Child and Family Services Reviews

Statewide Assessment Instrument

April 2014

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN & FAMILIES
Administration on Children, Youth and Families
Children's Bureau

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Table of Contents

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Introduction

The Child and Family Services Reviews (CFSRs), authorized by the 1994 Amendments to the Social Security Act (SSA), are administered by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. The goals of the CFSR are to:

- Ensure substantial conformity with title IV-B and IV-E child welfare requirements using a framework focused on assessing seven safety, permanency, and well-being outcomes and seven systemic factors;
- Determine what is happening to children and families as they are engaged in child welfare services; and
- Assist states in helping children and families achieve positive outcomes.

The CFSR Process

The CFSR is a two-phase process, as described in 45 CFR 1355.33. The first phase is a statewide assessment conducted by staff of the state child welfare agency, representatives selected by the agency who were consulted in the development of the Child and Family Services Plan (CFSP), and other individuals deemed appropriate and agreed upon by the state child welfare agency and the Children's Bureau.

The second phase of the review process is an onsite review. The onsite review process includes case record reviews, case-related interviews for the purpose of determining outcome performance, and, as necessary, stakeholder interviews that further inform the assessment of systemic factors. The onsite review instrument and instructions are used to rate cases, and the stakeholder interview guide is used to conduct stakeholder interviews.

Information from both the statewide assessment and the onsite review is used to determine whether the state is in substantial conformity with the seven outcomes and seven systemic factors. States found to be out of substantial conformity are required to develop a Program Improvement Plan (PIP) to address the identified areas out of substantial conformity. States participate in subsequent reviews at intervals related to their achievement of substantial conformity. (For more information about the CFSRs, see the *Child and Family Services Reviews* at http://www.acf.hhs.gov/programs/cb.)

Integration of the CFSP/APSR and CFSR Statewide Assessment

The CFSR process is intended to be coordinated with other federal child welfare requirements, such as the planning and monitoring of the CFSP. We are encouraging states to consider the statewide assessment as an update to their performance assessment in the state's most recent CFSP and/or Annual Progress and Services Report (APSR) rather than a separate assessment process and reporting document. Most of the content for the statewide assessment overlaps with the CFSP/APSR and the same expectations for collaboration with external partners and stakeholders exist across all planning processes. States can use the statewide assessment process to re-engage these partners and stakeholders in preparation for the CFSR.

The Statewide Assessment Instrument

The statewide assessment instrument is a documentation tool for states to use in capturing the most recent assessment information before their scheduled CFSR. Each section, as outlined below, is designed to enable states to gather and document information that is critical to analyzing their capacity and performance during the statewide assessment phase of the CFSR process.

- Section I of the statewide assessment instrument requests general information about the state agency and requires a list of the stakeholders that were involved in developing the statewide assessment.
- Section II contains data profiles for the safety and permanency outcomes. These include the data indicators, which are used, in part, to determine substantial conformity. The data profiles are developed by the Children's Bureau based on the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS), or on an alternate source of safety data submitted by the state.
- Section III requires an assessment of the seven outcome areas based on the most current information on the state's performance in these areas. The state will include an analysis and explanation of the state's performance in meeting the national standards as presented in section II. States are encouraged to refer to their most recent CFSP or APSR in completing this section.
- Section IV requires an assessment for each of the seven systemic factors. States develop these responses by analyzing data, to the extent that the data are available to the state, and using external stakeholders' and partners' input. States are encouraged to refer to their most recent CFSP or APSR in completing this section.

We encourage the state to use this document "as is" to complete the assessment, but the state may use another format as long as the state provides all required content. The statewide assessment instrument is available electronically on the Children's Bureau website at http://www.acf.hhs.gov/programs/cb/resource/round3-cfsr-statewide-assessment.

Completing the Statewide Assessment

The statewide assessment must be completed in collaboration with state representatives who are not staff of the state child welfare agency (external partners or stakeholders), pursuant to 45 CFR 1355.33 (b). Those individuals should represent the sources of consultation required of the state in developing its title IV-B state plan and may include, for example, Tribal representatives; court personnel; youth; staff of other state and social service agencies serving children and families; and birth, foster, and adoptive parents or representatives of foster/adoptive parent associations. States must include a list of the names and affiliations of external representatives participating in the statewide assessment in section I of this instrument.

We encourage states to use the same team of people who participate in the development of the CFSP to respond to the statewide assessment. We also encourage states to use this same team of people in developing the PIP. Members of the team who have the skills should be considered to serve as case reviewers during the onsite review.

How the Statewide Assessment Is Used

Information about the state child welfare agency compiled and analyzed through the statewide assessment process may be used to support the CFSR process in a range of ways. The statewide assessment is used to:

- Provide an overview of the state child welfare agency's performance for the onsite review team;
- Facilitate identification of issues that need additional clarification before or during the onsite review;
- Serve as a key source of information for rating the CFSR systemic factors; and
- Enable states and their stakeholders to identify early in the CFSR process the areas potentially needing improvement and to begin developing their PIP approach.

Statewide Assessment Instrument

Section I: General Information

Name of State Agency: North Dakota Department of Human Services – Children & Family Services Division

CFSR Review Period

CFSR Sample Period: Foster Care 10/1/15-3/31/16; In-Home 10/1/15-3/31/16 + 45 days

Period of AFCARS Data**:** 2015A & 2015B

Period of NCANDS Data: FFY 2015 (October 1, 2014-September 30, 2015)

(Or other approved source; please specify if alternative data source is used):

Insert other approved data source

Case Review Period Under Review (PUR): 10/1/15 - date cases are reviewed during the onsite review period

State Agency Contact Person for the Statewide Assessment

Name: Diana Weber

Title: Well-Being Administrator; CFSR State Lead

Address: CFS-ND DHS 600 E Boulevard Ave, Dept. 325, Bismarck, ND 58505-0250

Phone: 701-328-3588

Fax: 701-328-3538

E-mail: djweber@nd.gov

Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the statewide assessment process; please also note their roles in the process.

State Response:

The following individuals provided data and other information included in this report and/or reviewed drafts and provided input into the item narratives.

CFS Administrators:

Marlys Baker, CPS Administrator

Kelsey Bless, Permanency Administrator

Shari Doe, Director

Becky Eberhardt, Early Childhood Services Administrator

Kris Higbee, Office Manager

Julie Hoffman, Adoption Administrator

Kerri Klein, CQI Administrator

Leanne Miller, CFSR State Lead Assistant

Tracy Miller, Family Preservation & Child Maltreatment Prevention Administrator

Dawn Pearson, Independent Living Administrator

Dean Sturn, Foster Care Administrator

Kyle Vorachek, ICPC Administrator

Diana Weber, Well-Being Administrator/CFSR State Lead

Regional Supervisors of State Agency:

Don Boehmer, South Central Human Service Center

Tonya Canerot, Badlands Human Service Center

Kirsten Hansen, Badlands Human Service Center

Jennifer Grabar, West Central Human Service Center

Linda Kadlec, Lake Region Human Service Center

Linda Jaeger, Southeast Human Service Center

Nicole Lang, North Central Human Service Center

Cyndi McIntee, North Central Human Service Center

Lisa Piche, Northeast Human Service Center

Allison Schmill, Lake Region Human Service Center

Karin Stave, West Central Human Service Center

Jackie Teskey, Northwest Human Service Center

Brenna Thompson, North Central Human Service Center

County Social Services:

Rhonda Block, Deputy Director – Burleigh County Social Services

Tami Chrest, Director – Burke/Renville County Social Services

Teya Dunwoody, Case Manager – Stutsman County Social Services

Naomi Ferguson, Case Manager – Nelson County Social Services

Susan Fetsch-Crockett, County Supervisor – Cavalier County Social Services

Mary Hermanson, Director – McHenry County Social Services

Kelly Jensen, Director – Bottineau County Social Services

Eileen Lindbo, CPS Worker – McHenry County Social Services

Christi Osborn, CPS Supervisor – Williams County Social Services

Sandy Peery, CPS Worker – McKenzie County Social Services

Pat Podoll, Family Services Division Manager – Cass County Social Services

Dennis Meier, Director – Morton County Social Services

Traci Van Beek, Foster Care Supervisor – Grand Forks County Social Services

Amanda Wallace, Case Manager – Burke/Renville County Social Services

Community-Based Agencies:

Sarah Bernstrom, Adoption Case Manager – Adults Adopting Special Kids (AASK)

Doreen Cerkowniak, Adoption Case Manager – AASK

Nancy Germain, Adoption Case Manager – AASK

Luke Klefstad, Division Director – The Village Family Services Center

Michelle Kommer, President – North Dakota Heart Gallery

Chris Martin, Director – AASK

Sonja McClean, Post Adoption Specialist – AASK/PATH, Inc.

Genelle Olson, Regional Director – PATH, Inc.

Parents, Foster Parents, Adoptive Parents, Children/Youth:

Keatha McLeod, Adoptive Parent

Chris Rickabaugh, Chafee Youth Board

Kayla Weston, Chafee Youth Board

Indian Tribes:

Sandra Bercier, Executive Director – Native American Training Institute

Ina Olson, Social Services Director – Turtle Mountain Band of Chippewa

Local Government:

Lois Reierson, Community Member – Williston, ND

Rita Weisz, Community Member – Hurdsfield, ND

Professional & Advocacy Organizations, Courts, Individual Practitioners, Academicians/Training:

Heather Traynor, Research Analyst – ND Supreme Court, CIP

Pete Tunseth, Training Director – CFS Training Center at UND

Agencies Administering Federal & Federally-Assisted Programs:

Mark Schaefer, Head Start Collaboration Office Administrator

Statewide Survey:

One strategy to accurately reflect the functioning of ND CFSR outcomes and systemic factors was the development of a statewide online survey, using Survey Monkey software. The questions were written with the 3rd Round Federal CFSR Stakeholder Guide as the primary reference. The survey was available to the public from March 11-31, 2016 and was distributed to over 5,000 people from the following stakeholder groups:

Group 1 Constituents

Youth 14+ in foster care

Foster care alumni/Chafee Independent Living

Mothers and fathers

Adoptive parents

Group 2 Caregivers

Foster and pre-adoptive parents

Legal guardians

Relative caregivers

Group 3 Child Welfare Workforce

Adults Adopting Special Kids (AASK)

CFS Central Office

County Social Services

Division of Juvenile Services

Regional Supervisors

Tribal Social Services

Group 4 Community Providers

Academicians at ND universities

Advocacy Organizations
- Children's Advocacy Centers
- Prevent Child Abuse ND
- Domestic violence prevention and services
- Parent advocate groups

CFS Training Center at the University of ND

Child Support

Community-based agencies
- American Association of Pediatrics
- Childcare providers
- Head Start
- Indian Health Services
- Native American Training Institute
- Residential Child Care Facilities
- Psychiatric Residential Treatment Centers

Guardians ad litem

Private providers
- Lutheran Social Services of ND
- ND PATH, Inc. (therapeutic foster care homes)
- The Village Family Services Center
- Youthworks of ND (services to teens, parents, and young adults under 22 years of age)

State and local government agencies
- City police departments
- County sheriff departments
- Eligibility workers
- Emergency Assistance Program regional representatives
- Indian Affairs Commission
- ND Behavioral Health Division
- ND Division of Medical Services

- ND Division of Vocational Rehabilitation
- ND Highway Patrol
- Public Health Units
- Public and private school administrators, social workers, counselors, teachers
- Regional Human Service Centers
- State Legislators

Tribal leaders

Group 5 Legal/Court

Court Improvement Project

District judges

Indigent defense attorneys

Juvenile Court Officers

Juvenile referees

State's Attorneys

Those without access to the internet submitted handwritten responses. A total of 891 people participated in the survey accounting for an approximately 18% response rate. See below for Stakeholder response frequency and percentages.

Stakeholder Group	Frequency	Percent	Valid Percent	Cumulative Percent
1 Constituents	102	11.4	11.4	11.4
2 Caregivers	99	11.1	11.1	22.6
3 Child Welfare Workforce	209	23.5	23.5	46.0
4 Community	454	51.0	51.0	97.0
5 Legal/Court	27	3.0	3.0	100.0
TOTAL	**891**	**100.0**	**100.0**	

The surveys were completed anonymously and therefore names cannot be provided. The data from this survey will be used when assessing Child and Family Outcomes and the Systemic Factor items as noted throughout the document.

Section II: Safety and Permanency Data

State Data Profile

(CB-generated state data profile will be inserted here)

Insert state data profile—CB-generated data profile of safety and permanency data

Section III: Assessment of Child and Family Outcomes and Performance on National Standards

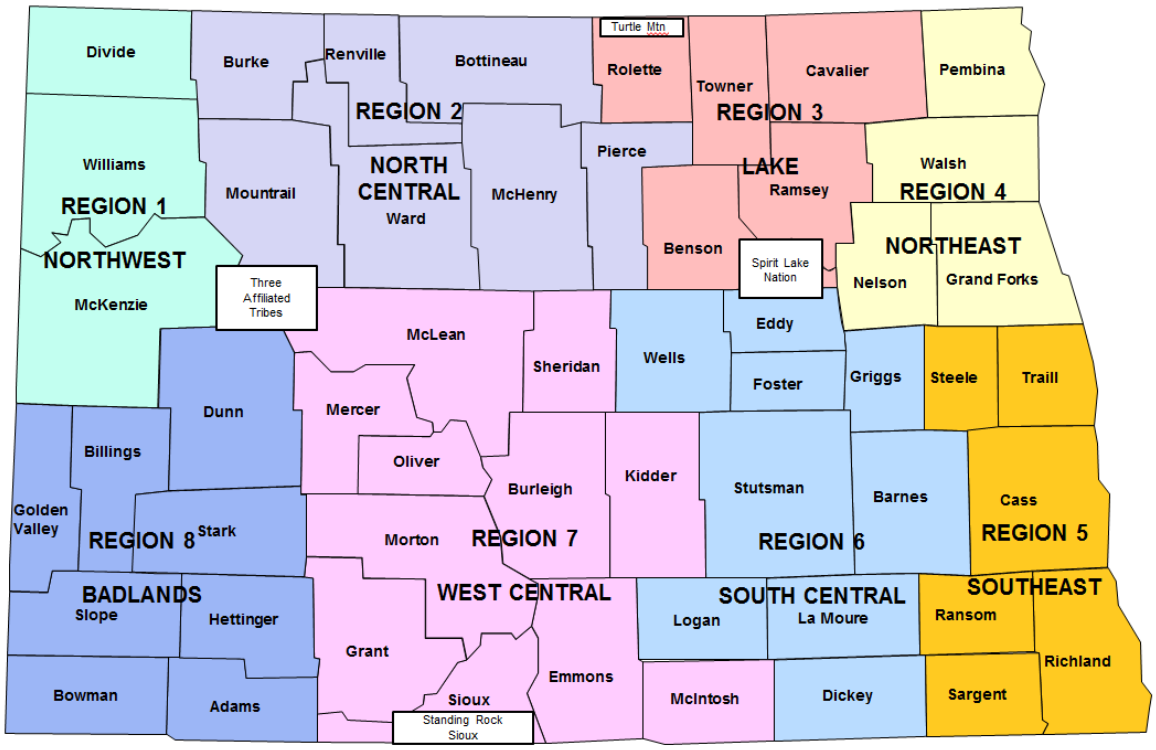
Instructions

Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance on each of the seven child and family outcomes. Review the information with the statewide assessment team and determine if more recent data are available that can be used to provide an updated assessment of each outcome. If more recent data are not available, simply refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each outcome. Analyze and explain the state's performance on the national standards in the context of the outcomes.

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

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

North Dakota is a state supervised, county administered child welfare system divided into eight regions with 53 counties (see regional map on the following page). 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 services are part of the service array within the county social services agencies.



It is important to note that from 2010-2015 North Dakota experienced unprecedented population growth, an increase of over 12%, largely due to increased oil production in the Bakken Oil Formation in the western third of the state. While this area of the state was most dramatically impacted, all areas of the state reported population growth. The state has maintained a no-growth budget throughout this timeframe, up to and including the current biennium. Child protection reports and foster care cases have continued to rise. Additionally, infrastructure challenges contribute to barriers in delivering services to families in outlying areas. County agencies have experienced considerable workforce turnover and have had difficulty finding qualified applicants due to lack of housing and high costs of living. While the State has made efforts to address these challenges, they persist as of this writing.

CFS operates a quality assurance process that parallels the federal CFSR process. The same review instrument is used, and a similar process is conducted in the largest metropolitan area and in each of the eight regions in the state. From 2010-2015, case reviews were conducted on a random case sample of 344 cases, with 55% being foster care cases from the counties, Tribal social services, and DJS. The random case sample of 45% in-home services cases were all from the counties. The following case review data on the seven Child and Family Outcomes come from the cumulative report of these cases.

A. Safety

Safety Outcomes 1 and 2

Safety outcomes include: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

- For each of the two safety outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the two federal safety indicators, relevant case record review data, and key available data from the state information system (such as data on timeliness of investigation).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the safety indicators.

State Response:

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

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

"The percentage of investigations initiated within state policy timeframes will be 95% or more."

North Dakota Regional CFSRs: 87.7% rated Strength

(Data source: 2010-2015 Regional CFSRs; percentage reflects both initiation and face-to-face contact with the child victim)

North Dakota FFY 2014: 88.2% (of 6,322 reports)

North Dakota FFY 2015: 86.4% (of 6,789 reports)

(Data source: FRAME; includes all CPS assessments regardless of the decision code)

CFSR Measure: Maltreatment recurrence

"Of all children who were victims of a substantiated maltreatment report during a 12-month period, the percentage who were victims of another substantiated maltreatment report within 12 months will be 9.0% or less."

North Dakota FFY 2013: 6.8% *(Risk-standardized performance)*

North Dakota FFY 2014:

(Workbook on State performance for CFSR 3 Revised May 2015. Most current data pending receipt of data profile)

CFSR Measure: Maltreatment in Out-of-Home Care

"Of all children in out-of-home care during a 12-month period, the victimization rate per 100,000 days of care will be 8.04 or less."

North Dakota FFY 2013: 5.16 *(Risk-standardized performance)*

North Dakota FFY 2014:

(Workbook on State performance for CFSR 3 Revised May 2015. Most current data pending receipt of data profile)

Overview of North Dakota CPS Policy & Law

It is important to explain the foundational North Dakota CPS program policy, administrative rule, and law when analyzing and interpreting the data results.

- In North Dakota the term used for 'investigation' is 'assessment.' Assessment is a comprehensive process, which combines an examination of safety influences and family functioning with fact-finding and information gathering. It is used to identify risks, consider needs, and explore concerns affecting child safety and maltreatment. Assessment includes information revealed through interviewing, as well as documentation collected from the family and other sources. Assessment helps determine the best possible response to each concern, including referral or screening, a preventive response, or family requests for assistance in addition to a protective intervention.

- NCANDS defines initiation solely as contact with the alleged victim. However, In North Dakota, there is law, rule, and policy that allow several other permissible options for initiation of an assessment. Initiation of an assessment can be done by 1) completing a check for records of past involvement; 2) contact with the alleged victim; 3) contact with the subject of a report; 4) contact with a collateral; or 5) contact with Law Enforcement.

- Initiation timeframes begin from the date/time the report was received by the agency. All nonemergency child abuse or neglect assessments must be initiated no later than seventy-two hours after receipt of a report by the assessing agency unless the department prescribes a different time in a particular case. In cases involving a serious threat or danger to the life or health of a child, the assessment and any appropriate protective measures must commence immediately upon receipt of a report by the assessing agency.

- "Face-to-face contact" is defined in state policy as making visual contact with the suspected victim(s) named in the Report of Suspected Child Abuse and Neglect. Face-to face contact with the victim is governed in state policy and is

based on a three-tiered category system. Category assignment is made in light of the concerns of the report, which are associated with varying levels of potential safety concerns or risk. The assigned category governs the timelines for face-to-face contact with the victim. Timeframes described as "within" a timeframe can include contacts prior to the report received date. A timeframe can include contacts before or after the report date/time in accordance with the state administrative rule. Categories and timelines are included below:

Category A

Category A includes fatalities, serious physical injury, sexual abuse, etc.

For Category A cases a law enforcement agency must be contacted immediately (within 24 hours) to request assistance in the assessment process and, when necessary, to remove child(ren) in an emergency. All cases involving child deaths are considered Category A cases.

- The assessment must initiated within 24 hours of the receipt of a report in a Category A case (*initiated by a search of records for information relating to the report, contact with a subject of the report, or with a collateral contact)*. Law enforcement official will provide direction in regard to who is interviewed and when.

- Face-to-face contact with the suspected victim must be made within 24 hours (before or after the receipt of the report).

- A full forensic interview is not needed within this timeframe if it is not possible to secure this interview; however, face-to-face contact with the suspected victim is still required in this timeframe.

Category B

Category B includes minor injuries, prenatal exposure to alcohol abuse or controlled substances, drug exposed newborns, etc. For Category B cases, if there is a possibility of criminal charges arising out of the suspected child abuse or neglect, or if the Worker can get an indication from the report that the children are not safe and potential of removal appears evident, contact with law enforcement must be made.

- The assessment must be initiated within 24 hours of the receipt of a report in Category B cases (*initiated by a search of records for information relating to the report, contact with a subject of the report, or with a collateral contact)*.

- Face-to-face contact with the suspected victim(s) must be made within 3 calendar days (before or after the receipt of the report).

Category C

Category C cases include reports of inadequate shelter, clothing, education, psychological maltreatment, etc.

- In Category C cases, the Worker must initiate an assessment within 72 hours after the receipt of the report (*initiated by a search of records for information relating to the report, contact with a subject of the report, or with a collateral contact).*

- Face-to-face contact with the victim should occur as soon as possible but must be made within 14 calendar days (before or after the receipt of the report).

Because of the rural nature of North Dakota and challenges posed by limited staffing, large catchment areas and weather related travel hazards, face-to-face contacts with suspected victims can be made by certain professionals, in addition to CPS workers, who have access to a legal process to insure safety of the child if immediate action is necessary. Professionals who are allowed by policy to make face-to-face contact with suspected victims are limited to: Child welfare worker (other than CPS), law enforcement, medical personnel, Juvenile Court staff, or Military Family Advocacy staff. If the agency relies on the face-to-face contact(s) made by these professionals, this must be documented in the face-to-face contact section of the assessment in the state data system.

Under North Dakota law, all reports of suspected child abuse and neglect must be accepted as CPS Intakes. Reports are not "screened out". Following intake of a report, each report is analyzed to determine whether the report fall within the parameters of state law. Reports may be administratively assessed or referred to appropriate jurisdictions, such as law enforcement. Initiation and face-to-face contact is not required for Administrative Assessments or Administrative Referrals. Administrative assessments and administrative referrals are not applicable for SO1; Item 1 because these reports do not fall within the parameters of the state's child protection law. Nor are they reported to NCANDS. Reports that do fall within the parameters of state law and do not meet the definitions of "Administrative Assessment" or "Administrative Referral" are considered appropriate for a full assessment.

ASSESSMENT OF SAFETY OUTCOME 1 STRENGTHS AND CONCERNS

Safety Outcome 1 Strengths:

- Maltreatment recurrence in North Dakota is well below the national standard of 9.0%. In North Dakota the percentage is 6.8% (risk-standardized performance).

- Maltreatment in out-of-home care is also well below the national standard of 8.04 per 100,000 days of care. The rate of victimization in North Dakota is 5.16 (risk-standardized performance).

  It is important to note that this data does not include children determined to be victims in North Dakota institutions because data regarding those incidents are not reported to NCANDS. Data is not stored in the FRAME information system. During FFY 2015, 25 children/youth in foster care were determined to have been abused or neglected while residing in a North Dakota institution (data source: ND Institutional CPS State Team report). Due to data and resource limitations, the total number of foster youth placed in an institutional child care setting throughout the year is not currently available. However, the state considered AFCARS data for context. During FFY 2015, North Dakota's AFCARS file indicates the number of children reported to have a last or current placement in settings subject to Institutional CPS (element 41, values 4 or 5) as of September 30, 2015 was 385. This results in 6.5% of the foster youth experiencing maltreatment in an institutional setting, when considering 25 youth experienced maltreatment as determined by the State Child Protection Team. Yet, the denominator is not inclusive of all children who were placed in a North Dakota institution subject to Institutional CPS and could include youth placed in an out of state group home or institutional setting, but not subject to ND Institutional CPS. Both of these factors are considerations of the numerator (25). CFS believes actual results would yield a denominator greater than 385, thus the overall percentage would be less than the 6.5% referenced above.

Safety Outcome 1 Concerns:

- Initiation timeframes data vary by county and by priority of the report. Per FFY 2015 statewide data on full assessments, Category A reports were initiated within timeframes for 90.1% of all full assessments. Forty-three of 53 counties (81%) met initiation timeframes. Category B reports were initiated within timeframes for 91.7% of all full assessments. Twenty-seven of 53 counties (51%) met initiation timeframes. Category C reports were initiated within timeframes in 84.9% of all full assessments. Seventeen of 53 counties (32%) met initiation timeframes.

- Face-to-face timeframes data also vary by county and by priority of the report. Per FFY 2015 statewide data on full assessments, Category A victims were seen face-to-face within timeframes in 71.4% of all full assessments. Thirty-eight of 53 counties (72%) met face-to-face timeframes. Category B victims were seen face-to-face within timeframes in 84.5% of all full assessments. Forty of 53 counties (75%) met face-to-face timeframes data on full assessments. Category C victims were seen face-to-face within timeframes in 87.3% of all full assessments. Thirty-five of 53 counties (66%) met face-to-face timeframes.

- When the above results were shared with county and regional staff, feedback was received that a primary reason face-to-face contact with the alleged victim was not occurring timely was due to the coordinated efforts with Law Enforcement, and the belief that CPS contacts might interfere with the criminal investigation. This became a practice and training point, providing opportunity for local agencies to coordinate with the Law Enforcement community.

- Of particular interest to CFS are data trends related to initiation and face-to-face timeframe percentages in the western third oil impact counties and regions of ND. These are the areas having experienced the greatest population influx, and are also areas in which we see the greatest challenges with meeting initiation timeframes. Some potential reasons for this are described on page 12 of this document. For example, Region 1 (Northwest) consists of three counties with large, rural geographical areas (land area of these three counties combined is 10% larger than the entire state of Connecticut). The two most rural counties experienced marked challenges in initiating assessments when compared to many counties of similar population in other parts of the state. All three counties experienced challenges in meeting the face-to-face timeframes. During FFY 2015, these counties were still reeling from significant child population increases (44% since 2010). Also during this timeframe, these counties experienced significant workforce turnover and difficulty in both replacing and increasing the number of child welfare staff needed to meet workload demands.

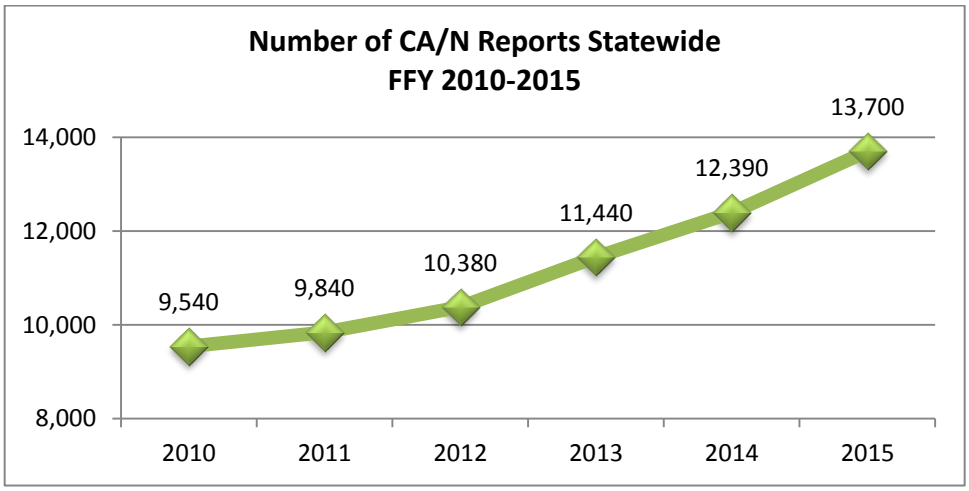
> *"[We have a] staff shortage. Williams has been approved for 4 additional staff, but can't advertise for these because they have already advertised for vacancies they can't fill. McKenzie has been approved for 4 additional staff (same scenario as Williams County), Divide for 2 additional. We [even] offer housing. We can't do the work if we can't find people to do it."*
>
> ~ Region 1 agency administrator, November 2013

- As reported with our most recent NCANDS commentary submission, North Dakota's data for *"Response Time with Respect to the Initial Investigation or Assessment"* does not present a true picture of practice. Data mapping and calculating the response time, both in the agency file and in the child file, has proved to be quite challenging as there is a significant divergence from the state's administrative rule and policies and the definitions required for NCANDS reporting. For example, face-to-face contacts with children are often denoted 'worker/child' or 'worker/family' in FRAME, which may or may not indicate contact with a victim. This is due to multiple programs using case activity codes, but does not allow specific NCANDS mapping for victim contacts.

  Adding to the complexity is the fact that initial face-to-face contact with a victim can be conducted by specific professional partners as noted earlier. Given this policy, face-to-face contact by a partner may occur previous to the report received date/time. This happens in situations such as law enforcement being called to a home in the evening for a welfare check, determining that the children are not in immediate danger, so doesn't remove, but does follow up with a written report the following day. Thus, face-to-face contact with the victim has occurred by someone with authority to protect the child, but occurs prior to the report date/time, by someone other than the child welfare worker. This becomes a data quality issue under the definitions in the Child File or Agency File.

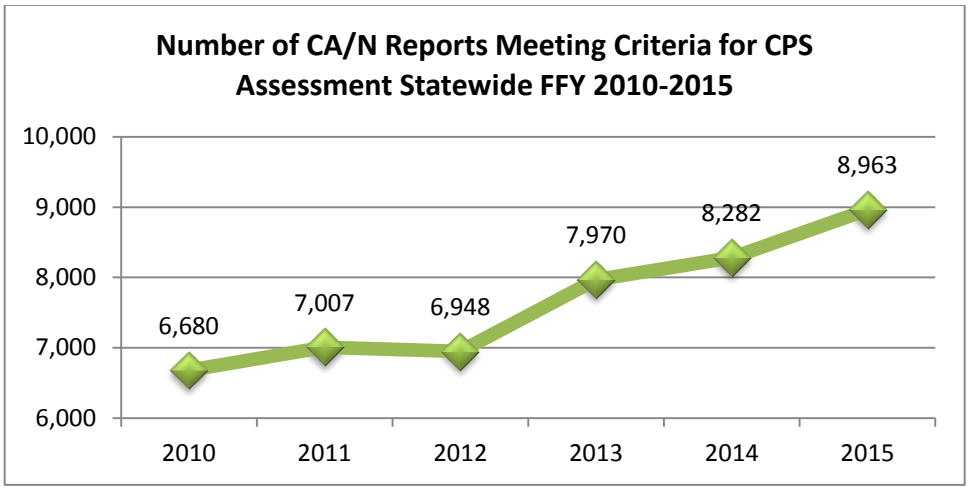
  State policy also specifies that the response time may vary by the category of the report. Response times may vary from 24 hours before or after a report for the most serious category to three days before or after a report designated moderate risk, to as much as 14 days before or after the report designated low risk. Given this possible variation, these timeframes also do not meet the NCANDS definitions.

- Since 2010, the number of reports of suspected child abuse and neglect reports received by North Dakota county social service agencies has steadily increased. Note in the chart below that there has been a 44% increase over six years, and an 11% increase in the past year alone.



(Source: CFS Data Snapshot – Draft)

- Since 2010, the number of child abuse and neglect assessments completed by county social service agencies has also increased steadily, although at a slower rate. Note in the chart below that there has been a 34% increase over six years, and an 8% increase in the past year alone. The data includes full, complete assessments with decision codes "No Services Required' or 'Services Required."



(Source: CFS Data Snapshot – Draft)

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

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

"The percentage of cases in which the agency made concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after a reunification will be 95% or more."

North Dakota Regional CFSRs: 92%

(Data source: 2010-2015 Regional CFSRs; reflects review of the former Item 2)

CFSR Item 3: Risk and Safety Assessment and Management

"The percentage of cases in which the agency made concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care will be 95% or more."

North Dakota Regional CFSRs: 83%

(Data source: 2010-2015 Regional CFSRs; reflects review of the former Item 4)

Note: the North Dakota Regional CFSR percentages above reflect documentation in the case record only, per instructions given to case reviewers. Information gained through interviews with key case participants were not considered in item ratings. Therefore, if applicable documentation wasn't contained in either FRAME or the paper/electronic record, the item was rated Area Needing Improvement (ANI).

ASSESSMENT OF SAFETY OUTCOME 2 STRENGTHS AND CONCERNS

Safety Outcome 2 Strengths:

- Dedicated efforts have been made by child welfare agencies to provide front-end services to families to prevent entry/re-entry into foster care. This was noted in all regions during the 2010-2015 Regional CFSRs, both during individual case reviews and during regional Stakeholder meetings.

> *"Workers here are very creative in meeting the needs of the kids, putting in extra time and using intensive skills."*
>
> ~ Region 1 case manager, November 2013
>
> *"When a case is transferred to case management, ongoing assessments still continue; [the] Wraparound approach is used and safety is constantly assessed. These efforts support a reduction in maltreatment recurrence. Often times when a child is reunified back with family, custody orders are extended. That way, we can still be in there supporting the reunification, continuing [our] involvement."*
>
> ~ Region 5 case manager, September 2014

- Per the 2010-2015 Regional CFSRs and as outlined in the state's 2015-2019 CFSP, initial assessments of risk and safety concerns of children is a documented strength in North Dakota. This reflects the concerted efforts made by the child protection workforce to complete thorough and accurate assessments of children and families, and responding to identified concerns appropriately.

Safety Outcome 2 Concerns:

- Per FFY 2015 AFCARS data, the rate of children placed in out-of-home care in North Dakota exceeds the national rate by 71%. The entry rate to out-of-home care per 1,000 children in North Dakota was 5.8 (national average is 3.4).

  The number of North Dakota children in out-of-home care has been trending upward for several years. Since 2012, the number of children in out-of-home care has increased 16%. Below is the cumulative total of foster care cases by federal fiscal year.

  FFY 2012 1,878 children

  FFY 2013 2,019 children

  FFY 2014 2,183 children

  (Data source: FRAME; cumulative total of county social services, Division of Juvenile Services, pre-adoptive placement, and tribal social services Title IV-E funding cases)

- The number of families receiving family preservation services declined by 31% from CY 2012 to CY 2014. In North Dakota, family preservation services include in-home case management services, parent aide services, intensive in-home family therapy services, Family Group Conferencing services, Prime Time child care services, Respite services, and Safety/Permanency funds.

CY 2012 11,600 families

CY 2013 9,342 families

CY 2014 7,964 families

(Data source: FRAME; Families may be counted more than once during a given period if services were received multiple times or received services in multiple counties.)

- Contributing factors to the above data trends include:
  - Unprecedented statewide population increases – a 12% increase since 2010, largely due to the fact that the North Dakota oil boom began just as the 'Great Recession' was coming to an end.

> *"Kids would tell you they don't feel safe anymore, with the increased population, and most of the increase being men."*
> ~ Region 1 school administrator, November 2013

  - Lack of available mental health and chemical dependency evaluation or treatment services across the state.

> *"We could prevent some removals if we had addiction services. There are situations where the parents want help, but there's no addiction services available. So, the kids end up having to go into foster care."*
> ~ Region 8 case manager, October 2014

  - Increased number cases with substance abuse risk factors. This trend continues in the most recent data. In FFY 2015, 65% of cases with a 'Services Required' decision recorded at least one substance abuse risk factor (data source: FRAME).

> *"Drugs in general have gotten worse. We're hearing heroin usage in Fargo is on the increase and only a matter of time until it gets here. Prescription drugs have really taken off."*
> ~ Region 6 community provider, February 2014

  - A neutral state budget for 12+ years has impacted the decline of family preservation services available to families because these services are largely funded through state general fund appropriations.

> *"We're lacking in resources for families. If we had a broader array of early intervention services…I think we'd have less recurrence of child maltreatment."*
> ~ Region 5 agency administrator, September 2014
>
> *"Every agency is stressed, overwhelmed, and looking for resources. But they are working as hard as they can with what they have. Our lack of services is not due to lack of effort to obtain them. They are willing to help out but don't have the availability to help."*
> ~ Region 8 case manager, October 2014

B. Permanency

Permanency Outcomes 1 and 2

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

- For each of the two permanency outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the four federal permanency indicators and relevant available case record review data.
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the permanency indicators.

State Response:

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

CFSR Item 4: Placement stability

"The percentage of cases in which the child in foster care is in a stable placement at the time of the onsite review and that any changes in placement that occurred during the period under review were in the best interests of the child and consistent with achieving the child's permanency goal(s) will be 95% or more."

North Dakota Regional CFSRs: 92.7%
(Data source: 2010-2015 Regional CFSRs; reflects review of the former Item 6)

CFSR Measure: Placement stability

"Of all children who enter foster care in a 12-month period, the rate of placement moves per day of foster care will be 4.12 or less."

North Dakota FFY 2013: 5.06 *(Risk-standardized performance)*

North Dakota FFY 2014:
(Workbook on State performance for CFSR 3 Revised May 2015. Most current data pending receipt of data profile)

CFSR Item 5: Permanency goal for the child

"The percentage of cases in which appropriate permanency goals were established for the child in a timely manner will be 95% or more."

North Dakota Regional CFSRs: 93%
(Data source: 2010-2015 Regional CFSRs; reflects review of the former Item 7)

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

"The percentage of cases in which concerted efforts were made, or are being made, during the period under review to achieve reunification, guardianship, adoption, or other planned permanent living arrangement will be 95% or more."

North Dakota Regional CFSRs: 93.5%
(Data source: 2010-2015 Regional CFSRs; reflects review of the former Items 8-10)

CFSR Measure: Permanency in 12 months for children entering foster care

"Of all children who enter foster care in a 12-month period, the percentage discharged to permanency within 12 months of entering foster care will be 40.5% or greater."

North Dakota FFY 2013: 36.7% *(Risk-standardized performance)*

North Dakota FFY 2014:
(Workbook on State performance for CFSR 3 Revised May 2015. Most current data pending receipt of data profile)

CFSR Measure: Permanency in 12 months for children in foster care 12-23 months

"Of all children in foster care on the first day of a 12-month period who had been in foster care (in that episode) between 12 and 23 months, the percentage discharged to permanency within 12 months of the first day of the period will be 43.6% or greater."

North Dakota FFY 2013: 40.4% *(Risk-standardized performance)*

North Dakota FFY 2014:
(Workbook on State performance for CFSR 3 Revised May 2015. Most current data pending receipt of data profile)

CFSR Measure: Permanency in 12 months for children in foster care 24 months or longer

"Of all children in foster care on the first day of a 12-month period who had been in foster care (in that episode) for 24 months or more, the percentage discharged to permanency within 12 months of the first day of the period will be 30.3% or greater."

North Dakota FFY 2013: 26.3% *(Risk-standardized performance)*

North Dakota FFY 2014:

(Workbook on State performance for CFSR 3 Revised May 2015. Most current data pending receipt of data profile)

CFSR Measure: Re-entry to foster care in 12 months

"Of all children who enter foster care in a 12-month period who had been discharged within 12 months to reunification, living with a relative, or guardianship, the percentage who re-enter foster care within 12 months of their discharge will be 8.3% or less."

North Dakota FFY 2013: 7% *(Risk-standardized performance)*

North Dakota FFY 2014:
(Workbook on State performance for CFSR 3 Revised May 2015. Most current data pending receipt of data profile)

Note: the North Dakota Regional CFSR percentages above reflect documentation in the case record only, per instructions given to case reviewers. Information gained through interviews with key case participants were not considered in item ratings. Therefore, if applicable documentation wasn't contained in either FRAME or the paper/electronic record, the item was rated Area Needing Improvement (ANI).

ASSESSMENT OF PERMANENCY OUTCOME 1 STRENGTHS AND CONCERNS

Permanency Outcome 1 Strengths:

- Permanency Goals: Consistently observed during Regional CFSRs is strong practice around identifying appropriate primary and concurrent permanency goals for children in foster care (93% of cases rated Strength). This is in part due to the fact that foster care policy requires each child in foster care to develop the initial case plan, to include the permanency goal(s) within 30 days of entry into foster care (Permanency Planning Policy 624-05-15-50).

- **Foster Care Re-entry: As noted above, North Dakota has achieved the national standard for re-entry within 12 months. Regional CFSR data for foster care re-entry shows 98.8% of applicable foster care cases were rated as Strength for the former Item 5, "Foster Care Re-entry."**

Permanency Outcome 1 Concerns:

- Placement Stability: As reported in the 2016 APSR, for many cases not in compliance with placement stability, the agency placed the child out of an

immediate need to ensure the child's safety. The initial placement was not appropriate to achieve the permanency goal or address the child's needs, and therefore the child was eventually moved to another placement setting.

Additionally, during a work effort to revise the reporting logic for the state's AFCARS file, challenges within the state's information system were noted in element 24 (Number of Previous Placement Settings), which results in a higher than actual number of placement settings being reported. Several improvements were made under the revised methodology (implemented effective with the 2015A reporting period). Due to system requirements not being easily changed, ND continues to report a higher number of placement settings for some children. These situations primarily involve youth whose eligibility status changes while remaining in the same placement setting. ND has utilized the state's Regional CFSR case reviews as a more reliable data source to address placement stability. As reported above, Regional CFSR data shows the stability of foster care placements during the defined period under review was rated strength in 92.7% of foster care cases.

Challenges related to children placed for adoption but not yet finalized impact the data quality for placement stability and date of discharge. Currently, the case management of these youth is provided through the AASK Program and therefore, these children are generally closed out in FRAME once adoptive placement occurs, before finalization. The average time in North Dakota from adoptive placement to finalization is 2.2 months (SFY 2015 AASK Program Report), and of the discharges reported in AFCARS 2016A report, 17% had a discharge reason of adoption (86 adoptions out of 516 reported discharges). CFS recognizes this challenge as a serious data quality issue and a work effort is underway to implement the necessary system changes.

- <u>Permanency Goals:</u>
  - Challenges in achieving the permanency goal of adoption timely is a multi-systems issue shared by the court, state's attorney offices, and social services agency. This challenge was identified by Stakeholders in several areas of the state during Regional CFSRs.

> *"We've been waiting to get the adoption finalized and it's taking too long."*
> ~ Region 3 pre-adoptive parents, June 2012
>
> *"It takes a long time to get a TPR, then a long time to get a home study, and the kids are waiting. The biggest hurdle is the state's attorneys having time to take them forward. Workers continually send off emails requesting a hearing."*
> ~ Region 1 agency administrator, November 2013

- Timely Discharges to Permanency for Children in Foster Care: North Dakota has not achieved any of the national standards for permanency within 12 months for children in care, per the data above. Stakeholders have noted a number systemic concerns impacting this practice challenge including:
    - A lack of informal family supports in cases where families have moved to the area from another state;
    - Housing challenges due to high cost and low availability in many regions of the state over the past several years;
    - Lack of services available in rural communities to support successful achievement of permanency; and
    - Children placed hundreds of miles away from family due to treatment needs and lack of available placement resources close to family.

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

CFSR Item 7: Placement with siblings

"The percentage of cases in which concerted efforts were made to ensure that siblings in foster care are placed together unless a separation was necessary to meet the needs of one of the siblings will be 95% or more."

North Dakota Regional CFSRs: 97.0%
(Data source: 2010-2015 Regional CFSRs; reflects review of the former Item 12)

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

"The percentage of cases in which concerted efforts were made to ensure that visitation between a child in foster care and his or her mother, father, and siblings is of sufficient frequency and quality to promote continuity in the child's relationship with these close family members will be 95% or more."

North Dakota Regional CFSRs: 77%
(Data source: 2010-2015 Regional CFSRs; reflects review of the former Item 13)

CFSR Item 9: Preserving connections

"The percentage of cases in which, during the period under review, concerted efforts were made to maintain the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends will be 95% or more."

North Dakota Regional CFSRs: 92%
(Data source: 2010-2015 Regional CFSRs; reflects review of the former Item 14)

CFSR Item 10: Relative placement

"The percentage of cases in which, during the period under review, concerted efforts were made to place the child with relatives when appropriate will be 95% or more."

North Dakota Regional CFSRs: 81%
(Data source: 2010-2015 Regional CFSRs; reflects review of the former Item 15)

CFSR Item 11: Relationship of child in care with parents

"The percentage of cases in which, during the period under review, concerted efforts were made to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregiver(s)

from whom the child had been removed through activities other than just arranging for visitation, will be 95% or more."

North Dakota Regional CFSRs: 78%
(Data source: 2010-2015 Regional CFSRs; reflects review of the former Item 16)

Note: the North Dakota Regional CFSR percentages above reflect documentation in the case record only, per instructions given to case reviewers. Information gained through interviews with key case participants were not considered in item ratings. Therefore, if applicable documentation wasn't contained in either FRAME or the paper/electronic record, the item was rated Area Needing Improvement (ANI).

ASSESSMENT OF PERMANENCY OUTCOME 2 STRENGTHS AND CONCERNS

Permanency Outcome 2 Strengths:

- Per Regional CFSR data, North Dakota casework practice is strong related to concerted efforts to place siblings together when possible and appropriate. During case reviews and Stakeholder interviews, when siblings were not placed together, it was generally because one required a higher level of care than the other(s). Also observed during case reviews were the concerted efforts agencies made to recruit foster homes willing to take large sibling groups.

- Another notable strength was efforts made by custodial agencies to support and preserve connections for children in foster care. Examples of such efforts included:

    - Ensuring a child, whose primary connection was with her father's tribe, had this tribal affiliation supported and preserved during her foster care episode. The child was ultimately placed in foster care with a tribal family member.

    - A child who continued to have ties to his community and extended family during home visits. He was provided ongoing encouragement to participate in spiritual life activities that were important to him.

    - An agency that did extensive work keeping a child in contact with his family both in North Dakota and in other states, including a sibling adopted by another family.

Permanency Outcome 2 Concerns:

The ND Regional CFSR data for Items 8 and 11 regarded the definition of 'parent' broadly. During the 2010-2015 CFSRs, case reviewers were instructed to consider both biological parents, regardless of whether or not the child had a prior relationship with them, or whether or not the child was going to reunify with them. Additionally, all caregivers (i.e. parent paramours, step parents, relatives, etc.) were considered for rating of these items. Therefore, we contend the percentage of cases rated Strength would be higher if the parent definition from the 3rd Round Federal CFSR Instrument had been used. Nonetheless, the following practice and systemic concerns and have been noted with respect to the above data.

- Youth Stakeholders have shared 'mixed reviews' regarding opportunities to visit with their siblings and parents. Some opted out of visits with particular family members (for various reasons), other saw family frequently or as often as they liked, and still others wished they could have had more visits.

- Social service agencies have reported challenges in locating relatives to support family connections for children in foster care, and to provide permanency options for children. Barriers noted include:

    - Relative search tools utilized in North Dakota, such as the Federal Parent Locator Service, are sometimes unsuccessful in locating maternal or paternal relatives.

    - A pattern of considering maternal relatives only, rather than searching for both maternal and paternal relatives. If the child was removed from the mother and the father is estranged from the child/family, the case worker would at times not consider paternal relatives as placement options. When asked why, no viable reason would be identified.

- Practice challenges also existed specific to agency efforts to promote, support, and otherwise maintain the child's relationship with parents (beyond visitation). Again, one reason for this points to the former, more inclusive 'parent' definition. However, consistent practice was not evident that agencies offered to involve parents in the child's medical or school appointments, for example. Not surprisingly, cases that were rated Area Needing Improvement (ANI) for this item were often rated ANI for the subsequent items related to parental engagement.

C. Well-Being

Well-Being Outcomes 1, 2, and 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children's needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

- For each of the three well-being outcomes, include the most recent available data demonstrating the state's performance. Data must include relevant available case record review data and relevant data from the state information system (such as information on caseworker visits with parents and children).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2, and 3.

State Response:

Well-Being Outcome 1:

CFSR Item 12: Needs and Services of Child, Parents, and Foster Parents

"The percentage of cases in which during the period under review, the agency (1) made concerted efforts to assess the needs of children, parents, and foster parents (both initially, if the child entered foster care or the case was opened during the period under review, and on an ongoing basis) to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family, and (2) provided the appropriate services will be 95% or more."

North Dakota Regional CFSRs: 65%
(Data source: 2010-2015 Regional CFSRs; reflects review of the former Item 17 for both foster care and in-home services cases)

Of the foster care cases reviewed, 67% received a rating of Strength. Of the in-home cases reviewed, 55% received a rating of Strength.

CFSR Item 13: Child and family involvement in case planning

"The percentage of cases in which, during the period under review, concerted efforts were made (or are being made) to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis will be 95% or more."

North Dakota Regional CFSRs: 71%
(Data source: 2010-2015 Regional CFSRs; reflects review of the former Item 18 for both foster care and in-home services cases)

Of the foster care cases reviewed, 81% received a rating of Strength. Of the in-home cases reviewed, 59% received a rating of Strength.

CFSR Item 14: Caseworker visits with child

"The percentage of cases in which, during the period under review, the frequency and quality of visits between caseworkers and the child(ren) in the case are sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals will be 95% or more."

North Dakota Regional CFSRs: 80%
(Data source: 2010-2015 Regional CFSRs; reflects review of the former Item 19 for both foster care and in-home services cases)

Of the foster care cases reviewed, 94% received a rating of Strength. Of the in-home cases reviewed, 63% received a rating of Strength.

CFSR Item 15: Caseworker visits with parents

"The percentage of cases in which, during the period under review, the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) are sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals will be 95% or more."

North Dakota Regional CFSRs: 57%
(Data source: 2010-2015 Regional CFSRs; reflects review of the former Item 20 for both foster care and in-home services cases)

Of the applicable foster care cases reviewed, 60% received a rating of Strength. Of the in-home cases reviewed, 54% received a rating of Strength.

Note: the percentages above reflect documentation in the case record only, per instructions given to case reviewers. Information gained through interviews with key case participants were not considered in item ratings. Therefore, if applicable documentation wasn't contained in either FRAME or the paper/electronic record, the item was rated Area Needing Improvement (ANI).

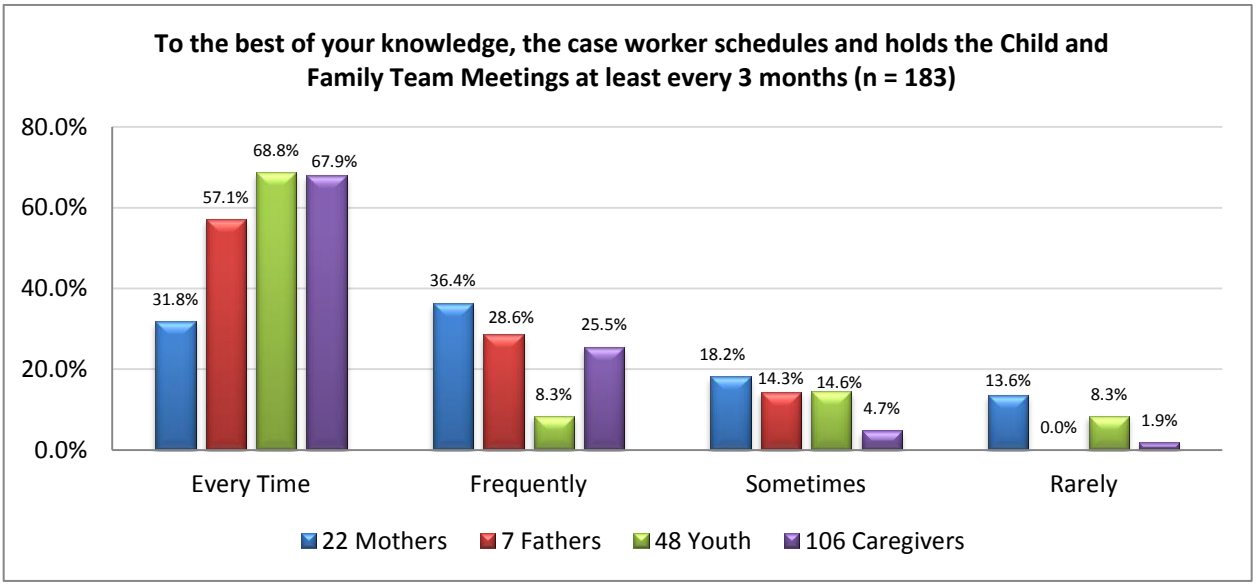
ASSESSMENT OF WELL-BEING OUTCOME 1 STRENGTHS AND CONCERNS

Per the North Dakota 2015-2019 CFSP, improving practice specific to quality engagement with children and families is a primary goal. Statewide CFSR/QA data has consistently shown troubling outcomes related to concerted efforts to engage children and parents in services, most frequently absent parents.

As noted for Items 8 and 11 of Permanency Outcome 2, the ND Regional CFSR data defined 'parent' broadly. During the 2010-2015 CFSRs, case reviewers were instructed to consider both biological parents, regardless of the child's had a prior relationship with them, or whether or not the child was going to reunify with them. Even when the child requested the absent parent not be involved, it was expected the agency made efforts to engage that parent in the event circumstances changed. Additionally, all caregivers (i.e. parent paramours, step parents, etc.) were considered for rating of these items, regardless of their desire to be involved in services. Case reviewers were instructed to rate the agency's ongoing concerted efforts to engage these individuals in services. If such efforts were not consistently documented, the item would likely be rated ANI.

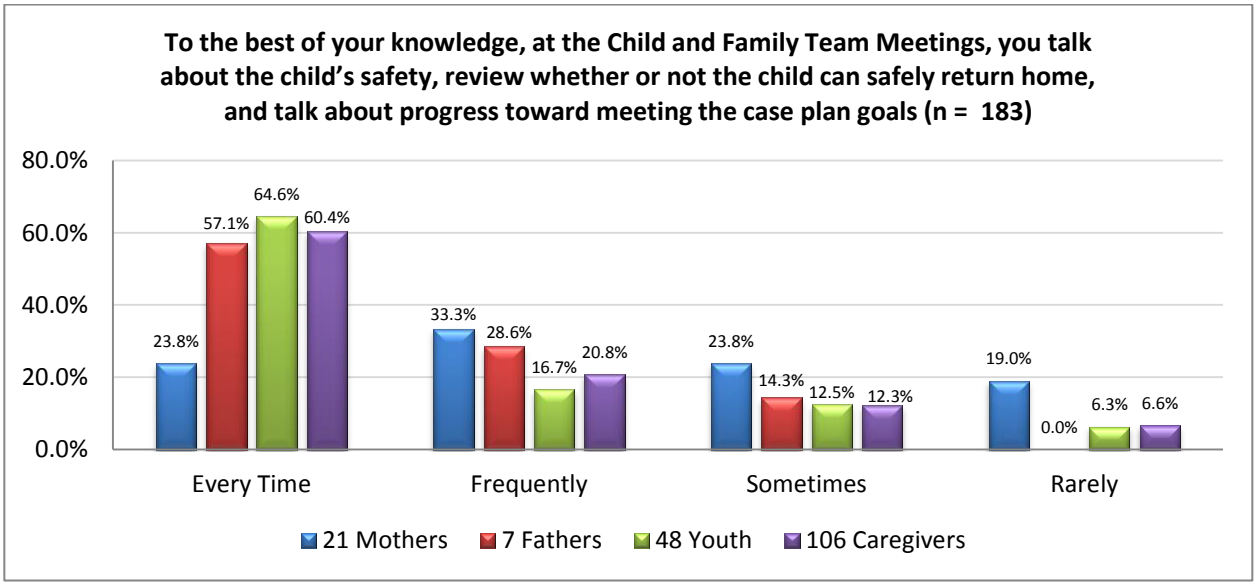
Well-Being Outcome 1 Strengths:

- **Item 13:** Parents, caregivers, and youth were asked, "To the best of your knowledge, the case worker schedules and holds the Child and Family Team Meetings at least every 3 months." Respondents represented all eight regions of the state. The results were largely positive, in that 86% (157) of the constituents surveyed felt that meetings were held per state policy either 'every time' or "frequently.'



Parents, caregivers, and youth were asked, "To the best of your knowledge, at the Child and Family Team Meetings, you talk about the child's safety, review whether or not the child can safely return home, and talk about progress toward meeting the case plan goals." Respondents represented all eight regions of the

state. Again, the results were largely positive, in that 78% (143) of the constituents surveyed felt that meetings were held according to state policy either 'every time' or "frequently.'



- **Item 14**: North Dakota has consistently met the requirement for monthly face-to-face visits for children in foster care. In FFY 2015, North Dakota had a 95% visitation rate. A majority (77%) of those visits took place in the current residence of the youth.

Well-Being Outcome 1 Concerns:

The following practice and systemic concerns and have been noted with respect to the above data. Additional quantitative data was gathered through the Statewide Survey distributed in March 2016 (see introduction for more information).

- **Item 12:** During the 2010-2015 CFSRs, a concerning pattern was observed related to initial and ongoing assessments of absent parents, most often fathers. Even when considering the case reviewers were required to view 'parent' as described above, a bias against involving fathers in both foster care and in-home services cases was clear. Case examples included:

"The father's whereabouts are unknown and there were no documented efforts to locate him."
~ Region 8 in-home services case, 2012

"The caseworker did not determine what the father would need to do in order to be considered as placement option for the child and failed to develop any case plan specific to the father."
~ Region 5 foster care case, 2013

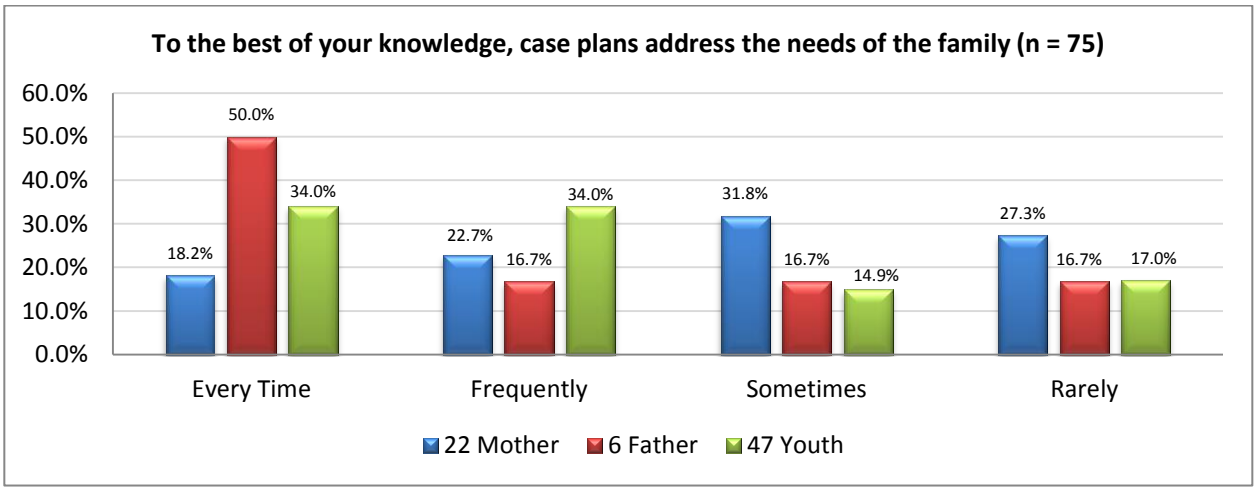
"The needs of the father were never assessed even though the worker met with him and he became the primary caregiver for the child." Northeast Region in-home case, 2013

"The reviewers were unable to locate a needs assessment regarding the mother's husband. The case manager indicated plans of contacting him now that they have married…prior to the marriage, the boyfriend was a consistent caregiver for the target child during visitation and plays a significant role in [the child's] life."
~ Region 1 foster care case, 2014

"It is documented that the family does not want [the father] involved, unsure of where he lives. No documentation if the agency tried to find him thru a Parent Locator Search or any other kind of exploration. However, his name and address are listed in FRAME as an absent parent."
~ Region 2 in-home case, 2015

In most cases reviewed, if item 12B (former 17B) was rated ANI for lack of initial and ongoing assessments and provision of services to parents (most often absent fathers), the subsequent Well-Being 1 items were also rated ANI.

Statewide survey results specific to the question, "To the best of your knowledge, case plans address the needs of the family," indicate most youth surveyed felt the case plans addressed the needs either 'every time' or 'frequently.' The fathers, while a small number, responded similarly. The mothers, however, reported the plans only 'sometimes' or 'rarely' met the needs of the family. Overall, 40% of constituents surveyed felt case plans addressed family needs either 'sometimes' or 'rarely.' Respondents represented all eight regions of the state.



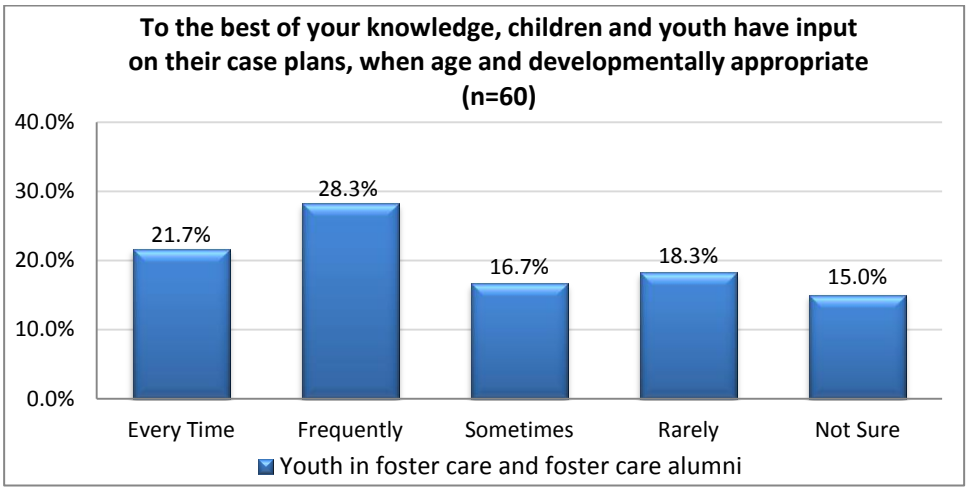
- **Item 13:** From 2010-2015, local agencies assisted in convening groups of youth in foster care, and foster care alumni, from all regions in the state to talk to CFS about their experiences in foster care. During the Stakeholder meetings, a theme emerged related to their perceived lack of power in participating in child and family team decisions. Many of those interviewed felt they had little control or voice in their own permanency plans. Youth statements from various regions follow.

> *"My case worker and foster parent are too strong willed. They agree on everything. I feel my voice is not heard."*
>
> ~ Region 7 youth in foster care, May 2012
>
> *"When I voice the need to change my case plan my worker will get mad at me."*
>
> ~ Region 6 youth in foster care, February 2014
>
> *"I am invited to the team meetings…People talk about me and my case like I'm not there."*
>
> Region 8 youth in foster care, October 2014

Similar input from parents is not available due to lack of attendance at Stakeholder meetings. From 2010-2015, parents attended only one of sixteen regional Stakeholder meetings convened specifically for them. The 'one' meeting was in the largest metro area (southeast region) in 2010. In an effort to solicit more participation, the DHS Public Information Officer sent public notices to area newspapers prior to each onsite review. Additionally, the state office instructed child welfare agencies to post copies of the public notices in their waiting rooms and reception areas. The meetings were held during a

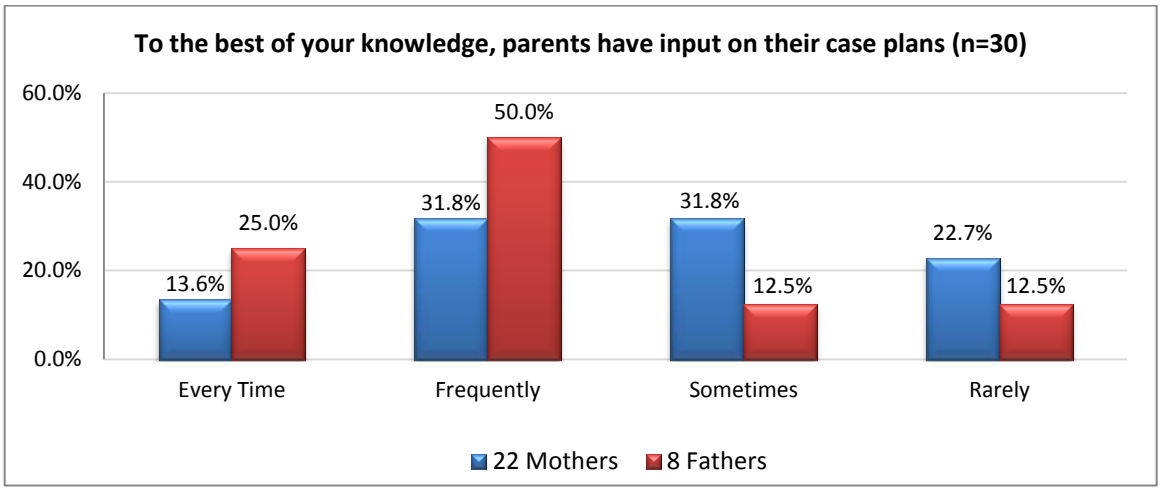
weekday noon hour at each site. Regrettably, these efforts did not result in parent participation.

Within the Statewide Survey, youth in foster care (age 14 and over) and foster care alumni were asked, "To the best of your knowledge, children and youth have input on their case plans, when age and developmentally appropriate." Sixty responded to the survey question, representing all eight regions in North Dakota, and the responses follow.



While half of the youth respondents (n=30) indicated they had input into their case plans either 'every time' or 'frequently,' over one-third (35%) indicated they only 'sometimes' or 'rarely' had input. An additional 15% indicated, 'not sure.' These survey results seem to confirm the Stakeholder survey comments above. Note that survey respondents were youth in foster care or foster care alumni only. Youth recipients of in-home services were not offered the opportunity to complete it because the primary purpose was to gather data related to the functioning of the seven systemic factors.

Within the statewide survey, parents were asked, "To the best of your knowledge, parents have input on their case plans." Thirty parents responded representing all eight regions. The data follows.



Slightly over half of the parents surveyed (53%) indicated they feel they have input into their case plans either 'every time' or 'frequently.' Interestingly, mothers were more likely to say they only 'sometimes' or 'rarely' had input, when compared with fathers. It is important to take into consideration the small sample size. Therefore, it is not known if this is representative of parents receiving child welfare services.

- **Item 14:** During the 2010-2015 CFSRs, cases were generally rated ANI due to lack of documentation related to the quality of these visits. This was most often seen in the in-home services cases.

- **Item 15:** During the 2010-2015 CFSRs, cases were generally rated ANI due to lack of concerted efforts to visit the absent parent. Additionally, there was a noted lack of documentation related to the quality of visits with parents.

Well-Being Outcome 2: Children Receive Appropriate Services To Meet Their Educational Needs

CFSR Item 16: Educational needs of the child

"The percentage of cases in which, during the period under review, the agency made concerted efforts to assess children's educational needs at the initial contact with the child (if the case was opened during the period under review) or on an ongoing basis (if the case was opened before the period under review), and whether identified needs were appropriately addressed in case planning and case management activities, will be 95% or more."

North Dakota Regional CFSRs: 93%
(Data source: 2010-2015 Regional CFSRs; reflects review of the former Item 21)

ASSESSMENT OF WELL-BEING OUTCOME 2 STRENGTHS AND CONCERNS

During the 2010-2015 North Dakota CFSRs, most foster care cases were applicable for a rating of this item and 95% of these received a rating of Strength. The ANI ratings generally related to lack of documentation in the case record demonstrating the custodial agency had ensured the child's educational needs were assessed and addressed.

For all applicable in-home services cases, 87% received a rating of Strength. Because all children in the family were considered applicable for this item, the ANI ratings were generally related to lack of concerted efforts to ensure the educational needs were assessed and addressed for all children in the home.

NYTD data is routinely submitted for youth involved in North Dakota's Independent Living program. Note that NYTD data is inclusive of Chaffee youth, some of whom have already exited care. With that said, the data does provide insight into the academic support a segment of the foster care population receives. Below is NYTD data per the 2015B AFCARS reporting period for IL services received by youth involved in the program. As shown, academic support accounted for over 21% of the services provided to IL youth, and post-secondary educational support accounted for another 5%. Additionally, education financial assistance comprised nearly 5% of the service provided.

Total IL Services by IL Service Type (April 1, 2015-September 30, 2015)

IL SERVICE	TOTAL	PERCENT
Academic support	**509**	**21.67%**
Budget and financial management	162	6.90%
Career preparation	255	10.86%
Education financial assistance	**109**	**4.64%**
Employment programs or vocational training	134	5.70%
Family support/healthy marriage education	280	11.92%
Health education and risk prevention	213	9.07%
Housing, education, and home management training	229	9.75%
Independent living needs assessment	167	7.11%
Mentoring	44	1.87%
Other financial assistance	104	4.43%
Post-secondary educational support	**111**	**4.73%**
Room and board financial assistance	32	1.36%
Total	**2349**	**100.00%**

Well-Being Outcome 3: Children Receive Adequate Services to Meet Their Physical and Mental Health Needs

CFSR Item 17: Physical health of the child

"The percentage of cases in which, during the period under review, the agency addressed the physical health needs of the children, including dental health needs, will be 95% or more."

North Dakota Regional CFSRs: 84%

(Data source: 2010-2015 Regional CFSRs; reflects review of the former Item 22)

CFSR Item 18: Mental/behavioral health of the child

"The percentage of cases in which, during the period under review, the agency addressed the mental/behavioral health needs of the children, will be 95% or more."

North Dakota Regional CFSRs: 92%

(Data source: 2010-2015 Regional CFSRs; reflects review of the former Item 23)

Note: the percentages above reflect documentation in the case record only, per instructions given to case reviewers. Information gained through interviews with key case participants were not considered in item ratings. Therefore, if applicable documentation wasn't contained in either FRAME or the paper/electronic record, the item was rated Area Needing Improvement (ANI).

Assessment of Well-Being Outcome 3 Concerns and Strengths

- **Item 17:** During the 2010-2015 North Dakota CFSRs, most foster care cases were applicable for a rating of this item and 89% of these received a rating of Strength. The ANI ratings generally related to lack of documentation in the case record demonstrating the custodial agency had ensured the child's physical health needs were assessed and addressed.

  Of all applicable in-home services cases, 64% received a rating of Strength. Because all children in the family were considered applicable for this item, the ANI ratings were generally related to lack of concerted efforts to ensure the physical health needs were assessed and addressed for all children in the home.

Item 18: During the 2010-2015 North Dakota CFSRs, 97% of applicable foster care cases received the rating of Strength for this item. For all applicable in-home services cases, 86% received a rating of Strength. The reasons for ANI ratings reflected similar challenges as noted in Item 17.

North Dakota has a shortage of mental/behavioral health services statewide. This was voiced by several Stakeholders (examples noted below). Despite this reality, agencies worked diligently to ensure children received the services they needed.

"[There is a] lack of services – no inpatient addiction services, barely any outpatient addiction services, no inpatient mental health, lack of resources for outpatient mental health. Northwest Human Service Center is not accepting medication management clients, there's a waiting list for therapy, and no Partnerships [children's mental health case management] services. It's a 2-3 month waiting list to get in for addiction services. If we try to use other regional human service centers, they won't take our families because they're busy with own region."

~ Region 1 case manager, 2013

"Sometimes it's next to impossible to achieve their goals because services aren't available to help the families."

~ Region 8 case manager, 2014

"Shortage of addiction and mental health counselors is a concern I hear about quite often – both young people and adults. I've testified at the legislature twice requesting they better fund these services. There's such a need."

~ Region 6 community member, 2014

During the 2015 North Dakota legislative assembly, significant attention was given to addressing the lack of mental and behavioral health services in the state. At the time of this writing, several interim studies are being held to assess the service shortage in the state. Below is a brief summary of action taken by the legislature during the most recent legislative session.

- **Senate Bill 2048:** An appropriation of $150,000 of state general funds to the Department of Human Services for the purpose of facilitating behavioral health services including developing formal discharge planning protocols for discharge and release of individuals with behavioral health issues and designing a resource support network to provide family support, assessment, and stabilization services that are accessible by families and custodial agencies.

  An appropriation of $750,000 of state general funds to the Department of Human Services to establish and administer a voucher system to address underserved areas and gaps in the state's substance abuse treatment system and to assist in the payment of addiction treatment services provided by private licensed substance abuse treatment programs.

- **Interim Studies**:
  - **Behavioral Health and Addiction Training Initiative** – A study of state loan repayment programs for behavioral health and addiction evaluation/treatment professionals.
  - **Health Care Delivery System** – A study of mental health resources for youth and adults, to identify the populations that may benefit from a mental health resource network.
  - **Behavioral Health Needs of Youth and Adults** – Consideration of behavioral health needs of youth and adults and access, availability, and delivery of services.

North Dakota's economy has taken a downturn due to plummeting oil and agriculture prices. As of April 1, 2015, state agencies sustained a 4% budget cut. It is anticipated these state agencies, including CFS and Behavioral Health Divisions, will undergo further reductions in funding during the 2017-19 biennium. Therefore, it is unlikely additional resources will be available to expand behavioral health services in the state.

- **Healthcare Oversight Committee**

  The CFS Division maintains a Health Care Services Plan that builds upon work done through the Governor's Healthy North Dakota Initiative. Updates to this plan are provided annually as part of the Title IV-B Annual Progress and Services Report submissions.

  Most children in foster care are Medicaid eligible. In an effort to monitor data related to psychotropic medication usage among this population, the Medical Services Division has provided data to the committee. This data shows the percentages of children in foster care, by age, receiving psychotropic medications at a much higher rate when compared to the percentage of non-foster care Medicaid-eligible children in the state.

Section IV: Assessment of Systemic Factors

Instructions

The statewide assessment information for systemic factors is used in determining ratings for substantial conformity. Therefore, it is imperative that the statewide assessment team ensures that information in this section speaks to how well each systemic factor requirement functions across the state. To complete the assessment for each systemic factor, state agencies should:

1. Review the *CFSR Procedures Manual* (available on the Children's Bureau Web site at http://www.acf.hhs.gov/programs/cb), which elaborates on key concepts and provides examples of data that are relevant to the assessment of systemic factor requirements.
2. Respond to each assessment question using the requested data and/or information for each systemic factor item. Relevant data can be qualitative and/or quantitative. Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance for each of the seven systemic factors. Review the information with the statewide assessment team and determine if more recent data is available that can be used to provide an updated assessment of each item. If more recent data are not available, refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each systemic factor item.
3. Emphasize how well the data and/or information characterizes the statewide functioning of the systemic factor requirement. In other words, describe the strengths and limitations in using the data and/or information to characterize how well the systemic factor item functions statewide (e.g., strengths/limitations of data quality and/or methods used to collect/analyze data).
4. Include the sources of data and/or information used to respond to each item-specific assessment question.
5. Indicate appropriate time frames to ground the systemic factor data and/or information. The systemic factor data and/or information should be current or the most recent (e.g., within the last year).

The systemic factor items begin with #19 instead of #1 because items #1 through 18 are outcome-related items covered in the onsite review instrument used during the onsite review. Items related to the systemic factors are items #19 through 36.

A. Statewide Information System

Item 19: Statewide Information System

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

> Please provide relevant quantitative/qualitative data or information that show the statewide information system requirements are being met statewide.

State Response:

North Dakota continues to utilize the FRAME and CCWIPS applications as described in the 2015-2019 CFSP and the 2016 APSR. Together these two systems represent the state's child welfare information system. North Dakota is a non-SACWIS state. The state is reviewing the newly revised CCWIS regulations and will consider all possibilities as it relates to opportunities to enhancing strengths and addressing concerns related to this systemic factor.

FRAME captures all required information for children in foster care through discharge. The FRAME case is generally closed at the point the county case management responsibilities end, thus data relative to this systemic factor for children in adoptive placement not yet finalized is captured in the CCWIPS system (Case management responsibilities for this populations transfers to the state's contracted provider at the point of adoptive placement.) As a state-supervised, county-administered state, all counties utilize both applications and the systems are available to caseworkers, supervisors, directors, administrators, and others statewide. The systems are fully operational and available at all times, except in brief periods of routine maintenance. Information about each child's removal status, location, demographic characteristics, and permanency goal is readily available and easily accessible to administration and field staff. Current upgrades to the FRAME application are underway to provide functionality for the children in adoptive placement not yet finalized. Policy and practice will be revised once the upgrades are ready for deployment.

CFS explored many data sources when assessing the functioning of this factor, including a review of a data report generated for open foster care cases by county and legal custodian, a review of AFCARS data quality reports, and conducting a statewide random survey of children in foster care intended to confirm information in FRAME as accurate.

CFS provided a report completed by the Department's data analyst to the fiscal

department in November 2015 while examining foster caseloads throughout the state. In this particular report, all open foster care cases were extracted from FRAME and categorized by the agency providing case management services. The report included the entire foster care universe, including tribal title IV-E cases and those served by the Division of Juvenile Services (DJS), and broke out the data over the course of three calendar years (2012, 2013 & 2014). Any record which did not have a complete placement record (as determined by a missing current placement in FRAME) or did not have a complete court order (as determined by a missing field for legal custodian on the court order) was removed from the results. The fiscal department utilized this data to examine potential reimbursement formulas, so only those cases which contained sufficient data to determine active case management by a particular entity were included in this report. Each child was counted one time during a given calendar year based on the administrative county providing foster care on the 1st day of the year or 1st day of care if foster was not open on the 1st day of that year. Results show:

Total number foster youth with an open foster care case reported	**CY12**	**CY13**	**CY14**
County Agency	1,583	1,813	1,874
DJS	149	126	142
Tribal Agency	151	147	176
Statewide totals	**1,883**	**2,076**	**2,192**
Total Number of records removed due to missing data	**CY12**	**CY13**	**CY14**
County Agency	9	3	6
DJS	1	0	0
Tribal Agency	3	2	0
Statewide totals	**13**	**5**	**6**
Percentage of records missing data	.002%	.002%	.003%

The above report was an isolated request and data for CY 2015 is not available.

The state's Adoption and Foster Care and Analysis and Reporting System (AFCARS) files include data extraction from FRAME, such as the removal status, demographic characteristics, location, and goals of every child in foster care. AFCARS data quality reports provide the number of records with missing data.

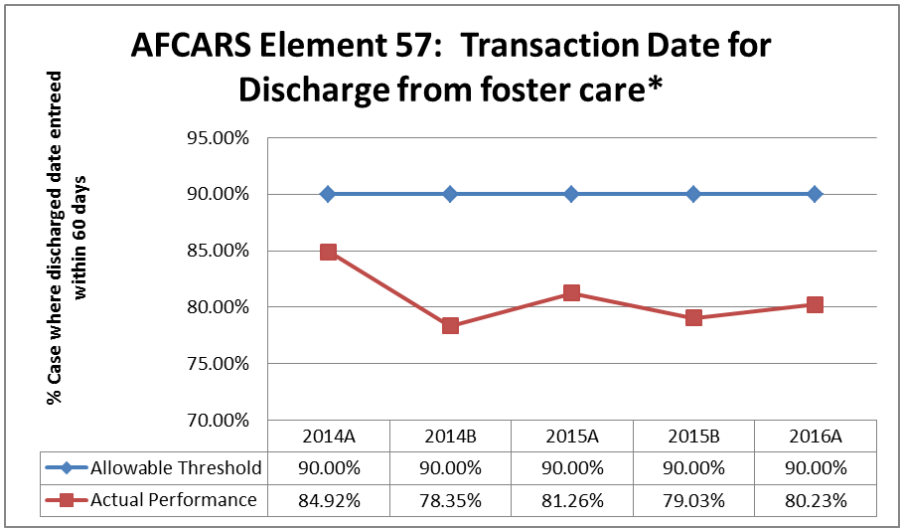
The FFY 2016A data quality report provided the following error rates on AFCARS elements that are pertinent to the Statewide Assessment Item 19:

FC-06 Date of Birth: 0 missing records

FC-07 Sex: 0 missing records

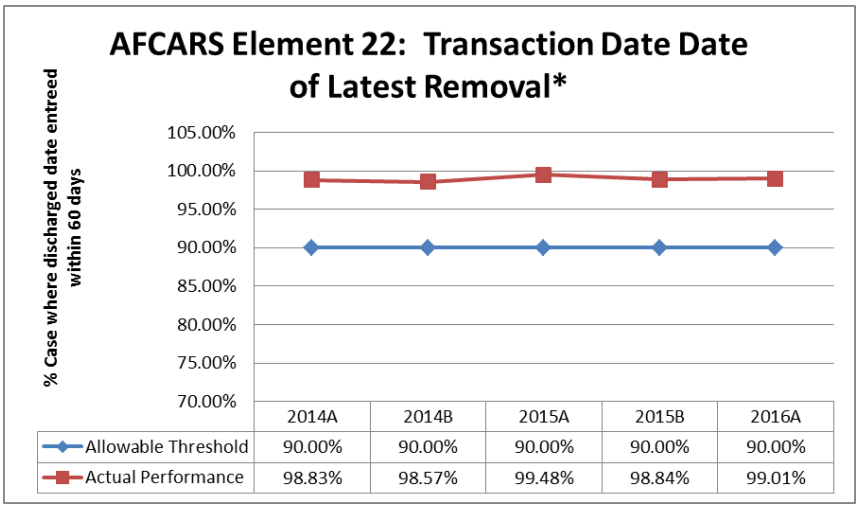
FC-08 Race:	0 missing records
FC-09 Hispanic Origin:	0 missing records
FC-18 First Removal Date:	15 missing of 2,029 records (.83% failing)
FC-20 Last Discharge Date:	0 missing records
FC-21 Latest Removal Date:	8 missing of 2,029 records (.39% failing)
FC-22 Transaction Date for 21:	8 missing of 2,029 records (.39% failing)
FC-41 Current Placement:	34 missing of 2,029 records (1.68% failing)
FC-42 Out of State:	6 missing of 2,029 records (.30% failing)
FC-43 Most Recent Goal:	45 missing of 1,811 records (2.48% failing)
FC-57 Transaction Date for 56:	0 missing

The state's FFY 2014A, FFY 2014B, FFY 2015A, FFY 2015B, and FFY 2016A had only one element with error rates above 10%, which is the threshold for an AFCARS penalty. The element exceeding the 10% threshold is consistent among the reports and that is element 57: timeliness of entry for discharge date.



**Date is the actual date the foster care program is closed in FRAME (a timestamp embedded into FRAME). The "date of discharge from foster care" is considered the foster care program end date and the date reported for element 57 is the date that foster care program was actually closed in FRAME.*

It was noted that timely entry of foster care information (element 22) has reflected strong performance for the state:



	2014A	2014B	2015A	2015B	2016A
Allowable Threshold	90.00%	90.00%	90.00%	90.00%	90.00%
Actual Performance	98.83%	98.57%	99.48%	98.84%	99.01%

**Generally, the date is the actual date the foster care program is opened FRAME (a timestamp embedded into FRAME). If the initial placement setting was a locked facility or hospital, the date the child's placement in a foster care setting is entered into FRAME is utilized.*

Element 41 tracks the child's current placement setting. In the 2016A submission noted above, 34 records were missing this information. The percentage of missing records has fluctuated in past submissions, ranging from no missed records (2015A), one missed record (2014B), five missed records (2014A) and 28 records (2015B). The state notes that often this is a result of a foster care program being opened for a youth without the placement setting being entered due to several possible reasons, such as waiting to secure all approvals and data necessary for entry (i.e. group home approval), new placements near the end of the reporting period not completely entered until after the start of the following reporting period, etc.. The state does not have specific policy for when a placement setting must be entered or updated following a change in placement, yet general data entry policies for the state carry a 'within 30 days' guideline. Even with this noted challenge, the state's information system is capturing data for these key elements at a level greater than 95% statewide for this systemic factor.

There is not a consistent, statewide process for the review of FRAME or CCWIPS data to ensure data entered into the applications is accurate to the case. Data quality reviews prior to each submission of the various federal reports (NCANDS, AFCARS, NYTD) and the varying practices of local agencies represent current practice in this regard, yet statewide data is not available. Therefore, for the purposes of this statewide assessment, CFS undertook a one-time quality assurance review of foster care cases to examine if the information in FRAME was an accurate representation for key elements in the case. To accomplish this, the CFSR State Lead Assistant pulled a report of youth in foster care between 10/01/2014 – 09/30/2015 from FRAME and sorted the results by Human Service Center Region. Ten cases were randomly selected from six of the regions (regions 1,2,3,6,7,8) and 15 cases were randomly

selected from the regions with the greater foster care population (regions 4, 5). There were 2,323 unduplicated records from which to select and 90 records in all were identified for this effort. Key demographics, status, location and permanency goals for the placement of these children were extracted from the system and documented in an Excel spreadsheet. Regional supervisors maintain a working knowledge of cases in their region and these individuals were asked to review data on the spreadsheet and compare it to what was known about the case up to and including the survey completion date when responding to the questions. Regional supervisors were to compare data on the spreadsheet with what was in FRAME on the date of their review and data they retained in their working files. Local agencies could be contacted if additional verification was needed. Questions related to this systemic factor were:

> *Has the following information been completely and accurately entered into FRAME for the target child:*
>
> a. *Demographic characteristics Yes ☐ No ☐*
> b. *Placement history, including the current/last placement Yes ☐ No ☐*
> c. *Current permanency goal(s) Yes ☐ No ☐*
> d. *Status of foster care episode (i.e. foster care program was opened in a timely manner, court orders were entered with a complete placement history recorded) Yes ☐ No ☐*
>
> *Comments (optional)*

Results depict the percentage of cases receiving a 'yes' response to the above questions and reveal strong performance statewide:

Region	Demographics	Location	Permanency Goal	Status
1	100%	100%	100%	100%
2	100%	80%	90%	100%
3	100%	100%	100%	90%
4	100%	100%	100%	100%
5	93%	100%	100%	100%
6	100%	100%	90%	100%
7	90%	100%	80%	90%
8	100%	100%	80%	100%
Statewide	**98%**	**98%**	**93%**	**98%**

A limitation of this review is that determining "timeliness" of information was a subjective determination because FRAME does not offer the user or managers information or a report regarding when data was entered into the system. There are only a select few elements in FRAME which contain a 'date stamp' from which the

date and time of entry of information is retained. Therefore, the state relied on data from the AFCARS data quality reports element 22 and 57 to assess functioning regarding timely entry regarding the status of each case.

CFS assesses this systemic factor as an area needing improvement due to the ongoing challenges with timely closure of cases and limitations to ensure data entered into the system is an accurate reflection of the case.

B. Case Review System

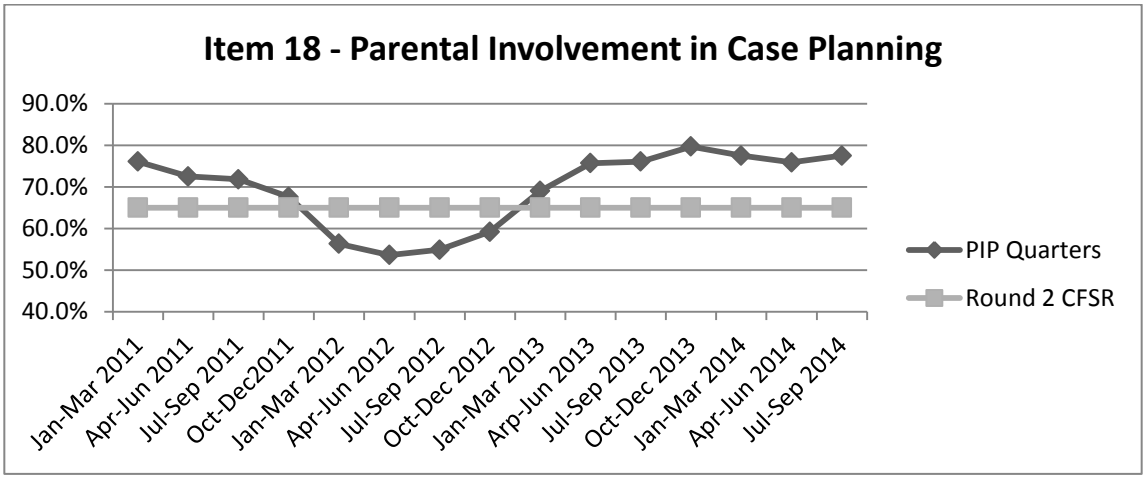
Item 20: Written Case Plan

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

Please provide relevant quantitative/qualitative data or information that shows each child has a written case plan as required that is developed jointly with the child's parent(s) that includes the required provisions.

State Response:

North Dakota recognizes this systemic factor has been and continues as an area for improvement. Policy requirements and available case review data have been detailed in the state's 2015-2019 CFSP, pages 47 and 34 and respectively. 2nd Round CFSR Item 18 (Parental Involvement in Case Planning) was one of the targeted items in North Dakota's Round 2 PIP. The final PIP report showed progress relative to program improvement, yet remained an area of challenge:

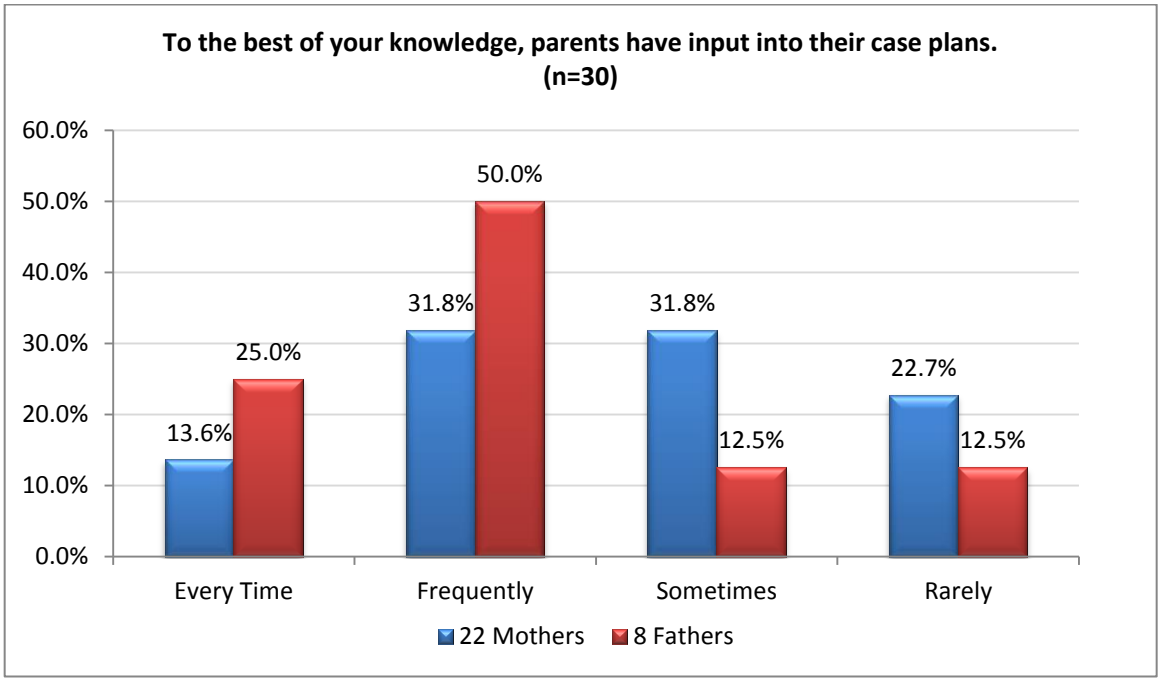


The percentage of cases rated Strength for Item 18 increased 12.5% since the state's Round 2 CFSR in 2008. While it appears North Dakota achieved the measure of improvement (79.4%) in the Oct-Dec 2014 quarter, the sample contained 64 rather than 65 cases (one too few). This data is inclusive of both child and parent involvement in case planning. It also includes both foster care and in-home cases. This case review data is approximately 2 years old and a significant number of cases represented above are based on case reviews that occurred more than two years ago because the state used a rolling reporting period. North Dakota has not yet been able to implement

case reviews using the new OSRI, thus more recent case review data is not available. The information is included to provide context surrounding this systemic factor.

To assess current functionality of this systemic factor more specifically, CFS considered data collected from the statewide stakeholder survey and a random sample conducted of foster care cases.

In the statewide stakeholder survey referenced in the Permanency Outcome section, participants were asked "To the best of your knowledge, parents have input on their case plans". CFS heard from 22 mothers and 8 fathers whose answers are depicted in the table below:



A limitation of this data is the low response rate, yet results are consistent with the known challenges.

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

The FRAME records indicate the following pattern of inviting parents to each child and family team meeting for the purposes of developing the case plan.

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

- *Every meeting = 5*
- *Most meetings (i.e. over 50% of the time) = 4*
- *Some meetings (i.e. fewer than 50% of the time) = 3*
- *Record reflects participant was not invited appropriately (parental rights terminated, parent not available despite agency's concerted efforts, etc.) = 2*
- *Participant not invited and record reflects it would have been appropriate to do so = 1*

a. *Mother _____*
b. *Father _____*
c. *Other applicable parent (please specify) _____*

Comments (optional):

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

In addition, the following question was also asked:

In your professional opinion, does the FRAME record indicate that the case plan was developed jointly with the child's parents and included the required provisions specified in policy?

Yes ☐ *No* ☐

Comments (optional):

Cases with a "Yes" response were deemed in compliance.

Regional and statewide results for parental involvement in case planning are reflected below.

Region	Mother invited	Father invited	Other Parent invited	FRAME record reflects participation
1	100%	90%	n/a	100%
2	100%	90%	100%	100%
3	100%	100%	100%	100%
4	100%	87%	100%	87%
5	93%	93%	100%	100%
6	100%	100%	n/a	100%
7	100%	80%	100%	80%
8	100%	90%	100%	80%
Statewide	**99%**	**91%**	**100%**	**93%**

(n=90)

While these results are encouraging, it is recognized the sample size of this review was extremely low, so the results must be viewed with caution.

Interviews with external individuals (e.g., parents and non-agency individuals) may provide a more accurate measure of the state's performance on this item.

Item 21: Periodic Reviews

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

> Please provide relevant quantitative/qualitative data or information that show a periodic review occurs as required for each child no less frequently than once every 6 months, either by a court or by administrative review.

State Response:

The occurrence of periodic reviews for each child in foster care no less frequently than once every 6 months is strength for North Dakota's child welfare system. North Dakota's periodic review, or administrative review, is known as the foster care "child and family team meeting (CFTM)". The 2015-2019 CFSP outlines the policy reference which requires an initial CFTM within 30 days and at least every 90 days thereafter 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 CFTM date. It is this date that is reported to the state's AFCARS file under the current report logic. Analysis of the data reveal of the 992 children in foster care on 09/30/2015 that had been in care for 7 months or longer, 95.9 % (n=952) had a periodic review in the six months prior to September 30, 2015. (Source: 2015 AFCARS) Since this calculation represents only those children who had been in foster care over 7 months as of September 30, 2015, the only data quality issue known to the state is the possibility that children who may have been discharged from foster care but did not yet have their case closed would be included in the above figure. It is not believed this would represent a significant portion of the reporting population.

Further assessment of this item was conducted through a random survey of children in foster care referenced in the state's response to Item 19. In that survey, the regional representative was asked to go into the FRAME case and determine if there was a quarterly CFTM on behalf of the selected child in accordance with the state's policies throughout the child's foster care episode. If the answer was yes, the case was considered to be in compliance with this systemic factor. If the answer was 'no', regional representatives were asked to look at the FRAME record and respond to the question, "was a foster care child and family team meeting OR court review hearing held at minimum every six months since the youth entered foster care?" Results showed a 100% statewide and regional compliance rate:

Region	Periodic Review every 6 months
1 (n=10)	100%
2 (n=10)	100%
3 (n=10)	100%
4 (n=15)	100%
5 (n=5)	100%
6 (n=10)	100%
7 (n=10)	100%
8 (n=10)	100%
Statewide (n=90)	**100%**

Item 22: Permanency Hearings

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

> Please provide relevant quantitative/qualitative data or information that show a permanency hearing as required for each child 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.

State Response:

The state has strong performance for the occurrence of permanency hearings for each child no later than twelve months from the date the child entered foster care The North Dakota Supreme Court, Court Improvement Program (CIP), provided CFS data from the CIP Self-Assessment, which requirements ask for time to first permanency hearing. The following statewide data related to this systemic factor is evident in these measures:

	Baseline Measure(FY 2013)	FFY 2014 Median	FFY 2015 Median	FFY 14 % receiving timely hrg	FFY 15 % receiving timely hrg
Required Timeliness Measures					
Time to First Permanency Hearing	332	343	348	97%	95%
Time to Subsequent Permanency Hearings	321	352	350	86%	92%

This timeliness measure was gathered by reviewing deprivation cases where a permanency hearing was held within the stated time frame in the Court Case Management System (CCMS). A CCMS report was generated of cases with a permanency hearing that occurred between 10/1/2014 and 9/30/2015. Time to first permanency hearing was determined by calculating the number of days between the shelter care hearing date and the permanency hearing date. 338 cases statewide were used to calculate the median days to first permanency hearing for FFY 2015. Statewide, 345 cases were used to calculate the median days to first permanency hearing for FFY 2014. The number of cases reviewed in FFY 2014 represents a significant increase from the 46 cases reviewed in FFY 2013 for this measure.

Baseline data for CIP required timeliness measures starting in 2013. The timeliness measures required under the CIP grant are approached in the following manner:

> Changes to calculating this measurement from FFY 2013:
>
> To calculate the measure for FFY 2013, the CCMS report pulled permanency orders filed in FFY 2013, which pulled cases containing multiple permanency orders, as well as the first permanency orders. Time to first permanency hearing was determined by manually calculating the number of days between the shelter care hearing and the permanency order file date. Although a CCMS report of permanency hearings held within a specified timeframe was available, courts statewide did not consistently use the "permanency hearing" hearing type and the report did not capture sufficient data for FFY 2013. This measure was then calculated from the first permanency order in a case, regardless of whether the first permanency hearing occurred within FFY 2013. Upon review, the CIP Research Analyst, in consultation with the CIP Committee, decided to calculate this measure for FFY 2014 using only cases with first permanency hearings occurring between 10/1/2013 and 9/30/2014.
>
> Courts statewide began consistently using "permanency hearing" as a hearing type in CCMS since approximately mid-2013. The CIP Research Analyst worked with the Juvenile Branch IT department to automate calculation of days from shelter care hearing to permanency hearing.

Additionally, a review of the data revealed that 95% of the initial permanency hearings occurred within the 365 days of the shelter care hearing date in FFY 2015. This was a slight decrease from the 97% of cases meeting these same criteria in FFY 2014.

The state experienced improved overall performance to ensure a permanency hearing was held no less frequently than every twelve months thereafter for youth remaining in foster care during FFY 2014. A CCMS report was used to identify cases with permanency hearings that occurred between 10/1/2014 and 9/30/2015 that were not the first permanency hearing of the case. Time to subsequent permanency hearings was determined by manually calculating the number of days between the first permanency hearing date and the second permanency hearing date, and so on. 262 cases statewide were used to calculate the median days between subsequent permanency hearing dates. Subsequent permanency hearings occurred within 365 days of the previous permanency hearing in 92% of reviewed cases. In FFY 2014, 352 cases statewide were used to calculate the median days between subsequent permanency hearing dates. Subsequent permanency hearings occurred within 365 days of the previous permanency hearing in 86% of reviewed cases. The number of

cases reviewed in FFY 2014 represents a significant increase from the 38 cases reviewed in FFY 2013.

North Dakota's court system is divided into four judicial units. Please see map at the bottom of this response for the various judicial units. A review of regional data reflects the following trends for regional timeframes for initial permanency hearings:

	Unit 1	Unit 2	Unit 3	Unit 4
Median Days to First Permanency Hearing	345	281	351	355

Data on median days for subsequent permanency hearings by judicial unit was not available.

Barriers that may account for subsequent hearings not happening within the 365 timeframe could include:

- A case being contested with a request of continuance or the availability of the defense attorney therefore matters are continued for appointment of counsel. Important to note is that the Data Collection and Analysis Subcommittee under the CIP continue to spearhead a project to track continuances in deprivation and TPR cases via the court case management system. The purpose of this initiative is to enhance the timeliness of the child welfare court process by reducing the number of continuances in deprivation and TPR cases.

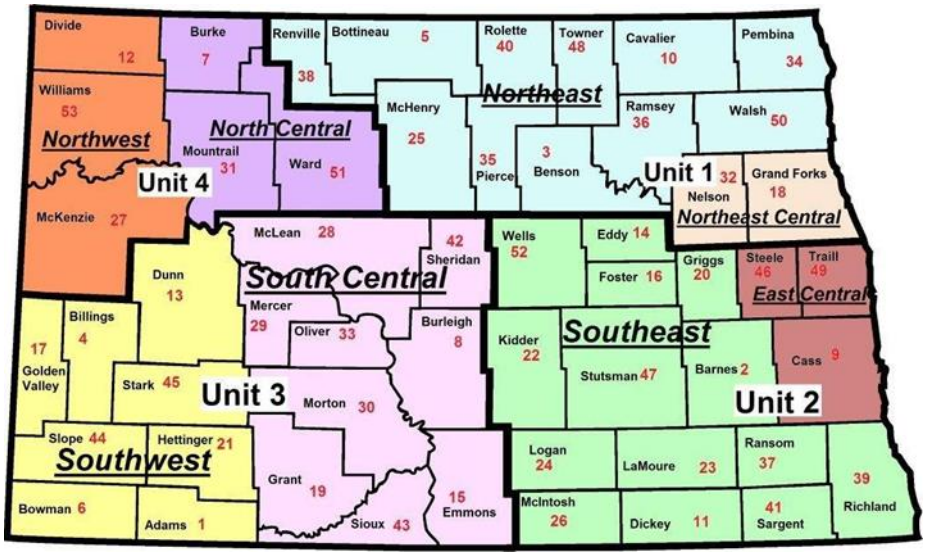
- In some counties if the matter isn't resolved at the permanency hearing it is continued to the status conference which may be 4 – 6 weeks out; if not resolved at that time it will go to a pretrial/trial the following week. The next permanency hearing would be based on the disposition date NOT the anniversary of the child's placement.

- Delays from the caseworker filing the necessary paperwork to initiate a timely hearing. Stakeholder feedback received during this statewide assessment from court personnel suggested this could be a contributory factor in some parts of the state.

All data for this systemic factor was obtained by the North Dakota State Court Administrator's Office from each district court entering data into the statewide database. District courts are known to enter permanency hearing data timely.

It should be noted, however, if a hearing has not occurred it is not captured in the court's database. The court does not collect data on children in foster care and is not responsible for determining the date when a permanency hearing is required. Nor

does the state's child welfare data system have a current reporting mechanism able to capture timely permanency hearing data. Therefore, the state is only able to report timeliness information for hearings that have occurred. Additional interviews may be needed to further assess the state's performance regarding this systemic factor.



Item 23: Termination of Parental Rights

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

Please provide relevant quantitative/qualitative data or information showing that filing of TPR proceedings occurs in accordance with the law.

State Response:

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 531 days in FFY 2015. This timeliness measure was gathered by reviewing TPR cases in the Court Case Management System (CCMS) that reached final resolution in FFY 2015 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 North Dakota Century Code 27-20-20.1(3)(c).

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
FFY 2015 (n=188)	614	427	601	656
FFY 2014 (n=122)	442	441	571	606
FFY 2013 (n=114)	356	397	661	757

**please refer to the map of judicial units provided in Item 22*

Statewide data for the percentage of cases filed within 660 days:

FFY	TPR Petition filed within 660 days
2015	68%(n=128)
2014	71%(n=87)
2013	76%(n=87)

As noted, the above statistics from the CIP are reflective of dates for petitions that reached final resolution.

For the purposes of assessing performance relative to this systemic factor, the CIP data analyst provided the following data for TPR petitions filed within 450 days:

FFY	TPR Petition filed within 450 days
2015 (69/188)	37%
2014 (46/122)	38%
2013 (67/114)	59%

As anticipated, performance decreased. It was noted that the data includes all children for whom a TPR petition was filed, so there may be sibling sets with the same numbers. This observation would be true for the "petition filed within 650 days" as well.

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

Barriers to timely filing of TPR petitions have been identified by statewide stakeholders during various statewide meetings and discussions with the CIP research analyst. The first is relative to the child welfare workforce and high caseloads. Many parts of the state are struggling to secure sufficient staffing levels, a factor that has led to the establishment of one of ND's CFSP 5-year Goals. Another barrier identified has been staff resource limitations of the State's Attorney's offices. CFS has also received anecdotal feedback from regional and county staff that some jurisdictions will not fill a petition, regardless of the circumstances, until at least day 450.Quantitative data is not available for these challenges at this time, yet they represent common themes heard during Children and Family Services Committee meetings, Regional Supervisors meetings, County Directors and County Supervisors meetings. These meetings are described in the 2015-2019 CFSP. In addition, Regional CFSR stakeholder comments include:

- TPRs are backed up – months and years. Can only do one at a time, so one per year. She doesn't have time and it's not a priority for her. We have a second assistant state's attorney now, hasn't done criminal or juvenile court before. (Region 1 case manager, 11/12/13)

- It takes a long time to get a TPR, then a long time to get a home study, and the kids are waiting. The biggest hurdle is the state's attorneys having time to

take them forward. Workers continually send emails requesting a hearing. (Region 1 agency administrator, 11/13/13)

- Our state's attorney's office is also overwhelmed with cases. It's a lot of work to pull together the TPR hearing process and they don't have the time. And look what that does to the poor children. (Region 8 agency administrator, 10/15/14)

North Dakota does not capture quantitative data relating to compelling reasons. According to 27-20-20.1 (3), the court is to be notified that the compelling reasons not to terminate have been documented in the case plan and are available for review. ND CFS policy 624-05-15-30-15 provides direction to case managers regarding compelling reasons. Yet, neither information system provides a method to capture data relative to how this aspect is functioning.

North Dakota believes this is an Item for which interviews with key Stakeholders may assist in better assessing the state's performance. Per the information provided, our review suggests this Item is an Area Needing Improvement.

Item 24: Notice of Hearings and Reviews to Caregivers

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

> Please provide relevant quantitative/qualitative data or information that show foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child.

State Response:

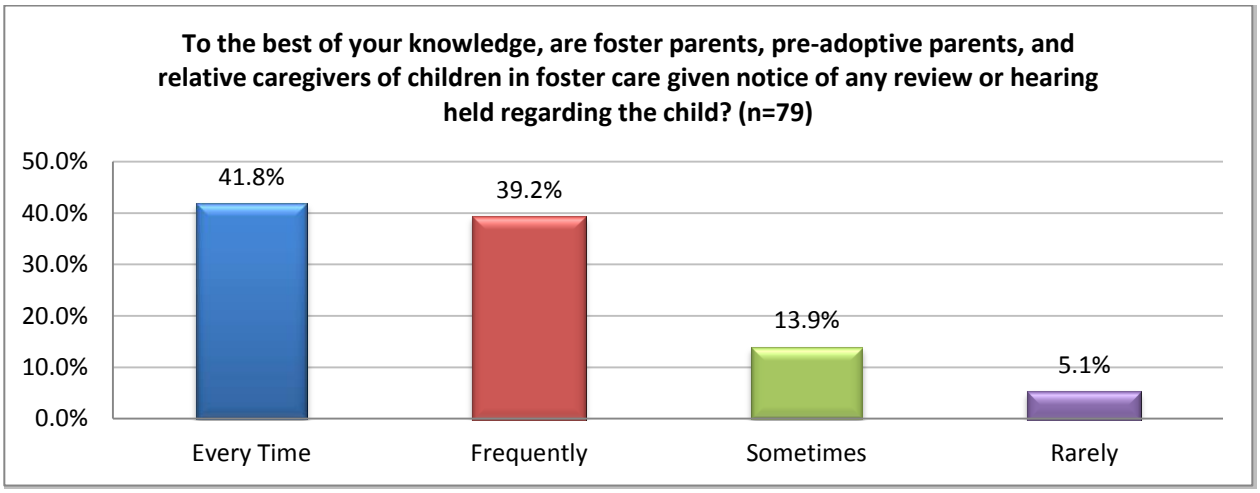
North Dakota believes this is an Item for which interviews with key Stakeholders may assist in better assessing the state's performance, given the small sample size in the data below. Per the information provided, our review suggests this Item is an Area Needing Improvement.

As of this writing, neither North Dakota's child welfare case record system (FRAME), nor the court case management system (Odyssey), collect data related to this Item. Therefore, other sources of quantitative and qualitative data were used in the response.

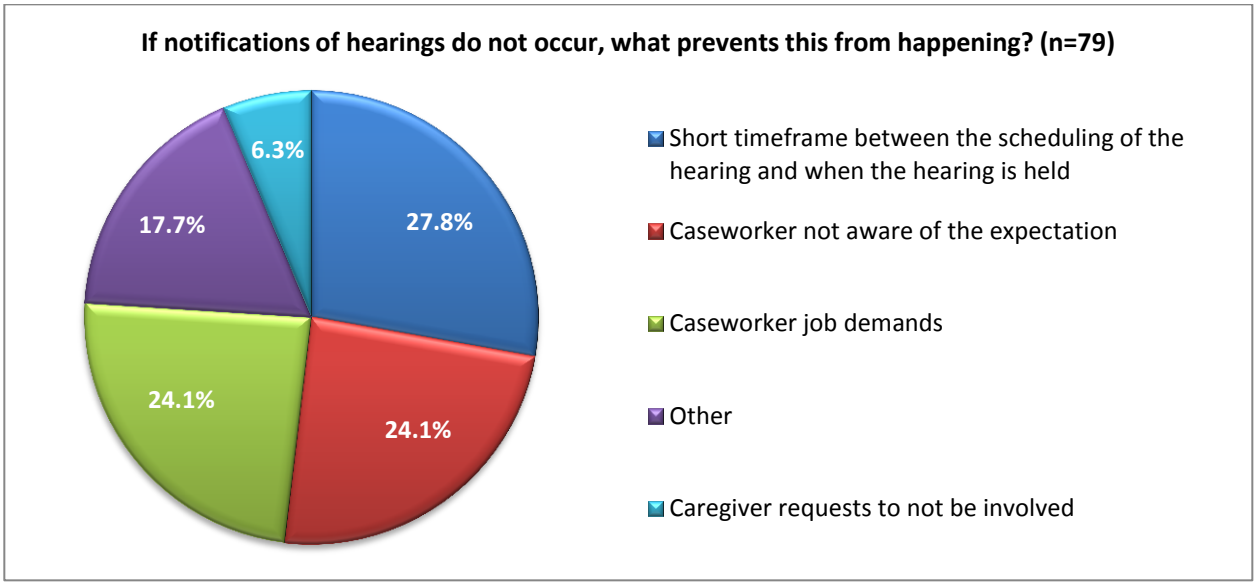
Notice of Hearings and Reviews to Caregivers

As reported in the 2015-19 CFSP, 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.

In the Statewide Survey, caregivers were asked, "To the best of your knowledge, are foster parents, pre-adoptive parents, and relative caregivers of children in foster care given notice of any review or hearing held regarding the child?". The 79 respondents represented all regions and judicial districts in North Dakota. The data reveals the majority of caregivers surveyed (81%) indicated they are given notice of reviews or hearings held on behalf of the children in their care.



Caregivers were also asked, "If notifications of hearings do not occur, what prevents this from happening?" More than 27% of respondents indicated that the timeframe between the date the hearing is scheduled, and the date it's held, is too short.



Reasons given by the nearly 18% (14 respondents) answering 'other' included:

- *"The notices are confusing - was I to be there? Did I have any say/stake/standing?*

- *"[I'm] not sure. It seems that foster parents are left out of the loop on many things including hearings."*

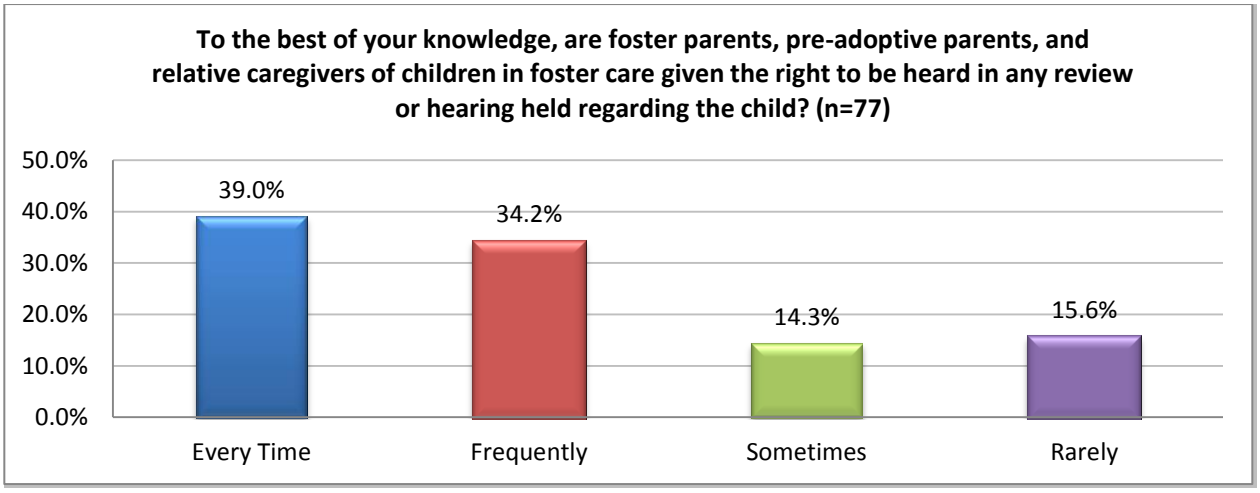
- *"[I] was never given the option of attending any hearing nor given any information after the hearing."*

Stakeholder comments received during regional CFSRs over the past several years contained mixed responses, as expressed in the following quotations.

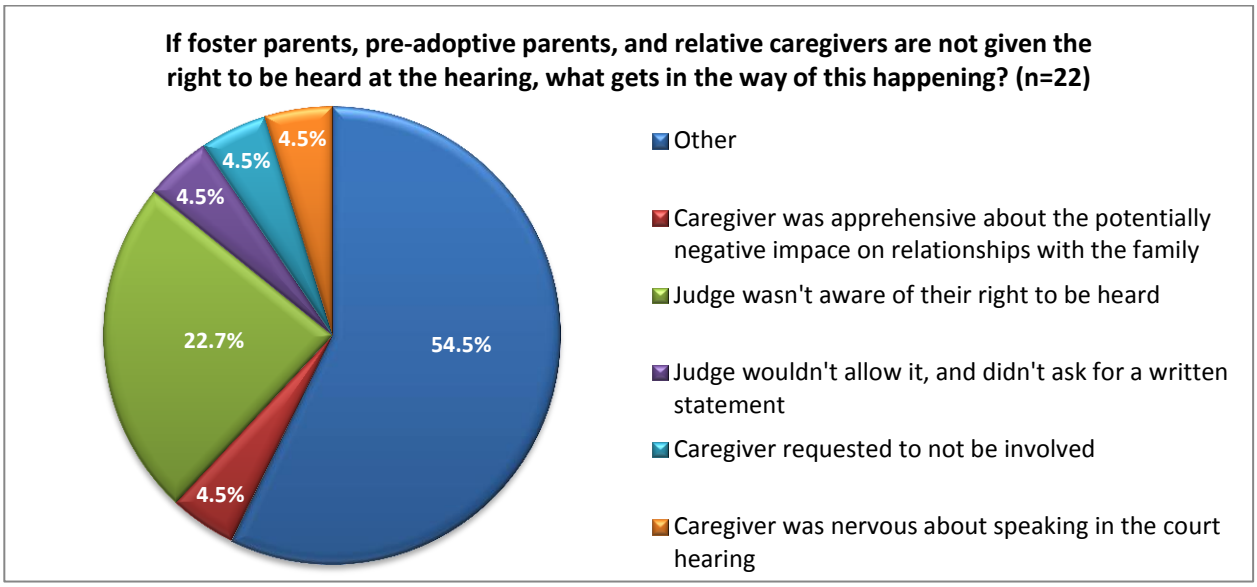
> *"We get notified of court hearings by our worker."*
> ~ Lake Region foster parent, 2012
>
> *[We] have never been invited [to court hearings]."*
> ~ South Central Region foster parent, 2014

Opportunity for Caregivers to be Heard

As part of the Statewide Survey, caregivers were also asked, "To the best of your knowledge, are foster parents, pre-adoptive parents, and relative caregivers of children in foster care given the right to be heard in any review or hearing held regarding the child?" Seventy-seven caregivers responded. The data shows that 73% of respondents indicated caregivers are given the right to be heard either 'every time' or 'frequently.'



Caregivers who had responded 'sometimes' or 'rarely' were then asked, "If foster parents, pre-adoptive parents, and relative caregivers are not given the right to be heard at the hearing, what gets in the way of this happening?" The most often answered reason (apart from 'other') was that the judge wasn't aware of their right to be heard.



Over half of respondents indicated 'other.' Some of the reasons given included:

- *"We were not aware we have the right to be heard."*
- *"We have been given notice of the hearings and when [we ask] if we need to attend, we are told no, they are closed hearings, even though we are the foster/adopt parents."*
- *"We are foster parents. We've known about and had opportunity to participate in child/family meetings. We've never been asked for our input into hearings and do not know why (it is possible that the social workers could be too overworked to have time to interview us, but we'd be willing to testify, too). This doesn't make sense to us. We monitor phone calls with parents and are in many ways closer to the foster child than anyone else. We believe it's possible that we'd have insights that others may not have."*
- *"We are never given the opportunity to attend."*

Similar to notification of hearings, Stakeholder comments received during regional CFSRs over the past several years contained mixed responses. See two examples below.

> *"The judges seem to appreciate foster parents being at the hearing and want to hear from them."*
>
> ~ Lake Region foster parent 2012
>
> *"Some said they always go to court, others said they've heard from some foster parents that they've never been invited."*
>
> ~ South Central Region foster parent, 2014

C. 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?

> Please provide relevant quantitative/qualitative data or information showing that the specified quality assurance requirements are occurring statewide.

State Response:

North Dakota's Quality Assurance System is largely dependent on the statewide case review process, known as the ND Regional CFSR Process. As noted in the 2015-2019 CFSP, the state's process was targeted for a thorough review and revision process during FFY 2015. A CFSR Task Force was formed and met during FFY 2015 and feedback was received regarding proposed changes to the state process. As will be detailed later in this item response, the state's case review process remains in the planning phase. North Dakota believes this item is an Area Needing Improvement based on the information below.

ND CFSR Process Activities Over the Past Year

From April-July 2015, CFS administrators trained 230 workers, supervisors, partner providers, and fellow CFS administrators on the new Onsite Review Instrument (OSRI), the Online Management System (OMS), and the revised ND CFSR process. About one-third of those trained committed to become certified CFSR Case Reviewers through entering a mock foster care case on OMS, reviewing and responding to first level QA, and resubmitting for final review and approval. Training on the first level QA process had been scheduled to convene in the fall of 2015, and those who successfully completed that training were to become certified first level QA Team members. The training did not occur for a couple of reasons.

First, it was discovered that the years-old process of paying non-state case reviewers honoraria for their time was no longer acceptable. DHS Human Resources determined case reviewers functioned as employees rather than contractors, per the Fair Labor Standards Act. This created an overwhelming obstacle for the CFSR Lead because county, tribal, and private agency staff could no longer participate as case reviewers unless their employers allowed them to do

so as 'part of their job.' Agencies overwhelmingly rejected this request, largely due to their growing workload demands and staff vacancies. Only a small number agreed to allow their staff to participate. The remaining agencies stipulated that, if their staff wished to participate, they must do so on their own time. To compensate for this, CFS requested that DHS Executive Leadership grant a number of emergency temporary employee positions to CFS. At the time of this writing, 14 such positions have been approved and filled for the 3rd Round Federal CFSR. It is not known at this time if CFS will be allowed to maintain and increase the number of emergency temporary employee positions to accommodate what is needed to proceed with the ND CFSR process. Of significance is the fact that emergency temporary employees are subject to the same hiring and supervision requirements as any other staff. Therefore, even if CFS is allowed to keep or increase the number of these positions, the CFSR Lead does not have capacity to supervise such a large number of employees. Additionally, emergency temporary employees are limited to 720 work hours. Because of these complications, other options will be explored in the coming year.

Second, all available staff resources were redirected to preparing for the 3rd Round Federal CFSR scheduled for September 2016. Therefore, CFS did not have the capacity to plan and convene regional CFSRs.

Additional Quality Assurance Processes

In addition to the ND CFSRs, 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. The CPS Multi-disciplinary Teams also review the CPS assessments completed by the county social workers and assist with decisions about safety and risk of future maltreatment of children. A monthly review of all open CPS cases in the state is conducted by the state CPS Administrator and is used to evaluate the quality of services, case load size, and assessment timelines (cases open over 62 days). After review by the CPS Administrator, the report is sent to the Regional Supervisor for review

and action. The information is used by state, regional, and county staff for program improvement planning.

- In-home (Wraparound) case management: 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.

- Independent Living: Each Regional IL Coordinator staffs cases with their agency supervisor. Detailed quarterly reports are submitted to the State IL Administrator. The State IL Administrator conducts annual site reviews of each of the IL programs. CFS conducts annual Regional Youth Stakeholder Groups where feedback from youth is received regarding their experiences with the child welfare system. Youth surveys have also been initiated to gather additional information regarding youth in care and their experiences and involvement with case planning and services.

- 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 Supervisors have responsibility for administrative supervision of child welfare programs and work collaboratively with county staff.

- 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. Recent efforts of the workgroup have been on revising the reporting logic for post-investigation services and prioritizing data clean-up. 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. The most recent NCANDS submission showed data improvement over previous submissions.

- 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. Since last report, North Dakota has made progress in remapping some of the required data elements in FRAME. 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 workgroup has been meeting regularly to improve compliance with the data collection and reporting requirements for NYTD. Prioritized action items have been identified and a plan has been developed for achieving the needed changes to NYTD data components following the July 2013 NYTD Site Visit.

ND CFSR Process – Plan for CY 2017

North Dakota is fully committed to operating a functional CFSR/QA process. CFS had planned to convene case reviews across the state prior to the Federal CFSR, but this did not occur for the reasons noted above. Beginning January 2017, CFS plans to review 68 cases (41 foster care and 27 in-home) annually. Of these, 25% will be in the largest metropolitan area, Cass County. Sixty percent of the cases reviewed will be foster care cases and 40% will be in-home services cases. Certified case reviewers will be called upon to assist with future regional CFSRs. Training for first level QA Team members will be scheduled in the fall of 2016. Ongoing training and support will be offered annually at the CFS Conference. Following is the draft 2017 CFSR schedule.

	2017 ND CFSR SCHEDULE (Draft)		
	SITE	# OF CASES	CASE TYPES
January	South Central	6	4 FC 2 IH
February	North Central	6	3 FC 3 IH
March	Northwest	6	4 FC 2 IH
April	Lake	7	5 FC 2 IH
May	Cass	9	5 FC 4 IH
June	Badlands	6	4 FC 2 IH
August	West Central	8	5 FC 3 IH
September	Southeast	6	3 FC 3 IH
October	Northeast	6	3 FC 3 IH
November	Cass	8	5 FC 3 IH
ANNUAL TOTAL	9 Sites	68 Cases	41 FC 27 IH

ND Quality Assurance System Description

1. Jurisdictions Covered by the State's Quality Assurance Process

North Dakota's service area for the CFSR (quality assurance) process encompasses all eight regions of the state. Within these regions are 53 counties, 4 federally-recognized tribal nations (all with Tribal-State agreements for the provision of Title

IV-E foster care), 7 Adults Adopting Special Kids (AASK) offices, and 8 Division of Juvenile Services (DJS) offices. All these entities are subject to the CFSR process.

2. Evaluation of Services Provided

The ND CFSR process evaluates the adequacy and quality of services provided under the CFSP. North Dakota has used the Federal CFSR instrument since the first round. Each revision of the instrument has been incorporated into the state's process. North Dakota conducts the regional CFSRs per the federal definitions and instructions for all items and outcomes. The state's best practice standard parallels that of the federal CFSR. During the second round PIP North Dakota's ACF Region 8 Program Specialist, along with an ACF contractor, conducted a review of North Dakota's ratings for specific items. The result of this review was that ratings were generally consistent with the federal standard.

3. Identification of Strengths and Needs and Providing Reports

Following each regional CFSR, the CFSR Lead is responsible for writing reports and sending to regional supervisors and agencies in a timely manner. The agencies having cases reviewed also receive their individual case instrument(s). The regional reports describe how the region fared for each item and outcome within the CFSR instrument. The reports summarize themes specific to practice and systemic strengths and needs observed in the region. All Stakeholder comments are included in the report, sorted by group. Comments are de-identified, which encourages openness and honesty during the interviews. Also included in the reports is trend data for each item and outcome, to assist the region in identifying areas of focus for practice improvement. The reports are shared internally at CFS, with the ND Court Improvement Program, and all Stakeholders participating in the review. Annually, a statewide CFSR report is written by the CFSR Lead, using the same format as above, and posted on the state's website. This statewide CFSR information is also included in the APSRs.

4. Evaluation of Measures Implemented to Address Identified Problems

In the past, the reports were sent to each county and if areas needing improvement were present, the county agency was responsible for writing an Agency Practice Improvement Plan (A-PIP). Per a CFSP 5-year plan goal, CFS convened a CFSR Task Force to review the North Dakota process and provide recommendations for improvement. One criticism identified by participants was the A-PIPs. The process wasn't embraced by the agencies and did not result in measurable practice improvements. Additionally, the CFSR Lead did not have capacity to provide support and feedback to the numerous agencies reviewed each year.

Therefore, the new ND CFSR process involves a different approach. Rather than an agency-specific response, CFS plans to implement a model that supports a Continuous Quality Improvement process. Following the regional CFSR, regional supervisors will be tasked with reviewing the results of their aggregate data with all regional agencies, as it applies to their local practice. Data will inform where they can identify practice strengths as well as target local practice improvements. Within three months following the regional review, the regional supervisors will lead their regional agencies in the following:

1. Reviewing the results of their regional CFSR;

2. Determining their regional practice/systemic strengths and challenges; and

3. Developing a planned response in an effort to strengthen practice & submit the response to the CFS Director.

The planned response will outline how the region is going to apply CFSR results to agency practice improvement. CFS will provide a template for this planning process to each region. The information received from the regions will be reported in the annual APSRs. In addition, the results will be shared statewide (e.g. CFS State of the State address, regional trainings, etc.). CFS will review each regional plan as part of the orientation for the subsequent review (during the Entrance Conference) as a way to remind of the previous year's findings. Thus, following the current year's CFSR, the regions and state can assess if planned changes have occurred through review of the outcomes. See below for the practice improvement response cycle.

Practice Improvement Response Cycle

Capacity Building Center for States

During FFY 2016, North Dakota began working with the Capacity Building Collaborative to support the work of enhancing the Continuous Quality Improvement (CQI) efforts within the state. As noted in Goal 2 of the CFSP, the state seeks to strengthen all five core components of a CQI system as identified in ACFY-CB-IM-12-07. The expertise available through the Collaborative has been obtained to guide these efforts.

D. Staff and Provider Training

Item 26: Initial Staff Training

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

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

Please provide relevant quantitative/qualitative data or information that show:

- staff receive training pursuant to the established curriculum and time frames for the provision of initial training; and
- how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.

State Response:

North Dakota believes this item is a Strength for CFS.

Initial Child Welfare Case Worker Training

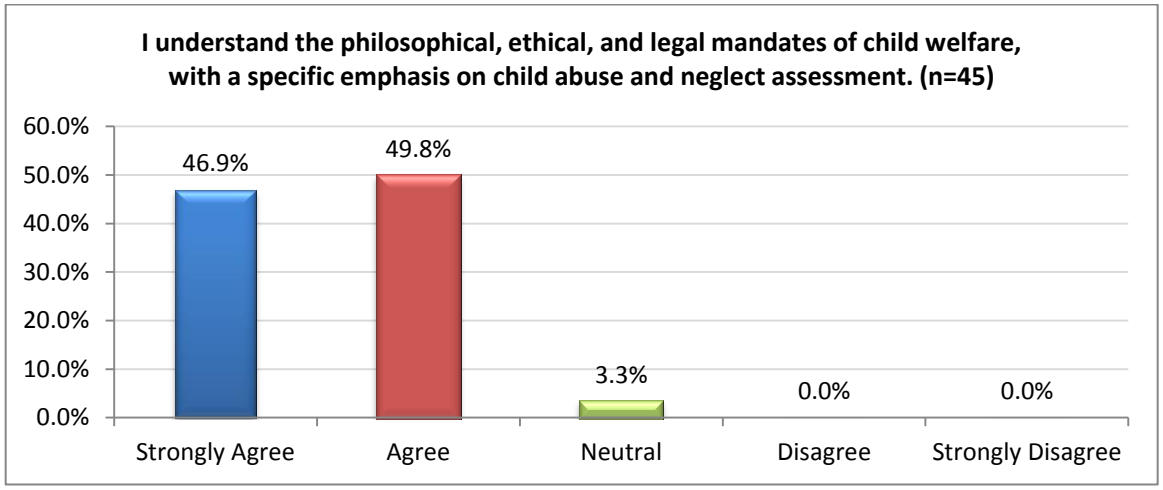
As reported in the ND 2015-2019 CFSP, CFS contracts with the UND Department of Social Work to operate the Children Family Services Training Center (CFSTC). The Child Welfare Certification Training Program faculty members are selected on the basis of their knowledge, experience and training abilities. The core training staff is from the 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.

Since the 2015-2019 CFSP submission, CFSTC has incorporated trauma informed practice principles into the curriculum. This important practice area is integrated into the training modules, as appropriate. Additionally, per P.L. 113-183, training on Human Trafficking identification and screening is being incorporated into the training as well.

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

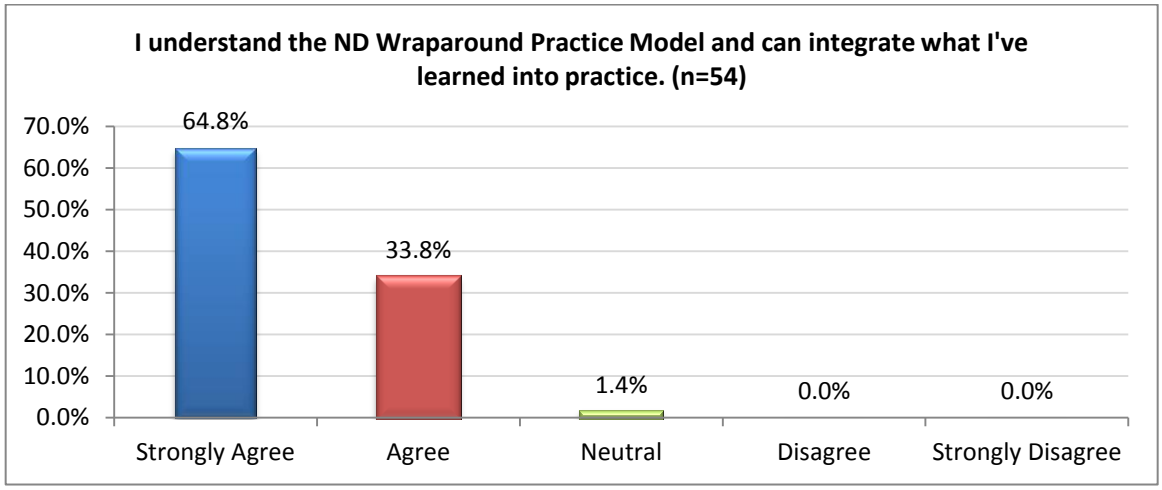
- **<u>Week 1 Focus:</u> Philosophical, ethical, and legal mandates of child welfare with a special emphasis on the assessment of child abuse and neglect.** Participants anonymously responded to post-training survey questions related to whether they understand the philosophical, ethical, and legal mandates of child welfare, with a special emphasis on child abuse and neglect assessments. A large majority (96.7%) indicated they have the knowledge and skills needed. A summary of the SFY 2015 survey results is below.



Comments received from participants included:

- *"I understand the steps of a [CPS] report, just need to practice more and write a full assessment."*
- *"I suggest more activities and practicing on how to do intakes and conducting an assessment."*

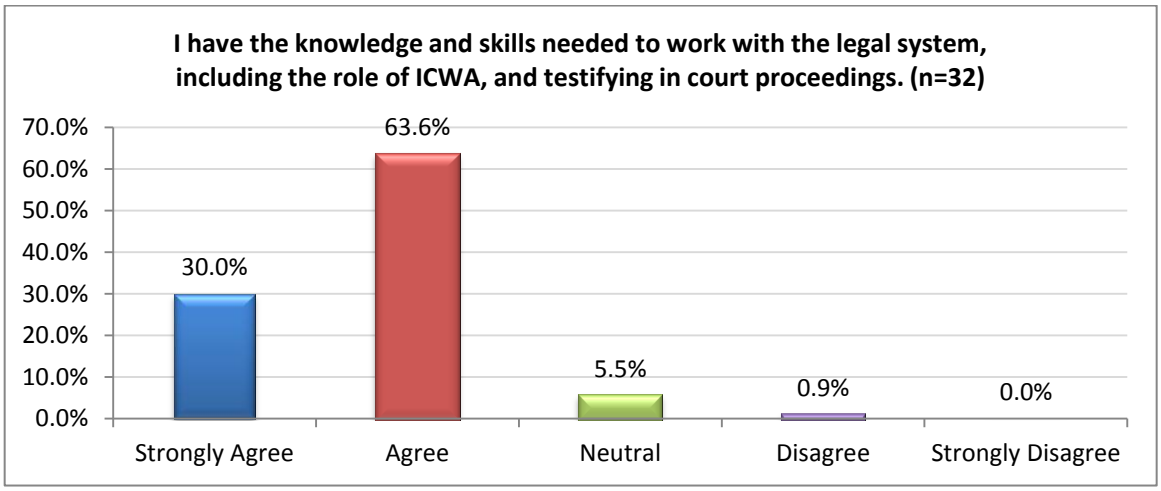
- **<u>Week 2 Focus:</u> Wraparound strength-based case management services (this week also fulfills the requirement for initial Wraparound Certification).** Participants anonymously responded to post-training survey questions related to whether they understand the ND Wraparound Practice Model and can integrate what they've learned into practice. A large majority (98.6%) indicated they have the knowledge and skills needed. A summary of the SFY 2015 survey results is below.



Comments received from participants included:

- *"Due to the fact that I'm a hands-on learner, the group activities, role plays and presentations were key in my learning."*
- *"I loved the small group exercises and big group exercises. It's beneficial for different learners, who do not learn in the traditional setting of listening to someone talk all day!"*
- *"Talk more about culture/other things that effect our (the professional) relationship with clients – how we help/what may be detrimental"*

- **<u>Week 3 Focus:</u> Knowledge and skills in working with the legal system, including understanding the role of the Indian Child Welfare Act and providing testimony in court.** Participants anonymously responded to post-training survey questions related to whether they gained an understanding of the knowledge and skills needed to work with the legal system, ICWA, and testifying in court proceedings. The great majority (93.6%) indicated they have the knowledge and skills needed in these practice areas. A summary of the SFY 2015 survey results is below.

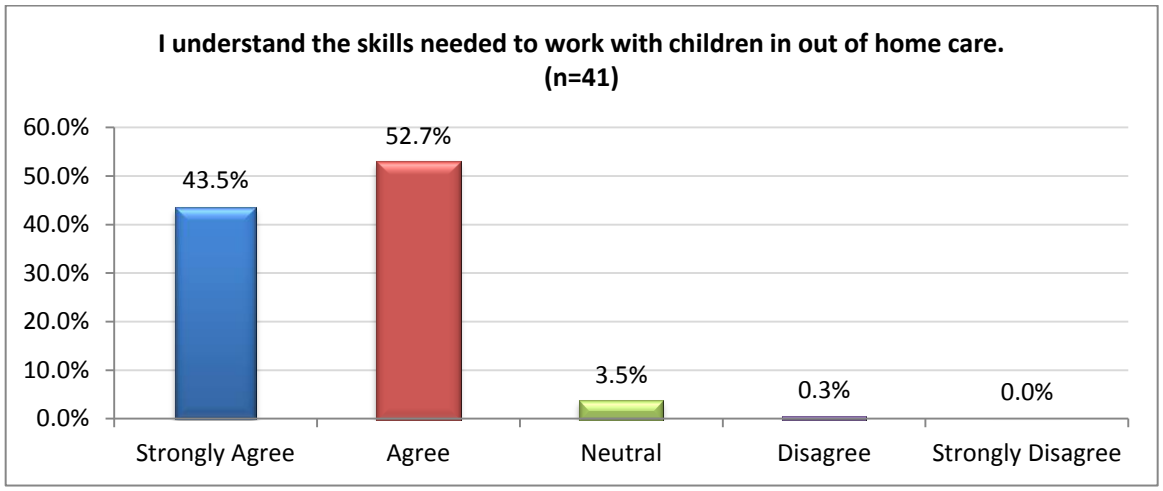


Comments received from participants included:

- *"I found the information to be very helpful in understanding the process. The different methods, or presentations, along with various presenters from their fields of expertise has been rewarding."*

- *"Learning about the court system is very complex for me; so I would benefit from additional training on the court system, especially testifying."*

- **<u>Week 4 Focus:</u> 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.** Participants anonymously responded to post-training survey questions related to whether they gained an understanding of the skills needed to work with children in out-of-home care. A large majority (96.2%) indicated they have gained the skills. A summary of the SFY 2015 survey results is below.



Comments received from participants included:

- *"It was helpful having a guide to assist with the various age groups to help determine how often a visit should occur, when the visit, where and know procedures for conducting the visits, safety, changes, types of supervision and appropriate documentation."*

- *"I would suggest addiction training. Bringing in a Licensed Addiction Counselor to explain a Chemical Dependency evaluation, recommendations, barriers to treatment, and the change process. I hear many co-workers get frustrated with no recommendations for evaluations."*

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 case managers and child protection workers attending the training 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.

As shown above, 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. In SFY 2015, 70 people participated in the Child Welfare Certification Training Program.

AASK Specialized Training

In addition to the CFSTC training, AASK adoption case managers are required to complete the Adoption Competency Curriculum (National Resource Center for Special Needs Adoption at Spaulding) within their first year of employment. Additional trainings on the PRIDE family assessment model and Train the Trainers are also required.

FRAME Case Record System Training

Training on the FRAME system is included in the Child Welfare Certification Training Program. For new employees not attending that session, training occurs at the local social service agency. North Dakota's training plan for the 2015- 2019 CFSP includes additional training opportunities for participants utilizing the system who are not required to attend Child Welfare Certification training. Additionally, Title IV-Eligibility training for new eligibility workers is offered by CFS personnel.

Initial Parent Aide Training

Per the contract with CFS-ND DHS, CFSTC provides an annual 4½ day initial Parent Aide Training designed to provide newly or recently hired parent aides an understanding the child welfare system and their role in 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 SFY 2015, eight parent aides were trained.

Initial Training for Partner Agencies

- 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. During SFY 2015, 91 participants were trained. This number includes all agencies listed here, in addition to county, tribal and DJS staff. Refer to "Week 2" data above for participants' survey responses.

- Independent Living Coordinators: PATH, Inc. is the contracted provider of IL Coordinators. Therefore, PATH is responsible for training newly hired IL Coordinators and CFS does not currently have data on this training area.

- Additional PRIDE trainings are offered to support the 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. During SFY 2015, ten additional people were trained as trainers during the fiscal year.

- "PRIDE Model – Conducting a Mutual Family Assessment" is a course designed for the licensor/adoption worker in applying the PRIDE competencies to the family study process. During SFT 2015, 19 case managers, licensing workers or adoption workers were trained.

- All PATH foster parents and staff are required to attend a 12-hour session on Non-Violent Crisis Intervention 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 SFY 2015, 66 participants were trained.

Strengths

- CFSTC is a longstanding partner in the effort to provide initial staff training for child welfare services in North Dakota. They are highly regarded in the state and are active participants with CFS in identifying and providing necessary training.

- The overwhelming majority of SFY 2015 survey responses evaluating the initial child welfare training indicate that participants agree/strongly agree they have obtained the knowledge and skills necessary to competently carry out their duties. To further assess their competence, participants must achieve at least 90% on their online tests in order to 'pass' each section of the training.

- CFSTC has successfully incorporated trauma informed practice principles into Child Welfare Certification. During the SFY 2015 training on this new material, 97.8% of participants completing the anonymous survey evaluations strongly agreed (64.4%) or agreed (33.3%) with the statement, "I understand the impact of trauma on children and how it impacts children in the child welfare system."

- The emphasis on upfront training of AASK staff has resulted in a highly trained adoption workforce who specializes in the permanent placement of children from foster care, including those with significant special needs.

- CFS and the UND School of Social Work continue to collaborate in establishing a formalized state-wide child welfare supervisor and mentor training program.
    - Support for this initiative is being provided by the National Child Welfare Workforce Institute through funding from the Children's Bureau, Shari Doe, CFS Director and Carenlee Barkdull, Chair of the UND Social Work Department are participating in the NCWWI Leadership Academy for Director and Deans (LADD). The work of the LADD initiatives is expected to foster transformational change across agency-university partnerships and enhance workforce outcomes.
    - North Dakota's change initiative is to implement a sustainable program for multi-level supervisory training and mentoring that will serve the entire state of North Dakota. This initiative is targeted for completion by September 30, 2017.
    - Additional support and assistance for this foundational development is being provided through the Capacity Building Centers for States.

Concerns

- Because of increasing demands for child welfare certification training, class sizes are becoming increasingly large. Additionally, it is becoming more difficult to provide the required training within the four weeks.
- Supervisors have expressed concerns about the amount of time their new hires must spend in training and out of the office. This often places a burden on the agency if they are unable to provide adequate back-up support while the

worker is training. Research continues on the availability and the appropriateness of on-line training to achieve the goals of child welfare certification.

- As reported in the 2016 APSR, the ND's Human Resource Management System adopted a new position classification – Family Support Specialist – to add to the pool of qualified applicants for the North Dakota child welfare workforce. Family Support Specialists are required to complete the child welfare certification training and become certified in the Wraparound process. Because this classification of worker does not have social work education, a more comprehensive initial certification training may be needed. The need for additional training for Family Services Specialist is still being assessed.

- Because North Dakota is a county administered system, there are some inconsistencies in training reinforcement across the state. There is no clear process for transfer of learning into the field.

- The amount of required training within the first year for adoption staff is very difficult to achieve. It is expensive for the program, both in terms of staff time as well as financial expense. It is difficult for trainers to schedule the ACC modules for a very few new staff, so the training often gets delayed until there are more staff needing the module.

Item 27: Ongoing Staff Training

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

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

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

Please provide relevant quantitative/qualitative data or information that show:

- that staff receive training pursuant to the established annual/bi-annual hour/continuing education requirement and time frames for the provision of ongoing training; and
- how well the ongoing training addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in the CFSP.

State Response:

North Dakota believes this is an Item for which interviews with key Stakeholders may assist in better assessing the state's performance, given the small sample size in the data below. Per the information provided, our review suggests this Item is an Area Needing Improvement.

Wraparound 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 process and must be recertified every two years through attendance at an approved training event. Over 400 child welfare staff were Wraparound recertified during CY 2015.

AGENCY	NUMBER WRAPAROUND RECERTIFIED
AASK	13
CFS Program Administrators	6
County Social Services	221
DJS	17
PATH ND	48
Private Mental Health Providers	25
Public Mental Health Providers	42
RCCF/PRTF	5
Regional Supervisors	25
Tribal Social Services	5
University of ND Trainers	2
TOTAL	**409**

Secondary Trauma Training

CFSTC coordinates the Secondary Trauma Education, Prevention and Support Project. The During SFY 2015 Secondary Trauma training has been delivered to approximately 270 persons (as part of Child Welfare Certification, the Children and Family Services Conference, and community workshops). Additionally, 38 Trauma and Stress Reduction classes have been delivered to a number of agencies and have focused on a variety of topics (i.e. grief and loss, second guessing and rumination, team building and resiliency). These have been delivered through interactive video, live internet streaming and classroom settings. Also, three workshops on Enhancing Resiliency were delivered to 90 people.

Ongoing Child Welfare Case Worker Training

Child welfare case managers are encouraged to identify, with their supervisors, any training needs as part of ongoing supervision. At the present time there is no "advanced" training curriculum in the state specific to child welfare practice. However, there are a number of ongoing training opportunities available to staff throughout the year that are designed to strengthen knowledge, skills and competencies consistent with the goals of the CFSP. These ongoing opportunities are detailed in the Training Plan.

In addition, Regional Supervisors convene quarterly meetings with child welfare agencies and include training as part of the meeting agendas. Training topics vary based on the needs of the agency staff within the region. Currently, no data on these training events are reported to CFS.

Ongoing Child Welfare Supervisor Training

Child welfare supervisory training is provided to county child welfare supervisors during their regularly scheduled quarterly meetings. This past year, supervisor training focused on case supervision, individual clinical supervision and group clinical supervision. Two sessions were provided and a total of 29 supervisors participated.

There continues to be a lack of training specifically for administrators in child welfare. This continues to be seen as a need and is currently being addressed through a collaborate effort between the University of North Dakota School of Social Work and CFS.

Ongoing IL Coordinator Training

The CFS Independent Living Administrator convenes three annual meetings with the IL Coordinators. The meetings always have a training component based on the agenda for the meetings. All nine IL Coordinators, and the IL Supervisor, attend each of these meetings.

Native American Training Institute

The Native American Training Institute (NATI) has been a key partner in the provision of ongoing staff development opportunities. They organize many training events aimed at improving services to Native American communities. The North Dakota Indian Child Welfare & Wellness Conference has grown and developed over the years and now attracts national participation. The conference is a primary means to increase the child welfare workforce knowledge of policies and practice opportunities when working the Native American communities. In addition, NATI provides regional trainings on such topics as "Extending Our Families through Unity," "Wraparound in Indian County," "We Are All Related: A Guide for Native American Youth," and "Historical Trauma in Native America: Learning and Healing." Data on the number trained was not available at the time of this writing.

Cross-Discipline Training

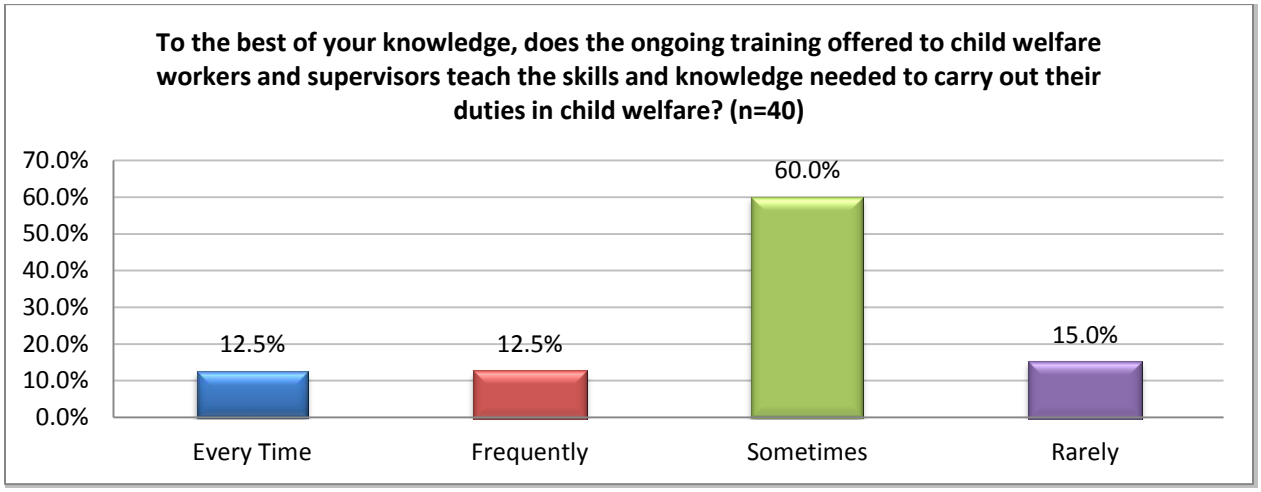
Certain trainings impact both ongoing staff members as well as foster parents. For example, CFSTC provides training on Non-Violent Crisis Intervention for both PATH staff and their foster parents. In addition, it is a PATH requirement that all treatment foster parents attend an annual refresher course reviewing the major elements of the CPI model.

Child and Family Services Review Training

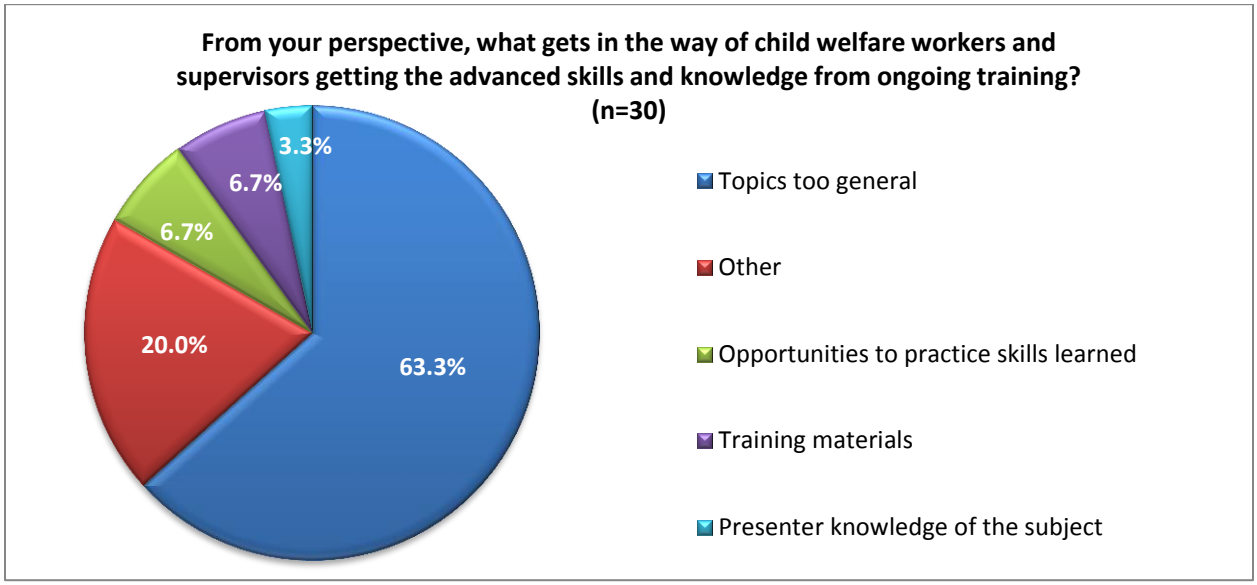
As reported in Item 25, Quality Assurance System, CFS has provided on-going training related to the CFSR process, onsite review instrument, policy related issues, and documentation of case related best practices. Training has included county and tribal social service caseworkers, supervisors, and directors; Regional Supervisors; DJS workers and supervisors; and CFS staff. CFSR training has been held in central locations, and training stipends have been offered, to encourage maximum attendance.

Statewide Survey & Stakeholder Meetings

Within the Statewide Survey, the child welfare workforce was asked, "To the best of your knowledge, does the ongoing training offered to child welfare workers and supervisors teach the skills and knowledge needed to carry out their duties in child welfare?". The majority of respondents (75%) indicated the ongoing training is not providing them what they need to carry out their job duties effectively.



Those who responded either 'Sometimes' or 'Rarely' were then asked, "From your perspective, what gets in the way of child welfare workers and supervisors getting the advanced skills and knowledge from ongoing training?"



Reasons given by the 20% (6 respondents) answering 'other' included:

- *"All of the above. Rarely, if ever are [the trainings] too advanced."*
- *"It seems [like] book knowledge and how to use it with parents versus real world/parent experiences."*
- *"Too much work to be done to be out of the office."*

During Regional CFSRs, Stakeholders have reported the following in respect to ongoing training offered to the child welfare system.

"Our workers need more training related to drug/alcohol abuse, such as signs of usage, to help them when doing assessments."

~South Central Region Administrator, 2014

"[Our] training budget was cut - even though Children's Justice Symposium was free this past July, we couldn't go."

~Southeast Region case manager, 2014

"Appreciate the trauma-informed treatment the state has been doing. We would like more of this type of training. It would be helpful to assist us in doing home based services."

~ Badlands Region case manager, 2014

Item 28: Foster and Adoptive Parent Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of 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?

Please provide relevant quantitative/qualitative data or information with respect to the above-referenced current and prospective caregivers and staff of state licensed or approved facilities, that care for children receiving foster care or adoption assistance under title IV-E, that show:

- that they receive training pursuant to the established annual/bi-annual hourly/continuing education requirement and time frames for the provision of initial and ongoing training.
- how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

State Response:

North Dakota believes this is an Item for which interviews with key Stakeholders may assist in better assessing the state's performance, given the small sample size in the data below.

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 will 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. CFSTC can deliver the PRIDE pre- service over the Interactive Video Network (IVN) when there are enough participants in need of this format. Using technology of Interactive Video has proven to be a successful model for training foster parents residing in remote areas that would likely have had to wait to begin the training process.

  Evaluations of those attending training do not reflect a difference in the satisfaction of trainees who attend the IVN training versus live training. The frequency of training sessions is based on need; therefore, it varies across the regions of the state.

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 Supervisor 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 SFY 2015, 54 foster and adoptive parents completed the PRIDE Pre-Service training.

- **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 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.

- **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 sponsored 27 separate training sessions across the state which were attended by 771 foster parents. The North Dakota Foster and Adoptive Parent Association has been a strong partner in meeting the training needs of foster families.

  CFSTC maintains a calendar of training opportunities on their website including both sponsored training and relevant training opportunities in the community. One of the trainings sponsored during SFY 2015 was the ND Foster and Adopt Conference which was co-sponsored by CFSTC, PATH and the North Dakota Foster/Adopt Association. Below is a list of some ongoing training offered during SFY 2015.

TRAINING TOPIC	LOCATION
Grief and Loss in Foster Care	Grand Forks & Devils Lake
Working with Mentally Ill Parents	Fargo
ND Native American Cultural Awareness	Bismarck
The Goal is Adoption…Now What?	Fargo, Grand Forks, Devils Lake
Children in Transition	Fargo
Managing the Emotional Ride of Fostering Youth	Minot
Trauma 101	Minot
Brain Development in Children & Adolescents	Grand Forks
Make Me Feel Safe	Grand Forks
Prenatal Exposure to Alcohol…Now What?	Grand Forks, Devils Lake, Dickinson
The Criminal Evils of Technology	Minot
Beyond Anger Management 101	Fargo

- During SFY 2015, additional training opportunities for foster/adopt parents included the annual ND Foster and Adoptive Parent Conference held in Fargo October 3-4. Records indicate 335 people attended and participated in the event.

- Online fire safety courses continue to be available to foster/adopt parents on the DHS website. By completing a fire safety course online, foster parents can meet the fire safety training requirement prior to initial licensure, or at annual re-licensure in the comfort of their own home according to their own schedule. Completion of this training requirement is tracked through the licensing/re-licensing process.

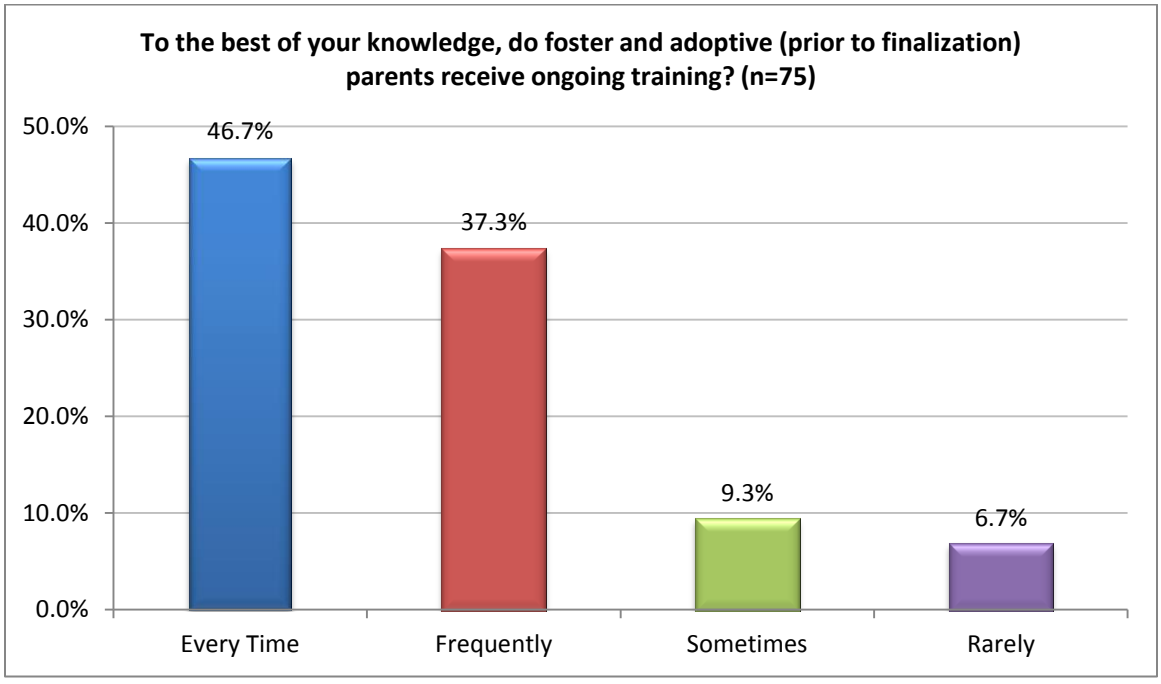
- Since 2011, AASK has offered training to prospective adoptive parents entitled, "Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents." This full-day training is designed to teach basic knowledge, skills and values about caring for children and teens who are in foster care and who have experienced traumatic stress. It also teaches how to use this knowledge to support children's safety, permanency and well-being. The curriculum was developed by the National Child Traumatic Stress Network. Although not required, adoptive parents are strongly encouraged to attend. It is offered at least once annually. During CY 2015, 35 prospective adoptive parents completed this training. Evaluations received following training have been very positive. Comments include:
    - *"The information was very real. It helps to understand some of the things foster kids are dealing with. This training should be required, and taken before kids are placed in your home."*
    - *"We are able to use these trauma lenses, and it helps give some patience and understanding to tough situations and behaviors. I liked being able to discuss issues openly."*

- CFSTC continues to issue a regular online newsletter 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 http://und.edu/centers/children-and-family-services-training-center/may-2016.pdf.

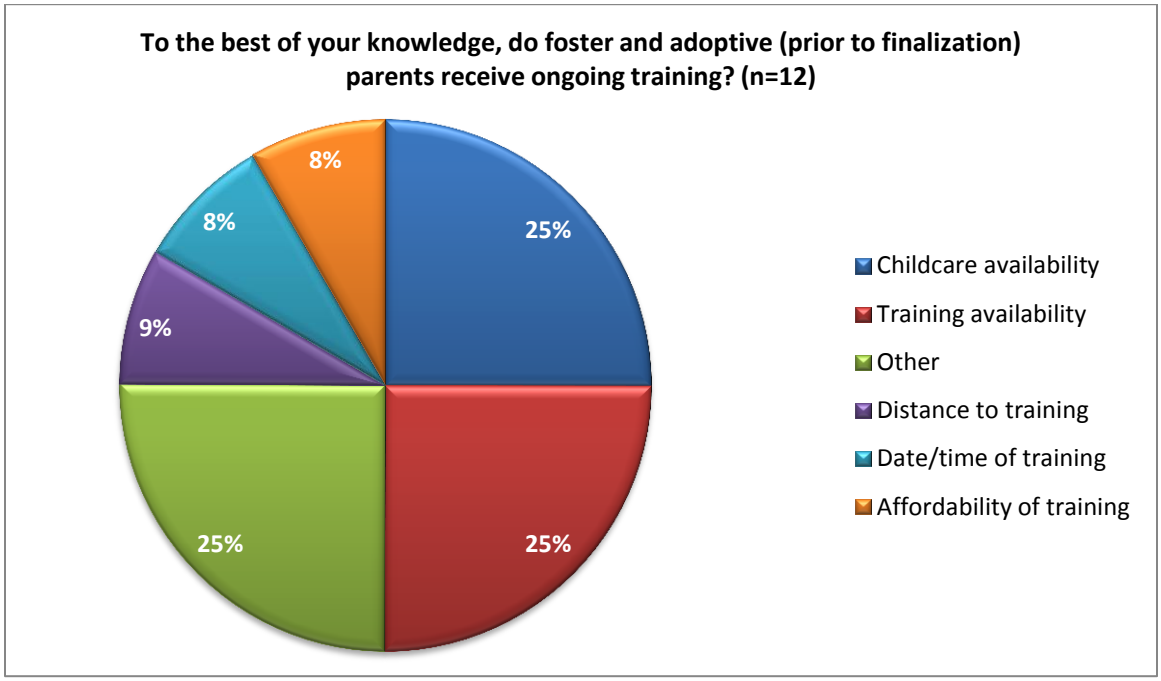
- The AASK Program also issues a regular electronic newsletter, The Heart Times, which features an educational component to supplement the recruitment opportunities provided by such a publication. The Heart Times is made available to all current foster families and families who have adopted through the AASK program. A recent newsletter can be viewed at http://media.wix.com/ugd/d3fc4f_c927e78982e842b4989555452d2756bb.pdf.

Strengths and Concerns

- Within the Statewide Survey, Caregivers were asked, "To the best of your knowledge, do foster and adoptive (prior to finalization) parents receive ongoing training?" The majority (84%) responded with either 'every time' or 'frequently.' they received ongoing training.



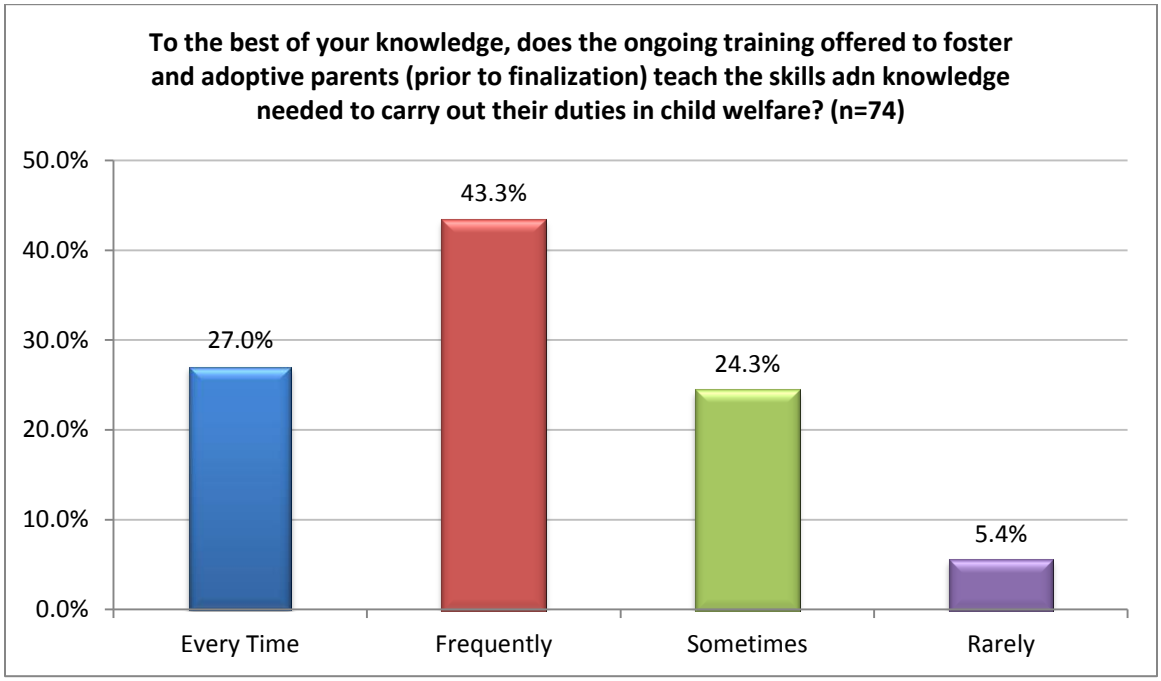
Caregivers were then asked, "To the best of your knowledge, do foster and adoptive (prior to finalization) parents receive ongoing training?" Note that only 12 people responded, so the data is based on a very small sample size.



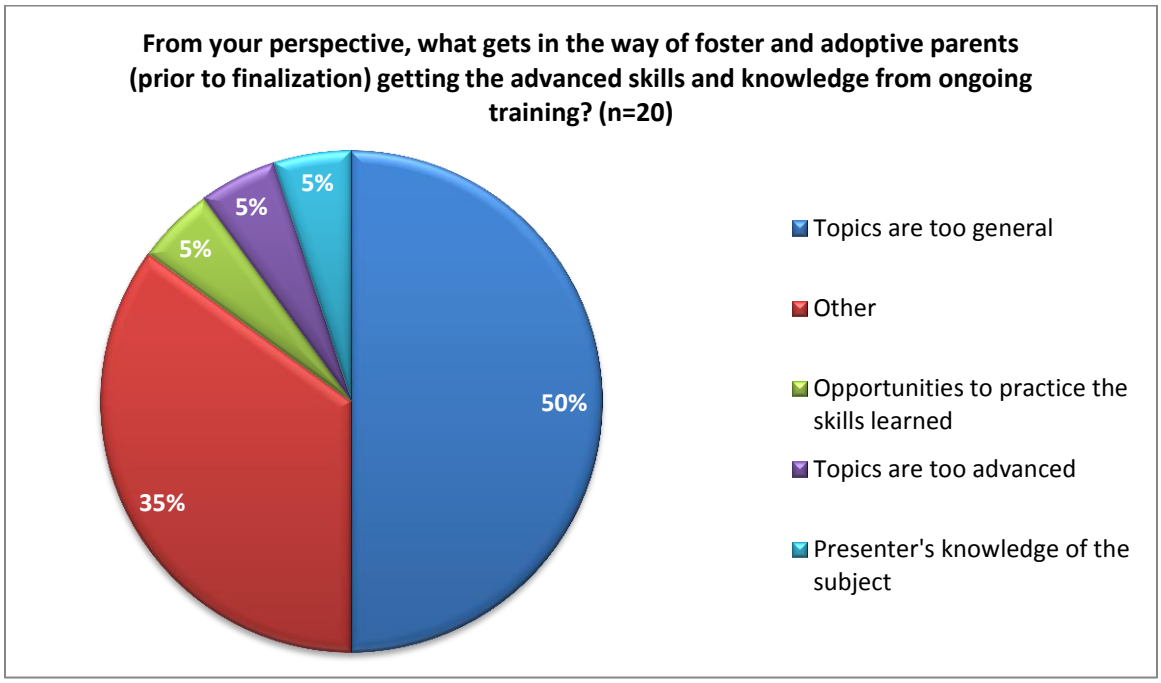
Comments from those selecting 'other' included:

- *"Training isn't available when needed."*
- *"We were never told of any training being offered to adoptive parents."*

- Within the Statewide Survey, Caregivers were asked, "To the best of your knowledge, does the ongoing training offered to foster and adoptive parents (prior to finalization) teach the skills and knowledge needed to carry out their duties in child welfare?" The majority (70%) they received ongoing training. The fact that almost 25% responded 'sometimes' bears consideration.



Caregivers were then asked, "From your perspective, what gets in the way of foster and adoptive parents (prior to finalization) getting the advanced skills and knowledge from ongoing training?" Note that only 20 people responded, so the data is based on a very small sample size.



Comments from those selecting 'other' included:

- *"Access to the training, training at inconvenient times, and no childcare during the training."*
- *"I think it's a few of the above. Each child served is completely different and the topics are all very general. In those trainings there is not enough time to practice the skills."'*
- *"I was never offered training prior to finalization of permanent guardianship."*
- *"Not enough trainings are offered."*
- *"Presenter's knowledge of the subject is limited at times, I feel, but also the topics are too general, so kind of a combination."*

- Availability of resources and supports remains an ongoing challenge in our ability to provide consistent and available training to rural areas. Use of interactive training modules, online training resources, and training DVD's have assisted our efforts, yet foster parents and case management staff continue to voice this need.

- Feedback from the PRIDE sessions and Stakeholder comments acknowledge North Dakota's desire to increase the availability of resources and supports for non-licensed relative (kin) providers. Discussions will continue an effort to identify and implement solutions.

FACILITY AND INSTITUTION TRAINING – INITIAL & ONGOING

The North Dakota Department of Human Services 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 ND 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
Certified CPR and Automated External Defibrillator Training
Certified Nonviolent Crisis Intervention Training
Child Abuse and Neglect Mandated Reporter Training
Training Addressing Children's Emotional Needs
Suicide Prevention Training

In addition to 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. CFS, as the licensing agent, schedules one licensing visit annually at each of the RCCFs. CFS completes an additional "random-site visit" at three of the facilities each year. 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. At this time, CFS does not have comprehensive data showing the number of RCCF staff who receive ongoing training.

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.

As a result of the PbS data, a challenge was identified related to the difficulty in obtaining ongoing training for facility staff due to the high cost and lack of

availability. CFS addressed to this challenge by securing $71,000 in state general funds to support ongoing facility training needs for the 2015-2017 biennium. Training topics include: Opportunities to best meet the needs of children in placement; Secondary trauma training for staff; Reduction of restraint; Positive behavior modification techniques; and Trauma informed care practices. The funding has been divided into three portions; $20,000 to the CFSTC contract specific to secondary trauma training; $11,000 for facility statewide training each fall; and $40,000 for individual RCCF training requests (up to $3,000 per training) for onsite program enhancement training.

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).

The most current version of the administrative rules, NDAC 75-03-17, became effective on 4/1/16. 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
Therapeutic Crisis Intervention/Prevention Intervention*
Suicide Awareness and Prevention Training
Standard Precautions as used by the Center for Disease Control and Prevention
Institutional Child Abuse and Neglect
Cardiopulmonary Resuscitation*

**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 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.

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.

In addition to state licensure, each PRTF is also required to be accredited by a nationally recognized accrediting organization. The BHD conducts licensure visits every two years and technical assistance site visits in the interim year. A current focus on the technical assistance site visits is the review of licensure rule amendments and related new reporting requirements.

Technical assistance site visits are also conducted to receive feedback from the providers regarding indicated training needs for all levels of staff.

The BHD contracts with PbS for Communities to provide ongoing data in relevant areas to continuously monitor programing and effectiveness of programming. Among the data sets are surveys on staff responses regarding training that staff prioritize. The PbS for Communities program provides significant data to both help determine staff's training needs and facility improvement plans, which could be directly related to staff training.

The BHD has sponsored Trauma Focused Cognitive Behavioral Therapy training on an annual basis and there are currently five PRTF clinicians completing that training. The BHD has also ensured that critical topics for training for facility staff are part of the semi-annual 3-day Behavioral Health Conference. The most recent conference in May 2016 hosted several sessions on suicide awareness and prevention.

Employee files are reviewed during the licensure visits and facility providers are identifying specific training planned during the technical assistance site visits.

Data gathered from new reporting requirements will help assess the effectiveness of program's training activities. There are two specific areas of reporting that will address potential training needs. First, facilities have to report on facility improvement plans. Those plans will allow the BHD to track any staff training

component that is part of the plan and the plan outcomes will help assess the effectiveness of the training as well as other components. Second, facilities have to report on any incident of seclusion or restraint, including the programmatic review of each restraint. This data will allow for the BHD to initiate recommendations regarding training. The data accumulated on restraint and seclusion, such as trends, nature of restraint and seclusion incidents, etc. will provide data to assess the impact of any staff training related the organizations ability to therapeutically respond to residents.

Strengths and Concerns

- Strong data on staff training for North Dakota RCCFs and PRTFs is not currently available. However, data gathered through PbS will provide useful information going forward.

E. Service Array and Resource Development

Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the 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.

Please provide relevant quantitative/qualitative data or information that show:

- The state has all the above-referenced services in each political jurisdiction covered by the CFSP;
- Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the CFSP.

State Response:

North Dakota recognizes this is an Item for which interviews with key Stakeholders are necessary in assessing the state's performance. Per the information provided, our review suggests this Item is an Area Needing Improvement.

Please see Service Description in North Dakota's 2015-2019 CFSP for a complete list of services available through North Dakota's child welfare system. There have been no significant changes to the service array as described. It should be noted that three Children's Advocacy Centers, located in Bismarck, Minot and Fargo with outreach to Dickinson, Belcourt, and Grand Forks, continue to provide statewide services to communities in North Dakota, including tribal communities.

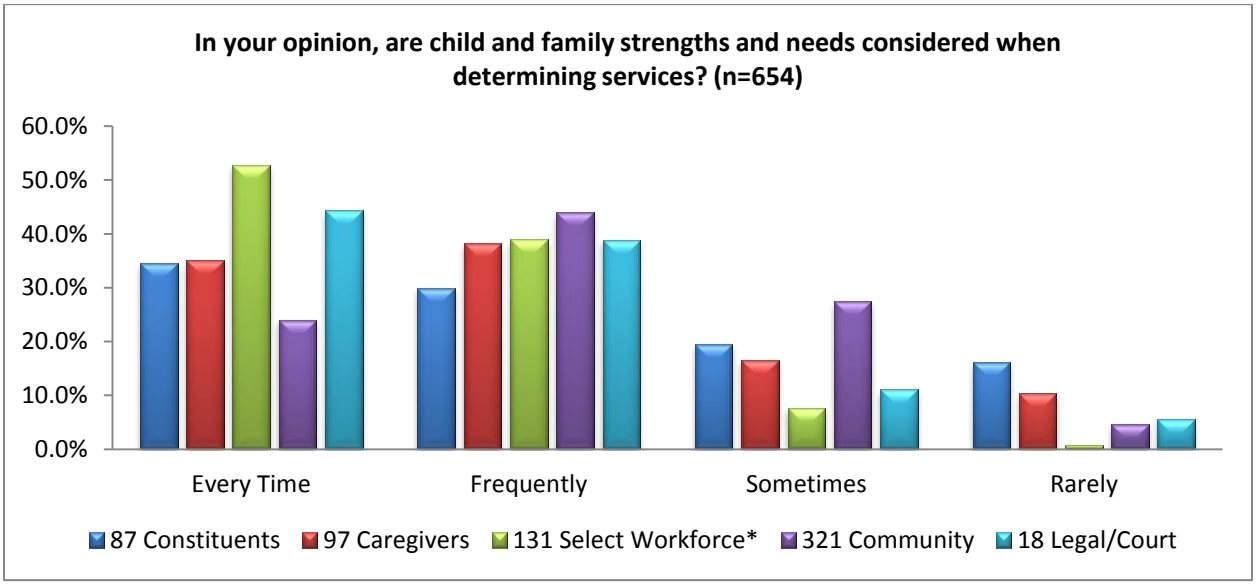
Data and Information

- Services provided under Title IV-B Subparts 1 & 2, Chafee, ETV, CAPTA, Title IV-E, CBCAP, Adoptions and Legal Guardianship Incentive Funds, and State General Fund appropriations to CFS have been identified under the following categories. Those in **bold type** above are available statewide.

Category 1: Services that assess the strengths and needs of children and families and determine other service needs

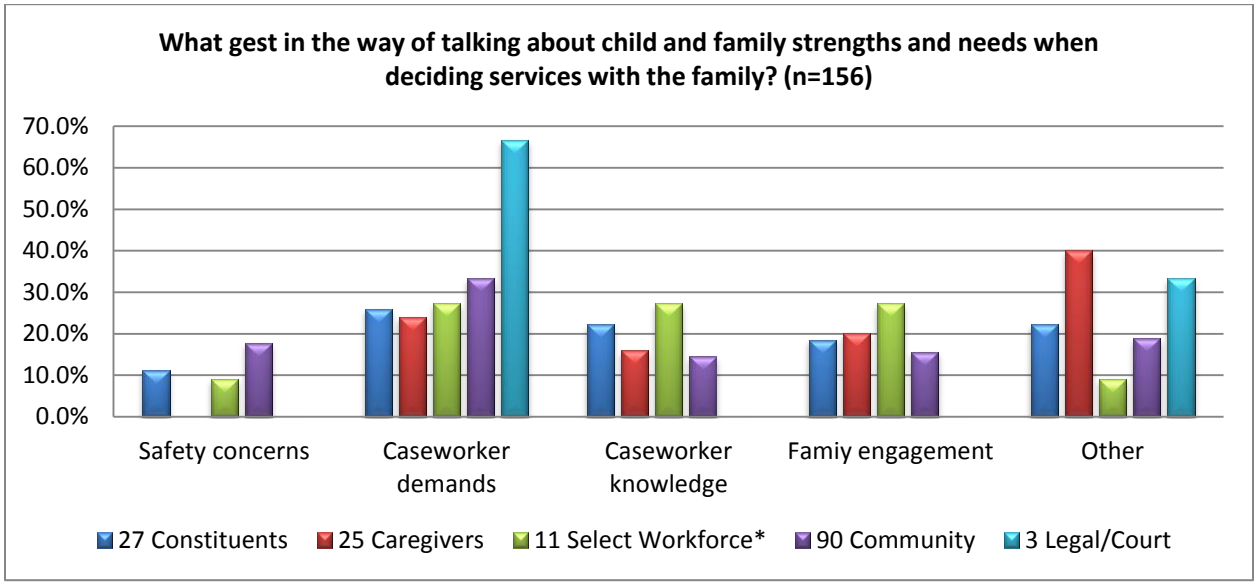
In-Home Case Management
Family Group Decision Making
Family Team Decision Making
Intensive In-home Family Therapy
PATH Therapeutic Foster Care
Residential Facilities
Chafee Foster Care Independence Living Program (PATH)
Youthworks Shelter Care

Within the Statewide Survey, Stakeholders were asked, "In your opinion, are child and family strengths and needs considered when determining services?" The 654 Stakeholders responded as shown below. The majority of respondents (73%) answered 'every time' or 'frequently.'



**Select Workforce = agency supervisors and caseworkers*

The respondents who answered either 'sometimes' or 'rarely' were asked the follow-up question, "What gets in the way of talking about child and family strengths and needs when deciding services with the family?" The majority (31%) indicated caseworker demands was the primary barrier.



**Select Workforce = agency supervisors and caseworkers*

Of the 22% who answered, 'Other,' they expressed such issues as the following:

- *"All of the above and there is not enough time scheduled to talk about real issues and do real collaboration. It continues to be an overburdened system with not enough caseworkers, foster parents, or appropriate supportive services for families with real issues."*

- *"Case worker does not know resources in county area or what is available or what those resources can provide. So many times there are services that can be used that are not utilized and on the other spectrum there are times a referral is made to a voluntary program calling it 'services required' but those services are actually considered voluntary. So the case will close with the referral and in long term no services are in place."*

- *"Seems as though the concerns of the foster child are not important."*

- *"I think a variety of things get in the way/happen-case workers DO NOT LISTEN to the family-I feel this is the biggest concern and problem! Once the parent has a bad rep in the community NO ONE is willing to give that parent another chance to prove themselves! We live in a small community and opinions are formed BEFORE ever meeting the parent/family. I feel many of the families I work with are NOT treated fairly!"*

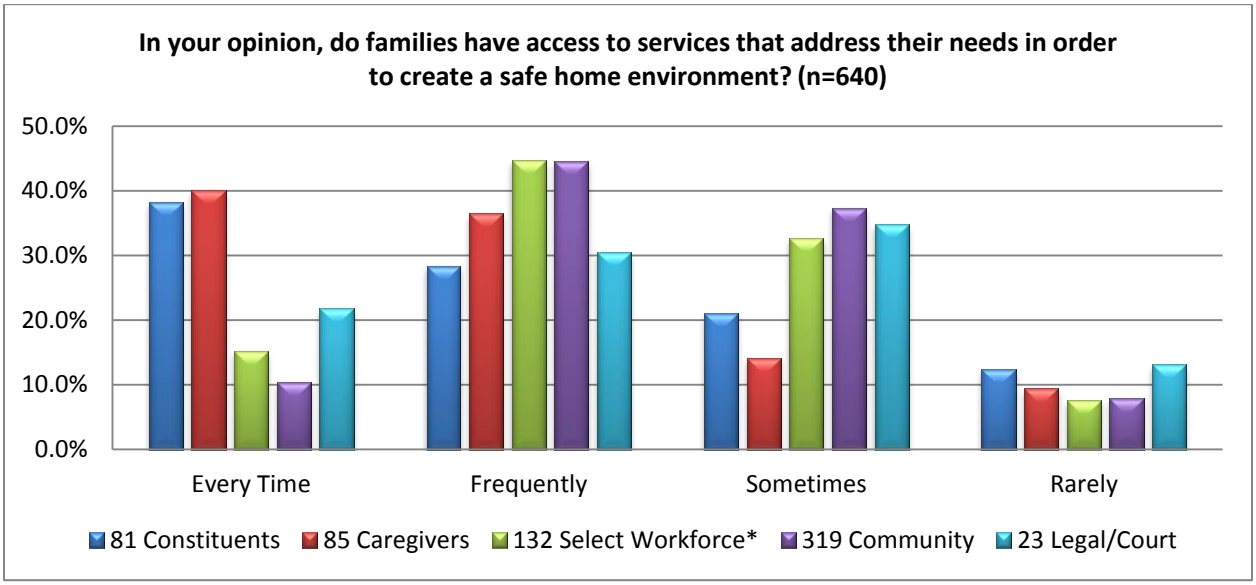
- *"Ego and attitude of county worker."*

- *"There is little fidelity in our systems to support child-family centered strength based orientation and approach - this is evidenced by pervasive work culture focused…on meeting expectations of federal, state, and community angst vs truly being family and child centered in our policies/print/action…Staff should be rewarded for meeting those criteria (which change little over time) rather than federal metrics that become flavor of the year and well-intended but mechanistic and overtake agenda/time/energy/effort.... only to be replaced with a new set of targets in vogue every few years. Safety - Permanence -Belonging require review - how do we balance those in keeping with the stated models in concert with risk management? How do we sanction family strengths that may not fit the dominant community perception and mindset?"*

Category 2: Services that address the needs of families in addition to individual children in order to create a safe home environment

Child Protection Services
The Nurturing Parent Program
Prevent Child Abuse North Dakota
Parent Resource Centers
Children's Advocacy Centers
In-Home Case Management
Parent Aide
Intensive In-Home Family Therapy
Safety Permanency Funds
TANF Kinship Care Program

Within the Statewide Survey, the same Stakeholder groups were asked, "In your opinion, do families have access to services that address their needs in order to create a safe home environment?" The 640 Stakeholders responded as shown below. The majority of respondents (60%) answered 'every time' or 'frequently.'



**Select Workforce = agency supervisors and caseworkers*

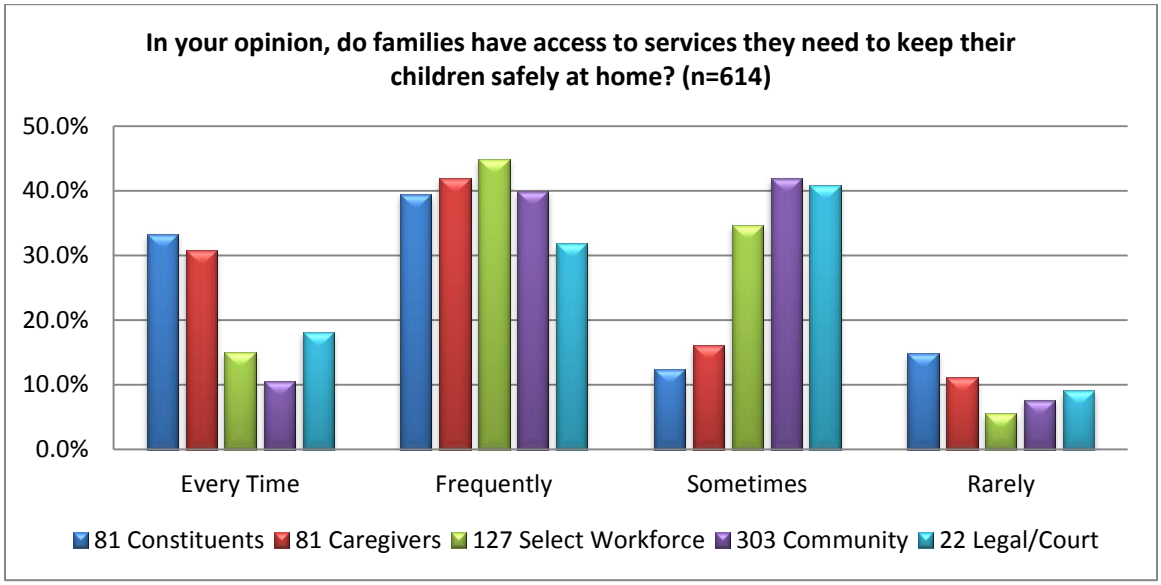
The respondents who answered either 'sometimes' or 'rarely' to the two questions above were then asked the follow-up question, "What gets in the way of families receiving services they need to create a safe home environment?" The top three issues identified were:

- Lack of family engagement
- Lack of addiction services
- Lack of mental health services

Category 3: Services that enable children to remain safely with their parents when reasonable

In-Home Case Management
Intensive In-home Family Therapy
Parent Aide
Prime Time Child Care
Safety Permanency Funds
Tribal Family Preservation Services

The same Stakeholder groups were asked, "In your opinion, do families have access to services they need to keep their children safely at home?" The 614 Stakeholders responded as shown below. The majority of respondents (58%) answered 'every time' or 'frequently.'



**Select Workforce = agency supervisors and caseworkers*

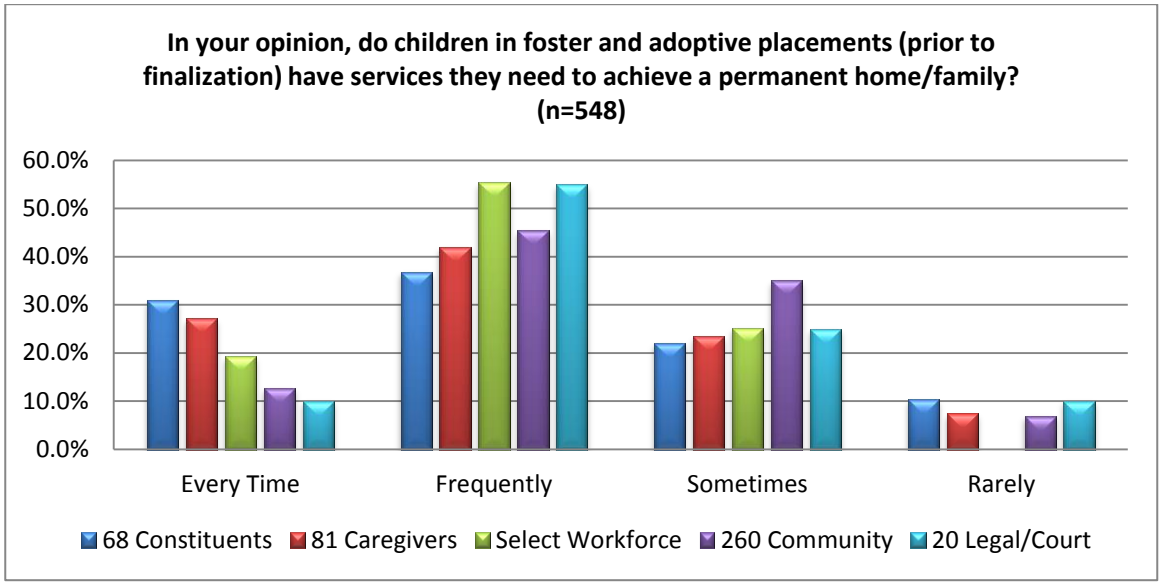
The respondents who answered either 'sometimes' or 'rarely' to the two questions above were then asked the follow-up question, "What gets in the way of families receiving the services they need to keep their children safely at home?" The top three issues identified were the same as those of the previous section:

- Lack of family engagement
- Lack of addiction services
- Lack of mental health services

Category 4: Services that help children in foster and adoptive placements achieve permanency

Foster Care Case Management Services (county, DJS, tribal IV-E)
Safety Permanency Funds
AASK (Adults Adopting Special Kids)
In-Home Case Management
Intensive In-home Family Therapy
Subsidized Guardianship
Subsidized Adoption
ND Post Adoption Network

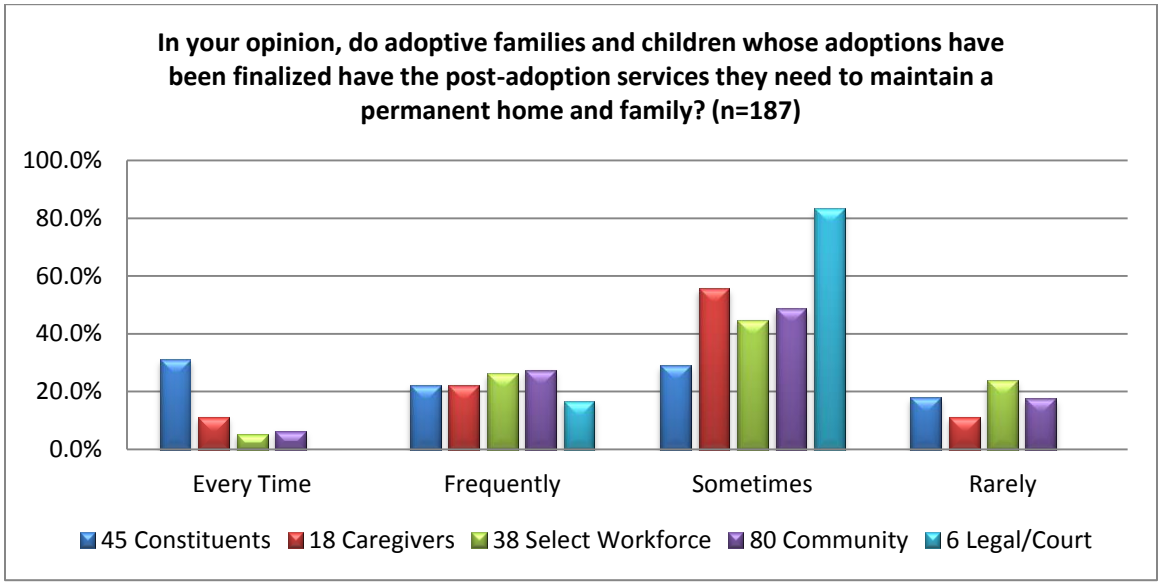
The Stakeholder groups were asked, "In your opinion, do children in foster and adoptive placements (prior to finalization) have services they need to achieve a permanent home/family?" The 548 Stakeholders responded as shown below. The majority of respondents (65%) answered 'every time' or 'frequently.'



The respondents who answered either 'sometimes' or 'rarely' to the above question were then asked the follow-up question, "What gets in the way of families receiving the services they need to keep their children safely at home?" The top three issues identified were the same as those of the previous section:

- Lack of mental health services
- Lack of family engagement
- Waiting list for services

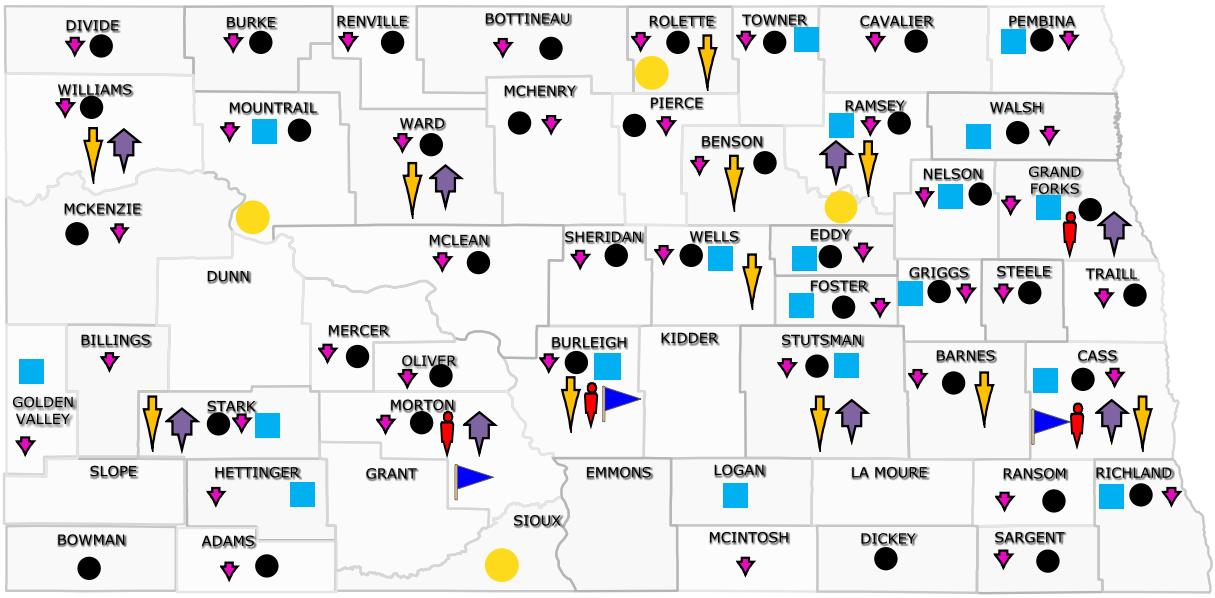
The selected Stakeholder groups were then asked, "In your opinion, do adoptive families and children whose adoptions have been finalized have the post-adoption services they need to maintain a permanent home and family?" The 187 Stakeholders responded as shown below. A minority of respondents (37%) answered 'every time' or 'frequently.'



The respondents who answered either 'sometimes' or 'rarely' 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?" The top three issues identified were the same as those of the previous section:

- Lack of support services (i.e. respite care, parent aide)
- Lack of mental health services
- Waiting list for services

- The following map shows services that are available in North Dakota jurisdictions. Because not all counties currently receive federal or state funding sources for parent aide or in-home case management, only those that receive such funding are included on the map.



Family Preservation Services Funded Through Children and Family Services

In-Home Case Management	*Parent Aide*	*Nurturing Parenting Program*	*Tribal Family Preservation*
Prime Time Childcare	*Family Team Decision Making*	*Parent Resource Centers*	*Youthworks*

- The CFS Division utilizes state general funds to provide Family Preservation Services contracts with each of the four federally recognized tribes in the state. Each tribal social services office has the option to select which Family Preservation service or services they will offer. For the time period of FFY 2015, tribal social service offices reported the following data:
  - Three Affiliated Tribal Social Services provided parent aide services to 12 families and prevented out of home placements in 68% of the cases.
  - Turtle Mountain Tribal Social Services provided in-home case management and parent aide services to 54 families and prevented out of home placements in 78% of the cases.
  - Spirit Lake Tribal Social Services provided parent aide services to 81 families. At the time of this data submission, Spirit Lake Tribal Social Services explained they provide services only to those children and family members who are IV-E eligible, in situations where the child is in a foster home or facility. However, it is noteworthy that they have provided site

visitation for 25 youth who are under the care of BIA Social Services. These site visits are part of the transition of CPS back to Tribal Social Services.

- Standing Rock Tribal Social Services provided parent aide services. Data was not available at the time of this writing.

- North Dakota's child welfare system also utilizes services funded and supported through other federally and state supported programs, such as Medicaid, and Temporary Assistance to Needy Families (TANF), along with multiple behavioral and mental health services. Many of these services are available statewide, yet also represent our challenge in which service gaps exist across political jurisdictions.

Strengths and Concerns

- Recently, a North Dakota RCCF developed a Trauma Recovery Unit within their facility to provide:
  - A separate on-campus living space for residents struggling with trauma re-activated behaviors
  - A safe, nurturing environment where residents receive intensive therapeutic support to develop and apply effective prosocial and emotional regulation skills
  - An individualized treatment plan with specific short term goals
  - One-on-one assistance with school work, daily therapy, and case management sessions
  - Daily progress reviews by the treatment team to ensure the residents' needs are being addressed, and to assess readiness to return to the larger therapeutic community

- As reported in Well-Being Outcome 3, the 2015 North Dakota legislative assembly afforded significant attention to the lack of available mental and behavioral health services in the state. Bills were passed to support the development of family support, assessment and stabilization services accessible to families and custodial agencies. Additionally, DHS received additional state general funds to support a substance abuse treatment voucher system with a focus on underserved areas in the state.

  The 2015 legislature also approved several interim studies including studying the feasibility of a loan repayment program for mental health and addiction treatment professionals, a mental health resource network, and consideration of behavioral health service access, availability, and delivery.

- As of this writing, it is not known if the studies will result in bills being proposed to address the continued shortage of mental health and addiction treatment services. It is significant to acknowledge that while service needs still exist, North Dakota is experiencing an economic downturn and it is probable state general funds resources will decline in the upcoming 2017-19 biennium.

- Stakeholders surveyed indicated the lack of addiction and mental health services are of significant concern in relation to ensuring child safety. Additionally, concerns related to efforts to effectively engage families in services was frequently identified.

- The lack of post-adoption services has been a longstanding challenge in North Dakota, and this was clearly a primary concern for the Stakeholders. It is important to note that during FFY 2016, the CFS Adoption Administrator utilized adoption incentive funding to support post-permanency services for any family who has adopted a child, or families who have assumed legal guardianship of a child through foster care. AASK hired a post-adoption specialist to work with eligible families in January 2016.

- Out of home placement resources are in limited supply. North Dakota greatly exceed the national standard for children placed in congregate care. Additionally, concerns have been shared specific to the limited number of foster family homes able to take large sibling groups, and the number of youth being placed out of state in order to meet their complex treatment needs.

- More services to prevent removal are needed. Concerns related to waiting lists for intensive in-home services, for parent aide services to be more available prior to a foster care placement, more post-adoption services to support permanency, a request from many jurisdictions to have Family Team Decision Making Services available statewide.

- An ongoing challenge in most North Dakota jurisdictions is locating dentists who accept Medicaid.

Item 30: Individualizing Services

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

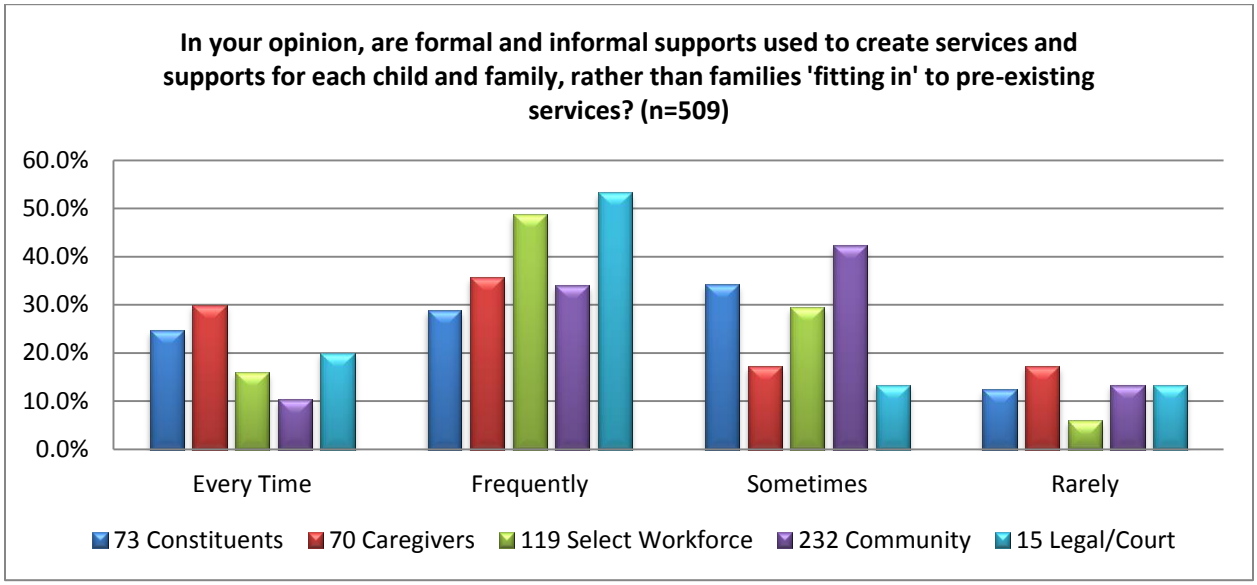
Please provide relevant quantitative/qualitative data or information that show whether the services in item 29 are individualized to meet the unique needs of children and families served by the agency.

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

State Response:

North Dakota believes this Item is an Area Needing Improvement, based on the information provided below. Additional input through review of OSRI Item 12 (Needs and services of children, parents, and foster parents) and the Stakeholder interviews could be helpful in learning more about how this item is functioning in the state.

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. Within the Statewide Survey, Stakeholders were asked, "In your opinion, are formal and informal supports used to create services and supports for each child and family, rather than families 'fitting in' to pre-existing services?" The 509 Stakeholders responded as shown below. A small majority (54%) answered 'every time' or 'frequently.'



The respondents who answered either 'sometimes' or 'rarely' 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?" The top five issues identified were the following:

- Lack of collaboration between Child Welfare, Behavioral Health, Developmental Disability, and Tribes
- Lack of services tailored to meet the meet the needs of parents
- Shortage of Native American foster homes
- Lack of residential services for dually diagnosed children
- Lack of developmentally appropriate services for older youth

Data from the state's CFSR case reviews for the former Item 17, *Needs and Services of Children, Parents, and Foster Parents*, reflect that overall the item is an area needing improvement, yet as noted previously, a majority of those cases are lack of concerted efforts to engage with the absent parent. Ratings on foster care cases over the 2010-2015 regional CFSRs show 65.8% were rated Strength, while only 54.9% of in-home cases were rated Strength. A challenge with this data is that it's not broken out by the three populations addressed (i.e. children, parents, and foster parents.

Strengths and Concerns

- A noted strength for this Item is the availability of Safety Permanency funds available to local counties (see CFSP for a complete description). The funds are flexible and can be accessed for a variety of purposes to support of the following:
  - Assist with goal of reunification
  - Assist with other permanency goal
  - Assist with safety and stabilization of family
  - Enhance family well-being
  - Placement prevention

- Another noted strength is the availability of interdisciplinary 'regional teams' as a resource for child and family teams 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.

- Comments from Stakeholders in the Statewide Surveys demonstrate that despite the above strengths, lack of fidelity to the Wraparound Practice Model means that child and family teams struggle with developing individualized case plans. Complicating this is the fact that services are not universally available in all North Dakota jurisdictions.

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F. Agency Responsiveness to the Community

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

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

> Please provide relevant quantitative/qualitative data or information that show that in implementing the provisions of the CFSP and 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.

State Response:

North Dakota acknowledges Stakeholder interviews will likely be needed to determine functionality of this item.

Please refer to pages 5-9 of this assessment for a list of Stakeholders participating in its development.

As reported in the 2015—2019 CFSP, CFS program administrators actively participate in several regularly scheduled meetings of the following:

- ND County Social Services Directors Association
- Behavioral Health Youth Council
- County Supervisors Committee
- CFS Committee (subcommittee of the county directors association)
- Regional Supervisors of County Social Services
- Court Improvement Project

In addition, CFS Program Administrators, and the CFS Director, 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. An example demonstrating how Stakeholder feedback is operationalized can be seen in CFS's response to statewide child welfare workforce challenges. As a result of community feedback received during the state's strategic planning meetings, statewide child welfare workforce challenges were explored and ultimately became a goal of the state's 2015-2019 CFSP. The University of North Dakota participated in the strategic planning sessions, and at that time they were simultaneously applying for the National Child Welfare Workforce Institute (NCWWI) grant. CFS continues to partner with this initiative and further details are referenced in the state's CFSP and APSRs. Since FFY 2015, the state has experienced positive changes in this focus area.

While strong coordination efforts continue statewide, and at all levels of the state's child welfare system, within the Statewide Survey, stakeholders were asked, "What do you believe are the barriers the following groups experience in talking about child welfare system strengths, needs and issues?" The groups listed were:

- Parents, caregivers, and children/youth
- Foster care providers
- Adoptive parents
- ND Tribes
- Juvenile Court
- Other child and family serving agencies in your area (i.e. schools, Head Start, Developmental Disability, service providers and mental health providers)
- Other federal or federally assisted programs serving the same population (TANF, Economic Assistance Programs, Child Support Enforcement, etc.)

Compelling feedback was received including:

- *"The state maintains separations between service provision for behavioral health, juvenile justice, MA and social services based on funding streams and does not allow for collaborative planning and intervention. These issues are viewed as separate rather than a part of the pie. State legislature and state leadership do not understand practical implementation of the regulations and what it truly takes to do the job. The groups are not formally put together to discuss the issues and work together for solutions."*

- *"Again, 17 years of experience...Mental health is a non-issue in North Dakota. Out of sight, out of mind. Input from direct care employees is never addressed, never asked for, except for impertinent surveys."*

- *"Child welfare needs that affect children in our schools have not been communicated to our school systems, which results in a system that is not trauma informed, although as a school social worker I am working to address these items. A large system collaborative approach would be beneficial to those serving at the ground level to provide evidence base interventions."*

- *"This question makes me angry. How is a County Social Services agency supposed to TAKE time, which it does not have, to do ANYTHING? The question should have been whether the agency HAS time. Our perception is that, to the extent that our County agency people do talk to the groups listed above, it's because they're GIVING their time to do it."*

- *"I think many see the issues as far outweighing the strengths and it becomes overwhelming when there aren't solutions in sight."*

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. Clearly, CFS's perception of a strong feedback loop is incongruous with what these Stakeholders report. Again, more information on the functioning of this item will be important to accurately assess this particular systemic factor.

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?

Please provide relevant quantitative/qualitative data or information that show the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

State Response:

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/EPSDT 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 reuniting a child with 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 Supervisor and the Regional Supervisor in turn works directly with the Child Support Division to obtain contact information on family with hopes to locate and secure relative placement options. In October 2010, the federal regulation, National Youth in Transition Database (NYTD), was implemented. In 2012, states were encouraged to work with Federal Parent Locator to gain current contact information on youth who have aged out of foster care and were in the age 19 and 21 NYTD survey populations. ND was given an opportunity to again work closely with the Child Support Division to meet this need. CFS provided the Child Support Division with the federal bulletin and had a conference call with both Division state administrators to ensure understanding of the need for the information. Small states have challenges, but working closely with the same people on similar topics can offer great strength to solutions. After one phone call, CFS was given a specific form from Child Support to use when requesting information on NYTD survey youth via Federal Parent Locator. Every reporting period, CFS has relied on this coordinated effort to receive information from the FPLS to contact youth directly.
- 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 houses the Head Start Collaboration Office, supporting the coordination of services to families with low income and young children. As an example of the partnerships taking place, the Early Childhood Services Administrator, Child Care Assistance Program, and the Head Start Collaboration Office Administrator have worked with programs across the state to provide a method of Early Head Start and Child Care Partnerships delivery that serves families, and encourages programs to collaborate. The partnership has worked to create an alternate system for Child Care Assistance funds, and their disbursement, to the Early Head Start Child Care Partnerships that allows families to remain in the program for a longer period of time before need to reapply for services. In addition, quarterly meetings are held to address any barriers in providing the services and the partnerships. In addition, the Early Childhood Services Administrator and Head Start Collaboration Office Administrator have attended trainings on the EHS-CC Partnerships with the programs in order to understand the difficulties they face and the achievements they have experienced. The Head Start Collaboration Office distributes a flyer and an advertisement on an annual basis to remind caseworkers and foster parents 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/ND), LSS/ND administers the Refugee Cash Assistance through a Wilson/Fish Alternative Project. In addition, LSS/ND 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.

- Seven parenting and family resource centers receive CBCAP dollars to fund specific parent support and education activities for the prevention of child abuse and neglect. These centers are local, collaborative efforts providing opportunities for evidence-based parent education for parents and caregivers. The Parent Resource Centers participate in a Family Life Education Program, a partnership with North Dakota State University Extension Service.
- 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. All four agencies have opted to provide Parent Aide services. One agency has also elected to provide 'Wraparound case management,' or in-home case management services, in an effort to prevent out-of-home placements. 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. Examples of such activities include:
    - Dept. of Corrections- PREA (Prison Rape Elimination Act) compliance to provide a way for youth to external from the facility to report assaults in the correctional facility. Through partnerships between the State Child Protection Team, the local Children Advocacy Center (CAC) and the ND Youth Correctional Center (YCC) a process was developed and implemented for youth at YCC to report assault in the facility. The facility has a box where youth can place a paper if they have been harmed/ sexually assaulted in the facility. The facility has the ability to look to see if there is anything in the box however, they do not have a key to open the box. Staff checks the box every evening and if they see there is anything in the box it is taken to the PREA coordinator. The coordinator then drives the box to the local CAC. The CAC staff has the key and opens to box to assess what is inside; this is done independently from the PREA coordinator. At that time the CAC staff assesses the information and proceeds with the appropriate response which may include reporting to law enforcement and/or Institutional Child Protection.
    - Residential Child Care Facility Licensor- After reviewing a completed suicide and multiple suicide attempts in residential facilities the State Child Protection Team made recommendations to the residential facilities and the licensing authority to have "cut down" tools readily accessible in every licensed facility. Facility administrators and licensing authority recognized the importance of this tool and its benefit to youth in emergent situations and a majority of the facilities have purchased this tool and now have emergency response kits readily available.
    - Developmental Disabilities Division- After a case staffing the State Child Protection Team recommended that Developmental Disability residential facilities need to strengthen their policies and increase staff

training on when and how to report ICPS. This was due to staff's lack of ICPS knowledge and the protocols in place for staff to report suspected institutional child abuse and neglect being unclear. The Developmental Disabilities facility licensor, State Child Protection Team member, worked with DD residential facilities across the state to strengthen their policy and protocols in regards to recognizing and reporting institutional child abuse and neglect. This was done by providing training for the staff and identifying in policy the steps for staff to take when completing a report of suspected institutional child abuse and neglect.

- Local county agencies coordinate housing services available within their communities. Two specific communities, Grand Forks County and Cass County, have received competitive Housing and Urban Development grants to support Family Unification Program (FUP) vouchers. Bismarck and Minot applied and were denied the vouchers. Housing Choice Vouchers (HCVs) are provided to two different populations:
    - Families for whom the lack of adequate housing is a primary factor in:

        a. The imminent placement of the family's child or children in out-of-home care, or

        b. The delay in the discharge of the child or children to the family from out-of-home care.

    There is no time limitation on FUP family vouchers for this population.

    - Youth at least 18 years old and not more than 21 years old who left foster care at age 16 or older and who lack adequate housing.

    FUP vouchers used by youth are limited, by statute to 18 months of housing assistance.

- 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. PCAND also convened the Home visitation Coalition and developed a directory of HV programs available in the state which can be viewed at: http://www.ndkids.org/images/Home_Visitation_Directory.pdf

- The coordination between CFS and PCAND is strengthened through PCAND's role as administrator for the Early Childhood Comprehensive Systems grant. Information on this effort can be found at http://mchb.hrsa.gov/programs/earlychildhood/comprehensivesystems/

- CFS and the University of North Dakota's (UND) Department of Social Work are collaborating to establish a formalized state-wide child welfare supervisor and mentor training program. Support for this initiative is being provided by the National Child Welfare Workforce Institute through funding from the Children's Bureau. CFS Director and Chair of the UND Social Work Department are participating in the NCWWI Leadership Academy for Director and Deans (LADD). The work of the LADD initiatives is expected to foster transformational change across agency-university partnerships and enhance workforce outcomes. North Dakota's change initiative is to implement a sustainable program for multi-level supervisory training and mentoring that will serve the entire state of North Dakota.
- CFS and the Behavioral Health Division of ND DHS will resume a coordination effort to continue trauma informed practice initiatives within the state. Immediate efforts will focus on selecting and implementing a trauma screening tools for use by child welfare case managers.
- CFS participates as an active member of the state's Health Care Oversight Committee. Work through this committee supplies data and information to support the work of CFS in maintaining the Health Care Services Plan of the CFSP.

North Dakota believes this item is a Strength for CFS.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

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

> Please provide relevant quantitative/qualitative data or information that show the state's standards are applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

State Response:

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 Supervisor, 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.

ND has 11 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 completes an additional "random-site" visit with 3 of the facilities. DHS determines which three facilities will receive the random site visits based on a

variety of factors including, but not limited to, an Institutional Child Protection Team staffing that warrants further follow up, newer and more inexperienced facilities needing additional technical assistance, or feedback from child welfare partners.

The licensing team consists of the DHS Licensing Administrator, Regional Supervisor, 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 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 of these areas that a facility cannot immediately provide proof of compliance with 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, 2014, all facilities were granted a one or two year license. During the licensing period July 1, 2014 to June 30, 2015, zero facilities were issued a provisional license, fiscal sanction or revocation of license, and 1 facility was placed on a correction order, which terminated at the

point the facility corrected the conditions. It is noted that CFS maintains information related to current variances for facilities but reporting functions have not been developed which would provide any meaningful data for this item.

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. and Catholic Charities North Dakota. These agencies provide licensed family foster homes and approved adoptive families for children in the state's foster care system. PATH ND, Inc. has a primary focus of therapeutic foster care and is a collaborative partner in the AASK Program. CCND is the lead agency for the AASK Program (Adults Adopting Special Kids) which is responsible for the assessment and approval of all adoptive families adopting children from the state's foster care system.

In 2016, one on-site licensing visit was made to PATH. During this visit, the licensing review team reviewed a total of 10 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 250 licensed homes which serve approximately 230 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 April 2016. 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. Case files reviewed during this

visit was 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 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.

While it is believed the checks and balances currently in place provide solid safeguards against inconsistent application of licensing standards, North Dakota recognizes there is opportunity to improve gathering data as to how this systemic factor is functioning statewide.

Item 34: Requirements for Criminal Background Checks

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

> Please provide relevant quantitative/qualitative data or information that show the state is complying 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.

State Response:

The state continues to comply with these requirements as described in the 2015-2019 CFSP and subsequent APSR's. 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 2015, the following numbers of background checks were completed:

ND Criminal Background Check Unit FFY 2015 Data	
Provider Level	**Total Checks Completed**
Foster Care – Family Home	864
Foster Care – PRTF	216
Foster Care – RCCF/Group	263
Foster Care – Volunteer (PRTF, RCCF, GH)	6
Adoption – Domestic	216
Adoption – Special Needs	220
Adoption – International	52
Adoption – Home Assessment Update	15
LCPA Employees	117
Fingerprint Check Totals	**1969**
Child Abuse & Neglect Index checks CY 15	11,901 992 Monthly Average

North Dakota participated in a title IV-E foster care eligibility review during the week of August 11, 2014. According to the report issued by the U. S. Department of Health and Human Services: "The primary review encompassed a sample of the State's foster care cases that received a title IV-E maintenance

payment for the six-month period under review (PUR) of October 1, 2013 – March 31, 2014. A computerized statistical sample of 100 cases (80 cases plus 20 oversample cases) was drawn from State data submitted to the Adoption and Foster Care Analysis and Reporting System (AFCARS) for the above period. All cases reviewed were from the original sample of 80 cases."

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: …
>
> - Safety requirements for the child's foster care placement as required at 45 CFR 1356.30."
>
> "The foster care provider's file was examined to ensure the foster family home or child care institution where the child was placed during the PUR was licensed or approved and that safety requirements were appropriately documented."

The requirements at 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. In addition, the report identified the state's quality assurance process as a positive practice:

> "The state has developed a quality assurance (QA) process to track and monitor program performance and to strengthen the proficiency of county staff responsible for eligibility determinations. Primary title IV-E program oversight and training is provided by a single title IV-E specialist in the state's central office who also manages the agency's information technology (IT) Help Desk.
>
> The QA process relies on peer-to-peer reviews involving county eligibility workers who periodically review each other's cases throughout the year. The process includes a feedback loop to county social services offices to assure review findings are shared with appropriate staff. The state title IV-E

specialist provides follow-up with county offices when eligibility issues are identified. Following this primary IV-E review, the state formalized its QA process for monitoring title IV-E eligibility in state policy and application"

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.

Since the 2016 APSR submission, three foster care eligibility quality assurance reviews have been completed involving a statewide sample when the collective results are analyzed. In all, 211 files were reviewed and results indicated 100% of files were in compliance with the required criminal background checks. Results further revealed that 78% of the files contained the necessary documentation in the files and 22% of the files received a corrective action finding requiring copies of the completed background checks be placed in the eligibility case file. As of May 20, 2016, 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
Aug 10-13, 2015	1/1/15 – 6/30/15	2 NCHSC 4 NEHSC 8 BHSC	70	70 (100%)	19 (27%)
Nov 16-19, 2015	4/1/15 – 9/30/15	3 LRHSC 5 SEHSC	70	70 (100%)	8 (11%)
Mar 14-17, 2016	4/1/15-9/30/15	1 NWCHSC 6 SEHSC 7 WCHSC	71	71 (100%)	20 (28%)

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 2012 where 40 randomly chosen adoption assistance files were reviewed. All records were found to be in compliance with the criminal background check clearance for adoptive placement.

This data represents to most recent quantitative data available for North Dakota specific to this component of the systemic factor.

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 2015, North Dakota achieved a face-to-face visitation rate of 95% with the youth in care.

North Dakota's 2015 NCANDS submission reflects there were three non-relative foster parent perpetrators. This was a decrease of one from the 2014 NCANDS submission where four 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.

Based on results of quality assurance reviews and federal review findings, CFS believes the state's process for ensuring criminal background checks is functioning statewide. There is a strong case management structure to address the safety of foster care and adoptive placements, yet the ability to extract data to prove functioning remains a challenge.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

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

> Please provide relevant quantitative/qualitative data or information that show the state's 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.

State Response:

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 focus efforts to equally addressing both general and targeted recruitment activities. The plan and updates are a part of the state's CFP 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 this report ran on June 7, 2016 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
I - Northwest	140	17	6	8	6	4	5	5	6	6	7	3	5	10	10	10	13	12	4	2	1
II - North Central	169	12	18	6	13	9	7	7	8	9	9	5	11	5	5	9	14	15	7		
III - Lake Region	214	16	13	20	17	12	20	14	9	14	9	10	7	14	7	12	10	4	4	2	
IV - Northeast	227	20	18	11	13	15	18	12	12	19	10	7	6	10	9	10	16	17	3	1	
V - Southeast	274	22	22	18	18	16	13	15	10	12	7	15	13	11	9	21	28	14	9	1	
VI - South Central	83	5	4	4	6	7	5	1	6	4	1	8	2	4	4	7	9	5		1	
VII - West Central	206	14	10	6	6	10	12	6	8	16	12	10	10	9	12	12	22	24	7		
VIII - Badlands	98	2	8	10	9	4	6	6	2	3	2	1	4	8	6	6	7	12	2		
Age Totals	1411	108	99	83	88	77	86	66	61	83	57	59	58	71	62	87	119	103	36	7	1

Unique Child Totals by Race

Race	Total
American Indian or Alaskan Native	563
Asian	8
African American	125
Native Hawaiian or Pacific Islander	12
White	788
Unable to Determine	47
Refusal by Client	0
Total	1543

Children by Gender

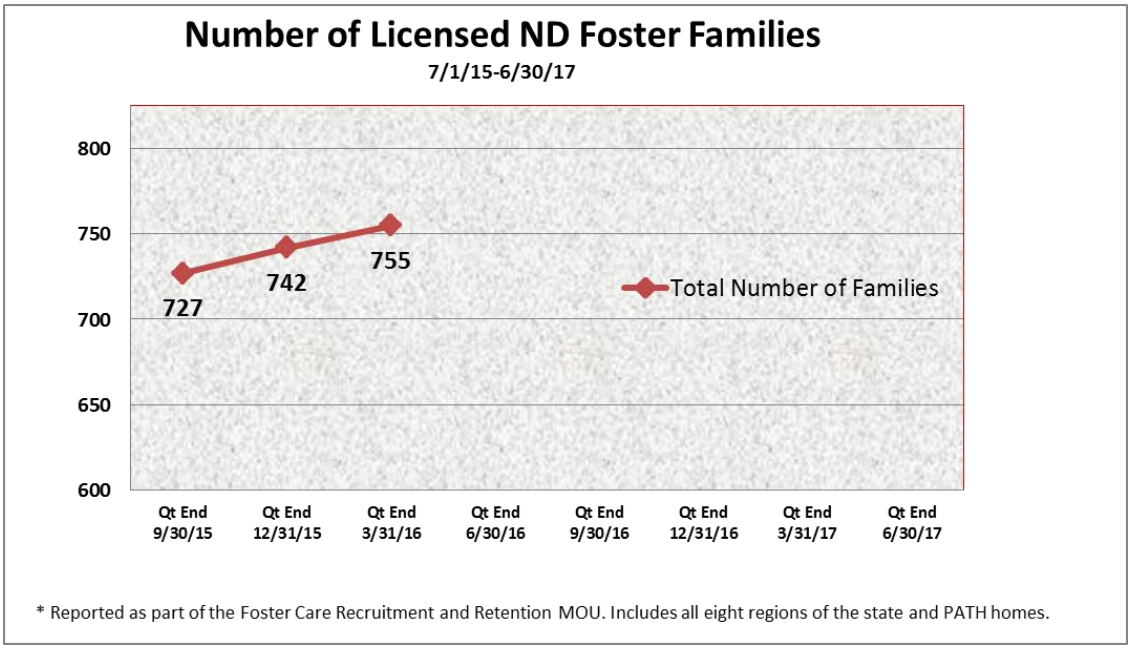
Gender	Total
Male	709
Female	702
Total	1411

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

A current limitation in regards to this systemic factor for North Dakota is that there is not an efficient and reliable 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 data collection process is not meeting the state's needs relative to this systemic factor. It is important to note that demographic information is captured in the data management system (CCIPS), yet reporting features foster parent demographic data has not been readily available. CFS plans to address these reporting needs in the coming year.

Recent data that is known regarding the number of licensed foster homes is as follows:

- Quarter 2 ended on December 31, 2015 with 742 homes licensed
- 420 inquiries about becoming a foster parent occurred the quarter
- 63 new families were licensed
- 49 families ended/terminated their license with reasons of:
    - No longer interested (9)
    - Moved (4)
    - Revocation (1)
    - Adoption (4)
- Quarter 3 ended on 3-31-2016 with 755 licensed homes



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 are population. Within this outcome the following observations and progress was noted by the various regional recruitment and retention coalitions:

- Majority of ND foster homes are of Caucasian race, however majority (over 85%) of ND census of racial population is known to be Caucasian.
- Trainings are provided to homes to assist in their cultural awareness.
- Relative recruitment is a priority; many relatives do not choose to get a foster care license.
- Region V (Fargo area) Recruitment and Retention Coalition reported the recruitment efforts offered expansion of Native American homes offering additional racial and ethnic diversity:

Racial, Cultural & Ethnicity	July 1, 2013	June 30, 2015
American Indian	8	13
Asian Pacific	3	3
Hawaiian Pacific	1	1
Hispanic	1	2
Black/ African American	4	5
Multi- Racial	6	6
Totals	23	30

Native American family home recruitment and retention remains a priority to accommodate Native American children placed in foster care. For example, Spirit

Lake Tribal Social Services (SLTSS), the Department of Human Services (Lake Region), Ramsey County, Eddy County and Benson County joined in partnership to better develop the Recruitment and Retention Coalition efforts in North Dakota Region III. SLTSS was offered assistance in recruitment and retention for Native American homes from the Casey Foundation. SLTSS in turn opened the invitation to local entities who would be viable long-term partners in the effort. The ND Team received technical assistance to gain tools on recruiting and retaining foster homes, with a special emphasis on engaging Native American families. The ND Team went to New Mexico in April 2015 to create a state plan, throughout the following months the ND Team met several times to collaborate efforts and meet the terms of the plan within their region. The ND Team returned to New Mexico in October 2015 to present their overall goal to engage more families living on and off the reservation. The ND Team was successful in meeting their goal to recruit 10 new Native American homes plus three new non-Native homes during that timeframe. The ND Team recognized that retaining the interest of families was challenging as the paperwork to become a foster parent was overwhelming. The ND Team accommodated the process and continues to mail pertinent basic information to the inquiring family, but later contacts the family for a face-to-face meeting to review the forms in person. This increased face-to-face engagement has assisted families with follow through and continues as a best practice in the region. Since this time, all partners remain in close contact with recruitment and retention efforts. Due to this heightened partnership, the community views the Recruitment and Retention Coalition 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 SFY 2015 (July-June) follows:

Family Adoption Assessment Information

Assessment Type	**Fiscal Year 15 Total**
New	87
Denial	1
Subsequent	17
Total:	**105**

Racial breakdown for all new/subsequent adoptive applicants:

African American:	2
Native American:	14
Caucasian:	158
Asian:	2
Multi-Racial	2
Hispanic:	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. As noted, the state has plans to review reporting opportunities to better capture data relative to the functioning of this systemic factor.

The state believes additional interviews with key stakeholders will assist in the assessment of performance regarding this item.

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

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

- Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

- Please include quantitative data that specify what percentage of all home studies received from another state to facilitate a permanent foster or adoptive care placement is completed within 60 days.

State Response:

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 reveal that on average for SFY15, 41% 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 2015, there was an average of 26 North Dakota 'waiting families' and 3 approved-out-of-state 'waiting families' receiving this packet (per AASK contract data).

- 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.

- "Match Events" - This year the AASK Program has hosted three local family events designed to provide waiting families an opportunity to meet and interact with waiting children, speak with workers and receive information on the adoption process. The events were hosed in June 2016 in Devil's Lake, Fargo and Bismarck. The current Heart Gallery was also displayed at each event. There were 50 – 70 attendees at each event. Family activities included lawn games, crafts, snacks and face painting. Match events are a relatively new recruitment tool used in North Dakota and the state is gathering data regarding any successful matches and outcomes as a result of these efforts. No outcomes data is currently available.

- AdoptUsKids – www.adoptuskids.org - 11 children were registered in calendar year 2015. Of those, eight are still available; three have been put on hold, with a placement pending. As of June 21, 2016, 18 North Dakota children are listed as 'active' on this website.

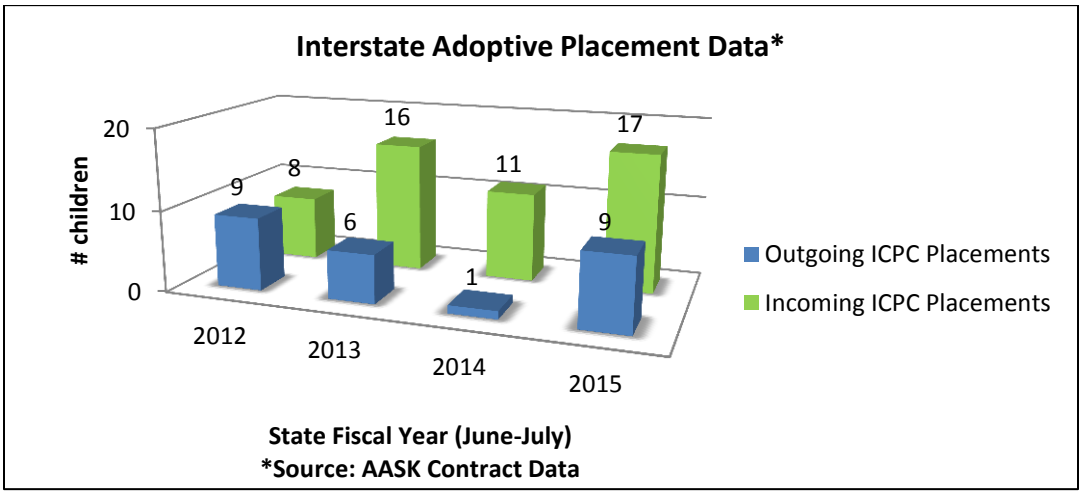
- ND Heart Gallery – www.ndheartgallery.org - from Nov 2014- Nov 2015 (the ND Heart Gallery's "Gala Year"), there were 34 children featured and 8 "Heart Connections" made as a direct result of the gallery's efforts. As of June, 21, 2016, there were 40 children served in the 2016 Gala, and potential families have been identified for 17 of the children.

- Wendy's Wonderful Kids – 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 SFY15, WWK served 49 youth with 13 matches occurring and one child's adoption being finalized. 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.

- The following data also demonstrates the use of cross-jurisdictional resources for adoption.
    - In FFY 2015, North Dakota's ICPC unit tracked 26 outgoing adoption ICPC requests.
    - Incoming and outgoing ICPC involved adoptive placements:



- 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:

Children Waiting for Adoption Overview

North Dakota: 2010, 2011, 2012, 2013

	2010	2011	2012	2013
Number	235	245	220	247
Number of Waiting Children Whose Parents' Rights Have Been Terminated	138	131	128	143

- AASK Contract data reveal that as of May 31, 2016, the program was working with 117 children on an active basis and of these children, 49 were receiving recruitment services. Additionally, AASK was working with an additional 359 children on a concurrent planning basis. Of this number, it is estimated that 182 youth may need recruitment services.
- During an interview with the program director on June 21, 2016, it was noted 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.

  The Director indicated utilization of interjurisdictional recruitment resources has been evident for all children. This qualitative information was relied upon as quantitative data regarding this pattern is not tracked.

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 Child and Family Team Meetings.

Timely Home Studies

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 109 foster care and thirteen adoption ICPC requests for a home study of a North Dakota family as a potential placement resource in FFY 2015. 58% of the foster are related home studies were responded to within the 60 day timeframe. 85% 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.

CFS recognizes there are several strengths regarding this item with the state's use of interjurisdictional resources for securing permanent placements for children. However, given the limited concrete data to support statewide functioning for at least 95% of children for whom this item applies, additional interviews with stakeholders may be valuable to further asses the functioning of the systemic factor. In light of the state's challenges completing incoming ICPC requests within 60 days, the state recognizes this overall item is an area needing improvement.