, authority and accountability. The Department of Human Services received technical assistance from the Epiphany Group to implement Theory of Constraint to redesign social service delivery. Please refer to earlier narrative concerning this work.

Through the Capacity Building Center for States, North Dakota has received consultation and support from Charlotte Gibbons for the CFSR and CQI Process development. Ms. Gibbons' guidance has proven to be helpful in quality progress in the completion of tasks for the upcoming CFSR and in developing a CQI process. Work with Ms. Gibbons in these two areas will continue for the next several months. CFS is committed to developing a program that informs program and policy decisions, yet would be a system that is meaningful to all levels of the service continuum. In November of 2015, North Dakota Children and Family Services added a full time, temporary systems support specialist. This position has primary responsibility for providing assistance to system users for FRAME and (Comprehensive Child Welfare Information and Payment System (CCWIPS). The verbal feedback from regional supervisors, child welfare supervisors, and county directors is that this position has been quite helpful in timeliness and quality of response to end users. In February 2016, this position began running the NCANDS report on a monthly basis and reporting errors back to the field for monthly data clean up. The verbal feedback from state CFS staff, regional supervisors, child welfare supervisors, and county directors has been positive about doing this on a monthly basis rather than just prior to the annual NCANDS submittal. In addition this position and the CQI administrator began working together on AFCARS data errors. Brainstorming is occurring on how to improve future AFCARS data submissions.

Evaluation and Research Activities:

The plan to evaluate social worker job satisfaction was revised to use internal decision support staff and electronic system to conduct a worker satisfaction survey.

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

The Department of Human Services Children and Family Services Division has entered into an agreement with the University of North Dakota Child Welfare Research Bureau to conduct research related to foster care and adoption during the 2019 – 21 state biennium Research topics are to be selected by CFS based on needs identified through the PIP and CFSP work.

5. CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

Process Used to Gather Input from Tribes

North Dakota continues to maintain a strong working and collaborative relationship with the four federally-recognized Tribal Nations of North Dakota: Mandan, Hidatsa and Arikara (MHA) Nation; Spirit Lake Nation; Standing Rock Sioux Tribe; and Turtle Mountain Band of Chippewa. CFS continues a partnership with the Native American Training Institute (NATI) and the tribal social service agencies through STEPS meetings. Tribal social service directors have greatly changed in North Dakota: Nicole Poitra has been hired in place of recent retiree Kathy Felix at MHA Nation; Jarrid Azure has been appointed as the acting director at Turtle Mountain Band of Chippewa; Marilee Lawrence has been temporarily hired as acting director at Standing Rock Sioux Tribe; and Erica Cavanaugh-Thompson remains as the director at Spirit Lake Nation. The Tribal directors are regular attendees at STEPS meetings and actively engage in sharing information on tribal concerns/issues. In addition, the CFS Director has direct communication with tribal social service directors on a regular basis regarding a variety of tribal/state issues. CFS continues to have regular conversations with the North Dakota Indian Affairs Commissioner's office regarding Native issues.

The NDDHS has been actively engaged in an agreement with Don Schmid, Title IV-E consultant, to evaluate and review the Tribes administrative claims process. The Tribes are not consistent in claiming IV-E administrative costs because of a number of systemic factors including constant staff turnover, lack of training, etc. Mr. Schmid's charge was, to the extent possible, simplify and streamline the process, and establish consistency between the Tribes in how and when the claims are filed. The goal of this work is to assure Tribes are drawing down the maximum amount allowable for tribal administrative cost. In addition to this consultation, the Tribes have worked directly with Casey Family Programs to receive technical assistance regarding their Tribal State Title IV-E agreement amendments. The agreement amendments are addressing many concerns, services and protocols, while offering additional services for tribal cases and an ongoing work group to address tribal topics.

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

CFS provided technical assistance to the MHA Nation and Mountrail County allowing them to enter into an agreement for each other to cross jurisdictional lines to license/approve foster homes. CFS

will utilize this agreement as a “template” enabling other Tribes/Counties to enter into similar agreements.

Ongoing Coordination and Collaboration with the Tribes

CFS plans for ongoing coordination and collaboration with the tribes includes:

- CFS continued partnership with NATI and the tribal social services directors through the STEPS meetings. CFS assists in the development of the STEPS meeting agenda and often hosts the meetings at a CFS location. STEPS meetings provide the means for CFS and tribes to discuss topics of importance including IV- E requirements, service array planning, caseworker visits, CFSR, CFSP progress, and ICWA compliance.
- CFS continues to involve tribes in strategic planning meetings and annual reviews.
- Casey Family Services has developed a strong presence in North Dakota to assist tribes. Issues Casey is addressing include: child protection protocols, IV-E eligibility, case management, foster home recruitment, and tribal/state agreements. CFS will continue to collaborate with Casey Family Services as they work with North Dakota tribes.
- CFS will continue to collaborate with tribes to help implement tribal licensing of foster homes “on or near” tribal lands. Legislation allowing this was passed during the 2019 North Dakota legislative session.

Child Welfare Services for Tribal Children

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

- A case review system in which Tribal IV-E cases are included in the state’s OCR process, on-site case file reviews are conducted periodically by CFS staff.
- Access to the general funds for preventive services for children at risk of entering foster care are appropriated by the North Dakota Legislature. These services include parent aide, in-home case management services, and safety and permanency funds.
- The state’s regional human service center Regional Supervisors conduct and participate in Title IV-E tribal child and family team meetings to facilitate reunifications, adoptions, guardianships or other planned, permanent living arrangements.
- Fund Title IV-E foster care maintenances costs and the state match for the IV-E eligible children living on the reservations.

- Continue funding of administrative IV-E dollars to the tribes. Provide technical assistance for completing and submitting IV-E administrative claims, including establishment of time study policies.
- Contract to provide IV-E training dollars to the tribal social service agencies through the Native American Training Institute to conduct training on cultural competency, foster parent training for Native foster parents, maintenance of cultural resource service directory, the cultural resource guide for all tribes, ICWA compliance, and financial support for the Indian Child Welfare Conference.
- Provision of training and technical assistance on IV-E related tribal issues. CFS will continue efforts underway to assist tribes with outside case management assistance through collaboration with the Indian Affairs Commissioner's office and the private sector.
- CFS is continuing to work with DHS's IT and fiscal staff to establish a method to draw down the federal Tribal IV-E FMAP reimbursement rate. Code changes are necessary to effect the change. It is expected the changes will be implemented by the end of 2018.
- To enhance consistency in the IV-E eligibility determination process, North Dakota continues to explore the feasibility of establishing a centralized IV-E eligibility determination process. Eligibility is now determined by counties neighboring a reservation. This results in differences in communicating rules to tribal social services, delays in establishing eligibility and some children missing out on eligibility because of lack of understanding of the eligibility rules. CFS did not receive any additional resources (staff or dollars) to create a centralized IV-E eligibility process. However, efforts to get a centralized process operational continue through discussions with the counties, tribes, and NATI.
- CFS will continue to obtain credit reports for all youth ages 14 and older in foster care, including the credit reports of tribal youth.
- The ND Chafee IL Administrator works with statewide Chafee IL Coordinators to ensure that CFCIP and ETV benefits are made available to Native American youth in tribal custody on the same basis as non-native foster care youth. In addition, the North Dakota Chafee Independent Living (IL) Administrator and Chafee IL Coordinators email program and contact information to the Tribal Directors ongoing to ensure adequate referral opportunities are available to tribal youth.
- CFS collaboratively works with tribal partners to update and retrieve necessary information to maximize resources and ensure opportunity for foster children statewide. The 18+ Continued Care program allows for Tribal Title IV-E youth to remain in, or return to, foster care if desired. This extension of services is beneficial to youth as they transition to living independently as adults.
- The state's contracted adoption provider, AASK, works collaboratively with the tribes when placing Native American children for adoption. AASK places children with the ICWA order of preference unless "good cause" has been established by the court to do otherwise, or the child's tribe has approved placement outside to ICWA order of preference.

- AASK also provides adoption services for Tribal children on the reservation at the request of the various Tribal child welfare agencies, including completion of the adoption assessment and facilitation of adoption subsidy application, for children for whom the Tribe's plan is adoption. These requests are made to the Administrator of Adoption Services for NDDHS and then referred to the AASK program. From July 1, 2018 through May 31, 2019, there were 24 placements and 30 finalized adoptions of Tribal children facilitated through AASK at the request of North Dakota's Tribal entities.
- The CFS Director continues to serve as an advisory member on the board of the Native American Training Institute.
- NDDHS, through an agreement with the University of North Dakota, provides a IV-E stipend program. The stipends are offered to social work students who agree to do child welfare work in the state, particularly rural and/or tribal areas, after graduation.
- P.L. 113-118 requirements began implementation in North Dakota effective September 29, 2015. P.L. 113-118 training was offered during the July 2015 Children's Symposium. The symposium reaches court staff as well as tribal courts and tribal social services. Various training opportunities, emails, electronic memorandums, and policy issuances were provided to child welfare partners throughout the implementation of the law. The training, policy issuance, and technical assistance offered to the field was inclusive of the Tribal partners. The courts were very receptive to the changes needed for court order language to accommodate new age requirements; APPLA limits as a permanency plan are specific to youth age 16 and older. It is known that Tribal custodial agencies were granted an extension of 3 years delayed implementation after the date of the enactment (September 29, 2018). Below is an update of the information specific to our Tribal IV-E agreement cases:
 - North Dakota law, the affidavit template and court hard cards were all updated to ensure compliance in this area.
 - Documenting at each permanency hearing the efforts to return a child home or with a relative, a guardian or adoptive parent.
 - Ensuring the child is asked about his/her desired permanency outcome at each permanency hearing and that APPLA is the best permanency plan with compelling reasons why it's not in the best interest of the child to be returned home, placed with relative, guardian or adoptive family.
 - Documenting at the permanency hearing that the foster family or child care institution follows the "reasonable and prudent standard" and the child's opportunities to engage in "age or developmentally appropriate activities". This is completed in the affidavit to the court highlighting all of the normalcy activities and the reasonable and prudent parenting activities the provider engages in on behalf of the foster child.
 - Children age 14 and older have case file documentation of his/her health, education, court participation rights, credit report rights, and that the youth has a signed acknowledgement of such rights.

- Evidence the child has been offered the opportunity to participate in the case planning along with two members who are not the case worker or foster parent.
- Detailed case plan of the services provided that assist the youths transition to successful adulthood, requiring the independent living skill building to begin at age 14 if not before.
- A copy of credit report and assistance in fixing any credit report inaccuracies for all foster youth ages 14+.

Indian Child Welfare Act (ICWA) Compliance

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

- Creation of new ICWA policy in 624-05 Permanency Manual for all foster care case managers as a means to meet full compliance with federal ICWA regulation effective December 2016.
- Creation of new hard card and bench book inserts specific to ICWA regulations were developed by ND Supreme Court and distributed statewide.
- Collaboration with the ICWA Partnerships Grant State Team
- ICWA compliance is reviewed in every applicable randomly drawn case during the State's Onsite Case Review process. CFS uses the federal OSRI and the Online Management System (OMS).
- Tribal IV-E cases are included in the case sampling methodology of the state-led case review process (Onsite Case Review). This practice will continue throughout the five year CFSP.
- CFS will continue to include the four tribal social service agencies in any training opportunities related to the Onsite Case Review (OCR), so that tribal social services supervisors and caseworkers can participate as OCR case reviewers and/or quality assurance leads.
- Representatives from the four tribal social service agencies are invited to participate in Title IV-E Eligibility training and onsite reviews.
- The UNDCFSTC includes curriculum on ICWA compliance as part of the 4 week child welfare certification process.
- CFS will continue to fiscally support NATT's annual "North Dakota Indian Child Welfare Conference." This conference provides a pre-session entitled "ICWA 101" as well as a variety of other ICWA- specific sessions. CFS Division Staff serve on the planning committee for this conference.
- Continuing training and education on ICWA furthers the state's child welfare workforce ability to comply with ICWA which furthers CFS's ability to monitor compliance.
- North Dakota will continue to review and enact changes where appropriate specific to the new ICWA requirements (RIN 1076 – AF 25)
- Historically, an ICWA Compliance Audit was commissioned by the Courts in 2011. At the request of the ICWA Subcommittee of the Court Improvement Project (CIP) Committee, specific information was audited, includes notice given to parents, notice given to the tribe for

each proceeding, parents informed of the right to counsel for each proceeding, court findings that ICWA applies, court findings regarding active efforts, use of a qualified expert witness (QEW) at applicable proceedings, and court findings that culturally relevant services were offered.

- Continued participation as a member of the ICWA Subcommittee of the former Court Improvement Project (CIP), now Juvenile Policy Board. Meetings were on hold, however momentum has been gained and ICWA topics will continue quarterly.
- Continued participation and support of the re-application for Court Improvement Project federal funds to support overall court improvement efforts, but also support the ICWA State Partnership Grant. Due to Supreme Court budget constraints, the CIP efforts were redistributed to the ND Supreme Court Juvenile Policy Board. A proposal, financial support and collaboration from various ND stakeholders will likely lead to the re-application for CIP.
- Going forward the ICWA State Partnership Grant Team, will continue to look at collecting data to analyze the number of abuse deprivation filings and neglect deprivation filings. This will provide the team a better understanding of how cultural sensitivity may play a part in the disproportionality of Native American children entering foster care. This data could serve as a basis for tribal families (targeted prevention) training and cultural sensitivity training based on Native American family dynamics to prevent unnecessary removals.

ICWA Partnerships Grant

The UND Department of Social Work, along with various state partners received one of the three federal ICWA Partnership grants. The purpose of the North Dakota ICWA Partnerships Grant is to support the creation of effective practice model partnerships between state courts, state public child welfare agency and a tribe, group of tribes, or tribal consortia, including both the tribal child welfare agency and tribal court for effective implementation of the Indian Child Welfare Act (ICWA) of 1978 (Pub.L. 95-608). The ND ICWA Partnerships grant is a 60-month project including five 12-month budget periods. The project includes data collection compliance with:

- Identification of Indian children;
- Notice to tribes;
- Tribal participation as parties in hearings involving Indian children;
- Tribal intervention in dependency cases;
- Transfer of ICWA cases to tribal courts;
- Placement of Indian children according to tribal preferences.
- Compliance with identification methods;
- The number of Indian children identified;
- Length of time from removal or petition filed until identification is made;
- Number of notices sent;
- Length of time from identification until notice sent (state measure)
- Number of notices received (tribal measure)
- Length of time for tribal intervention or participation; (tribal measure)
- Number of cases in which a tribe intervenes; (joint measure)

- Number of transfers; (joint measure); and
- Number of Indian children placed according to tribal placement preferences (joint measure).

Primary Goals:

1. Improve cross-system partnerships necessary to increase ICWA assessment and compliance.
2. Use existing data, including court audit, to target improved outcomes in the areas of preferred placement, QEW participation, and stakeholder knowledge.

UND Dept of Social Work will:

- Melanie Sage, PI (oversight, supervision of data management);
- Carenlee Barkdull, co-pi (coordinate evaluation with DHS/CFSTC);
- Avery Erickson (data entry and data management)
- Coordinate project as lead grantee
- Submit federal reports and documentation
- Maintain databases and analyze data
- Assure documentation of cross-site activities
- Conduct formative and summative analysis
- Coordinate and maintain research-related permissions with university and tribes
- Develop and support dissemination planning
- Supervise analysis of Odyssey records related to measuring state court outcomes.

Child and Family Services Training Center will:

- Pete Tunseth, Director
- Harmony Bercier, Child Welfare ICWA Trainer (Main point of contact)
- Develop ICWA training module for child welfare workers suitable for online/in-person delivery, with measurable learning outcome reporting, in consultation with NATI
- Update ICWA pre-service training for child welfare workers, with measurable outcome reporting
- Develop county worker resource website with contact lists, roadmaps, and FAQ about ICWA
- Work with DHS partners to deliver training to county workers across the state
- Deliver training to GALs who work in Standing Rock/Spirit Lake regions
- Provide advisory support to grant project

Native American Training Institute (NATI) will:

- Stephanie DeCoteau, NATI Executive Director
- To Be Determined Trainer
- To Be Determined Standing Rock staff
- To Be Determined Spirit Lake staff

- Develop a “Training for QEWs” curriculum that addresses specific parenting practices of Spirit Lake/Standing Rock regions, 1978 ICWA legislation, and 2015 BIA guidelines/future regulations
- Supervise 3 staff: a trainer/support staff at NATI to help with curriculum and training, and an ICWA Grant Support Worker at each tribal partner location. Grant support workers will have a half time FTE, and duties will include: collecting ICWA case data from tribal court, supporting tribe ICWA worker to facilitate ICWA compliance, facilitate local QEW training, and coordinate tribal support for the project.
- Identify and train at least 6 community trainers to conduct “Training for QEWs” trainings, and coordinate trainings across the state in tribal and urban regions, ideally 3 from each of the two identified tribal partners.
- Oversee QEW training across the region, and provide outcome reporting and active list related to people trained as QEWs.
- Provide liaison support between evaluation and tribes
- Provide advisory support to grant project

North Dakota Indian Affairs will:

- Scott Davis, Director
 - Provide liaison support with tribal councils and tribal courts in support of ICWA implementation efforts
 - Provide advisory support to grant project

Supreme Court will:

- Heather Traynor, Research Analyst
 - Provide Odyssey data access to facilitate support of ICWA improvement efforts
 - Provide advisory support to grant project, including review of agency policies that support or impede ICWA compliance, and identification of training needs.

Department of Human Services Child Welfare will:

- Lauren Sauer, Assistant Director
- Kelsey Bless, Permanency Administrator
 - Provide support for the training of county child welfare workers
 - Provide advisory support to grant project, including review of agency policies that support or impede ICWA compliance, and identification of training needs

ICWA Partnership Grant Program Accomplishments

North Dakota attended the grant kickoff meeting in Washington, DC. It was during a North Dakota snowstorm and many of our partners were unable to make it, but the meeting was attended by Melanie Sage & Carenlee Barkdull (University of North Dakota CO-PI's), Kelsey

Bless (ND Child Welfare), Heather Traynor (ND Supreme Court), and Pete Tunseth (State Child Welfare Training Center.) Since this time, the grant hired a new trainer for the Child and Family Services Training Center (CFSTC), Harmony Bercier. She is from Turtle Mountain Band of Chippewa, holds a Masters in Psychology, and has strong experience in curriculum writing and with Native American populations. She is currently rewriting our ICWA curriculum and will soon begin statewide travel to offer trainings to public child welfare agencies. She was recently able to attend the three-day training on the new ICWA regulations offered by National Indian Child Welfare Association (NICWA).

UND Social Work Department research assistant, Avery Erickson, continues to provide support on this project. She is managing the technical pieces of the Institutional Review Board (IRB), which will be submitted by the end of this month to UND and to Sitting Bull Tribal Community College. Division staff presented on the work of our project collaboratively with grant partners at the February North Dakota Indian Child Welfare Conference. After the conference Division staff also held a partner meeting which was attended by staff from tribal social services, state child welfare, county child welfare agencies, the training center, and the Guardian-ad-litem program, as well as University partners. Using the Design Teams model described in our grant, CFS set priorities regarding policies and practices that facilitate and impede ICWA compliance in our state. CFS collected a baseline measure of current perceived collaborations between agencies.

In April, CFS presented collaboratively (with a tribal social services director, a tribal ICWA director, a CFS trainer, and Melanie Sage) at the National Indian Child Welfare Association conference in California. We shared tools and strategies we are using to measure ICWA compliance and to build interagency relationships. The session was well-received and feedback was positive. Later this month Division staff are presenting the member webinar for NICWA on strategies related to Indian foster parent recruitment, focusing on policy and practice barriers and facilitators.

At the upcoming July statewide child welfare conference, several grant-related activities are planned:

- A two-hour stakeholder design team meeting focused on developing a QEW curriculum, and work on building relationships with our court personnel (lawyers, judges)
- A two-hour consultation and planning meeting with Bree Bussey, who is experienced in designing QEW curriculum and recruitment plans.
- Two conference sessions on Active Efforts in ICWA cases for child welfare workers.
- Bree Bussey is offering two sessions on engaging with Native families for child welfare workers

North Dakota has received many questions and concerns regarding the decision for the ND Court Improvement Project (CIP) dissolution with North Dakota Supreme Court. This partnership continues to make significant progress assuring positive partnerships despite dissolution of the CIP. The court agreed to move all the work of the CIP committee to an existing Juvenile Court committee, and to allow Heather Traynor to continue to act in a liaison role, with access to court records and use of office space in the ND Supreme Court office. The court signed a new memorandum of understanding reflecting these adjustments, along with continued data sharing. In the last year, the ICWA State Partnership Grant has accomplished:

- The creation of a new ICWA training for North Dakota child welfare workers! The ICWA Partnership Trainer of the Children and Family Services Center (CFSTC), Harmony Bercier, will

continue to provide an updated and innovative ICWA curriculum to new child welfare workers during their Child Welfare Certification training.

- The development of a website specific to ICWA related functions, grant goals, etc.
<http://www1.und.edu/centers/children-and-family-services-training-center/icwa/index.cfm>
- The organization and hosting of the “40 Years of Hope, Healing and Perseverance” ICWA Conference was done by the director of the Native American Training Institute (NATI) and the ICWA State Partnership Grant. The conference was hosted on Spirit Lake Indian Reservation.
- The attendance and presentation at the National Indian Child Welfare Act conference in Anchorage, Alaska. Topic: **Being "Active" in our "Efforts": Agents of Change** was presented by the ND State Partnerships Grant presented on The North Dakota ICWA Implementation Partnership Grant, supported by the U.S. Department of Health and Human Services, Office of the Administration for Children and Families, facilitating changes around ICWA implementation in North Dakota. Strengthening relationships between stakeholders, with a primary focus of improving the implementation of ICWA, has resulted in exciting improvements. This session will provide examples of how relationship building and inter-agency collaboration has made this process smooth. We will share with participants the process we are utilizing to drive efforts around policy change, practice improvement procedures, as well as tools created to help child welfare workers. Participants will:
 1. Learn strategies to improve relationships within and between parties invested in the consistent and effective implementation of ICWA.
 2. Get a glimpse of how utilizing these improved relationships to collaborate on policy creation or modification supports the consistent and effective implementation of ICWA.
 3. Learn how we are using the collaborative collection of data to drive this process.
 4. Receive access to practical tools created thorough this process to aid in the consistent and effective implementation of ICWA.
- Grant Team has held several tribal and state conversations that will serve to improve ICWA policy and practice across the state. Collaborations have led to the first state policy review and modification, development of new forms that will be used to facilitate and improve County and Tribal communication and a new ICWA training for child welfare workers across the state.

Chafee Foster Care Independence Program with the Tribes

Benefits and services under the programs are made available to Indian children in the state on the same basis as to other children in the state. In FFY 2018, 114 of the 468-youth served in the Chafee program were Native American youth. Each of the regional Chafee programs collaborate with tribes located within their regions, on the same basis as other custodial agencies. No tribe in North Dakota has requested to develop an agreement to administer or supervise the Chafee or ETV programs with respect to eligible Indian children and to receive an appropriate portion of the state's allotment for such administration or supervision. In addition, tribes haven't brought forth concerns to the state with accessing Chafee services.

Exchange of Final Report

The CFS Division will provide electronic copies and links to the Final Report to the Tribal child welfare workers when submission is finalized. The Final Report results will be discussed at the fall STEPS meeting with the four tribal child welfare directors and NATI staff.

6. CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) STATE PLAN REQUIREMENTS AND UPDATE

2020-2024

CHILD ABUSE PREVENTION & TREATMENT ACT (CAPTA) 2020 Annual Report

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

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

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

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

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

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

- A. There are no significant changes for the state's previously approved CAPTA Plan in how the state proposes to use funds to support the 14 program areas enumerated in section 106(a) of CAPTA.
- B. North Dakota continues to utilize CAPTA state grant funds as described in the previously approved CAPTA plan to support:
 - The CPS Task Force, for the improvement of strategies, policies and protocols for the improvement of screening and assessment of reports of child abuse and neglect.
 - Community Based Child Abuse Prevention to provide support for Parent Resource Centers in the state utilizing evidence-based child abuse and neglect programming/curricula;
 - Child Fatality Review Panel/Citizen Review Panel;
 - Institutional Child Abuse and Neglect;
 - The Alliance for Children's Justice;
 - Continued collaboration with the Juvenile Justice system, public health agencies, private community-based programs, domestic violence service agencies, substance abuse treatment agencies, Developmental Disabilities, and other agencies in investigation, interventions and delivery of services and treatment provided to 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.

- Increased funding included in the FFY 2018 appropriation, will be used as specified above, with a priority on developing, implementing or monitoring plans of safe care. The state plans to explore development of electronic training, which can be used to train field staff on an ongoing basis, for the state's Alternative Response for Substance Exposed Newborns which requires development, implementation and monitoring plans of safe care.

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 2016 is not changed from use of funds in 2015.
- B. CAPTA funds were used alone or in conjunction with Children's Justice Act, family support dollars and state funds to support the following activities:
 - i. **Out-of-state Travel for State Child Protection Service Administrator**
 - a. CAPTA funds were used in conjunction with Children's Justice Act funds to attend meetings of the State Liaison Officers and to attend national and regional training that would assist in the development of knowledge or skills for the State CPS Administrator.
 - ii. **State Institutional Child Protection Team**
 - a. CAPTA funds were used in conjunction with Children's Justice Act funds, to reimburse non-state employees for travel and per diem for meetings of the State Child Protection Team. The Team meets as required to review and make decisions regarding Child Protection Services needs in institutions.
 - iii. **State Child Fatality Review Panel**
 - a. CAPTA funds were used in conjunction with Children's Justice Act funds, to support the Child Fatality Review Panel which is a multi-disciplinary panel made up of professionals and lay persons for purpose of reviewing child deaths. (Members include Physicians, Educator, Prosecutor, Law Enforcement official, Prevention Specialist, Child Protection Staff, and Community Members) The funds are used to reimburse members for travel to meetings and for training opportunities.

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

risk for abuse and neglect with children birth to 18 years. The programs have been adapted to special populations including families of diverse ethnicities, military families, teen parents, foster and adoptive families, families in alcohol treatment and recovery, parents with special learning needs, and families with children who have special health challenges.

xi. Parent Resource Centers (PRCs)

- a. CAPTA funds were used were used in conjunction with IV B Part II funds (CBCAP) to support eight (8) Parent and Family Resource Centers (PRC). Each PRC participates in a Parent Education Network coordinated through the Family Life Education Program codified in state law, a partnership with the North Dakota State University Extension Service. The network provided for site visits, a peer review process and an evaluation component for the individual centers as well as for the network.

IV. Citizen Review Panel

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

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

In response to the CARA Amendments to CAPTA, North Dakota has combined recommendations made by the state’s Substance Exposed Newborn Task Force (SENTF), the work North Dakota has been engaged in with Casey Family Programs, around Alternative Response CPS systems, in development of an Alternative CPS Response to reports of substance exposed newborns. The state SENTF included in their study of this issue, information on research showing that punitive responses, such as the threat of CPS involvement and child removal, often drive pregnant women away from vital services such as prenatal care and Substance Use Disorder treatment. Alternative Response CPS assessments have been shown to increase engagement of families while keeping children safe in their homes. The CARA amendments to CAPTA require that the health and treatment needs of the infant and affected family or caregiver through the creation and monitoring of a Plan of Safe Care. By definition, Alternative Response CPS interventions focus on assessment of needs rather than gathering forensic evidence required to substantiate or un-substantiate child abuse or neglect. North Dakota believes that the requirements of the CARA Amendments to CAPTA will best be accomplished by engaging caregivers of substance exposed newborns in the development of a Plan of Safe Care that addresses the health and substance use disorder needs of

the caregivers and the health and safety needs of the newborn, whenever there is not a need to substantiate child abuse or neglect.

In response to the Information Memorandum issued August 26, 2016 by the Administration for Children and Families, a state legislator who spearheaded the state's Substance Exposed Newborn Task Force, agreed to introduce state legislation to enable Alternative Response CPS Assessments in cases of reported substance exposed newborns. The state Legislative Session convened in January, 2017. During this 2017 State legislative session, the state Child Abuse and Neglect Chapter was amended, allowing for an Alternative CPS assessment response to reports of substance exposed newborns. The state law now defines a "Substance Exposed Newborn" as an infant younger than 28 days of age at the time of the initial report of suspected child abuse or neglect and who is identified as being affected by substance abuse or withdrawal symptoms or by a fetal alcohol spectrum disorder." The state law requires referral services and monitoring of support services for caregivers as well as a Plan of Safe Care for the newborn, 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.

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UPDATE

The lead agency, along with the CPS Committee of the CJA Task Force and the state's Behavioral Health Division (the workgroup) have developed and implemented program policies and other resources, including requirements for Plans of Safe Care, to provide guidance to the field for implementation of Alternative Response Assessments for Substance Exposed Newborns in

October, 2017. The state's policy includes provisions and guidance on the development and monitoring of a Plan of Safe Care which addresses the health and substance use disorder treatment needs of the infant and affected family or caregiver. Additionally, the workgroup produced supporting documents

(http://www.nd.gov/dhs/policymanuals/640/640.htm#640_85_15.htm%3FTocPath%3DChild%2520Protection%2520Services%2520Manual%2520640%7CAppendix%2520640-85%7C_4) to include:

- A flow chart for AR assessments
- Handout/brochure for parents re: AR response
- Handout/brochure for mandated reporters and community members/stakeholders
- A service agreement for parents agreeing to participate in AR
- A Guide for Assessing Safety, Strengths and Risk (similar to existing document for Standard Assessments)
- The state has identified a need for ongoing training regarding Alternative response for Substance Exposed Newborns and Plans of Safe Care. A portion of the increased CAPTA appropriation will be used to develop an online training with modules on working with substance exposed newborns and their mothers, Plans of Safe Care and Protective Factors/needs assessment that can be offered in a cost effective way, ongoing, to county/regional staff to keep the field updated as there are lateral moves and staff turnover at the local agencies.

In addition to onsite training provided by the lead agency in October, 2017, training resources were added to the Children and Family Services Training Center website in FFY 2018:

<https://www1.und.edu/centers/children-and-family-services-training-center/nd-alternative-response.cfm>

Online training resources include:

- An introduction to substance Exposed Mothers and Infants
- CPS Alternative response to Substance Exposed Newborns
- Protective factors PowerPoint
- Protective factors Action Sheets
- Guidelines for completing the 21 factors PowerPoint
- Guidelines for completing the 21 factors
- SEN Flowchart
- Plan of Safe Care
- Alternative Response agreement
- Alternative response Safety Support Agreement
- Link to ND State CPS Program Policy for Substance Exposed Newborns

The lead agency has completed the process of analysis and design to incorporate data system changes, along with appropriate mapping for NCANDS, for the data reporting elements required by the CARA Amendments. 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. Data System changes were delayed for technical and resource reasons beyond control of the program and were implemented June 1, 2018. Between implementation on 11/1/2018 and June 1, 2018 a minimal data report for substance exposed newborns reported under the state's CPS reporting law has been used to monitor reports and assessments of Substance Exposed Newborns on a monthly basis. Due to availability of resources, a more robust report to provide a more comprehensive monitoring process has been delayed, so monitoring of Safe Care Plans remains nominal.

For Federal Fiscal Year 2018, 184 substance exposed newborns were identified and reported. There were 134 of the 184 known to have Plans of Safe Care (72.8%). The most frequently identified reasons for lack of a Plan of Safe care included: drug testing done to confirm screening results was negative (child not drug exposed); Confirmed prescribed medication (voluntary services offered); case transfer out of jurisdiction (primarily tribal/ICWA). Beginning with implementation on June 1, 2018, data fields now operational will provide additional data to inform program processes, policies and needs. The number of substance exposed newborns with Plans of Safe Care is expected to increase as a result of this system implementation.

North Dakota submitted the Governor's Assurance Statement for the Child Abuse and Neglect State Plan related to CAPTA as amended by Public Law 114-198, on March 27, 2018. The ND CARA Compliance letter was received from the Administration for Children and Families on December 13, 2018.

Information on Child Protective Service Workforce:

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

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

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

- In response to staff shortages and difficulty hiring at the county level, a new classification of Child Welfare staff, the Family Services Specialist, was created in collaboration with the county social service directors and the state's Human Resources Management Service. The

following represents the duties/functions of CPS functions that may be performed by this position classification:

FAMILY SERVICES SPECIALIST

SCOPE OF WORK:

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

DUTIES PERFORMED AT ALL LEVELS:

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

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

FAMILY SERVICES SPECIALIST II

GRADE K

LEVEL DEFINITION:

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

ADDITIONAL DUTIES PERFORMED AT THIS LEVEL:

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

MINIMUM QUALIFICATIONS:

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

FAMILY SERVICES SPECIALIST III

LEVEL DEFINITION:

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

ADDITIONAL DUTIES PERFORMED AT THIS LEVEL:

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

MINIMUM QUALIFICATIONS:

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

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

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

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

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

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

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

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

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

01-43.Underfills

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

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

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

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

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

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

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

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

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

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

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

An electronic survey was prepared in two sections, using Survey Monkey as the vehicle for collecting the data. This survey was transmitted via email to directors of all county social service agencies in the state. The survey was administered in two parts. The first part was completed by agency directors, listing the staff and percentage of FTE for each staff person for each function requested. Information on caseload or work load requirements, including the average number and maximum number of cases per protection service worker and supervisor, were then calculated using the data provided in the survey and the caseload numbers entered into the statewide data system. The response rate for the Director's portion of the survey was approximately 57.1%, with 28 of 49 counties reporting. Directors reported a total of 120

employees, including supervisors (30), workers responsible for intake (93) and assessment (87). These were then calculated as a corresponding portion of a Full Time Equivalent position (FTE), resulting in a total of 81 FTEs. The second portion of the survey was forwarded to the workers and supervisors by the director with a request for each worker listed by the director to complete the education/training and demographic portion of the survey. The worker demographic and training portion of the survey was completed by of the workers/supervisors, for a response rate of approximately 54.1%. This is slightly higher than in 2017.)

North Dakota is a state-supervised, county administered child welfare system. The information below, which addresses the education, qualifications, and training requirements, addresses positions within the Child Protective Service Workforce. Factors impacting the data include missing responses from two of the 4 largest counties in the state. Because of this gap in reporting, the survey results may not represent true workforce and supervisor ratio. This also impacted FTEs counts. Rural/urban counts were impacted as well. Respondents were from 26 rural counties and 2 urban counties

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

Highest degree obtained	Frequency	Percent
Bachelor of Social Work	38	58.5%
Master of Social Work	13	20.0%
Other Bachelor	10	15.4%
Other Master	4	6.2%
Total	65	100.0%

Other Bachelor/Master (n=15)		Frequency	Percent*
	Bachelor of Psychology	1	6.7%
	Criminal Justice	3	20.0%
	Elementary Education	2	13.3%
	Forensic Psychology	1	6.7%
	Information Systems	1	6.7%
	Psychology	3	20.0%
	psychology substance abuse	1	6.7%
	Sociology. Also currently working on Bachelors in Social Work	1	6.7%
	Vocational Rehabilitation	2	13.3%

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

Race	Frequency	Percent
American Indian or Alaska Native	1	1.5%
Black or African America	3	4.6%
White	61	93.8%
Total	65	100.0%

Ethnicity	Frequency	Percent
Hispanic or Latino	2	3.1%
Not Hispanic or Latino	63	96.9%
Total	65	100.0%

Gender	Frequency	Percent
Female	95	93.1%
Male	7	6.9%
Total	102	100.0%

Age	Frequency	Percent
18-24 years old	4	6.2%
25-34 years old	27	41.5%
35-44 years old	13	20.0%
45-54 years old	12	18.5%
55-64 years old	9	13.8%
Total	65	100.0%

- **Information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor (section 106(d) (10) of CAPTA).**
 - Caseload standards are required by state Administrative Code, **75-03-19-07, Caseload standards**. Any authorized agent (county social service agency) designated by the

department to receive reports and conduct assessments of reports of suspected child abuse or neglect shall adhere to the caseload standards establishing minimum staff-to-client ratios.

- The caseload standard established in state policy is listed below:

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

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

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

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

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

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

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

*Average Caseload (per FTE)**

A. Intake Workers		
10,967 CPS reports	/ 13.7 Intake FTEs	Average # of Reports per Intake FTE: 800**
B. Assessment Workers		
2,829 CPS Full Assessments	/ 57.0 Assessment FTEs	Average # of Full Assessments per Assessment FTE: 49**
2,177 CPS Terminated/Pregnant Woman Assessments	/ 57.0 Assessment FTEs	Average # of Term/Preg Assessments per Assessment FTE: 38**
2,537 Admin Assessments	/ 57.0 Assessment FTEs	Average # of Admin Assessments per Assessment FTE: 44**
1,229 Referrals	/ 57.0 Assessment FTEs	Average # of Referrals per Assessment FTE: 21**

* CPS counts for only the counties responding to the FFY 2018 CPS Workforce Survey-Director: Barnes, Billings, Cass, Dickey, Dunn, Eddy, Emmons, Foster, Golden Valley, Grand Forks, Grant, Griggs, Hettinger, Kidder, LaMoure, Logan, McLean, Morton, Mountrail, Nelson, Richland, Sargent, Sioux, Stark, Steele, Stutsman, Traill, Walsh, Wells, Williams

**Numbers are rounded to the nearest integer

- The average caseload (yearly)= **152**

C. Supervisors	
<i>Supervisors FTE to Worker FTE Ratio</i>	<i>Slightly more than 1:7</i> <i>(14 supervisors FTE's to 90 worker FTE's)</i>

- Average supervisor caseload= **7** employees.

**Note: By state law, North Dakota is not able to screen out reports of suspected child abuse or neglect. All reports are accepted.

- Reports that do not meet criteria for assessment are “administratively assessed” (admin. assessments above).
- North Dakota also terminates assessments of reports in progress (without a finding of abuse or neglect) when information indicates further assessment is not needed. North Dakota accepts reports of abusing alcohol, but because there is not a viable child in these cases, no determination of abuse or neglect can be made (Term/PW assessments above).
- When reports allege abuse or neglect of a child that is not within the state’s jurisdiction or reports concern maltreatment by a person who is not a “person

responsible for a child's welfare" under state law, the report is referred to the child's jurisdiction or to law enforcement, respectively (referrals above).

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, 2019. Overall DJS cases are slightly lower than last year at which time the case count was 149 compared to 142 as of June 1, 2019. The case transfers across the state have also decreased from a year ago.

Juvenile Justice Transfers

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

VI. CAPTA Annual State Data Report Items:

1. The number of children who were reported to the State during the year as victims of child abuse or neglect.

- The number of children who were reported to the State as victims of child abuse and neglect during the FFY 2018 is 8,104.

2. Of the number of children described in paragraph (1), the number with respect to whom such reports were—

A. substantiated;

- There were 2,352 report/child pairs with report dispositions (i.e., assessment decision) of “Substantiated” in FFY 2018.

B. unsubstantiated; or

- There were 5,752 report/child pairs with report dispositions (i.e., assessment decision) of “Unsubstantiated” in FFY 2018.

C. determined to be false.

- The number of children described in paragraph (1) with respect to whom such reports were determined to be false is not able to be reported.

3. Of the number of children described in paragraph (2)—

1. the number that did not receive services during the year under the State program funded under this section or an equivalent State program;

- There were 2,352 report/child pairs with report dispositions (i.e., assessment decision) of “Substantiated” in FFY 2018. Of those, 675 did not receive post response services, and 3 had “Unknown or Missing” post response services.
- There were 5,752 report/child pairs with report dispositions (i.e., assessment decision) of “Unsubstantiated” in FFY 2018. Of those, 5,568 did not receive post response services, and 6 had “Unknown or Missing” post response services.

2. the number that received services during the year under the State program funded under this section or an equivalent State program; and

- There were 2,352 report/child pairs with report dispositions (i.e., assessment decision) of “Substantiated” in FFY 2018. Of those, 1,674 received post response services, and 3 had “Unknown or Missing” post response services.
- There were 5,752 report/child pairs with report dispositions (i.e., assessment decision) of “Unsubstantiated” in FFY 2018. Of those, 178 received post response services, and 6 had “Unknown or Missing” post response services.

3. The number that were removed from their families during the year by disposition of the case.

- There were 499 report/child pairs that had foster care/removal from home during FFY 2016. Of those, 467 had report dispositions of “Substantiated” and 32 had report dispositions of “Unsubstantiated”.

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 3,568.

5. The number of deaths in the State during the year resulting from child abuse or neglect.

- The number of deaths in the State during the year resulting from child abuse or neglect is zero.

6. Of the number of children described in paragraph (5), the number of such children who were in foster care.

- Of the number of children described in paragraph (5), the number of such children who were in foster care is zero.

7. A. The number of child protective service personnel responsible for the—

- intake of reports filed in the previous year;
- screening of such reports;
- assessment of such reports; and
- investigation of such reports.

FTE's within CPS workforce

<i>Number of (FTE) positions employed in FFY 18</i>	<i>FTE's</i>
FTE's for CPS Intake (receiving 960) reports functions	13.7
FTE's for CPS Assessment functions	57.0
FTE's for CPS Supervision functions	10.4
Total	81.1

Directors reported a total of 120 employees, including supervisors (30), workers responsible for intake (93) and assessment (87). These were then calculated as a corresponding portion of a Full Time Equivalent position (FTE), resulting in a total of 81 FTEs. This is indicative of the multiple functions an employee of a rural county fulfills as a portion of their FTE.

Staff turnover

	Frequency	Percent
Retirement	0	0.0
Dismissal	3	7.1
Lateral/Promotion	8	19.0
Voluntary Resignation	31	73.8
Total	42	100.0

8. The agency response time with respect to each such report with respect to initial investigation of reports of child abuse or neglect.

- The agency response time with respect to each such report with respect to initial investigation of reports of child abuse or neglect is 225.5 hours.

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

CPS Timeliness to Initiation of CPS Assessment by Report Category

FFY 2018 CPS Timeliness to Assessment Initiation* by Report Category			
Report Category	Yes	No**	Missing
(N=373)	96.8%	3.2%	0.0%
(N=1,712)	94.5%	5.5%	0.0%
(N=5,605)	92.8%	7.2%	0.0%
Total (N=7,690)	93.4%	6.6%	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.			

CPS Timeliness to Face-to-Face Contact by CPS Assessment Category

FFY 2018 CPS Timeliness to Face to Face Contact* by Assessment Category			
Assessment Category	Yes	No**	Missing***
(N=188)	68.1%	30.9%	1.1%
(N=1,014)	70.9%	28.9%	0.2%
(N=3,107)	84.8%	14.5%	0.7%
Total (N=4,309)	80.8%	18.6%	0.6%

*Includes only CPS assessments with decision codes of "Services Required", "No Services Required" and "Subject is Out of State but

**Includes records with face to face contact dates before or after the date the report was received if they were outside program policy

***Records excluded because they were missing a face-to-face contact date or missing assessment category (n=16)

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

- The mean time to foster care in days for FFY 2018 was **26.28 days**. The median time to foster care in days for FFY 2017 was **12 days**.
- The mean time to in-home care in days for FFY 2017 was **83.26 days**. The median time to in-home care in days for FFY 2017 was **76 days**.

Data Considerations: A single child may have multiple “Substantiated” reports, each with different post response service outcomes; therefore, the counts included here may include duplicate children and are NOT unique counts of children with substantiated reports. (Source: 2018 NCANDS)

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;

B. data of the education, qualifications, and training of such personnel;

C. demographic information of the child protective service personnel; and

D. information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor.

SEE SECTION *Information on Child Protective Service Workforce* Page 9-31 above.

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

The state is not able to collect this data.

12. The number of children for whom individuals were appointed by the court to represent the best interests of such children and the average number of out of court contacts between such individuals and children.

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

- 2,022 - Number of children that were appointed a GAL
- 17,558 - Total number of hours of GAL time dedicated to assisting these children
- 8.68 - Average number of hours of GAL time per child

The agency contracted through the Court to manage the Guardian Ad Litem program for the state does not collect the average number of out of court contacts between the GAL and the child. The state is currently negotiating with the agency to make the necessary program and data changes to be able to collect the data in the future.

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

See Attachment A

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

See Page 19 above

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

There were **437 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 2018. This is not a completely unduplicated count of victims because FRAME does not assign unique identifiers to all victims entered into the system. Of the 437 reported victims with the maltreatments above, **373** are verified **unique** victims. Note: Some records were excluded from analysis due to missing or invalid dates of birth. (Source: FRAME)

It should also be noted that North Dakota law defines a Substance Exposed Infant as a newborn under the age of 28 days and allows for an alternative response to these reports. The state law preceded the federal definition of a substance exposed infant to be up to age one year. The alternative response process for substance exposed newborns was implemented by the state on 11/1/17 and is not included in the FFY 2017 data.

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

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

17. Education and Training Vouchers: Identify the number of youth (unduplicated count) who received ETV awards from July 1, 2017 through June 30, 2018 (the 2017-2018 school year) and July 1, 2018 through June 30, 2019 (the 2018-2019 school year). States may estimate a total if they do

not have the total number for the 2018-2019 school year. Report the number of youth who were new voucher recipients in each of the school years.

- This data is reported in Attachment E of the state's APSR

18. Inter-Country Adoptions: Report the number of children who were adopted from other countries and who entered into state custody in FY 2018 as a result of the disruption of a placement for adoption or the dissolution of an adoption, the agencies who handled the placement or the adoption, the plans for the child, and the reasons for the disruption or dissolution. (See section 422(b)(12) of the Act.)

- This data is reported in Section 14 of the state's APSR.

19. Monthly Caseworker Visit Data: States are required to collect and report data on monthly caseworker visits with children in foster care (section 424(f) of the Act). Data for FY 2018 is to be reported separately from the 2015- 2019 Final Report and will be due for submission to CB by **December 16, 2019.**

- As required, monthly caseworker visit data will be submitted no later than December 16, 2019.

VII. North Dakota CAPTA Contact Information

State Liaison Officer:

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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 have now incorporated reviews of child abuse and neglect near deaths, as well. Both types of reviews take place quarterly. The timeline for publication of data reports does become quite lengthy, however, particularly in cases where criminal charges are pending, due to delays in receiving records for review until after prosecution is complete. There are also limited data resources available to the program. The Child Fatality Review Panel will continue to explore strategies to shorten the timeframe between the case reviews and publication of the data. The North Dakota Child Fatality Review Panel provides case level analysis of system functioning in the investigative, administrative, and judicial handling of child abuse and neglect cases. The Child Fatality Review Panel data report for 2015 and 2016 has been completed and is posted to the state website: <http://www.nd.gov/dhs/info/pubs/docs/cfs/child-fatality-report-2015-2016.pdf>

Child deaths which occurred in 2017 are still in the process of being reviewed and the datasets are not yet complete. Review of deaths occurring in a single year may not be reviewed for quite a length of time, due to delay in certification of the death certificate by the certifier, inability to obtain records needed for a comprehensive review, or to pending criminal investigation or prosecution of the case.

The Child Fatality Review Panel/Citizen Review Committee is required by state law to meet at least semi-annually. In order to accomplish thorough in depth review of cases of child deaths which are sudden, unexpected, or unexplained, the Committee has continued to meet quarterly through FFY 2017 in order to review these deaths and make recommendations.

Recommendations resulting from 2015 and 2016 Reviews

North Dakota Child Fatality Review Panel (NDCFRP) Recommendations

1. **The Panel recommends continuing to provide safe sleep information, through existing programs, to parents, child care providers, birthing hospitals, and other entities. (NICU babies' parents should be given "safe sleep" information from the hospital.) Safe sleep information should include information related to dangers to infants prenatally or environmentally exposed to alcohol or controlled substances.**
2. **The Panel recommends continuing to collaborate with existing programs to support vehicle safety for young children, teen drivers and their caregivers focusing on continued education through media campaigns, materials and community events to promote car seat safety, safety in and around vehicles, safe driving practices, utilization of helmets and safety gear when operating a bicycle and motorized recreational vehicles, distracted driving and alcohol and drug usage of teens operating a motor vehicle.**

3. **The Panel recommends that all child deaths receive a thorough, comprehensive investigation of the death scene and circumstances surrounding the death.**
4. **The Panel, with interagency support, must continue to find ways to promote increased communication and cooperation with the Panel's purpose and duties among professional disciplines across all jurisdictions.**

Child Fatality Review Panel /Citizen Review Committee



State Response

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

Child deaths which occurred in 2017 are still in the process of being reviewed and the datasets are not yet complete. Review of deaths occurring in a single year may not be reviewed for several months, due to delay in certification of the death certificate by the certifier, inability to obtain records needed for a comprehensive review, or a pending criminal investigation or prosecution of the case.

The Child Fatality Review Panel/ Citizen Review Committee is convened by the Children and Family Services Division (CFS) of the North Dakota Department of Human Services (DHS). CFS/DHS provides staff and resources for preparing and conducting reviews of all child deaths and near deaths caused by child abuse and neglect (0.2 FTE), maintaining documentation and data concerning these reviews (0.2 FTE) and producing and publication of resulting data. CFS/DHS also supports travel costs for members who are not local to the Panel meetings. No state funding is appropriated to support the operation or programming related to Panel/Committee recommendations, necessitating the development of strategies to address concerns and recommendations through partnership and existing resources.

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

- #1 The Panel recommends continuing to provide safe sleep information, through existing programs, to parents, child care providers, birthing hospitals, and other entities. (NICU babies' parents should be given "safe sleep" information from the hospital.) Safe sleep information should include information related to dangers to infants prenatally or environmentally exposed to alcohol or controlled substances.**

The state will continue to work with the Injury Prevention Program, Sudden Infant Death Prevention program within the North Dakota Department of Health, and with the Early Childhood Education program to disseminate information regarding safe infant sleep practices. Safe sleep for infants is also included in the "New Parent Newsletter", a collaborative effort between child abuse prevention (CBCAP) and the Community Health division of the North Dakota Department of Health (MCH). The New Parent Newsletter provides age-

paced, developmental information to parents of infants up to one year of age and is distributed to parents through all birthing hospitals in the state.

In addition the MCH has published a statewide web-based continuing education course for nurses on reducing the risk of SIDS and other sleep-related causes of infant death. The continuing education activity provides nurses with the information and tools needed to communicate risk reduction messages to parents and caregivers quickly and effectively.

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

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

In 2017, The North Dakota legislature modified the child protection law to allow for an alternative response assessment for reports of substance exposed newborns, designed to provide referral services to and monitor support services for a person responsible for the child's welfare and the substance exposed newborn. The lead agency in partnership with the University of North Dakota Children and Family Services Training Center and the Addiction Technology Transfer Center Network provided statewide training for child welfare staff related to the identification of substance exposed newborns and the multidisciplinary approach in serving the needs of these infants and their caregivers through the development and monitoring of plans of safe care to address the health and safety needs of the substance exposed newborn and the health and substance use disorder treatment needs of the infant's caregivers.

- #2 The Panel recommends continuing to collaborate with existing programs to support vehicle safety for young children, teen drivers and their caregivers focusing on continued education through media campaigns, materials and community events to promote car seat safety, safety in and around vehicles, safe driving practices, utilization of helmets and safety gear when operating a bicycle and motorized recreational vehicles, distracted driving and alcohol and drug usage of teens operating a motor vehicle.**

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

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

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

The lead agency continues working with Child Fatality Review Panel members, such as the Medical Examiner's Office, Bureau of Criminal Investigation, Department of Health Injury Prevention, and the Attorney General's Office, along with the Alliance for Children's Justice (CJA Task Force) to improve the quality of investigations related to child deaths including thorough investigations of the death scenes and the gathering of information pertaining to family violence, mental health, substance use and other such issues, as these are vital to understanding the circumstances surrounding the deaths of children and for planning to prevent future deaths. The state will collaborate and participate with partner agencies in the development of a recommended protocol for investigation of infant deaths, investigation of child and adolescent suicide deaths, investigation of motor and recreational vehicle deaths, investigation of firearms deaths involving children and improved completion of scene investigation forms.

#4 The Panel, with interagency support, must continue to find ways to promote increased communication and cooperation with the Panel's purpose and duties among professional disciplines across all jurisdictions.

The Child Fatality Review Panel coordinator continues to contact representatives of the Bureau of Indian Affairs Office of Justice Services as well as representatives from the FBI and U.S. Attorney's Office in ongoing attempts to obtain information to enable quality reviews of these

deaths. Discussion continues among partner agencies, represented by membership on the Panel, as to additional strategies to obtain the needed information for meaningful and effective reviews, particularly for child deaths in Indian Country. The child death review process has raised the collective awareness of all participants and has led to a clearer understanding of agency responsibilities and possibilities of collaboration on all efforts addressing child health and safety.

ND Citizen Review Committee/Child Fatality Review Panel Members

Child Fatality Panel Members 2017

CPT Marlys Baker – Administrator of
Child Protection Services – DHS

CPT Tracy Miller – Child Maltreatment
Prevention – DHS

CPT Jenn Grabar – Assistant Administrator
Child Protection Services – DHS

Jonathan Byers – ND Attorney
General's Office

Dr. William Massello – State Forensic
Medical Examiner

Dr. Mary Ann Sens – Department of
Pathology – UND

CPT Lisa Bjergaard – Division of Juvenile
Justice

Duane Stanley – Bureau of Criminal
Investigation

Bobbi Peltier – Indian Health Services
Injury Prevention

CPT Karen Eisenhardt – Citizen Member

Dr. Melissa Seibel- Sanford Health

Carol Meidinger – Citizen Member

Mandy Slag – Injury Prevention
Administrator- Dept. of Health

Kris Dirk – Children and Family
Services – DHS

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

7. STATISTICAL AND SUPPORTING INFORMATION

CAPTA Annual State Data Report: See CAPTA Report

Juvenile Justice Transfers: See CAPTA Report

Education and Training Vouchers: Please refer to ATTACHMENT B

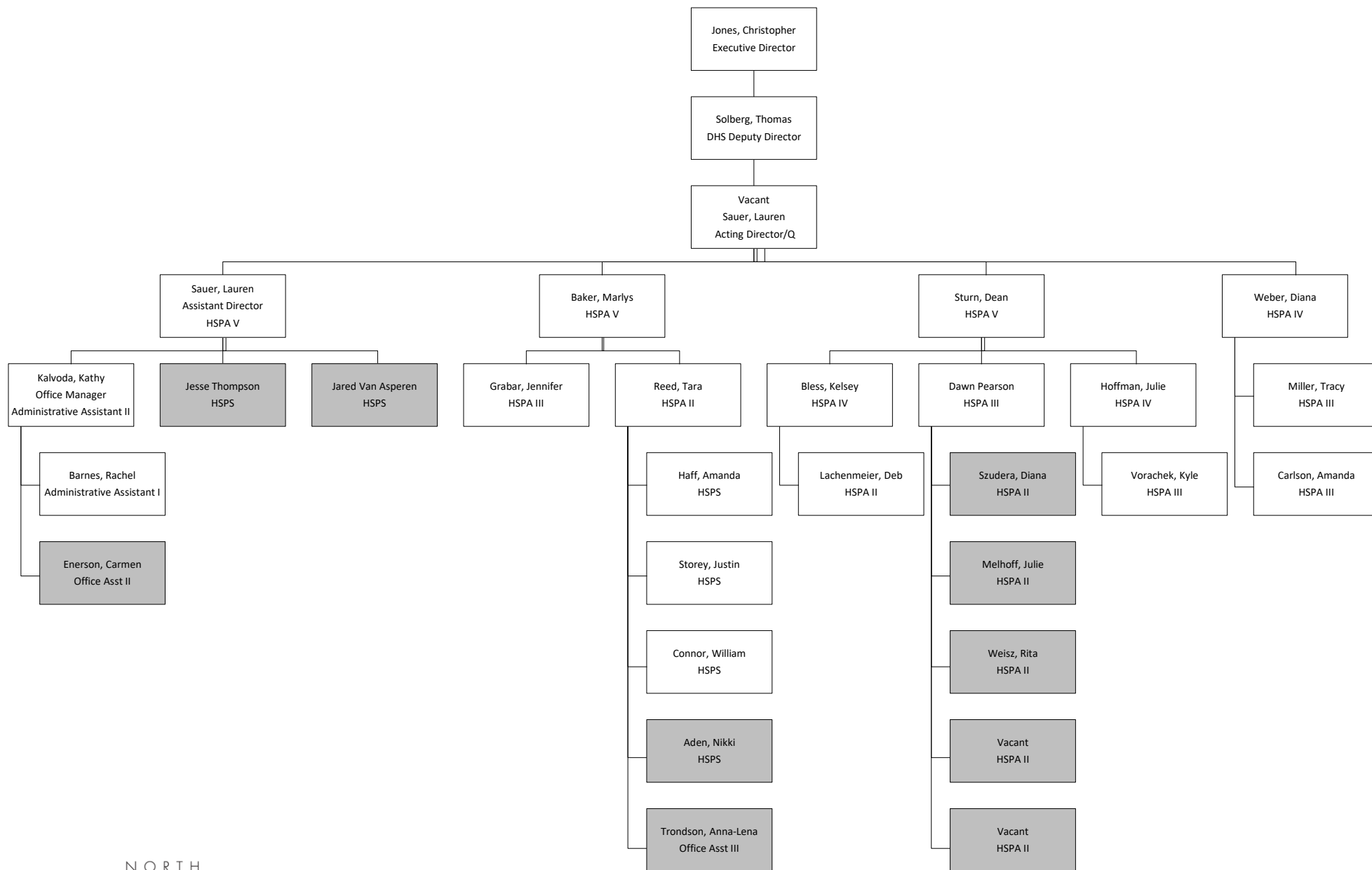
Inter-Country Adoptions: There was one youth who had been adopted from a foreign country that also entered foster care during FFY 2018. This child entered care due to child behavior and mental health issues. He had been adopted from India through Catholic Charities ND. His foster care case plan goal was to return home and this has since been accomplished. There were three youths who were adopted from foreign countries whose foster care programs were initiated before FFY 2018, but who were in foster care during this time period.

Monthly Caseworker Visit Data: As required, monthly caseworker visit data will be submitted no later than December 16, 2019.

ATTACHMENT A: ORGANIZATIONAL CHART

ND DEPARTMENT OF HUMAN SERVICES

CHILDREN AND FAMILY SERVICES DIVISION



ATTACHMENT B: ANNUAL REPORTING OF EDUCATION AND TRAINING (ETV) VOUCHERS AWARDED

Name of State: **North Dakota**

	Total ETVs Awarded	Number of New ETVs
2017-2018 School Year (July 1, 2017 to June 30, 2018)	54	24
2018 – 2019 School Year (July 1, 2018 to June 30, 2019)	64	23

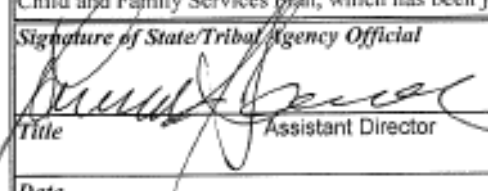
The total number of ETV Voucher Awards issued for 2018 - 2019 academic year increased by 10 from the prior 2017 – 2018 academic year.

In addition, the 64 total ETV Voucher Awards issued this academic year is an increase of 20 awards from the 2016 – 2017 academic year, which shows ND continues to see a significant consistent increase in the number of foster care alumni accessing the ETV.

ATTACHMENT C: FINANCIAL INFORMATION

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

For Federal Fiscal Year 2020: October 1, 2019 through September 30, 2020

1. Name of State or Indian Tribal Organization and Department/Division:		3. EIN:	45-0309764	
North Dakota - Department of Human Services: Children and Family Services Division		4. DUNS:	802743534	
2. Address: (insert mailing address for grant award notices in the two rows below)		5. Submission Type: (select one)		
600 East Boulevard Avenue, Bismarck, ND 58505-0250		<input checked="" type="checkbox"/> NEW <input type="checkbox"/> REALLOTMENT <input type="checkbox"/> REVISION		
a) Email address for grant award notices: katsmith@nd.gov lsauer@nd.gov				
REQUEST FOR FUNDING for FY 2020:				
Hardcode all numbers; no formulas or linked cells.				
6. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:			\$440,011	
a) Total administrative costs (not to exceed 10% of the CWS request)		ok	\$44,001	
7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:		% of Total		
a) Family Preservation Services		23%	\$77,759	
b) Family Support Services		23%	\$77,759	
c) Family Reunification Services		23%	\$77,759	
d) Adoption Promotion and Support Services		23%	\$77,759	
e) Other Service Related Activities (e.g. planning)		0%		
f) Administrative costs (APPLICABLE TO STATES ONLY: not to exceed 10% of the PSSF request)		10.0%	\$34,558	
g) Total itemized request for title IV-B Subpart 2 funds:		100%	\$345,594	
<i>NO ENTRY: Displays the sum of lines 7a-f.</i>				
8. Requested Monthly Caseworker Visit (MCV) funds: (For STATES ONLY)			\$21,778	
a) Total administrative costs (FOR STATES ONLY: not to exceed 10% of MCV request)		ok	\$0	
9. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: (STATES ONLY)			\$293,040	
10. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood:			\$500,000	
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of CFCIP request).		ok	\$0	
11. Requested Education and Training Voucher (ETV) funds:			\$136,976	
REALLOTMENT REQUEST(S) for FY 2019:				
Complete this section for adjustments to current year awarded funding levels.				
12. Identification of Surplus for Reallocation:				
a) Indicate the amount of the State's/Tribe's FY 19 allotment that will not be utilized for the following programs:				
CWS	PSSF	MCV (States only)	Chafee Program	ETV Program
\$0	\$0	\$0	\$0	\$0
13. Request for additional funds in the current fiscal year, should they become available for re-allotment:				
CWS	PSSF	MCV (States only)	Chafee Program	ETV Program
\$0	\$0	\$0	\$0	\$0
14. Certification by State Agency and/or Indian Tribal Organization:				
The State agency or Indian Tribal Organization submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.				
Signature of State/Tribal Agency Official		Signature of Federal Children's Bureau Official		
				
Title Assistant Director		Title		
Date		Date		

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


Name of State or Indian Tribal Organization: North Dakota - Department of Human Services: Children and Family Services Division

For FY 2020: OCTOBER 1, 2019 TO SEPTEMBER 30, 2020

SERVICES/ACTIVITIES	(A) IV-B Subpart I- CWS	(B) IV-B Subpart II- PSSF	(C) IV-B Subpart II- MCV	(D) CAPTA	(E) CHAFEE	(F) ETV	(G) TITLE IV-E	(H) STATE, LOCAL & DONATED FUNDS	(I) Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served	(L) Geog. Area To Be Served
1.) PROTECTIVE SERVICES	\$ -			\$ 287,540				\$ 45,659	4000	7500	NA	Statewide
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	\$ 55,252	\$ 77,759		\$ -				\$ 44,337	620	NA	Only/Not of Foster Care	Statewide/Reservations
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	\$ 55,252	\$ 77,759		\$ -				\$ 44,337	580000	1900	Report of Abuse & Neglect	Statewide/Reservations
4.) FAMILY REUNIFICATION SERVICES	\$ 55,253	\$ 77,759		\$ -				\$ 44,337	510	NA	All Eligible Children	Statewide/Reservations
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	\$ 55,253	\$ 77,759						\$ 44,337	140	NA	All Eligible Children	Statewide/Reservations
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	\$ -	\$ -						\$ -	NA	NA	NA	NA
7.) FOSTER CARE MAINTENANCE:												
(a) FOSTER FAMILY & RELATIVE FOSTER CARE	\$ -						\$ 8,187,583	\$ 12,100,210	1,298	NA	All Eligible Children	Statewide/Reservations
(b) GROUP/INST CARE	\$ -						\$ 5,005,938	\$ 7,416,258	154	NA	All Eligible Children	Statewide
8.) ADOPTION SUBSIDY PYMTS.	\$ -						\$ 7,497,306	\$ 10,890,475	1,558	NA	All Eligible Children	Statewide
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	\$ 175,000							\$ 245,382	79	NA	All Eligible Children	Statewide
10.) INDEPENDENT LIVING SERVICES	\$ -				\$ 500,000		\$ -	\$ 166,567	-	NA	All Eligible Children	Statewide/Reservations
11.) EDUCATION AND TRAINING VOUCHERS	\$ -				\$ -	\$ 136,976	\$ -	\$ 45,659	-	NA	All Eligible Children	Statewide/Reservations
12.) ADMINISTRATIVE COSTS	\$ 44,001	\$ 34,558	\$ -				\$ 7,941,445	\$ 791,445				
13.) FOSTER PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -			\$ 789,353	\$ 253,117				
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -			\$ 210,414	\$ 70,138				
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	\$ -						\$ -	\$ -	NA	NA	NA	NA
16.) STAFF & EXTERNAL PARTNERS TRAINING	\$ -	\$ -		\$ 5,500	\$ -	\$ -	\$ 789,353	\$ 253,117				
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	\$ -	\$ -	\$ 21,778				\$ -	\$ 7,259				
18.) TOTAL	\$ 440,011	\$ 345,594	\$ 21,778	\$ 293,040	\$ 500,000	\$ 136,976	\$ 30,401,393	\$ 32,483,734				
19.) TOTALS FROM PART I	\$440,011	\$345,594	\$21,778	\$293,040	\$500,000	\$136,976						
20.) Difference (Part I - Part II)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
(If there is an amount other than \$0.00 in Row 20, adjust amounts on either Part I or Part II. A red value means Part II exceeds request)												
21.) Population data required in columns I - L can be found: On this form In the APSR/CFSP narrative												

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CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence and Education And Training Voucher
Reporting on Expenditure Period For Federal Fiscal Year 2017 Grants: October 1, 2016 through September 30, 2018

1. Name of State or Indian Tribal Organization:		2. Address:				3. EIN: 45-0309764	
North Dakota - Department of Human Services: Children and		600 East Boulevard Avenue, Bismarck, ND 58505-0250				4. DUNS: 802743534	
5. Submission Type: (select one) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISION		0					
Description of Funds	(A) Original Planned Spending for FY 17 Grants	(B) Actual Expenditures for FY 17 Grants	(C) Number Individuals served	(D) Number Families served	(E) Population served	(F) Geographic area served	
6. Total title IV-B, subpart 1 (CWS) funds:	\$ 416,114	\$ 428,897	-	1,138	All Eligible Families	Outside Reservations	
a) Administrative Costs (not to exceed 10% of CWS allotment)	\$ 41,611	\$ 42,005					
7. Total title IV-B, subpart 2 (PSSF) funds:							
Tribes enter amounts for Estimated and Actuals, or complete 7a-f.	\$ -	\$ -	580,028	3,350	All Eligible Families	Outside Reservations	
a) Family Preservation Services	\$ 86,702	\$ 95,217					
b) Family Support Services	\$ 76,297	\$ 64,143					
c) Time-Limited Family Reunification Services	\$ 79,765	\$ 72,141					
d) Adoption Promotion and Support Services	\$ 69,361	\$ 94,279					
e) Other Service Related Activities (e.g. planning)	\$ -	\$ -					
f) Administrative Costs							
(FOR STATES: not to exceed 10% of PSSF allotment)	\$ 34,681	\$ 12,426					
g) Total title IV-B, subpart 2 funds:							
NO ENTRY: This line displays the sum of lines a-f.	\$ 346,806	\$ 338,206					
8. Total Monthly Caseworker Visit funds: (STATES ONLY)	\$ 21,845	\$ -					
a) Administrative Costs (not to exceed 10% of MCV allotment)	\$ -	\$ -					
9. Total Chafee Foster Care Independence Program (CFCIP) funds: (optional)	\$ 500,000	\$ 500,000	-	-	-	-	
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	\$ -	\$ -	NA	NA	NA	NA	
10. Total Education and Training Voucher (ETV) funds: (Optional)	\$ 140,101	\$ 65,418	NA	NA	NA	NA	
11. Certification by State Agency or Indian Tribal Organization: The State agency or Indian Tribal Organization agrees that expenditures were made in accordance with the Child and Family Services Plan, which was jointly developed with, and approved by, the Children's Bureau.							
Signature of State/Tribal Agency Official			Signature of Federal Children's Bureau Official				
							
Title			Date		Title		
Assistant Director							

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