STATEWIDE ASSESSMENT

Child and Family Services Review – Round 4

Submitted July 19, 2024



Children and Family Services Section
Cory Pedersen, Director

Minor formatting adjustments may have been made to this document for 508 compliance. Content is unaffected.

NORTH Dakota | Health & Human Services
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SECTION I: GENERAL INFORMATION

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Children and Family Services Section

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Statewide Assessment Participants

NAME	AFFILIATION	ROLE IN STATEWIDE ASSESSMENT PROCESS
Bethany Akers	North Dakota Information Technology	Statewide Information Systems Subgroup Member
Vanessa Amburgey	Capacity Building Center for States	Consultant
Amy Bakken	NDDHHS – Children and Family Services	Cross Zonal CQI Team Focus Group Participant
Rachel Behm	UND Children and Family Services Training Center	Staff and Provider Training Subgroup Member
Harmony Bercier	University of North Dakota	Cross Zonal CQI Team Focus Group Participant
Kelsey Bless	NDDHHS – Children and Family Services	Staff and Provider Training Subgroup Co-Lead; Foster and Adoptive Parent Licensing, Recruitment, and Retention Subgroup Co-Lead; CFSR Steering Committee Member
Brianna Blue	NDDHHS – Children and Family Services	Agency Responsiveness to the Community Subgroup Member; Cross Zonal CQI Team Focus Group Participant
Gail Bollinger	Cass County Human Service Zone	Cross Zonal CQI Team Focus Group Participant
Nicole Bonderud	NDDHHS – Children and Family Services	CFSR Steering Committee Member; Outcomes Subgroup Co-Lead, Cross Zonal CQI Team Focus Group Participant
Amy Boyle	Ward County Human Service Zone	Cross Zonal CQI Team Focus Group Participant
Madison Brekke	Grand Forks County Human Service Zone	Cross Zonal CQI Team Focus Group Participant
Daniell Breland	Turtle Mountain Child Welfare and Family Services	Tribal Child Welfare Representative; CFSR Steering Committee Member, Outcomes subgroup member
Sabrina Brown	Administration of Children and Families	Federal Partner
Melissa Buchholz	Southwest Dakota Human Service Zone	Cross Zonal CQI Team Focus Group Participant

NAME	AFFILIATION	ROLE IN STATEWIDE ASSESSMENT PROCESS
Kelsey Buss	NDDHHS – Children and Family Services	Cross Zonal CQI Team Focus Group Participant
Tonya Canerot	NDDHHS – Children and Family Services	Case Review Subgroup member, Cross Zonal CQI Team Focus Group Participant
Donalda Charboneau	Spirit Lake Social Services	Tribal Child Welfare Representative, Agency Responsiveness to the Community Subgroup Member; Outcomes subgroup member CFSR Steering Committee Member
Kristi Chole	Northwest Judicial District	Cross Zonal CQI Team Focus Group Participant
Paula Condol	Dakota Children's Advocacy Center	Cross Zonal CQI Team Focus Group Participant
Karem Correa	NDDHHS – Children and Family Services	Statewide Information Systems Subgroup Member
Carissa Cox	UND Children and Family Services Training Center	Foster and Adoptive Parent Licensing, Recruitment, and Retention Subgroup Co-Lead; CFSR Steering Committee Member
Larry Dauksavage	Northeast Human Service Center	Cross Zonal CQI Team Focus Group Participant
Elizabeth Deserly	Capacity Building Center for Tribes	Consultant
Kara Eastlund	Catholic Charities North Dakota	CFSR Steering Committee Member; Agency Responsiveness to the Community Subgroup Member
Carmen Enerson	NDDHHS – Children and Family Services	CFSR Steering Committee Member
Lynn Flieth	RSR Human Service Zone	Cross Zonal CQI Team Focus Group Participant
Chelsea Flory	Burleigh Human Service Zone	Agency Responsiveness to the Community Subgroup Member; Cross Zonal CQI Team Focus Group Participant
Debora Flowers	Children's Bureau	Federal Partner
Kristi Fredrick	Ward County Human Service Zone	Cross Zonal CQI Team Focus Group Participant
Erin Gange	NDDHHS – Children and Family Services	Cross Zonal CQI Team Focus Group Participant
Lisa Giese	Roughrider Human Service Zone	Cross Zonal CQI Team Focus Group Participant
Bahu Gilliam	Administration for Children and Families	Federal Partner
Katherine Guffey	Capacity Building Center for States	Consultant
Kirsten Hansen	NDDHHS – Children and Family Services	Outcomes subgroup member, CFSR Steering Committee Member
Maurice Hardy	Dakota Central Human Service Zone	Cross Zonal CQI Team Focus Group Participant

NAME	AFFILIATION	ROLE IN STATEWIDE ASSESSMENT PROCESS
Sadie Harrison	Mountrail McKenzie Human Service Zone	Cross Zonal CQI Team Focus Group Participant
Kristen Hasbargen	NDDHHS – Zone Operations	Director
Sloan Henry	Native American Training Institute	Cross Zonal CQI Team Focus Group Participant
Carrie Hjellming	Southwest District Court	Cross Zonal CQI Team Focus Group Participant
Julie Hoffman	NDDHHS – Children and Family Services	Foster and Adoptive Parent Licensing, Recruitment, and Retention Subgroup Co-Lead; CFSR Steering Committee Member
Leah Honeyman	NDDHHS – Children and Family Services	Outcomes Subgroup member, Cross Zonal CQI Team Focus Group Participant
Scott Hopwood	Juvenile Court	Cross Zonal CQI Team Focus Group Participant
Tanya Howell	NDDHHS – Children and Family Services	Outcomes Subgroup member, Cross Zonal CQI Team Focus Group Participant
Christi Huber	North Star Human Service Zone	Outcomes subgroup member
Kim Jacobson	Agassiz Valley Human Service Zone	Cross Zonal CQI Team Focus Group Participant
Kelly Jensen	Northern Prairie Human Service Zone	Cross Zonal CQI Team Focus Group Participant
Tracey Johnson	Nexus-PATH	Staff and Provider Training Subgroup Member
Joy Jones	Capacity Building Center for States	Consultant
Tammy Juneau	RSR Human Service Zone	CFSR Steering Committee Member; Cross Zonal CQI Team Focus Group Participant
Lindy Kadrmas	NDDHHS – Children and Family Services	Statewide Information Systems Subgroup Co-Lead; CFSR Steering Committee Member
Kathy Kalvoda	NDDHHS – Children and Family Services	CFSR Steering Committee Member
Marilyn Kennerson	Children's Bureau	Federal Partner
Shelly Kinney	Mountrail McKenzie Human Service Zone	Cross Zonal CQI Team Focus Group Participant
Val Kirby	NDDHHS – Children and Family Services	Cross Zonal CQI Team Focus Group Participant
Kyleen Kitzman	Northern Prairie Human Service Zone	Cross Zonal CQI Team Focus Group Participant
Jamie Klauzer	NDDHHS – Children and Family Services	CFSR Steering Committee Member; Quality Assurance System Subgroup Member; Cross Zonal CQI Team Focus Group Participant
James Knopik	NDDHHS – Behavioral Health	CFSR Steering Committee Member

NAME	AFFILIATION	ROLE IN STATEWIDE ASSESSMENT PROCESS
Niki Kolberg	NDDHHS – Children and Family Services	Cross Zonal CQI Team Focus Group Participant
Allison Kosanda	Ward County Human Service Zone	Cross Zonal CQI Team Focus Group Participant
Bridget Koza	Administration for Children and Families	Federal Partner
Nicole Lang	Ward County Human Service Zone	Outcomes subgroup member, Cross Zonal CQI Team Focus Group Participant
Jennifer Leighty	Ward County Human Service Zone	Cross Zonal CQI Team Focus Group Participant
Dawn Lockrem	NDDHHS – Children and Family Services	Cross Zonal CQI Team Focus Group Participant
Trisha Martin	RSR Human Service Zone	Cross Zonal CQI Team Focus Group Participant
Michelle Masset	South Country Human Service Zone	Cross Zonal CQI Team Focus Group Participant
Cori Matthew	Capacity Building Center for Tribes	Consultant
Tracy Mertz	Three Rivers Human Service Zone	Cross Zonal CQI Team Focus Group Participant
Brittany Mesa	Roughrider North Human Service Zone	Foster and Adoptive Parent Licensing, Recruitment, and Retention Subgroup Member
Leah McCloud	Native American Training Institute	Foster and Adoptive Parent Licensing, Recruitment, and Retention Subgroup Member
Leanne Miller	NDDHHS – Children and Family Services	CFSR Lead; CFSR Steering Committee Member; Outcomes Subgroup Co-lead, Quality Assurance System Subgroup Co-Lead; Statewide Information Systems Subgroup Member
Monica Miller	NDDHHS – Children and Family Services	Staff and Provider Training Subgroup Member
Tracy Miller	NDDHHS – Children and Family Services	Service Array and Resource Development Subgroup Co-Lead; CFSR Steering Committee Member;
Megin Mitchell	NDDHHS – Children and Family Services	Cross Zonal CQI Team Focus Group Participant
Meg Morley	Youthworks	Cross Zonal CQI Team Focus Group Participant
Bethany Morrow	Agassiz Valley Human Service Zone	Cross Zonal CQI Team Focus Group Participant
Stephanie Morse	Buffalo Bridges Human Service Zone	Cross Zonal CQI Team Focus Group Participant
Mary-Kate Myers	Capacity Building Center for States	Consultant
Aimee Nehring	Northern Prairie Human Service Zone	Cross Zonal CQI Team Focus Group Participant

NAME	AFFILIATION	ROLE IN STATEWIDE ASSESSMENT PROCESS
Katie Nelson	NDDHHS – Children and Family Services	CFSR Steering Committee Member; Quality Assurance System Subgroup Member; Cross Zonal CQI Team Focus Group Participant; Case Review Systems Subgroup Co-Lead
Joan Nelson-Phillips	Capacity Building Center for States	Consultant
Morgan Nerat	Catholic Charities North Dakota	Staff and Provider Training Subgroup Member
Margaret Netzer	Burleigh County Human Service Zone	Cross Zonal CQI Team Focus Group Participant
Amy Oehlke	UND Children and Family Services Training Center	Agency Responsiveness to the Community Subgroup Member; CFSR Steering Committee Member; Staff and Provider Training Subgroup Co-Lead
Cory Pedersen	NDDHHS – Children and Family Services	Section Director, Agency Responsiveness to the Community Subgroup Member; CFSR Steering Committee Member
Oriana Peterson	NDDHHS – Children and Family Services	Cross Zonal CQI Team Focus Group Participant
Samantha Peterson	NDDHHS – Children and Family Services	Cross Zonal CQI Team Focus Group Participant
Lisa Piche	NDDHHS – Children and Family Services	Case Review Systems Subgroup Co-Lead
Gillian Plenty Chief	American Indian Training Center	Tribal Child Welfare Representative, Agency Responsiveness to the Community Subgroup Member; CFSR Steering Committee Member
Nicole Poitra-Henry	MHA Nation	Tribal Child Welfare Representative; Outcomes subgroup member, CFSR Steering Committee Member; Cross Zonal CQI Team Focus Group Participant
Valerie Porter	NDDHHS – Children and Family Services	Statewide Information Systems Subgroup Member
Samantha Pulvermacher	North Star Human Service Zone	Statewide Information Systems Subgroup Member; CFSR Steering Committee Member; Quality Assurance System Subgroup Member; Cross Zonal CQI Team Focus Group Participant
Barbara Ritter	South Country Human Service Zone	Cross Zonal CQI Team Focus Group Participant
Kyle Russell	NDDHHS – Children and Family Services	Quality Assurance System Subgroup Member; Cross Zonal CQI Team Focus Group Participant
Lauren Sauer	NDDHHS – Children and Family Services	Assistant Section Director, Statewide Assessment Lead, Statewide Information Systems Subgroup Co-Lead, Quality Assurance System Subgroup Co-Lead, Agency Responsiveness to the Community Co-Lead

NAME	AFFILIATION	ROLE IN STATEWIDE ASSESSMENT PROCESS
Molly Schaefer	Catholic Charities North Dakota	Cross Zonal CQI Team Focus Group Participant
Robert Schock	NDDHHS – Children and Family Services	CFSR Steering Committee Member
Alicia Schumacher	NDDHHS – Children and Family Services	Cross Zonal CQI Team Focus Group Participant
Misty Shearer	Ward County Human Service Zone	Cross Zonal CQI Team Focus Group Participant
Jeremy Smith	Burleigh County Human Service Zone	Cross Zonal CQI Team Focus Group Participant, Statewide Information Systems Subgroup Member; CFSR Steering Committee Member; Quality Assurance System Subgroup Member
Desiree Sorenson	Mountrail McKenzie Human Service Zone	CFSR Steering Committee Member; Quality Assurance System Subgroup Member; Cross Zonal CQI Team Focus Group Participant
Julie St. Germaine	North Star Human Service Zone	Cross Zonal CQI Team Focus Group Participant
Dean Sturn	NDDHHS – Children and Family Services	Agency Responsiveness to the Community Co-Lead; CFSR Steering Committee Member
Kortney Sturgess	RSR Human Service Zone	CFSR Steering Committee Member; Quality Assurance System Subgroup Member; Cross Zonal CQI Team Focus Group Participant
Kassie Thielen	NDDHHS – Children and Family Services	CFSR Steering Committee Member; Quality Assurance System Subgroup Member; Cross Zonal CQI Team Focus Group Participant
Raquel Thompson	Standing Rock Sioux Tribe	Tribal Child Welfare Representative; Outcomes subgroup member; CFSR Steering Committee Member; Cross Zonal CQI Team Focus Group Participant
Heather Traynor	ND Supreme Court	CFSR Steering Committee Member; Case Review Systems Subgroup Co-Lead; Outcomes subgroup member
Kelli Ulberg	NDDHHS – Behavioral Health Division	Agency Responsiveness to the Community Subgroup Member
Traci Van Beek	Grand Forks Human Service Zone	Quality Assurance System Subgroup Member, Cross Zonal CQI Team Focus Group Participant
Jessica Van Neste	North Dakota Information Technology	Statewide Information Systems Subgroup Member
Holly Volk	Northwest District Court	Cross Zonal CQI Team Focus Group Participant
Diana Weber	NDDHHS – Children and Family Services	Stakeholder Engagement Lead; CFSR Steering Committee Member; Quality Assurance System Subgroup Member; Service Array and Resource Development Subgroup Co-Lead
Amy Wesley	NDDHHS – Children and Family Services	Cross Zonal CQI Team Focus Group Participant

NAME	AFFILIATION	ROLE IN STATEWIDE ASSESSMENT PROCESS
Shelby Witt	Foster Parent	Person with Lived Experience, Agency Responsiveness to the Community Subgroup Member
Mary Wolf	Capacity Building Center for States	Consultant

NAME	AFFILIATION	ROLE IN STATEWIDE ASSESSMENT PROCESS
The following individuals participated in the tribal focus groups. Names were withheld at the request of the participants.		
Director of Foster Parent Training	Native American Training Institute	Tribal Focus Group Participant
Tribal Liaison	Native American Training Institute	Tribal Focus Group Participant
SLT Mission District Representative	Spirit Lake Nation	Tribal Focus Group Participant
Ft Totten District Representative	Spirit Lake Nation	Tribal Focus Group Participant
Social Service Case Worker	Spirit Lake Nation	Tribal Focus Group Participant
Social Service Case Worker	Spirit Lake Nation	Tribal Focus Group Participant
Tribal Social Services Director	Spirit Lake Nation	Tribal Focus Group Participant
Case Manager	Spirit Lake Nation	Tribal Focus Group Participant
CPS Supervisor	Spirit Lake Nation	Tribal Focus Group Participant
Family Assessment Specialist	Spirit Lake Nation	Tribal Focus Group Participant
Guardian Ad Litem	Spirit Lake Nation	Tribal Focus Group Participant
Case Manager	Spirit Lake Nation	Tribal Focus Group Participant
Intake Specialist	Spirit Lake Nation	Tribal Focus Group Participant
Case Manager	Spirit Lake Nation	Tribal Focus Group Participant
Case Manager	Spirit Lake Nation	Tribal Focus Group Participant
Aged out youth receiving IL services	Spirit Lake Nation	Tribal Focus Group Participant
Case Manager	Spirit Lake Nation	Tribal Focus Group Participant
Tribal Social Services Director	Turtle Mountain Tribe	Tribal Focus Group Participant
Lead CPS/ Case Manager	Turtle Mountain Tribe	Tribal Focus Group Participant
Tribal Social Services Director	MHA Nation	Tribal Focus Group Participant
Tribal Social Services Director	Standing Rock Sioux Tribe	Tribal Focus Group Participant
Tribal ICWA Coordinator	Standing Rock Sioux Tribe	Tribal Focus Group Participant

Stakeholder Involvement in Statewide Assessment Process

Describe how child welfare leadership and staff from all levels of the agency, families and youth, the legal and judicial communities, Tribes, and other key partners and stakeholders were actively engaged in the assessment of the state child welfare system.

The Children and Family Services Section has a long history of strong collaborative efforts with system stakeholders. This was evident during the Round 3 Child and Family Services Review and continued into the Round 4 CFSR Statewide Assessment. Collaborative efforts with stakeholders are not limited to isolated projects. Rather they are a part of everyday planning, implementation, and monitoring of the child welfare system across North Dakota.

For the Statewide Assessment, stakeholders were involved throughout the process and included the following engagements:

CFSR Steering Committee: Formed in July 2023, the group of key partners in the was formed to guide the state's response to the upcoming Federal Children and Family Services Review (CFSR).

Membership included representation from Court Improvement Program, all four tribal social service agencies, the Native American Training Institute, behavioral health, human service zones, private providers, the CFS Section. The group has met monthly and provides input in the statewide assessment and case review process. The Steering Committee created development subgroups (see below). The two co-leads from each subgroup served as member of the Steering Committee.

Statewide Assessment Development Subgroups: A subgroup was created for each of the statewide assessment sections (Child and Family Outcomes, Statewide Information System; Case Review System; Quality Assurance System; Staff and Provider Training; Services Array and Resource Development; Agency Responsiveness to the Community; and Foster and Adoptive Parent Licensing, Recruitment, and Retention).

Subgroups were charged with gathering and analyzing data to inform the statewide assessment and draft narrative for their assigned sections. Representation on these subgroups included representation from Court Improvement Program, all four tribal social service agencies, the Native American Training Institute, behavioral health, those with lived experience, Division of Juvenile Services, UND Children and Family Services Training Center, juvenile court, North Dakota Information Technology, human service zones, private providers, and the CFS Section.

Court Improvement Project Taskforce: Provides a forum to consider issues, review data, develop plans and promote system enhancements related to deprived and delinquent/unruly youth to improve outcomes for North Dakota children and families. The lead of the Court Improvement Project was a co-lead for the Statewide Assessment Development Subgroup focused on the Case Review System. During the CIP Taskforce meetings, participants were informed about the CFSR and its progress as well as their support/participation was garnered.

State's Attorneys Association Meeting: Annual meeting and training of county state's attorneys. During the meeting on January 19, 2024, participants were informed about the CFSR and their support/participation was garnered.

Legal and Judicial Integration in CFSR Round 4 Meeting: Attended by North Dakota Supreme Court Justices, Court Administrators, State's Attorneys, Court Improvement Project, North Dakota Department of Health and Human Services leadership, Commission on Indigent Defense, Children's Bureau, Capacity Building Center for Courts, and staff from the Children and Family Services. During the meeting on December 8, 2023, participants were informed about the CFSR and their support/participation was garnered.

ICWA Family Preservation (IFP)/ICWA Meeting: In attendance were all IFP staff and ICWA Coordinators. Information about the CFSR was provided and support/participation was garnered.

Human Service Zone Supervisors Monthly Meeting: In attendance were all child welfare supervisors from the human service zones. Information about the CFSR was provided and support/participation was garnered.

Tribal Stakeholder Focus Groups: Three tribal focus groups (2 in-person, 1 virtually) were held in April 2024 as part of the Statewide Assessment. All four tribal child welfare communities were represented. Twenty-seven individuals participated including Tribal Child Welfare Director and staff representing: Tribal Liaison, District Representatives, Social Services, Case Managers, Child Protection Services, Foster Parent Training, ICWA Coordinator, Family Assessment, Guardian Ad Litem, Intake as well as aged out Youth in Transition.

Cross Zonal CQI Team Focus Group: Held in February 2024. Participant included members of the four cross zonal CQI teams (human service zone, tribal child welfare, Division of Juvenile Services, state's attorneys, behavioral health, field service specialists, juvenile court).

Key Case Participant Interviews: During the case review process, an interview with key case participants including children, parents, and caregivers is held. Data gleaned from this process informs the case review process about the experiences of those involved in the child welfare system, and aids in the rating of each case score. It is used, not only to provide valuable information for the statewide assessment, it is also used to help system leadership make informed decisions about the direction of the child welfare system.

Statewide Assessment Methodology and Data Sources

Methodology: Work on the statewide assessment began one year prior to the due date of July 31, 2024 with the creation of the CFSR Steering Committee. This multi-stakeholder group has met monthly and provides input in the statewide assessment and case review process. The steering committee created eight subgroups and charged each with gathering and analyzing data to inform the statewide assessment and draft narrative for their assigned sections.

Using the document, "Assessing System Factor Functioning" as a guide, the subgroups created a data plan for the statewide assessment. Subgroups determined what qualitative and quantitative data was needed to address the questions in each systemic factor item and how that information would be compiled. When information was not readily available, questions were developed for the Stakeholder Survey to obtain the information needed. Results of the survey were shared with all subgroups. In addition, two focus groups were convened to gather additional data for the assessment.

Using the information gathered, subgroups drafted narratives for each of their systemic factor items, answering the questions presented in the "Assessing System Factor Functioning" document. Narratives were compiled into one concise Statewide Assessment for North Dakota.

Data Sources: The Statewide Assessment subgroups used various quantitative and qualitative data sources in their analysis of the child and family outcomes and systemic factors. These included:

AASK Annual Report: Annual contract report for the Adults Adopting Special Kids program through Catholic Charities North Dakota.

CFS Key Performance Indicator (KPI) Summary: A dashboard built in Cognos containing a set of key performance measures that are used to assess system functioning from receipt of a CPS report to a youth's exit to permanency.

Child and Family Service Review (CFSR) Round 4 Data Profile: Report provided by the Children's Bureau in April 2024 highlighting North Dakota's performance in various outcome measures using state submitted AFCARS and NCANDS data. Results used to inform narrative throughout the assessment.

Child Welfare Certification Training Post-Training Survey: Evaluation component of the required child welfare certification training.

Round 3 Child and Family Services Review Final Report and Program Improvement Plan: Information from previous CFSRs was used to inform narrative information throughout the assessment.

Cooperative Agreement: Between the Children and Family Services Section and the Division of Juvenile Services (DJS), which allows for claiming Title IV-E foster care maintenance for foster care services provided by DJS. This is referenced in the narrative as an example of the collaboration across agencies that helps drive system change.

Context and Key Performance Indicators: A PowerPoint deck updated quarterly that includes key performance measures and case review data. It is used by the State CQI Council, the Cross Zonal CQI Teams, and other system stakeholders.

Continuous Quality Improvement Program Manual: This manual, updated annually, is used by State CQI Council, Cross Zonal CQI Teams, child welfare agency staff, system partners, and stakeholders and for anyone who wants or needs to understand how to participate in North Dakota's CQI process and activities. It informed the quality assurance section of the Statewide Assessment.

CQI Implementation Follow-up Survey: A seven-item survey to assess how implementation of CQI is progressing and what additional participant-needs are present. The survey was sent to 84 individuals (with a response rate of 48%) in February 2024 who worked on design and implementation of the continuous quality improvement program or a member of one of the CQI teams.

CQI Readiness Survey: A thirty-five item survey to assess the readiness to implement the continuous quality improvement process in the agency and decide which cross zonal CQI area will implement first. The survey was sent to 1175 individuals (with a response rate of 32%) in March 2022 who worked at the 19 human service zones and the Division of Juvenile Services.

Cross Zonal CQI Team Focus Group Results: Held in February 2024. Participant included members of the four cross zonal CQI teams.

Federal Reports and Plan: Various reports and plan were used to inform narrative information throughout the assessment including:

- Child and Family Services Plan
- Annual Progress and Services Report
- IV-E Prevention Plan
- Foster Care Diligent Recruitment and Retention Plan
- Training Plan
- Child and Family Services Review Final Report
- Child and Family Services Review Program Improvement Plan and Progress Reports

HSZ HR Dashboard: Provides point-in-time data on key staffing indicators for the human service zones including total staff, active employees, and total vacancies.

Intergovernmental Title IV-E Agreement Between the Tribes and the State of North Dakota: Sets the terms, definitions and conditions by which the parties intend to perform their respective duties and responsibilities in providing Title IV-E payments to all Title IV-E eligible Tribal children.

Information System Assessment: Using the same sampling methodology as that used for the quality assurance case review process, 98 cases from a population of 1,648 unduplicated cases covering the four Cross Zonal CQI Team areas were reviewed by field services specialists. Six questions were answered for each case to determine whether (1) specific fields in FRAME accurately represent case data, (2) to the extent possible, if information was entered into FRAME in a timely manner, (3) if the FRAME record indicates parents were invited and /or participated in the development of the case plan, and (4) periodic reviews have been held at least every six months, either through a foster care child and family team meeting or court review. This information was used to inform the Information System and the Case Review System sections.

Meeting Agendas/Schedules/Minutes: Various meeting agendas, schedules, and minutes were used to inform narrative information throughout the assessment including:

- State CQI Council
- Cross Zonal CQI Teams
- Data Analytics Team
- North Dakota Human Service Zone Directors Association
- Human Service Zone Child Welfare Supervisors

- Court Improvement Project
- Youth Advisory Association
- State-Tribal IV-E Agreement

Workgroup Please refer to Item 31 for a listing of meetings.

North Dakota Administrative Rule: Agency administrative rule was used to inform narrative information throughout the assessment.

North Dakota Century Code: State law was used to inform narrative information throughout the assessment.

Odyssey: North Dakota Supreme Courts Administrators Office's statewide court case management data system.

Quality Assurance Case Review Data: Case reviews are conducted quarterly by the QA Unit using the federal OSRI tool and a stratified random sample of cases. Results of the case reviews are provided in a written report by the Unit manager.

Round 4 Child and Family Services Review (CFSR) Stakeholder Survey: Seventy-nine question online survey of key stakeholders with the roles of: Parent, Youth/Foster Care Alumni, Foster/Adoptive Parent/Caregiver, Public Agency Child Welfare Worker, Public Agency Child Welfare Management, Tribal Agency Child Welfare Worker, Tribal Agency Child Welfare Management, Legal Partner, or Community Partner. The number of questions answered by stakeholders varied by their role. Questions were developed for all systemic factors apart from Item 19: Information Systems and Item 25: Quality Assurance Systems. The survey was sent to 2,900 individuals with a response rate of 31%.

Safety Framework Practice Model Overview Partner Agency Presentation Handout: Data presented in the overview presentation of SFPM developed for partner agency stakeholders.

Safety Framework Practice Model Fidelity Support Year 1 Case Review Data Trends Report: Provides results of the SFPM fidelity reviews.

Service Chapter 605 Continuous Quality Improvement: Policy and procedures manual for the case review process.

Service Chapter 607-05 Child Welfare Practice: Policy and procedures manual for the wraparound process and the Safety Framework Practice Model.

Service Chapter 610-05 In-Home Case Management: Policy and procedures manual for In-Home Case Management.

Service Chapter 622-05 Foster Care Licensing: Policy and procedures manual for the foster care licensing program.

Service Chapter 623-05 Foster Care Maintenance Payment: Policy and procedures manual for the foster care maintenance payment program.

Service Chapter 624-05 Foster Care Permanency Planning: Policy and procedures manual for foster care permanency planning.

Service Chapter 624-10 John H. Chafee Foster Care Program for Successful Transition to Adulthood: The Chafee Program: Policy and procedures manual for North Dakota's Chafee Program.

Service Chapter 627-01 Family Preservation: Policy and procedures manual for family preservation services.

Service Chapter 640-01 Child Protection Services: Policy and procedures manual for child protection services.

SFY 2020-2023 Child Welfare Certification Post-Training Survey: Survey taken by participants at the completion of the Child Welfare Certification training to assess the effectiveness of the training.

Transfer of Learning Bulletin: A resource for Child Welfare Supervisors to offer insight into what is taught each session during Child Welfare Certification Training, as well as to provide questions and topics for supervisors to cover with their worker when they return to enhance their critical thinking skills around the topics covered.

Tribal Stakeholder Focus Groups: Three tribal focus groups (2 in-person, 1 virtually) were held in April 2024 as part of the Statewide Assessment. All four tribal child welfare communities were represented. Twenty-seven individuals participated including Tribal Child Welfare Director and staff representing: Tribal Liaison, District Representatives, Social Services, Case Managers, Child Protection Services, Foster Parent Training, ICWA Coordinator, Family Assessment, Guardian Ad Litem, Intake as well as aged out Youth in Transition.

SECTION II: STATE CONTEXT AFFECTING OVERALL PERFORMANCE

Part 1: Vision and Tenets

Briefly describe the vision and core tenets of the state child welfare system (i.e., primary programs, including title IV-E prevention programs, as applicable; practice model; structure and approach to drive change) that are designed to produce desired child welfare outcomes and the routine statewide functioning of systemic factors.

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

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

Safety	Permanency	Well-being
• Child Protection Services • Child Fatality Review Panel • State Child Protection Team • Parent Resource Centers • Alliance for Children's Justice	• Foster Care • Adoption • Guardianships • Interstate Compact for the Placement of Children • Independent Living Services • Licensing for Foster Homes, QRTPs, and LCPAs	• Family Preservation Services • Intensive In-Home Therapy • Nurturing Parent Programs • Healthy Families • Parent Aides • In-Home Case Management • Respite Care • Family Centered Engagement • Children in Need of Services (CHINS)

Figure 1. Children and Family Services Section Programs

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

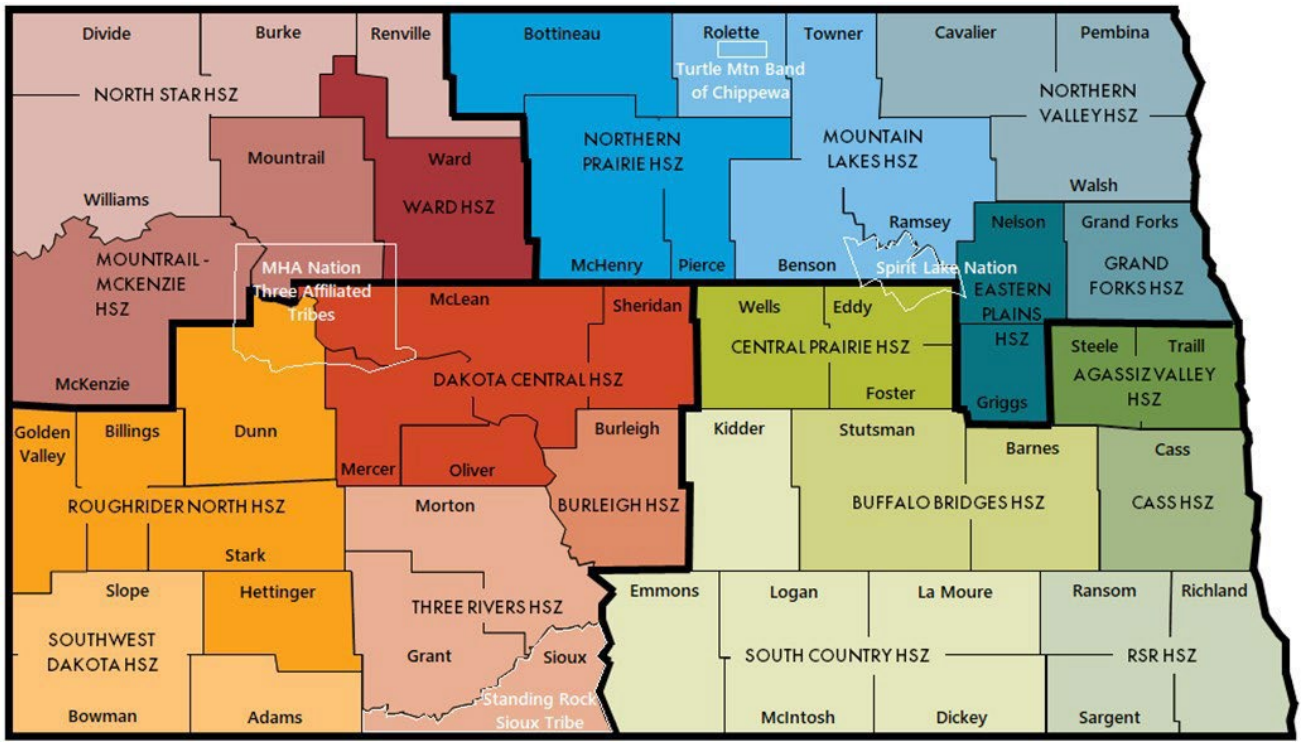


Figure 2. ND Human Service Zones

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

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

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

- Former foster youth who have aged out of care.

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

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

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

Empower families using culturally competent and developmentally appropriate engagement strategies to improve safety, permanency, and well-being.

Title IV-E Prevention Programs: In October 2019, North Dakota became one of the first 11 states to implement the federal Family First Prevention Services Act of 2018. This included the transformation of residential childcare facility providers into qualified residential treatment providers. On Aug. 17, 2020, North Dakota became the seventh state in the country to receive approval of its Family First Prevention Services Act Title IV-E Prevention Services Plan ND from the federal Children's Bureau. The plan gives our state access to federal Title IV-E funding for approved evidence-based prevention services proven to strengthen and stabilize children and families so children can stay in their family home safely. Services include both mental/behavioral health and substance abuse treatment and recovery support services as well as in-home parent skill-based programs. Approved programs include:

Healthy Families: Home visiting program for new and expectant families with children who are at-risk for maltreatment or adverse childhood experiences.

Parents as Teachers: Home-visiting parent education program that teaches new and expectant parents skills intended to promote positive child development and prevent child maltreatment.

Nurse-Family Partnership: Home-visiting program that has specially trained nurses regularly visit first-time moms-to-be, who are 28 weeks or less, meet income requirements and continuing through the child's second birthday. The primary outcomes of NFP are to improve the health, relationships, and economic well-being of mothers and their children.

Homebuilders: Intensive, in-home counseling and support services for families who have a child aged birth -17 years old at imminent risk of out-of-home placement or who is in placement and cannot be reunified without intensive in-home services.

Brief Strategic Family Therapy: A structured family systems approach to treat families with children or adolescents 6 to 17 years old who display or are at risk for developing problem behaviors including substance abuse, conduct problems, and delinquency.

Parent-Child Interaction Therapy: A two-phase therapy for 2- to 7-year-old children and their parents or caregivers that aims to decrease externalizing child behavior problems, increase positive parenting behaviors, and improve the quality of the parent-child relationship.

Multisystemic Therapy: An intensive family and community-based treatment program for youth 12 - to 17- years old delivered in multiple settings. This program aims to promote pro-social behavior and reduce criminal activity, mental health symptomology, out-of-home placements, and substance use in youth.

Functional Family Therapy: A short-term prevention program for at-risk youth and their families. FFT aims to address risk and protective factors that impact the adaptive development of 11- to 17-year-old youth who have been referred for behavioral or emotional problems.

Family Check-Up/Everyday Parenting: A brief, strengths-based intervention for families with children ages 2 through 17. The intervention aims to promote positive family management and addresses child and adolescent adjustment problems.

Structure and Approach to Drive Change: Driving change to improve the outcomes for children and families in North Dakota is possible through the strong collaborative relationships found throughout the child welfare system. As can be seen in the Item 31 narrative beginning on Page 194 at a minimum there are 28 collaborative meetings held throughout the year to assess system functioning and plan for and implement changes to improve outcomes.

An example of the ongoing collaboration to improve services and outcomes for children and families is the design and ongoing implementation of Continuous Quality Improvement. The State CQI Council and four Cross Zonal CQI Teams are all comprised of system stakeholders. They come together regularly to assess the strengths and challenges of the child welfare system, to monitor the implementation of the goals identified in the CFSR/APSR, and recommended adjustments to the system of care to ensure the best possible outcome for children and families. The reader is referred to Item 25: Quality Assurance Systems (Pages 114 - 130) for a more detailed description of the CQI Program in North Dakota.

The Department has entered into various agreements that further collaborative work between various agencies. For instance, an *intergovernmental agreement* exists between the State and each of the four Tribes to provide Title IV-E payments to all Title IV-E eligible Tribal children. This agreement includes the creation/ongoing implementation of the State-Tribal IV-E Agreement Workgroup to further collaborative efforts for Title IV-E activities. The latest agreement has been in place since 2019. Another example is a *cooperative agreement* between the Children and Family Services Section and the Division of Juvenile Services (DJS), which allows for claiming Title IV-E foster care maintenance for foster care services provided by DJS. Part of this agreement states, “DJS and CFS shall collaboratively plan for the provision of services to the respective population they serve.”

This agreement has been in effect since 1991. Refer to Items 31 and 32 for additional information on collaborative efforts.

Since 2018, the Department has worked with the human service zones and other stakeholders to redesign the child welfare system in North Dakota. Using the concepts of Theory of Constraints, Champions of Change groups identified constraints that limit the effectiveness of the system on producing positive outcome for children and families and implemented solutions to address the issues. Since work began, the following systems went through redesign:

- Child Protection
- Eligibility Determination for Foster Care and Subsidized Adoption
- Practice Model
- Licensing for Foster Care Settings
- Adoption for children in the custody of a Human Service Zone
- Foster Care Case Management (kick-off June 2024)

Change to the Child Welfare Practice Model: Data gathered during the Round 3 CFSR Program Improvement Plan indicated there were practice challenges related to safety, permanency, and well-being.

- In 46% of cases reviewed the agency did NOT conduct an initial assessment that accurately assessed all risk and safety concerns for children.
- In 43% of cases reviewed the agency did NOT complete ongoing assessments that accurately assessed all risk and safety concerns at these key points.
- In 56% of cases reviewed the agency did NOT develop an appropriate safety plan with the family nor did they continually monitor and update the safety plan as needed.
- In 6% of cases reviewed the agency closed the case while significant safety concerns still existed in the home.
- 40% of children and mothers were not comprehensively assessed to determine their needs nor did they receive needed services.
- 50% of were not comprehensively assessed to determine their needs and 6:10 fathers did not receive needed services.
- In more than 80% of the cases reviewed, there were delays in achieving the permanency goal identified in the case plan.

To address the challenges, Children and Family Services convened a group of child welfare professionals including caseworkers, supervisors, regional representatives, and national experts to review various practice models in use around the country and internationally. After extensive research, the Safety Framework model of practice was chosen.

North Dakota Safety Framework Practice Model: Implemented statewide in December 2020, the Safety Framework Practice Model (SFPM) brings consistent child welfare practice for all Human Service Zones whereby they intervene in families with children who are unsafe based on the presence of uncontrolled danger threats. SFPM uses standardized tools and decision-making criteria to make

well-founded child safety decisions to ensure we intervene in families' lives only when necessary. Caseworkers must consider specific, key questions to determine the least intrusive and most appropriate level of intervention. SFPM reinforces safety planning within the home to reduce further trauma to the child. Removal from the home occurs only after it is determined in-home safety planning is not possible. When the family has made significant progress in achieving the expected outcomes of the case; child safety is being sustained in the child's home; and the child's safety can be maintained without the ongoing intervention of safety service providers, the case is closed.

Child safety is the primary focus of SFPM, and attention is provided to children who may be unsafe based on the presence of uncontrolled danger threats. SFPM uses standardized tools and decision-making criteria to assess family behaviors, conditions, and circumstances, including individual child vulnerabilities and parent/caregiver protective capacities, to make well-founded child safety decisions. The practice model's approach to safety assessment and management recognizes that issues concerned with child safety change as the child welfare's intervention proceeds.

Caseworkers must consider seven safety determination analysis questions to determine the least intrusive and most appropriate level of effort for controlling and managing the identified danger threats. If the answers to all questions are "*Yes"* the use of an in-home safety plan is indicated OR the child is safe and the case can be closed. If the answers to any of the questions is *"No"* the use of an out-of-home safety plan is indicated.

The caseworker and family determine what protective action is necessary to control the identified danger and who, if needed, will serve as the responsible adults to protect the child when danger threats are present or likely to be present. Safety Framework respects the constitutional rights of each family member and utilizes the lease intrusive intervention to keep a child safe. Below is a list of interventions that progress from least restrictive to most restrictive.

SFPM involves multiple assessments of child safety and parent/caregiver functioning throughout the life of the child welfare case, moving seamlessly from intake into the child protective services (CPS) assessment, and then into case management (ongoing services).

SFPM supports change-focused case planning, ongoing safety management, and timely reunification and/or case closure when children are in safe, permanent homes. As the child welfare intervention proceeds, SFPM's focus shifts to more fully support a reduction in safety threats and bolstering parent/caregiver protective capacities through intervention assessment and strategies.

SFPM supports the use of child and family team (CFT) meetings that foster collaborative case planning and meaningful change within the parents' capacity to protect their children. CFT meetings are held at least every 90 days and are intended to advise and engage the family to develop and accomplish case plan goals and change strategies. CFT meetings increase collaboration and engagement of the family around decisions about a child's safety, permanency, and well-being. They

are a tool to increase participation in (and commitment to) the activities, services, and supports needed to accomplish the case plan goals.

When the family has made significant progress in achieving the expected outcomes of the case; child safety is being sustained in the child's home, and/or the safety threats have been eliminated or mitigated; and the child's safety can be sustained without the ongoing intervention of safety service providers the case is nearing closure. Case closure is more about parents sustaining change/enhanced capacity to be protective of their children and less about completing a checklist of services. The case manager is responsible for managing child safety until the case is closed.

Fidelity reviews were conducted to determine adherence to the model (see Page 122 for results). These activities were discontinued because the process was a paperwork review on past practice, rather than guidance on current practice challenges. With the implementation of the Courageous Case Management (CCM) Site Visits in August 2023. CCM Site Visits involve a team of SFPM expert facilitators meeting human service zone with caseworkers and supervisors to staff individual cases. During the case staffing, the facilitators instruct on SFPM concepts and strategies to inform the case trajectory. A challenge for the model and other implemented solutions is the ongoing monitoring for effectiveness. The CQI Program will be working more on this step in the cycle to allow leadership and other stakeholders to make program adjustments to produce positive outcomes.

Part 2: Cross-System Challenges

Briefly describe cross-cutting issues not specifically addressed in other sections of the statewide assessment that affect the system's programs, practice, and performance (e.g., legislation, budget reductions, community conditions, consent decrees, staff turnover and workload).

Despite the ongoing efforts of system redesign to enhance outcomes for children and families, challenges remain. *Workforce issues* impact service provision statewide. An analysis of vacant positions at the human service zones shows vacancy rates within the child welfare service line ranging from 6.05% to 17.30% (Table 1). Of those, 46.67% had been vacant for more than 180 days.

Service Line Subcategories	Percentage Vacant FTE
Child Protection Services	6.05%
Foster Care and In-Home Case Management	17.30%
Foster Care Case Management	11.05%
In-Home Services	13.89%
Other Child Welfare (program manager, supervisor, support specialist, trainer, transportation specialist, program coordinator)	12.11%

Table 1. Vacancy rates of human service zones by child welfare service line subcategory (point in time 5/28/24).
Source: HSZ HR Dashboard

High employee turnover has resulted in a less-experienced workforce. A point-in-time analysis (5/28/24) revealed that nearly 53% of the child welfare workforce at the human service zones have

tenure of less than two years. Often, case managers are given a full caseload before they have received any child welfare certification training. Supervisors are stretched by having to mentor a young workforce while maintaining their own full caseload. Lack of resources in many communities places even greater strain on workers having to identify and coordinate services.

Family Advocacy and Peer-to-Peer Mentoring: To help fill in gaps in the service delivery system, case managers try to find natural supports that families can tap into. Unfortunately, family self-advocacy and peer- to-peer mentoring is lacking within North Dakota's child welfare system. While the Youth Leadership Association does exist for foster care alumni, no such program exists for biological parents. This is a gap that will be addressed in the upcoming 5-year plan.

Racial disparity: This is an ongoing issue in the child welfare system in North Dakota. As shown in Figure 3 below, 87% of the children in North Dakota are white and 6% are American Indian or Alaska Native (AI/AN). However, within the child welfare population, significant disparity is present for AI/AN children at key points in the case process. For example, the data shows 41% of children in care are AI/AN. North Dakota recognizes the issue of racial disparity is a multisystemic challenge that requires ongoing, collaborative work by many agencies and groups.

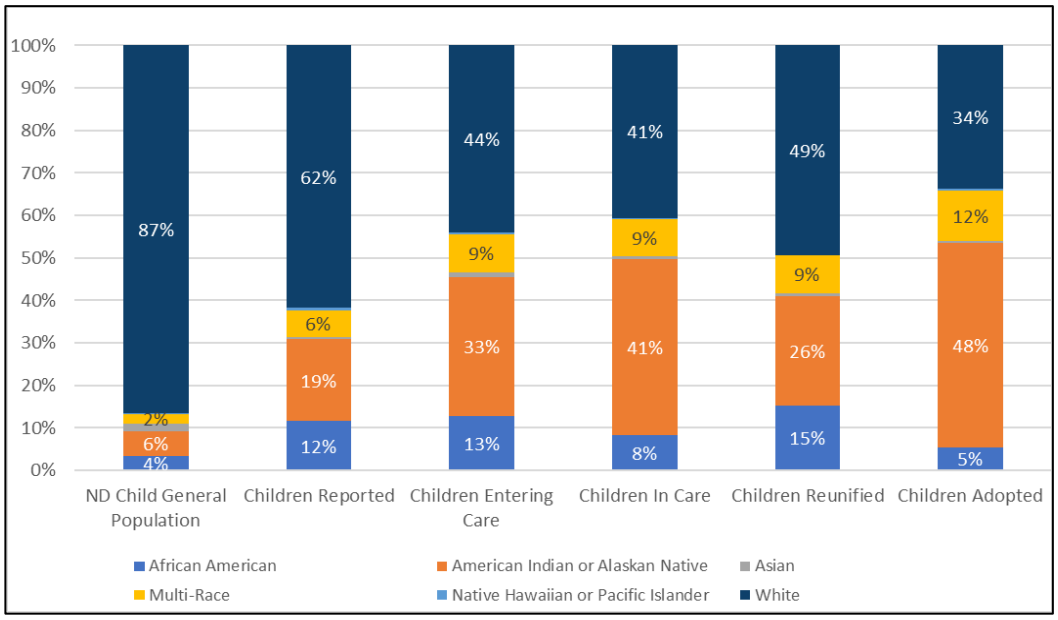


Figure 3. Disparity by race at key decision points (State Fiscal Year 2023).
Source: American Community Survey (DP05 - Census Bureau Tables); CFS KPI Drill Through: Reports; CFS KPI Drill Through: New Foster Care Episodes; CFS KPI Drill Through: Open Foster Care Episodes; CFS KPI Drill Through: End Reason for Closed Foster Care Episodes; CFS KPI Drill Through: End Reason for Closed Foster Care Episodes. State Fiscal Year 2023

Attitudinal barriers and historical fallback: At times, attitude towards change and the tendency to revert to previous practice impact implementation and long-term sustainment of initiatives across the state. It's often easier and more comfortable to fall back to "the old ways" than to tackle the difficulty and uncertainty of new initiatives. For example, North Dakota has had a long history of accessing deep-end services for youth in care. Rather than embracing the movement of resources "upstream" to prevent families from reaching a point where a child needs to enter care, some within

the system would like to see new deep-end services implemented such as long-term residential options. In some instances, it is an attempt to survive rather than adapt to a new way of functioning. Adopting new ways of doing things can be difficult and frightening to some. Change must begin within, however.

Part 3: Current Initiatives

Briefly describe the cross-cutting improvement initiatives (e.g., practice model, new safety model, workforce projects) to provide context for, and an understanding of, the priority areas of focus from the last CFSR that were addressed through the state's most recent PIP. This is an opportunity to highlight current initiatives and progress made toward achieving desired outcomes and systemic change.

A number of cross-cutting improvement initiatives have been started that further the progress made since the Round 3 CFSR Performance Improvement Plan.

Data Dashboards for Continuous Quality Improvement: Furthering the work to establish a continuous quality improvement program, the Children and Family Services Section developed a Child Welfare Dashboard to provide snapshots on CPS reports, assessments, and timeliness as well as foster care and in-home case management census. A second dashboard was developed (Standards of Administration for Child Welfare) that provides a snapshot of human service zone performance in five key measures: Tardiness of Transaction, Foster Care Visitation Rates, In-Home Care Visitation Rates, Timely Completeness of CPS Assessments, and Timeliness of Face-to-Face Contacts. Please refer to Item 25 (page113) for additional information on quality improvement initiatives.

Redesign of the Child Welfare System: Furthering the redesign efforts in North Dakota, adoption services recently went through the process. Using Theory of Constraints, the redesign workgroup identified constraints that impact the timely and safe adoption finalization. An ambitious goal was established to move from termination of parental rights to adoption finalization within 60 days for at least 80% of the cases. During Phase 1, policies and procedures were reworked to provide consistency with adoption service deliver across the state. Phase 2 will involve enhancing data gathering and reporting functions within the new child welfare information system. Redesign of foster care case management services is beginning in June 2024.

Courageous Case Management Site Visits: Implemented in August 2023 to cultivate partnerships between the human service zones and the state, as well as to discover the strengths and challenges of each zone as they continue to implement SFPM. In this process the zone pulls priority cases to fully review the decision-making process to ensure consistent application of SFPM. Timely permanency and appropriate levels of intrusion are assessed at length through a case staffing approach. The SFPM Statewide Administrator and Case Management Field Service Specialists travel to the specified zone for the site visit, which takes place over the course of three and a half days.

Workforce Turnover: To help stem the tide of Worker Turnover, additional ongoing trainings were developed and are provided to the field to assist with growth and development. While the trainings are not required for employment, turnout has been vigorous. Trainings included trauma-informed care, reasonable and prudent parenting, and motivational interviewing.

SECTION III: ASSESSMENT OF CHILD AND FAMILY OUTCOMES

The Child and Family Outcomes section draws from a comprehensive range of data sources, including QA Case Record Review data, FRAME data, Tribal Focus Group feedback, R3 PIP Final Report, Title IV-Prevention Portal, and feedback from state and cross-zonal CQI teams. This diverse array of sources ensures a thorough and accurate assessment of child and family outcomes.

QA Case Record Reviews, a key part of this assessment, are conducted by the Quality Assurance Unit of the Children and Family Services Section. These reviews, modeled after the federal Children and Family Services Review using the Onsite Case Review Instrument, involve a comprehensive review of the case record and interviews with key case participants. These interviews are conducted over the phone or through a virtual interview. QA Case Record Reviews are further described in Item 25: Quality Assurance section of this SWA.

During the Round 3 PIP Measurement Plan, North Dakota utilized a simple statewide random sample to generate the case sample. A 6-month fixed measurement period was used. However, starting in the calendar year 2023, North Dakota adopted a statewide random sample stratified according to the four CQI Cross- Zonal Teams and a fifth stratum for the Metro area. It's important to note that the state's metro area falls within Cross-Zonal CQI Team 2. North Dakota also shifted to a rolling-quarterly measurement period.

Timeframes represented by each measurement period noted in the graphs throughout this Outcomes section are as follows:

Measurement Period	Period Under Review (PUR)	Date Cases Reviewed	Total Cases Reviewed
(R3) PIP Baseline	10/1/2018 – Date case reviewed or case closure, whichever is earliest	1/1/2020 – 3/31/2020	65
(R3) PIP End	10/1/2020 – Date Case Reviewed or case closure, whichever is earliest	10/1/2021 – 3/31/2022	65
	4/1/2021 – Date Case Reviewed or case closure, whichever is earliest	4/1/2022 – 9/30/2022	
2023 Measure	Q1: 1/1/2022 – Date Case Reviewed or case closure, whichever is earliest	1/1/2023 – 3/31/2023	65
	Q2: 4/1/2022 – Date Case Reviewed or case closure, whichever is earliest	4/1/2023 – 6/30/2023	
	Q3: 7/1/2022 – Date Case Reviewed or case closure, whichever is earliest	7/1/2023 – 8/31/2023	
	Q4: 10/1/2022 – Date Case Reviewed or case closure, whichever is earliest	10/1/2023 – 12/31/2023	

Table 2. Measurement Period Timeframes

Safety Outcomes 1 and 2

Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Safety Outcomes and supporting practices. Include a description of state-produced measures (denominator and numerator), data periods represented, and methodology.

Safety outcomes include: (1) children are, first and foremost, protected from abuse and neglect; and (2) children are safely maintained in their own homes whenever possible and appropriate.

In Round 3, North Dakota was not in substantial conformity with Safety Outcome Measures 1 and 2. Safety Outcome 1 was substantially achieved in 82% of the 17 applicable cases reviewed. Safety Outcome 2 was substantially achieved in 74% of the 65 cases reviewed. A determination of substantial conformity requires that 95% of applicable cases achieve substantial conformity on the outcome and that performance on all applicable data indicators is at or above the national performance.

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

Since Round 3 CFSR in September 2016, North Dakota's performance on Safety Outcome 1 has shown a steady decline, as represented in the chart below:

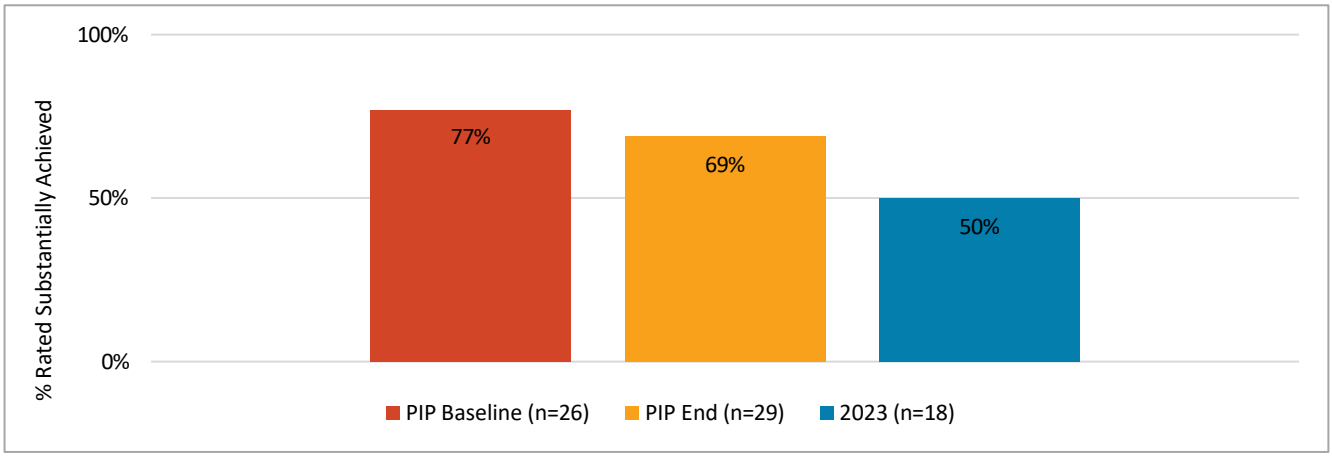


Figure 4. Safety Outcome 1 performance by measurement period.
Source: QA case review data

Item 1: Timeliness of Initiating Investigation of Reports of Child Maltreatment

Overview of North Dakota CPS Policy, Administrative Rule & Law

Reports that fall within the parameters of state law and do not meet the "Administrative Assessment" or "Administrative Referral" definitions are considered appropriate for a full assessment and applicable to CFSR Safety Outcome 1, Item 1. Administrative Assessments are reports that do not meet the criteria for a full CPS response, such as the child in question being 18 years or older or the report not having sufficient information to identify or locate the alleged victim. Administrative Referrals are reports of suspected child abuse or neglect that fall outside North Dakota CPS jurisdiction, such as a child is physically present in another jurisdiction (state or tribal), or the report implicates an individual who is not responsible for the child's welfare.

Since North Dakota's R3 CFSR in 2016, CPS policies applicable to item 1 have been revised three times. The first policy change resulted from a comprehensive redesign of the CPS system. The second policy change clarified select areas of the December 2020 changes. All policy versions use a three-tiered response timeframe system for initiating investigations and having face-to-face contact with all alleged victims. Each policy is summarized below.

Category	Initiation	Face-to-Face Contact with Alleged Victim(s)
A	Within 24 hours of report receipt by records search or contact through four other allowable efforts, including contact with the alleged victim	Within 24 hours before or after the receipt of the report by CPS or authorized professionals such as law enforcement or medical professionals
B	Within 24 hours of report receipt by records search or contact through four other allowable efforts, including contact with the alleged victim	Within 3 days before or after the receipt of the report by CPS or authorized professionals such as law enforcement or medical professionals
C	Within 72 hours of receipt of the report by records search or contact through four other allowable efforts, including contact with the alleged victim	Within 14 days before or after the receipt of the report by CPS or authorized professionals such as law enforcement or medical professionals

Table 3. Priority Level (Category): CPS policy prior to 12/14/20

Response Time	Initiation through F2F with Alleged Victim(s) Required
A	Within 24 hours from the time the report is assigned to a worker
B	Within 72 hours or earlier, as determined by the CPS Supervisor from the time the report is assigned to a worker
C	Within 1 - 14 calendar days, as determined by the CPS Supervisor from the time the report is assigned to a worker

Table 4. Priority Level (Response Time): CPS policy 12/14/20-10/01/23

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

Table 5. Priority Level (Response Time): CPS policy 10/1/23-current

Performance Data Highlights and Brief Analysis

Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Safety Outcomes and supporting practices. Briefly summarize the most salient observations, including strengths and areas needing improvement, and findings across data sources and practice areas.

In Round 3, North Dakota received an overall rating of an area needing improvement for Item 1, as 82% of the 17 applicable cases were rated a strength, which was below the CFSR standard of 95%.

Since Round 3 CFSR, North Dakota has remained below the CFSR standard of 95%. Furthermore, North Dakota's most recent QA case review data on Item 1 shows a significant and continual decline in performance from the PIP Baseline to 2023. North Dakota did not meet its PIP goal of 82% for Item 1.

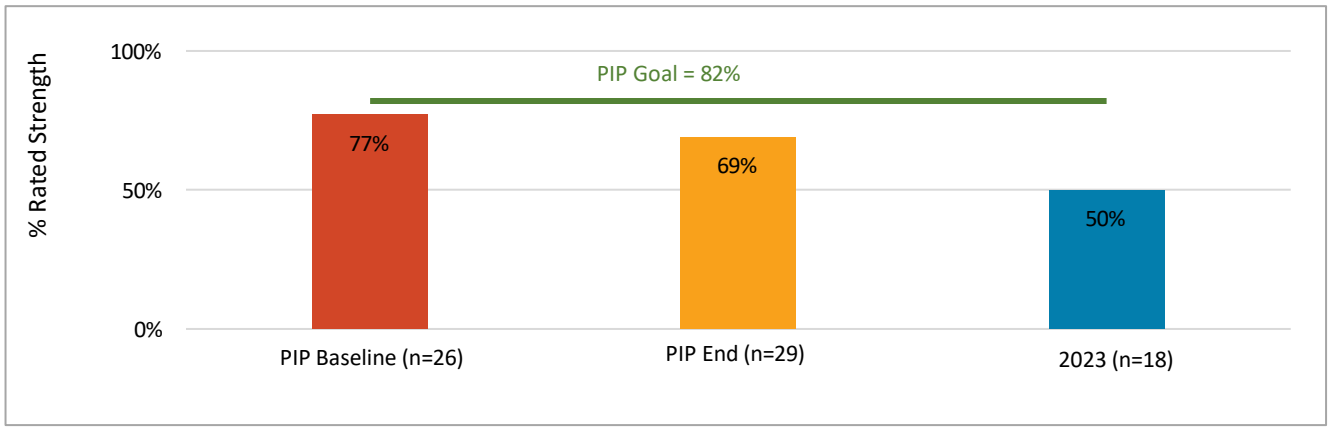


Figure 5. Timeliness of initiating investigations of reports of child maltreatment (PIP Baseline, PIP End, CY 2023).
Source: QA case review data

Of the cases reviewed in 2023, 18 were applicable to Item 1. Of these 18 cases:

- By Cross Zonal CQI Team:
  - 1- 50% strength (n=2)
  - 2- 57% strength (n=7)
    - Metro- 75% strength (n=4)
  - 3- 40 % strength (n=5)
  - 4- 50% strength (n=4)

- By race and ethnicity- (captured on the 5 FC cases only):
  - American Indian - NA (n=0)
  - African American - NA (n=0)
  - White - 100% strength (n=2)
  - Hispanic- 0% strength (n=1)
  - Two or more races- 100% strength (n=2)

- By age at time of the review (captured on the 5 FC cases only):
  - Less than 6 years old- 100% strength (n=2)

- 6-12 years old- 0% strength (n=1)
- 13-15 years old- 100% strength (n=1)
- Over 15 years old- 100% strength (n=1)

- Foster care vs In-home:
  - Foster care - 80% strength (n=5)
  - In-home - 38% strength (n=13)

The 2023 QA Case Review data identified these key takeaways:

- The small number of applicable cases limits deeper analysis of these results, yet North Dakota identified that most reports received during Round 3 and PIP Baseline QA case reviews were Category C reports, allowing 14 days to complete face-to-face with child victim(s). However, during the 2023 case review period, no Response Time C reports were received. The majority of the reports received were Response Time B reports, which require only 3 days to complete face-to-face with child victim(s). State policy changes contributed to the significant shift in the type of reports received during the different measurement periods. During Round 3 and PIP Baseline, Category C reports included allegations of inadequate shelter, clothing, and psychological maltreatment. During the 2023 case review period, those allegations were categorized as Response Time B reports. Response Time C reports changed to only including allegations where there was suspicion of maltreatment and no indication of present or impending danger. The nature of the random case sampling is also likely a contributing factor to the different reports received across the measurement periods. During the 2023 Measurement, Response Time B reports comprised 76% of the reports received and had the largest gap between average response time and compliance with state policy. Results suggest that for the cases reviewed when there was a present danger safety concern, the agency was timely in its response for the Response Time A cases.

- State policy changes between measurement periods may also influence the performance decline. During Round 3 CFSR and PIP Baseline, state policy allowed that face-to-face with the alleged victim(s) could be made within the timeframes *before* the receipt of the report, and face-to-face contact by certain professionals was counted as meeting the face-to-face requirement. This state policy was also in effect for the first two months of the Period Under Review during the PIP End Measurement time frame. This policy was no longer in effect during the 2023 Measurement Period.

In North Dakota's PIP End Measurement, of the nine cases rated as areas needing improvement, two primary themes emerged: confusion on the exact timelines required following the policy change (three calendar days vs. three business days) and a lack of documentation as required by state policy when an exception to the timeframe for face-to-face contact has been staffed and approved by the supervisor. On this later challenge (4 of 9 cases), had state policy for proper documentation been followed, North Dakota would have exceeded its PIP goal at 83%.

Administrative data for CPS response times provides additional information about the state's challenge in holding face-to-face contact within the timeframes required by policy.

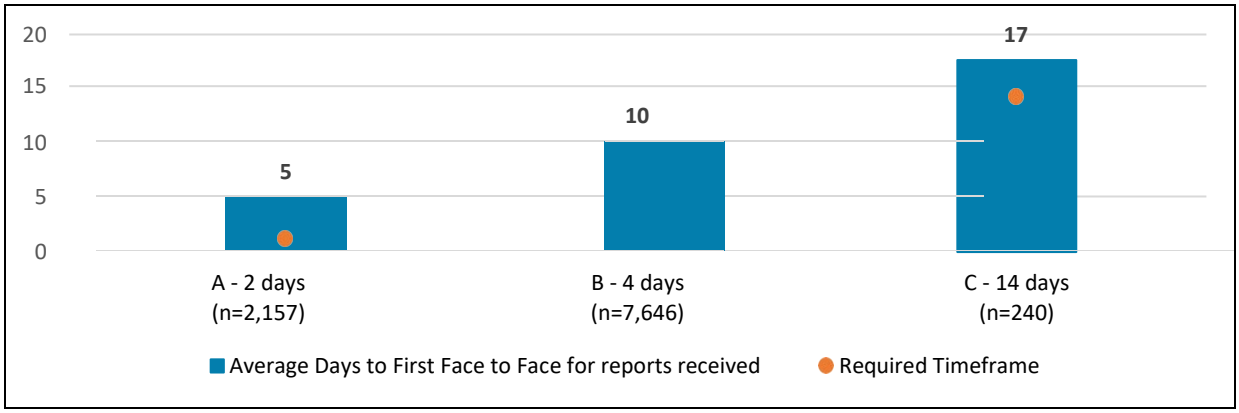


Figure 6. Statewide CPS timeliness of initial face-to-face contact by response type (CY 2023).
Source: FRAME, KPI drill through - report of face-to-face

This administrative data is pulled from the state's information system (FRAME). The report identifies the average day to the first face-to-face contact with an alleged victim named in the report for any given report that is accepted for a full CPS response. Data clearly indicates that ensuring children receive a timely response in accordance with state policy remains a challenge for all response time categories.

There is variation by response timeframe and HSZ:

- For assessments with response time A, the difference between the required timeframe and average days to first face-to-face contact was four days. Across HSZs, the average days to first face-to-face contact ranged from 0.9 to 13.5 days, and only one agency, Agassiz Valley HSZ, had an average performance that was better (less) than the required timeframe.
- For assessments with response time B, the difference between the required timeframe and average days to first face-to-face contact was seven days. Across HSZs, the average days to first face-to-face contact ranged from 3.29 days to 21.27 days.
- For assessments with response time C, the difference between the required timeframe and average days to first face-to-face contact was three days. Twelve of nineteen HSZs had an average day-to-first face-to- face contact that was less than the required fourteen days. Across HSZs, the average days to first face-to- face contact ranged from 4.6 days to 37.7 days.
- There is a wide variance across some Human Service Zones, which could be further explored through CFSR Stakeholder interviews, and the state welcomes these discussions.

Limitations of this data include the inability to reflect whether face-to-face contact was made with each alleged victim named in a report and the inability to reflect whether face-to-face contact was made on subsequent reports that were received and combined into the original CPS response. However, the data does provide some insight into the state's performance for all accepted reports, not just those subject to the case review process.

Factors identified through QA case reviews and CQI meetings as affecting performance for Safety Outcome 1/Item 1 include:

- Exceptions to the timeframe for face-to-face contact that the agency did not document into the state system per state policy. For example, there are times in which CPS, in collaboration with law enforcement, is requested not to initiate face-to-face contact until law enforcement can respond and the child's safety is assured; however, this arrangement is not documented in the record. Given North Dakota's policy specifically directs an agency to document such circumstances, this would be seen as an area needing improvement for the QA case reviews. Additionally, this valid reason cannot be accounted for in administrative reports. Thus, further analysis is needed to determine how large of an impact this factor has on overall performance.
- High caseloads and staff turnover. QA Case Record Reviews did not identify a specific trend relative to performance on this item, yet stakeholder feedback during CQI meetings reflects the trend data shared in the Context Section of this report negatively impacted statewide performance for this item.
- Confusion in the field regarding state policy related to Response Time B reports (within three days). Some in the field interpreted the policy to mean that initiation and face-to-face contact would be done within three calendar days, whereas others interpreted it as three business days. North Dakota issued a new state policy on 10/1/2023 to address this, clarifying that three days were calendar days (i.e., 72 hours). North Dakota is hopeful this new clarification in state policy will increase performance related to Safety Outcome 1. As of the writing of this report, there has not been a sufficient number of cases reviewed in which this new policy has been applicable. The state hopes to learn more about this potential impact in the coming R4 CFSR case review.

CFSR Statewide Data Indicators

There are two CFSR National Data Indicators in Safety Outcome 1:

- Recurrence of Maltreatment: Of all children who were victims of substantiated maltreatment during a 12- month period, the percentage who were victims of another substantiated report within 12 months will be 9.7% or less.
- Maltreatment in Care: Of children in out-of-home care during a 12-month period, the rate of children with a substantiated report per 100,000 days of out-of-home care will be 9.07 or less.

	National Performance	FFY19-20	FFY20-21	FFY21-22
Recurrence of Maltreatment	9.7%	8.8%	7.0%	6.0%
	National Performance	FFY19	FFY20	FFY21
Maltreatment in Care (victimizations per 100,000 days in care)	9.07	3.66	5.62	2.84

Table 6. CFSR National data indicators for Safety Outcome 1.
Source: ND February 2024 data profile

North Dakota performs better than the national performance on both safety data indicators. Performance has steadily improved on the recurrence of maltreatment. Performance on maltreatment in care declined slightly in FFY20 (while remaining better than national performance), but performance returned to an even lower rate in FFY21 and remains well below (better than) national performance.

Deeper Data Exploration for Priority Focus Areas

Identify areas prioritized for deeper data exploration and reasons for selecting those areas. Briefly summarize results of data analysis, including evidence supporting the identification of contributing factors and potential root causes driving strengths and challenges.

Safety Outcome 1 was selected as a priority focus area during the R3 PIP Measurement Period, given that performance was not improving. The state's CQI program (described in detail in System Factor 25) began problem exploration and key findings included:

- Statewide, the monthly average number of new CPS assessments was 525 in SFY2022 and SFY2023, down from 543 in SFY2020 and 561 in SFY2021.
- Many changes have been made to the Child Protection Services program in the past four years, including a process redesign impacting more than just initiation or timelines for face-to-face requirements. The new Safety Framework Practice Model, a redesign of the Child Protection Services workflow, and the shift from services being delivered at the county social service level to the human service zone have brought a number of changes to the entire system. North Dakota continues to learn and adjust to the many challenges while remaining committed to ensuring a timely initiation and response to accepted child maltreatment reports.

Information Regarding CQI Change and Implementation Activities

Briefly describe how the information and results of the analysis above relate to or build on results of prior data exploration and CQI change and implementation activities.

Challenges to the timeliness of initiating the agency's response to an accepted maltreatment report is a metric monitored at the HHS and CFS Leadership level. Opportunities for practice improvement have also occurred during the State CQI Council implementation efforts. Improvement efforts since 2016 have occurred at all levels of the organization. For example, policy conversations during CPS Supervisory meetings, monthly calls between CPS Administrators and CPS staff, and direct support and training efforts provided to an agency in the state struggling with significant staff turnover have occurred during the last several years. State policy has been revised to more clearly articulate practice expectations. Discussions have yielded insights into how supervision and leadership correlate with strong performance in this outcome. HHS and Human Service Zone Administrators have noted that agency management provides strong supervision in jurisdictions with strong performance and holds workers accountable during annual performance evaluations. Additionally, the state is in the process of securing a new information system, OCEANS, and requirements are being established to address the data limitations of FRAME to obtain accurate and comprehensive administrative data for the purpose of monitoring Safety Outcome 1.

Safety Outcome 2: *Children are safely maintained in their homes whenever possible and appropriate.* North Dakota's most recent QA case review data on Safety Outcome 2 shows a slight decline in performance from the PIP Baseline to 2023.

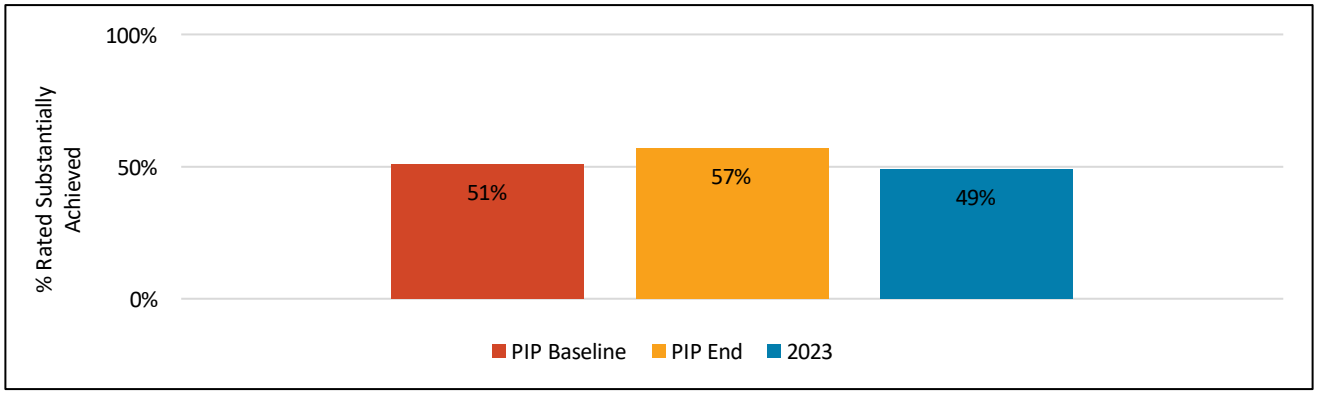


Figure 7. Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate (PIP Baseline, PIP End, CY 2023).
Source: QA case review data

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

Overview of North Dakota Policy

ND policy does not specifically align with this Item of the OSRI. However, within the Child Welfare Practice Model policy manual there are requirements that have bearing on this area.

1. 607-05-35-10 Assessing and Controlling Present Danger instructs the agency to immediately respond to situations in which children are in danger through a well-defined safety response while information collection and assessment occurs. Further, agencies are to intervene in the least intrusive manner, keeping children with their families whenever possible and appropriate.
2. When it isn't possible for children to remain in the home, 607-05-35-10-05 instructs agencies to seek resources within the family's network to provide temporary care of children during the assessment timeframe or until which time it is determined the children can safely return home.
3. Additionally, 607-05-35-15-01 instructs agencies to ensure alternate caregivers have what is needed to provide safe care for the children.

Performance Data Highlights and Brief Ana lysis

Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Safety Outcomes and supporting practices. Briefly summarize the most salient observations, including strengths and areas needing improvement, and findings across data sources and practice areas.

In Round 3 CFSR, North Dakota received an overall rating of an area needing improvement for Item 2, as 70% of the 23 applicable cases were rated a strength, which was below the CFSR standard of 90%.

Since Round 3 CFSR, North Dakota has remained below the CFSR standard of 90%; however, its most recent data shows a steady increase in performance since the PIP Baseline. In Round 3, North Dakota's PIP goal was 30% for this item, which was met at 47% in the PIP End Measurement.

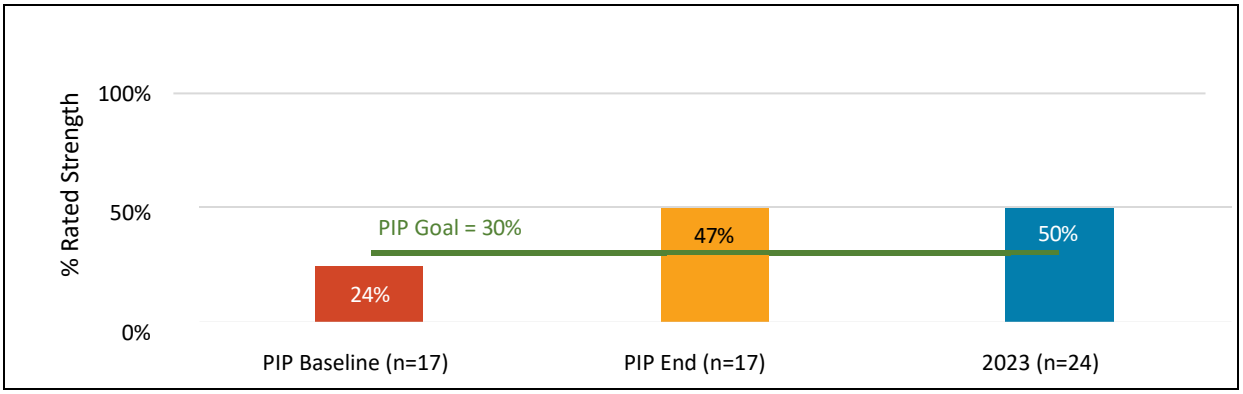


Figure 8. Item 2: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care (PIP Baseline, PIP End, CY2023).
Source: QA case review data

Of the cases reviewed in 2023, 24 were applicable to Item 2. Of these 24 cases:

- By Cross Zonal CQI Team:
    - 1 – 67% strength (n = 3)
    - 2 – 60% strength (n = 5)
        - Metro – 50% strength (n=2)
    - 3 – 50% strength (n = 10)
    - 4 – 33% strength (n = 6)

- Foster care versus in-home:
    - FC – 50% strength (n = 6)
    - IH – 50% strength (n = 18)

- By race and ethnicity:
    - Race is only captured on FC cases (n = 6). Due to the small number of applicable cases, an analysis of these results would not be meaningful.

The 2023 QA Case Review data identified these key takeaways:

- Further analysis reveals three cases in which children were removed from the home without providing the appropriate services, and the action wasn't necessary. Services were available in the community, but the agency did not make a timely referral.
- The state's implementation of a new Safety Framework Practice Model in December 2020 may explain the improvement in performance since the PIP Baseline. Since implementing the Safety Framework Practice Model, QA case reviews have reflected a stronger performance in agency efforts to assess risk and safety and arrange for the appropriate services to target identified concerns. In June of 2021, the state also started conducting a separate comprehensive case review process to ensure fidelity to the Safety Framework Practice Model.
- Following the conclusion of the R3 PIP Measurement Plan, North Dakota transitioned to using the Round 4 Onsite Review Instrument for all QA case reviews conducted as of January 2023. Therefore, caution is urged when comparing and analyzing the 2023 results. Revisions were made

within the instrument for Item 2 intended to capture more situations when services are needed to prevent foster care entry or re-entry. North Dakota found there was an increase in applicable cases. North Dakota sought guidance from the Children's Bureau Regional Office and CFSR Unit to learn the appropriate and consistent application of the instrument for this revised item, and the 2023 results should be viewed with the knowledge that there was a learning curve that occurred for the case review staff conducting these reviews.

Deeper Data Analysis for Priority Focus Areas

Identify areas prioritized for deeper data exploration and reasons for selecting those areas. Briefly summarize results of data analysis, including evidence supporting the identification of contributing factors and potential root causes driving strengths and challenges.

Item 2 was selected as a priority focus area because it was included in the Round 3 PIP. Strength performance was 27%, well below the desired 90%. Since then, performance has increased to a 50% strength rating, which is encouraging yet indicative that more focus and work are needed to achieve stronger outcomes.

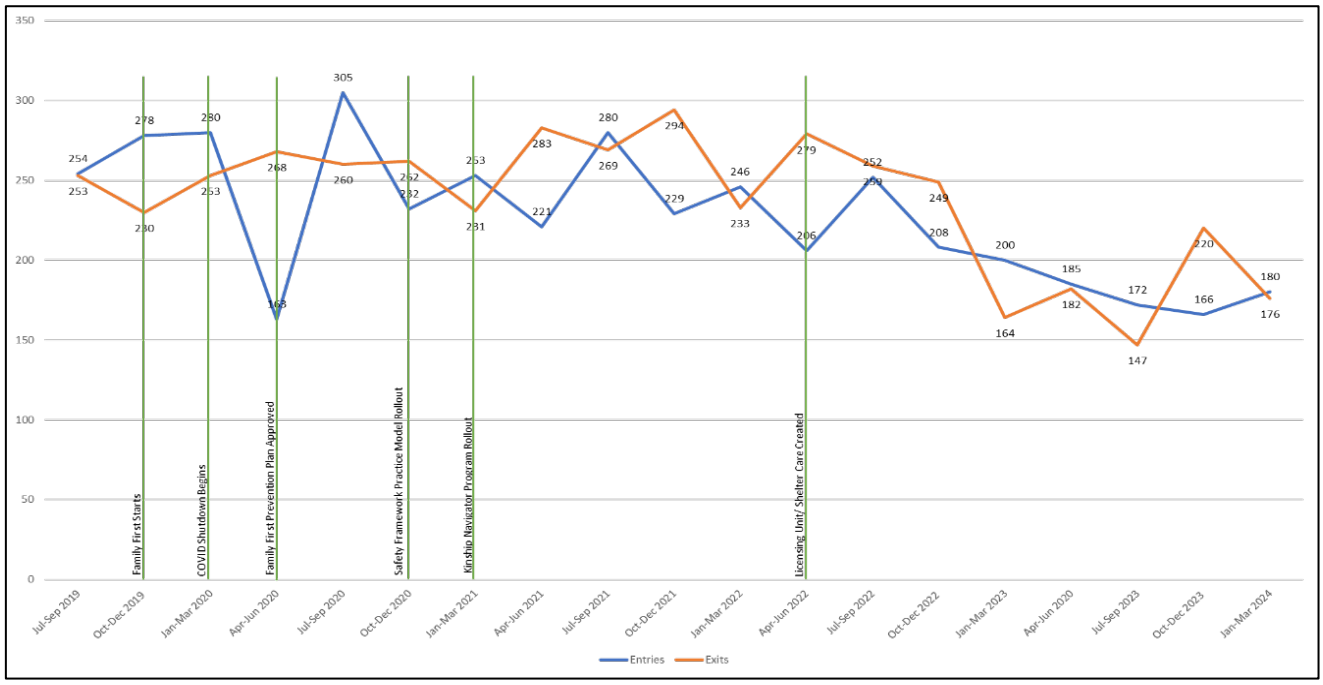


Figure 9. Number of children entering and exiting foster care by quarter: 7/1/19 - 3/31/24.
Source: FRAME - CFS KPI Drill Through: New Foster Care Episodes (A count of Foster Care Episodes where the Program Start Date is during the selected date range.); CFS KPI Drill Through: Closed Foster Care Episodes (A count of Foster Care Episodes where the Program End Date is during the selected date range.)

Despite the challenges in reaching performance at or above 90% for this item, Chart 2.3 reflects a promising trend in the overall reduction in the number of children coming into foster care since the most recent peak in the July – September 2020 quarter. North Dakota believes the implementation of the Safety Framework Practice Model has contributed toward this trend yet cannot draw a clear correlation due to the lack of empirical research.

Figure 3 provides a key visual regarding the challenges confronting North Dakota in addressing the disparity for the American Indian child population entering care and being reunified with their families. Data in the chart reflects the AFCARS reporting population (children in the custody of a state agency placed in foster care or foster children in the custody of a tribal agency pursuant to a Title IV-E State-Tribal Agreement.) This number does not include children in foster care under the custody of a Tribal nation who are not eligible for Title IV-E services. This data depicts an accurate yet minimal representation of the disparity that exists for the American Indian population because Tribal children in non-Title IV-E tribal custody are not included. Furthermore, children whose race is listed as "unable to determine" or American Indian children who may be of two races may not be counted in the overall American Indian group.

During the Tribal Focus Group meetings described in the Introduction section of this document, the state learned that many participants who viewed the above chart believed the numbers were a low representation of the number of Native children in foster care. The state agrees there are limitations within the data available while also asserting the data that does exist indicates a disparity at key decision points that influence Safety Outcome 2 for our American Indian children. The state is confronting this challenge on many fronts that will be addressed in different parts of this Statewide Assessment and the Children and Family Services 5-year plan (CFSP). North Dakota expects this will also become a focus area in Round 4 Program Improvement Plan efforts.

Information Rega rding CQI Change and Implementa tion Activities

Briefly describe how the information and results of the analysis above relate to or build on results of prior data exploration and CQI change and implementation activities.

Round 3 PIP activities focused on selecting and implementing the Safety Framework Practice Model and increasing the use of Family-Centered Engagement services. The ND Round 3 PIP Final Report contains a complete summary of these efforts. The Context Section of this report provides further details about the implementation and success of North Dakota's Safety Framework Practice Model.

In addition to PIP activities, North Dakota was one of the first states to have their Title IV-E Prevention Plan approved. On 8/17/2020, North Dakota became the seventh state in the country to receive approval of its Family First Prevention Services Act: Title IV-E Prevention Services Plan from the federal Children's Bureau. North Dakota's Prevention Services Plan provides North Dakota Department of Health and Human Services access to federal Title IV-E funding for approved evidence-based mental/behavioral health and substance abuse treatment and recovery support services and in-home parent skill-based programs.

North Dakota's approved prevention services are Healthy Families, Parents as Teachers, Nurse-Family Partnership, Homebuilders, Brief Strategic Family Therapy, Parent-Child Interaction Therapy, Multisystemic Therapy, Functional Family Therapy, and Family Check-Up/Everyday Parenting. DHHS - Children and Family Services Division is responsible for program administration of the Title IV-E Prevention Services Plan. This includes determining eligibility, monitoring agreements with approved

providers, meeting federal requirements, completing QA reviews, and funding Title IV-E prevention services.

In the calendar year 2023, 453 applications for child/youth eligibility were approved, and 442 children/youth received a Title IV-E prevention service. Since the start of the state's prevention plan, 812 children have received prevention services. Of these children, only 2% (20) entered foster care at the 12 or 24- month mark from the start of their prevention service, as reported to the Children's Bureau from the North Dakota Title IV-E Prevention Portal. North Dakota is encouraged by the response and will continue to monitor the effectiveness of these prevention services in helping to reduce the number of children needing foster care services.

Item 3: Risk and Safety Assessment and Management

Overview of North Dakota Policy

Several ND policies within varied manuals speak to risk and safety assessment and management. The Child Welfare Practice Model policy manual lays out responsibilities during different points in the family's child welfare case including CPS assessment, case management, and at the time of case closure. At these critical points in time agencies are instructed they must reassess child safety, and when a child is unsafe a safety plan must be in place. Further, this safety plan must be developed jointly and agreed upon with the family and all safety service providers see 607-05-35-25-10, 607-05-70-40, and 607-05-70-45).

Performance Data Highlights and Brief Analysis

Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Safety Outcomes and supporting practices. Briefly summarize the most salient observations, including strengths and areas needing improvement, and findings across data sources and practice areas.

In Round 3 CFSR, North Dakota received an overall rating of an area needing improvement for Item 3 as 74% of the 65 applicable cases were rated a strength, which was below the CFSR standard of 90%.

Since Round 3, North Dakota has remained below the CFSR standard of 90% with relatively stable performance. In Round 3, North Dakota's PIP goal for this item was 54%, which was met at 58% in the PIP End Measurement.

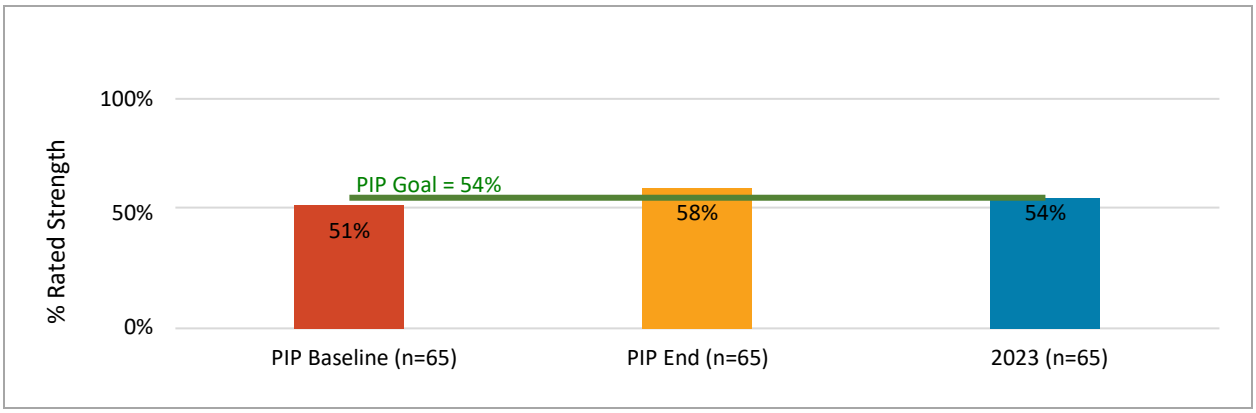


Figure 10. Item 3: Risk and safety assessment and management (PIP Baseline, PIP End, CY2023).
Source: QA case review data

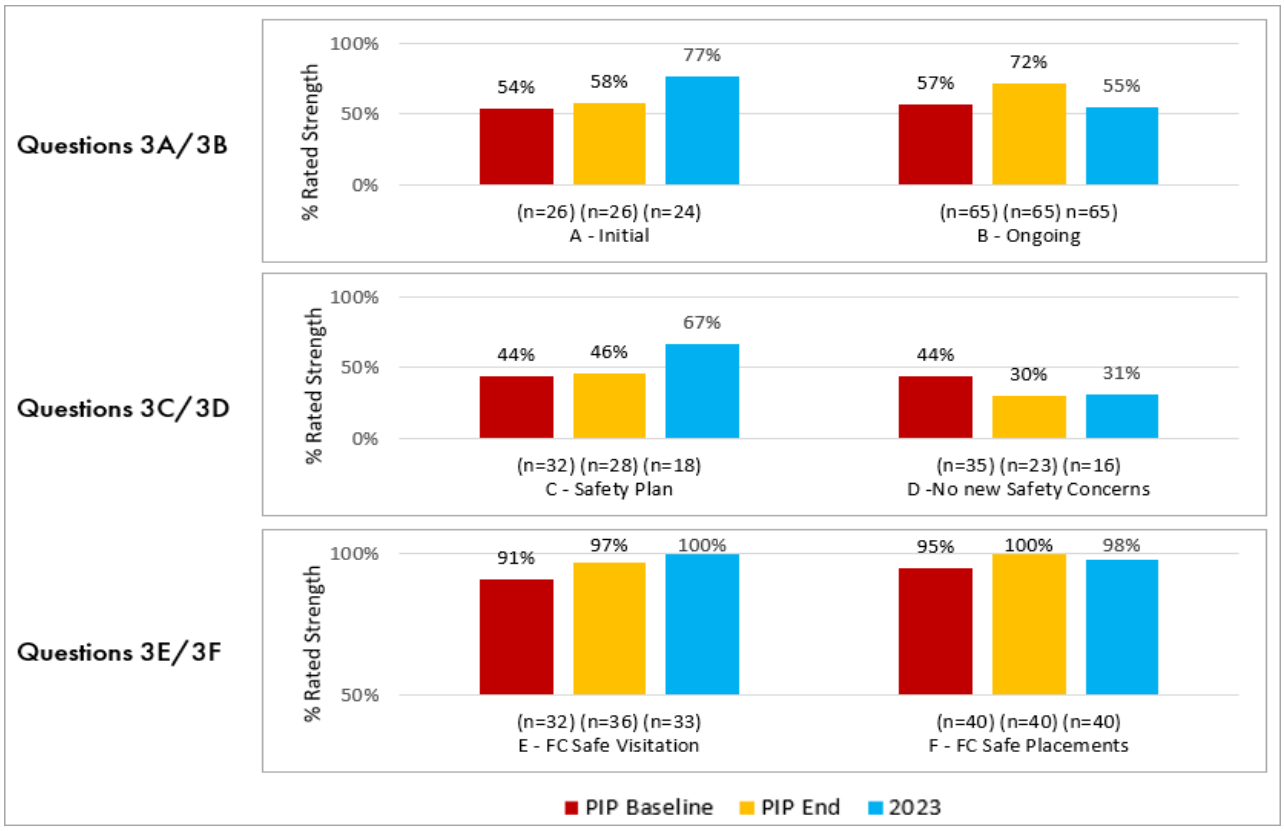


Figure 11. Item 3 question responses (PIP Baseline, PIP End, CY2023)
Source: QA case review data

Overall, the Item 3 sub-questions varied in performance across different measurement periods. Of the cases reviewed in 2023, 65 were applicable to Item 3. Of these 65 cases:

- By Cross Zonal CQI Team:
  - 1 – 53% strength (n = 15)
  - 2 – 53% strength (n = 19)

- Metro – 42% strength (n=12)
  - 3 – 69% strength (n = 16)
  - 4 – 40% strength (n = 15)

- Foster care versus in-home:
  - FC – 53% strength (n = 40)
  - IH – 56% strength (n = 25)

- By race and ethnicity:
  - Race is only captured on FC cases (n = 40)
  - White – 62% strength (n = 13)
  - American Indian – 37% strength (n = 13)
  - More than one race – 63% strength (n = 8)
  - Black – 35% strength (n = 3)

- Hispanic – 67% strength (n= 3)

The 2023 QA Case Review data identified these key takeaways:

- The strongest performance was in sub-question E (n=33) and F (n=40). These questions focus on safety for the target child during visits with family or in their foster care setting.

- The weakest performance was noted in sub-question 3D (n=16). This question focuses on agency efforts to appropriately address safety concerns for children in their own homes. The primary concern noted in affected cases involved situations where the agency closed the case while safety issues were still present in the family home.

- There was over a 20% noticeable improvement in sub-question C (n=18) compared to both the PIP Baseline at (n=32) and PIP End Measurement (n=28). This question focuses on the agency's use of safety planning, ensuring appropriate safety plans are implemented and monitored throughout the period under review.
  - The variation in the number of applicable cases between the PIP Baseline and PIP End measurement periods versus the 2023 period, in part, can be explained by the differences in how the state was applying the OSRI. While using the R3 OSRI, plans to target safety or risk concerns were considered when answering sub-question C. However, with the R4 OSRI, this question only applies when a safety plan targets safety concerns.
  - Themes contributing to the stronger performance in the 2023 measurement period included the development of more appropriate safety plans and improved monitoring of the plan, typically on a weekly basis. Many safety plans included the child(ren) staying with relatives through a voluntary arrangement made with the family.

- Question B regarding ongoing assessments was an area for improvement. The primary concerns noted were:
  - Lack of in-person visits with children impacted the comprehensiveness of risk and safety assessments.
  - New allegations of abuse and neglect were not always comprehensively assessed.
  - Assessments at case closure were not thorough and comprehensive
  - Lack of risk and safety assessments in the parental home when reunification was a goal on file.
  - Assessments around placement changes were not occurring.

Information Regarding CQI Change and Implementation Activities

Briefly describe how the information and results of the analysis above relate to or build on results of prior data exploration and CQI change and implementation activities.

As noted earlier, R3 PIP activities focused on selecting and implementing the Safety Framework Practice Model and increasing Family-Centered Engagement services. Further CQI change initiatives focused specifically on Item 3/Safety Outcome two have not occurred.

It is important to note that in this and other Outcomes sections of this Statewide Assessment, limited

analysis has been conducted when exploring cross-jurisdiction implications (for example, when performance is varied between different Cross-Zonal CQI teams) or when considering Race, Ethnicity, and Inclusion (REI) data. This limitation has, in part, been due to limited resources available to conduct this work and the early implementation stages of the state's new CQI program. It is anticipated that opportunities will be presented during the R4 Stakeholder Interviews and PIP planning to further advance this important work. North Dakota has included a goal in its Children and Family Services Plan focused on CQI Implementation. Increasing and enhancing the state's data analytics resources and operations within the State CQI Council and Cross-Zonal CQI Teams will provide opportunities for the state to address the limitations experienced while completing this Statewide Assessment.

Permanency Outcomes 1 and 2

Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Permanency Outcomes and supporting practices. Include a description of the state-produced measures (denominator and numerator), data periods represented, and methodology.

Permanency outcomes include: (1) children have permanency and stability in their living situations; and (2) the continuity of family relationships is preserved for children.

In Round 3 CFSR, North Dakota was not in substantial conformity for Permanency Outcome 1 or 2. Permanency Outcome 1 was substantially achieved in 40% of the 40 applicable cases reviewed. Permanency Outcome 2 was substantially achieved in 73% of the 40 applicable cases reviewed. A determination of substantial conformity requires that 95% of the applicable cases achieve substantial conformity on the outcome and that performance on all applicable data indicators is at or above national performance.

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

North Dakota's most recent QA case review data on Permanency Outcome 1 shows a slight increase in performance in 2023 from PIP Baseline.

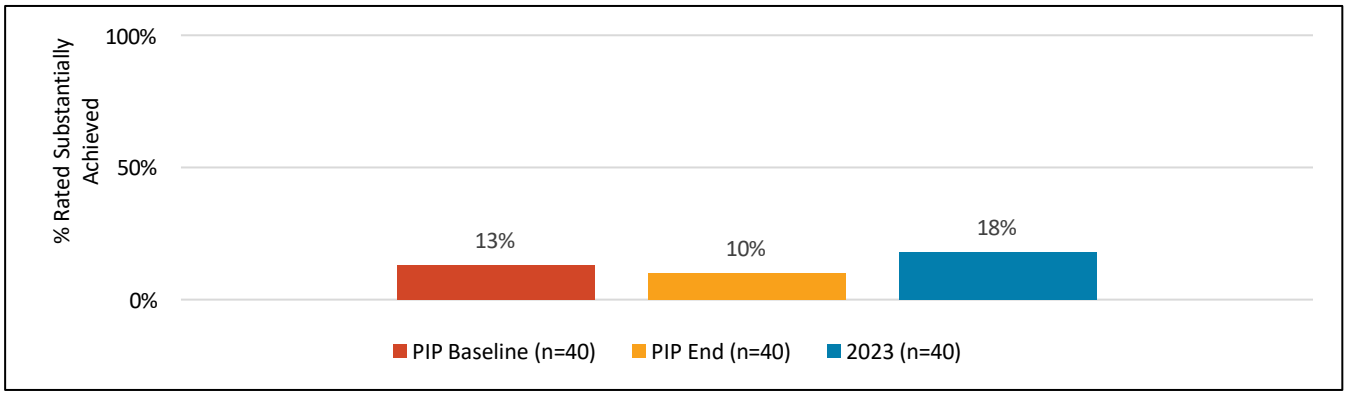


Figure 12. Permanency Outcome 1: Children have permanency and stability in their living situations (PIP Baseline, PIP End, CY2023).
Source: QA case review data

Item 4: Stability of Foster Care Placement

Overview of North Dakota Policy

North Dakota created a Level of Care document in September 2022 that guides caseworkers in determining placement for a child. NDCC 50-06-06.14 requires agencies to explore the option of kinship care if a child cannot return home due to safety concerns. North Dakota law requires the state to consider giving preference to an adult relative caregiver over a non-relative caregiver. North Dakota's Placement Guidelines are as follows:

- Child's desired placement if age appropriate.
- Parent's desired placement.
- Relative Search- Initial and ongoing.
- If applicable, ICWA placement preferences must be followed.
- Sibling group size and efforts to keep siblings together.
- Child's home community and familiar school setting.
- Child's needs.
- Child's current symptoms and behaviors.
- Additional service, supports, and provider training needed to meet the child's needs.

Performance Data Highlights and Brief Analysis

Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Permanency Outcomes and supporting practices. Briefly summarize the most salient observations, including strengths and areas needing improvement, and findings across data sources and practice areas.

In Round 3 CFSR, North Dakota received an overall rating of an area needing improvement for Item 4, as 88% of the 40 applicable cases were rated a strength, which was below the CFSR standard of 90%.

Since Round 3 CFSR, North Dakota has remained below the CFSR standard of 90%; however, its most recent QA data shows relatively stable performance since the PIP Baseline. In Round 3 CFSR, North Dakota's PIP goal for this item was 81%, which was met at 83% in R3 PIP Measurement Period 1 (not depicted below).

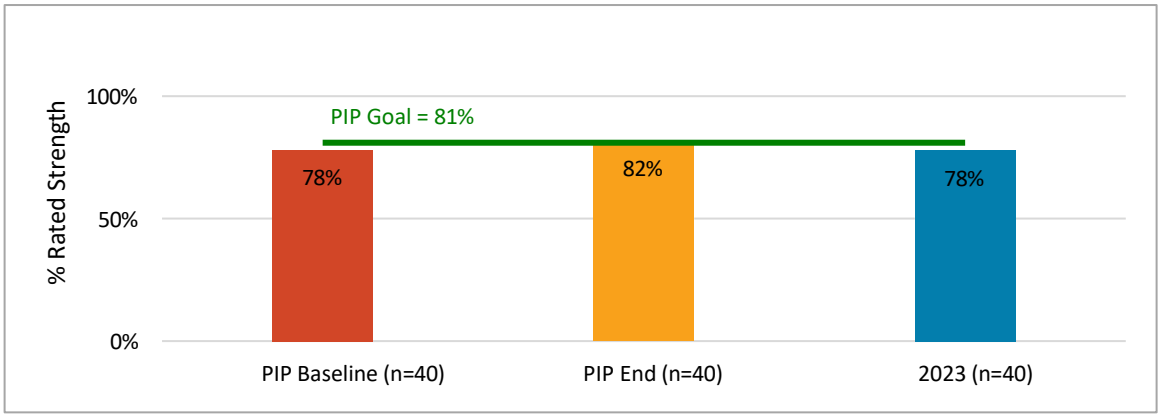


Figure 13. Item 4: Stability of foster care placement (PIP Baseline, PIP End, CY2023).
Source: QA case review data

All foster care cases are applicable for assessment of Item 4, and in 2023, 40 were reviewed. Of these 40 cases:

- By Cross Zonal CQI Team:
  - 1- 58% strength (n=12)
  - 2- 79% strength (n=14)
  - Metro- 90% strength (n=10)
  - 3- 86% strength (n=7)
  - 4- 100% strength (n=7)

- By race and ethnicity:
  - American Indian- 69% strength (n=13)
  - African American- 33% strength (n=3)
  - White- 85% strength (n=13)
  - Hispanic- 67% strength (n=3)
  - Two or more races- 100% strength (n=8)

- By age at time of the review:
  - Less than 6 years old- 88% strength (n=17)
  - 6-12 years old- 77% strength (n=13)
  - 13-15 years old- 57% strength (n=7)
  - Over 15 years old- 67% strength (n=3)

- Placement types:
  - Cases involving placement with relative- 92% strength (n=12)
  - Cases involving non-relative placements- 46% strength (n=11)
  - Institution placement- 67% strength (n=3)
  - Pre-adoptive placement- 93% strength (n=14)

The 2023 QA Case Review data identified these key takeaways:

- Placement changes were occurring that were not planned by the agency nor consistent with achieving case goals.
  - The major contributor was foster parents being unable to manage child behaviors.

- Cross Zonal CQI Team 4 had the strongest performance in this item

- A higher rate of placement stability was noted in:
  - Children with two or more races
  - Children under the age of 6
  - Cases involving placement with a relative

CFSR Statewide Data Indicators

As of the February 2024 Data Profile, North Dakota's statewide performance is statistically worse than the national performance in Placement Stability. Additionally, performance over time suggests performance has been worsening over the last several measurement periods.

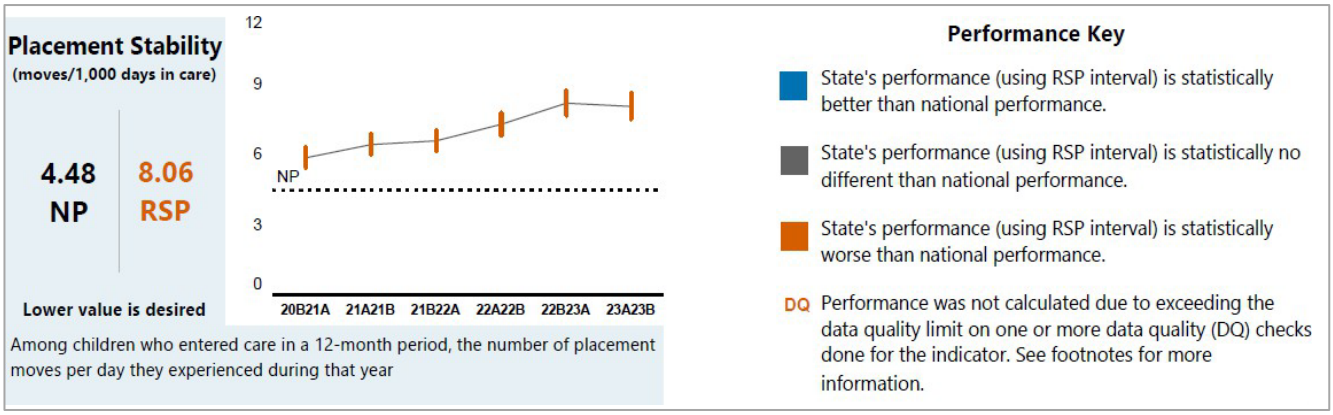


Figure 14. CFSR national data indicators for placement stability.

Source: ND February 2024 data profile

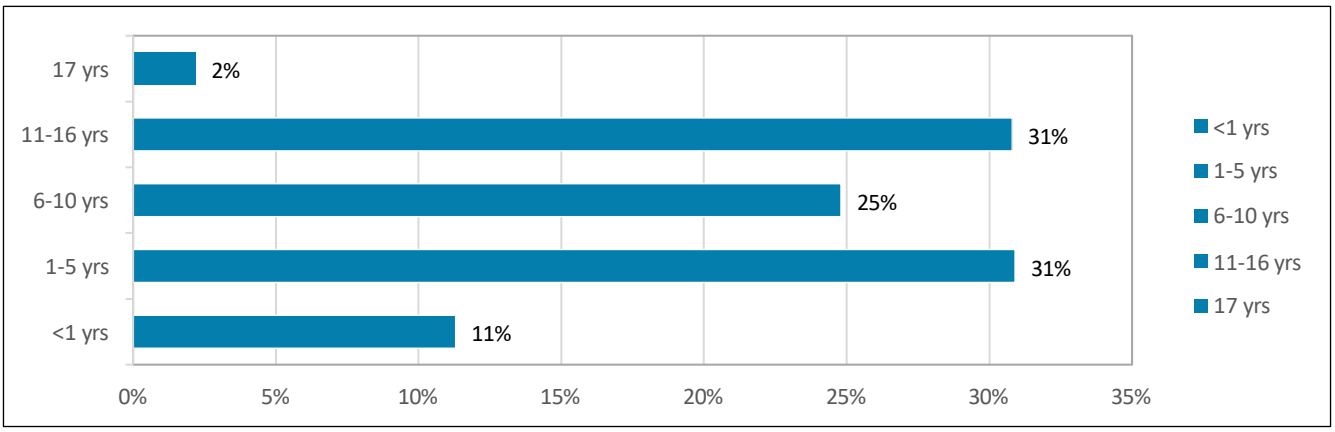


Figure 15. CFSR national data indicators for the percentage of moves by age (ND observed performance).

Source: ND February 2024 data profile

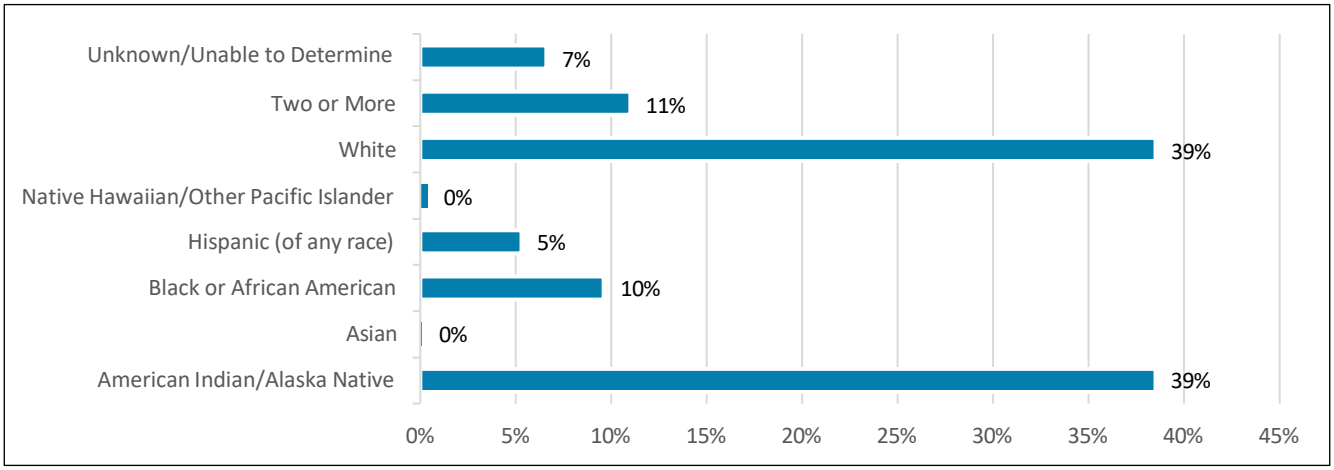


Figure 16. CFSR national data indicators for the percentage of moves by race (ND observed performance).
Source: ND February 2024 data profile

Deeper Data Analysis for Priority Focus Areas

Identify areas prioritized for deeper data exploration and reasons for selecting those areas. Briefly summarize results of data analysis, including evidence supporting the identification of contributing factors and potential root causes driving strengths and challenges.

North Dakota has identified there are longstanding challenges and limitations to the placement data currently submitted to AFCARS, which is used to calculate performance in this measure. Due to limitations within the state's current information system, FRAME, North Dakota is aware that more placement moves are being reported than what meets the AFCARS definition for this element. This statewide challenge is related to the system requirements needed to ensure timely and accurate payment to foster providers. For example, if a child is initially placed with an unlicensed relative provider who later becomes licensed, the information system forces the entry of two distinct placement settings. However, the child only actually experienced the one setting. This simplified example is reflective of a larger challenge that the state is addressing as it secures a new CCWIS system. To what extent this type of challenge impacts the analysis for this Statewide Data Indicator is unknown and currently under further review. QA Case Record Review data provides another perspective of placement stability, yet these two measures are distinctly different. North Dakota's conclusion is that placement stability is not trending as poorly as suggested by the February 2024 Data Profile. Yet, there is reason to be concerned about the experience of children in the child welfare system. North Dakota expects that more R4 CFSR data and further analysis through ongoing CQI activities will bring greater attention to this challenge.

Item 5: Permanency Goal for Child

Overview of North Dakota Policy

In North Dakota, the permanency planning process begins when a child enters foster care. The Child and Family Team Meeting (CFTM) is the forum typically used to establish and monitor the appropriateness of permanency goals for the child. By policy, an initial CFTM is held within 30 days of the child entering foster care and quarterly thereafter.

Performance Data Highlights and Brief Ana lysis

Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Permanency Outcomes and supporting practices. Briefly summarize the most salient observations, including strengths and areas needing improvement, and findings across data sources and practice areas.

In Round 3 CFSR, North Dakota received an overall rating of an area needing improvement for Item 5, as 80% of the 40 applicable cases were rated a strength, which was below the CFSR standard of 90%.

Since Round 3 CFSR, North Dakota has remained below the CFSR standard of 90%, and performance has significantly decreased. In Round 3 CFSR, North Dakota did not meet its PIP goal of 64% for this item.

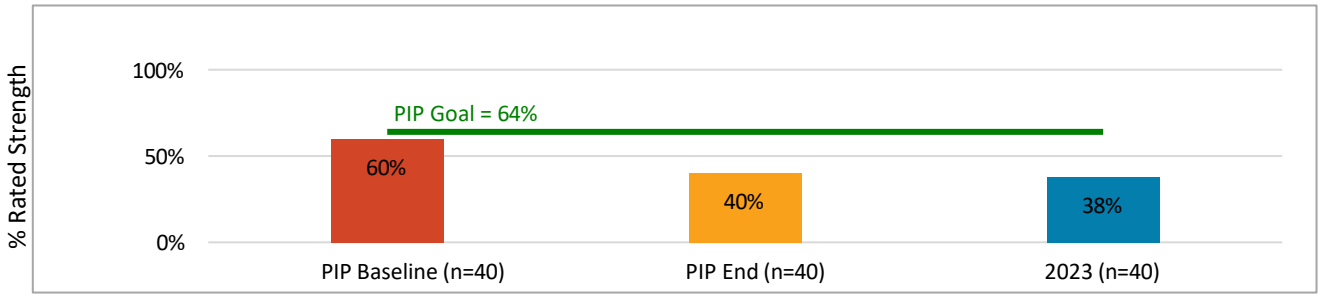


Figure 17. Item 5: Permanency goal for child (PIP Baseline, PIP End, CY2023).
Source: QA case review data

All foster care cases are applicable for assessment of Item 5, and in 2023, 40 were reviewed. Of these 40 cases:

- By Cross Zonal CQI Team:
  - 1- 25% strength (n=12)
  - 2- 64% strength (n=14)
  - Metro- 80% strength (n=10)
  - 3- 0% strength (n=7)
  - 4- 43% strength (n=7)

- By race and ethnicity:
  - American Indian- 15% strength (n=13)
  - African American- 67% strength (n=3)
  - White- 46% strength (n=13)
  - Hispanic- 0% strength (n=3)
  - Two or more races- 63% strength (n=8)

- By age at the time of the review:
  - Less than 6 years old- 41% strength (n=17)
  - 6-12 years old- 31% strength (n=13)

- 13-15 years old- 29% strength (n=7)
- Over 15 years old- 67% strength (n=3)

- Singular permanency goal only:
  - Reunification- 40% strength (n=10)
  - Guardianship- 0% strength (n=1)
  - Adoption- 45% strength (n=22)
  - APPLA- 100% strength (n=1)

- Concurrent permanency goals:
  - Reunification and Guardianship- 0% strength (n=1)
  - Reunification and Adoption- 0% strength (n=4)
  - Reunification and APPLA- 0% strength (n=1)

The analysis of the 2023 QA Case Review data identified these key takeaways:
- Adoption goals could have been established sooner.
- Reunification remained on file when it was no longer appropriate.
- There was a lower percentage of strength ratings for cases involving American Indian children.
- Performance in Cross Zonal CQI Team 2, which includes the state's metro area, is an area of focus for further analysis as stronger practice was noted for this jurisdiction.

Deeper Data Analysis for Priority Focus Areas

Identify areas prioritized for deeper data exploration and reasons for selecting those areas. Briefly summarize results of data analysis, including evidence supporting the identification of contributing factors and potential root causes driving strengths and challenges.

Establishing timely and appropriate permanency goals was selected as a priority focus area for the state CQI Council when it became evident that performance was declining during the R3 PIP Measurement Period. The CQI Council began working on a data plan in March 2023 to further analyze this practice challenge. Factors considered in this plan included jurisdictional implications, if the predominate challenge is related to establishing timely goals or if the challenge is about the establishment of appropriate goals; if there is court data available on timely TPR filings and court continuances, how caseload and workload impacts this item, and what can be learned about this item by looking closer at the goals for the foster children who have been care a long time.

Additional factors the team wished to explore included the following questions:
- Are we keeping goals on file that we are not working on? Are there times when there is not a better option?
- Are there times when not pursuing TPR due to lack of adoptive resources, or not referring for an adoptive home search because of no TPR?
- Are permanency outcomes different for American Indian children compared to other children?
- Is engagement with parents (monthly contacts, case planning, needs assessment) contributing to ratings on Item 5?

This work of the CQI Council is ongoing. Conclusions reached thus far indicate that some areas of the state perform better than others (as is the case for Cross-Zonal CQI Team 2.) More work is needed to learn how to capitalize on these lessons and apply them to other areas through the CQI process. A review of the case review data and rationale statements suggests the challenge when it comes to the timely establishment of goals relates to the establishment of concurrent goals. Typically, initial goals are established timely. North Dakota's policy of establishing permanency goals within 30 days of foster care entry supports this stronger practice. The challenge is most evident when involving concurrent goals. In this area, policy provides guidance but does not provide concrete requirements for each case.

Results from QA case reviews suggest the greatest driver of performance for this item is that inappropriate goals remain on the case plan. This is primarily impacting the permanency goal of reunification. Results from the QA case reviews and stakeholder input during CQI meetings suggest several contributing factors for this challenge, including a misunderstanding about state policy. Many believe the goal of reunification must remain on the case plan until a legal termination of parental rights is received. This results in the goal remaining on file despite no intent by the agency or biological parents at times to reunify. Feedback also has suggested some agencies face local pressure from the State's Attorney's office or Court to keep reunification on file until the legal proceedings to terminate are complete. State or Tribal Court influences for appropriate permanency goals is an area for continued focus into Round 4 CFSR. The Case Review systemic factor (Item 23) provides additional insight into challenges regarding timely TPR filings. However, case review data suggests delayed TPR filings are not a primary driver to the area needing improvement rating for this item for the relatively small sample of cases reviewed.

Case review data suggest that ratings for Item 5 are worse for American Indian children. Given that American Indian children are disproportionately represented in the foster care population, the relationship to ensuring timely and appropriate goals is an area the state will be further analyzing in Round 4 CFSR.

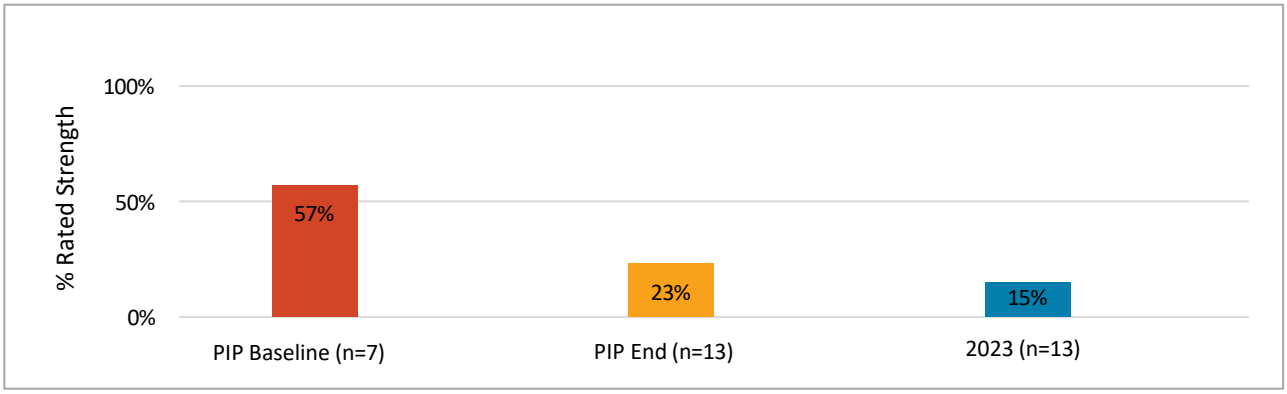


Figure 18. Item 5: Ratings of cases involving AI/AN youth (PIP Baseline, PIP End, CY2023).
Source: QA case review data

The impact of worker caseload/workloads is an aspect that is still being analyzed. Anecdotally, this challenge is heard and seen in several cases that are subject to the case review process. Yet, given the small sample, the state-wide implications need further analysis. Data analysis related to the impact of 'long stayers' has begun but is not yet available as the Data Analytics Team continues to request data. Additionally, further analysis regarding the remaining questions posed in the CQI Data Plan for Item 5 is planned for the coming year.

Administrative data regarding timely and appropriate permanency goals has not been readily available within the state.

Information Regarding CQI Change and Implementation Activities

Briefly describe how the information and results of the analysis above relate to or build on results of prior data exploration and CQI change and implementation activities.

Although no specific R3 PIP activities focused on appropriate and timely permanency goals, as previously noted, the State CQI Council, Data Analytics Team, and Cross-Zonal CQI Teams discussions led to the Permanency Administrator updating state policy (Foster Care Services Permanency Planning 624-05-15-115) and providing clarification of this policy during a statewide monthly case managers call in August 2022, coinciding when state policy was revised to emphasize that all permanency goals must be established in a timely manner and be appropriate for the circumstances present in the case.

Item 6: Achieving Reunification, Guardianship, Adoption, or Another Planned Permanent Living Arrangement

Overview of North Dakota Policy

In North Dakota, the priority is to achieve permanency or reunify children within 12 months of removal. Reunification can occur prior to court order expiration as long as reasonable or active efforts are made to ensure the child's health and safety can be maintained in the home. If reunification is not possible, then reasonable or active efforts must be made to permanently place the child with a fit and willing relative, obtain a legal guardian, or seek an adoptive home if the child is free for adoption.

Performance Data Highlights and Brief Analysis

Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Permanency Outcomes and supporting practices. Briefly summarize the most salient observations, including strengths and areas needing improvement, and findings across data sources and practice areas.

In Round 3 CFSR, North Dakota received an overall rating of an area needing improvement for Item 6, as 43% of the 40 applicable cases were rated a strength, which was below the CFSR standard of

90%.

Since Round 3 CFSR, North Dakota has remained below the CFSR standard of 90%, and performance has significantly decreased. In Round 3 CFSR, North Dakota's PIP goal for this item was 21%, and it was met at 24% in R3 PIP Measurement Period 1 (not depicted in the graph below).

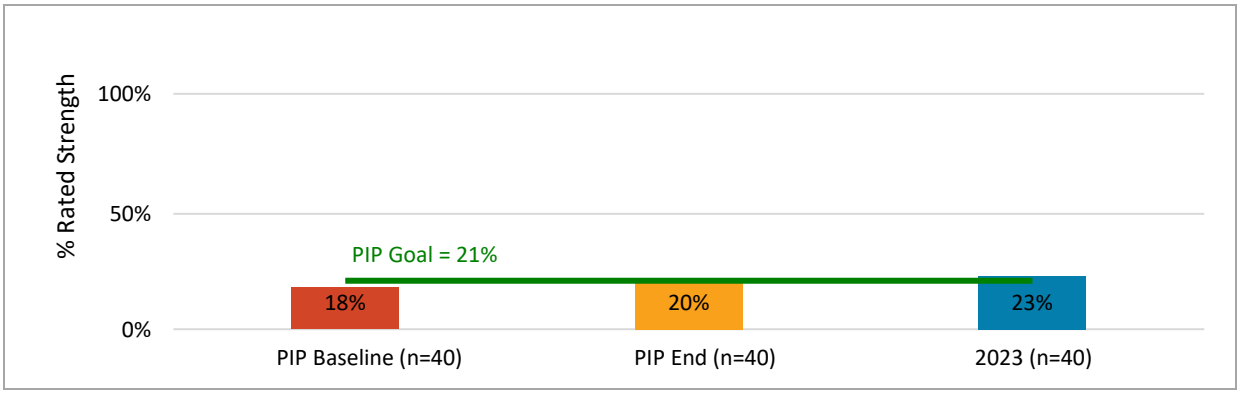


Figure 19. Item 6: Achieving, reunification, guardianship, adoption, or another planned permanent living arrangement (PIP Baseline, PIP End, CY2023).
Source: QA case review data

All foster care cases are applicable for assessment of Item 6, and in 2023, 40 were reviewed. Of these 40 cases:

- By Cross Zonal CQI Team:
  - 1- 17% strength (n=12)
  - 2- 36% strength (n=14)
  - Metro- 40% strength (n=10)
  - 3- 0% strength (n=7)
  - 4- 29% strength (n=7)

- By race and ethnicity:
  - American Indian- 15% strength (n=13)
  - African American- 33% strength (n=3)
  - White- 15% strength (n=13)
  - Hispanic- 0% strength (n=3)
  - Two or more races- 50% strength (n=8)

- By age at time of the review:
  - Less than 6 years old- 29% strength (n=17)
  - 6-12 years old- 0% strength (n=13)
  - 13-15 years old- 14% strength (n=7)
  - Over 15 years old- 100% strength (n=3)

- Singular permanency goal only:
  - Reunification- 30% strength (n=10)
  - Guardianship- 0% strength (n=1)

- Adoption- 14% strength (n=22)
- APPLA- 100% strength (n=1)

- Concurrent permanency goals:
  - Reunification and Guardianship- 0% strength (n=1)
  - Reunification and Adoption- 25% strength (n=4)
  - Reunification and APPLA- 100% strength (n=1)

The analysis of the 2023 Case Review data identified these key takeaways:

- Challenges with providing appropriate and timely service provision to reunification parents
- Need for stronger ongoing and appropriate safety assessments driving case decisions
- Opportunity to improve effective concurrent planning
- Termination of parental rights not being filed timely (often prior to the PUR, which would not impact performance in Item 5)
- Delays with timely referrals to the adoption agency
- Continuances causing court delays for reasons not specifically or clearly related to a parent's due process rights.
- Courts not holding more frequent hearings for children in care beyond 24 months

North Dakota does not have sufficient data available for this Statewide Assessment to further explore court- related practices beyond what is noted in the above takeaways. This is an area worthy of further exploration as part of stakeholder interviews and the PIP as often the level of court involvement and oversight as it impacts Permanency outcomes goes beyond the regulations set forth in Systemic Factors 22 and 23. For example, Systemic Factor 23 will measure if a permanency hearing was held; however, does not factor in the quality of that hearing and how the court's oversight contributes to timely permanency, which IS a consideration when rating Item 6. These nuances require additional data not currently available to the state at the time of this report.

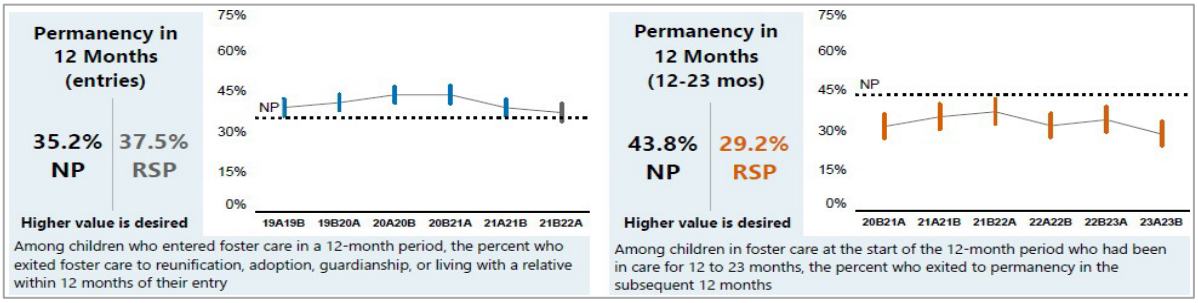


Figure 20. CFSR National data indicator for permanency in 12 months (entries & 12-23 months) (ND risk standardized performance). Source: February 2024 data profile

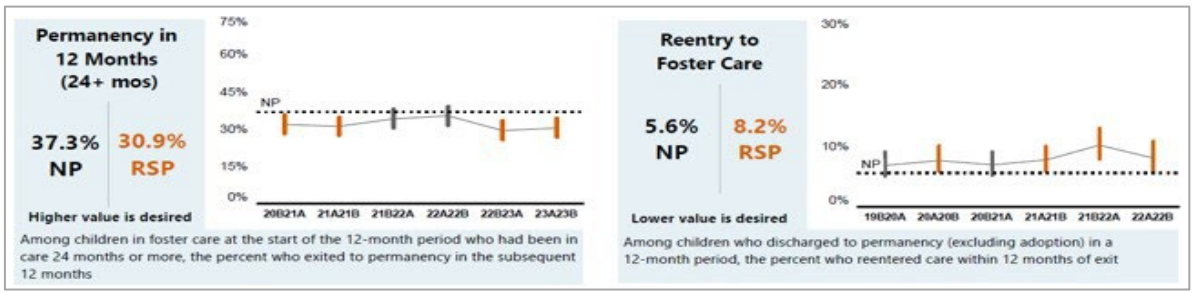


Figure 21. CFSR national data indicator for permanency in 12 months (24+ months) and reentry to foster care (ND risk standardized performance).
Source: February 2024 data profile

Results from the R4 Data Profile indicate North Dakota's performance is no different than national performance for one indicator: Permanency in 12 Months for the entry cohort. All other indicators reflect performance below the national performance. These results align with other data in this section suggesting that North Dakota's performance for the Permanency Outcome is not in substantial conformity.

Information Regarding CQI Change and Implementation Activities

Briefly describe how the information and results of the analysis above relate to or build on results of prior data exploration and CQI change and implementation activities.

North Dakota's R3 PIP Goal #4 specifically targeted Item 6 and Permanency Outcome 1. The Final R3 PIP Progress Report provides more details on accomplishments. Yet, data suggest improvement is still needed. The State CQI Council and the Data Analytics Team have monitored this issue, reviewed data from the Court Improvement Project, and have focused energies to better understand and target the 'long stayers'. At the time of this Statewide Assessment, the Data Analytics Team has undertaken a deeper dive into the data for children who have been in foster care for the last four years. Results are not yet available. Once completed, the CQI Council will be well-positioned to explore improvement efforts that will align with the strategic priorities of the next Children and Family Services plan.

In addition to CQI Council-led initiatives, North Dakota has just completed a redesign of the foster care adoption policies and process. This redesign effort was sparked, in part, by Senate Bill 2080 in the 2023 legislative session, stating foster care providers be deemed 'suitable' for adoption. Redesign efforts utilize the Theory of Constraints process to identify constraints impeding desired outcomes. The task force guiding this effort was comprised of stakeholders within the state office, Human Service Zones, the contracted adoption provider (Catholic Charities North Dakota - Adults Adopting Special Kids program), foster and adoptive parents, and legal partners.

Implementation began on February 1, 2024. The goal of adoption redesign is a timely and safe adoption finalization with a permanent family for all children in foster care who have a permanency goal that includes adoption. The ambitious target for this redesign effort is to achieve adoption finalization within 60 days of termination of parental rights in 80% of cases.

Given the newness of these efforts, it is unlikely true impacts will be evident in the R4 CFSR Case Review outcomes; however, North Dakota is hopeful that outcomes will be positively impacted for children with an adoption goal.

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

North Dakota's most recent QA case review data on Permanency Outcome 2 shows a relatively steady performance from PIP Baseline to 2023.

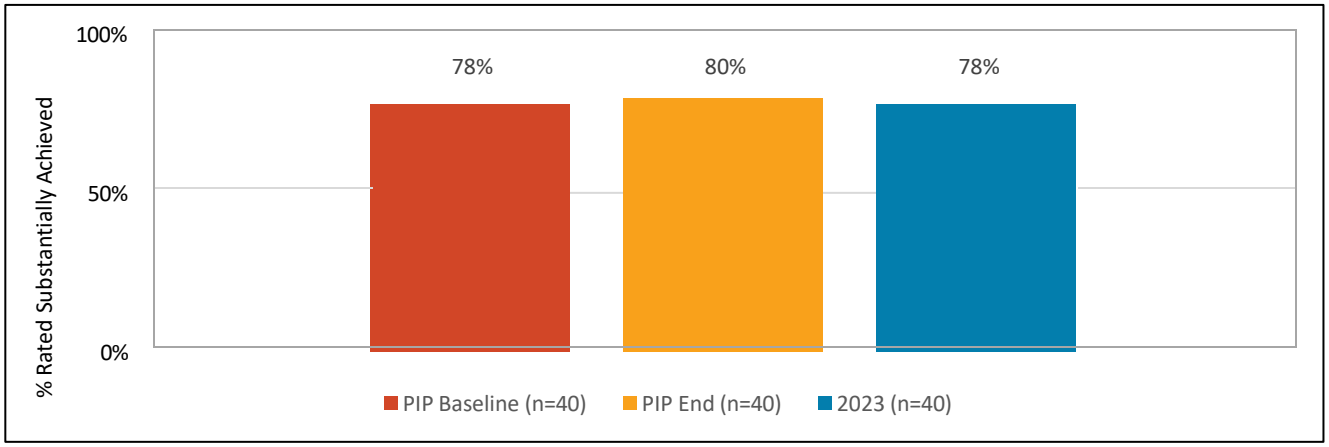


Figure 22. Permanency Outcome 2: The continuity of family relationships and connections is preserved for children (PIP Baseline, PIP End, CY2023).
Source: QA case review data

Item 7: Placement with siblings

Overview of North Dakota Policy

North Dakota's policy is to place siblings together whenever possible. The number of siblings is a determining factor in searching for placement resources. State policy indicates that a certified foster care provider can have no more than three children and a licensed family foster home or identified relative foster care provider may have no more than six children unless the CFS Licensing Unit approves otherwise. The CFS Licensing Unit will review requests to increase the bed capacity beyond the applicable limitations if the home has the physical capacity to accept and care for additional placements as well as other specific reasons, one of which is to allow siblings to remain placed together.

Performance Data Highlights and Brief Analysis

Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Permanency Outcomes and supporting practices. Briefly summarize the most salient observations, including strengths and areas needing improvement, and findings across data sources and practice areas.

In Round 3 CFSR, North Dakota received an overall rating of an area needing improvement for Item 7, as 86% of the 21 applicable cases were rated a strength, which was below the CFSR standard of

90%.

Since Round 3 CFSR, North Dakota continues to remain below the CFSR standard of 90% and there has been a slight decline in performance. In Round 3 CFSR, North Dakota did not have a PIP goal for this item.

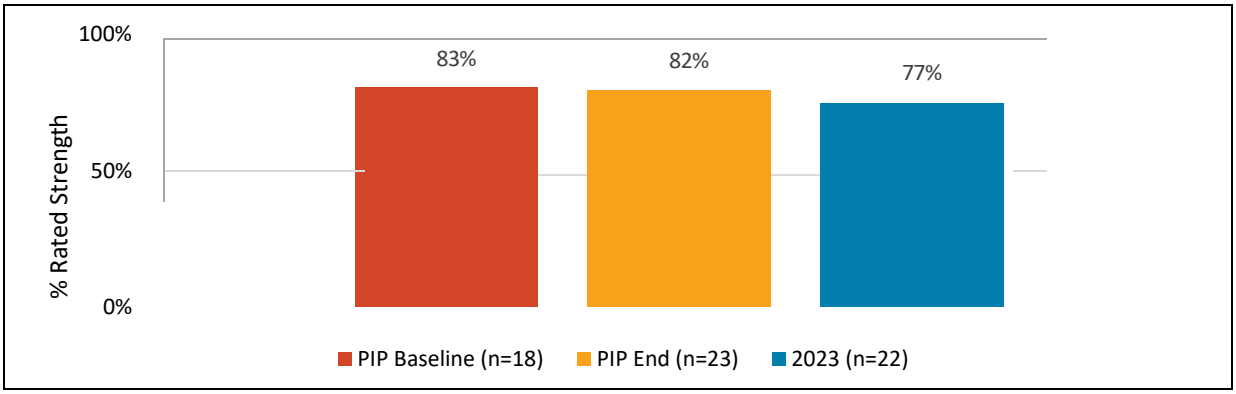


Figure 23. Item 7: Placement with siblings (PIP Baseline, PIP End, CY2023).
Source: QA case review data

Of the cases reviewed in 2023, 22 were applicable to Item 7. Of these 22 cases:

- By Cross Zonal CQI Team:
  - 1- 56% strength (n=9)
  - 2- 80% strength (n=5)
  - Metro- 75% strength (n=4)
  - 3- 100% strength (n=4)
  - 4- 100% strength (n=3)

- By race and ethnicity:
  - American Indian- 80% strength (n=10)
  - White- 60% strength (n=5)
  - Hispanic- 50% strength (n=2)
  - Two or more races- 100% strength (n=5)

- By age at time of the review:
  - Less than 6 years old- 75% strength (n=8)
  - 6-12 years old- 89% strength (n=9)
  - 13-15 years old- 75% strength (n=4)
  - Over 15 years old- 0% strength (n=1)

The analysis of the 2023 QA Case Review data identified these key takeaways:

- Shortage of foster homes willing to take sibling groups
- Opportunity to improve reevaluating placement together once the valid reason for separation no longer exists
- Need for stronger general discussion/efforts to place siblings together
- Strongest performance was in Cross Zonal CQI Team 3 and 4

- American Indian children were more likely placed in relative placements, which increased the likelihood that siblings in foster care were placed together

Item 8: Visiting with Parents and Siblings in Foster Care

Overview of North Dakota Policy

North Dakota policy requires all foster children receive frequent ongoing visitation with parents and siblings. The timeframes for these visits must be appropriate and must be sufficient to meet the needs and safety of the child and their family.

Performance Data Highlights and Brief Analysis

Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Permanency Outcomes and supporting practices. Briefly summarize the most salient observations, including strengths and areas needing improvement, and findings across data sources and practice areas.

In Round 3 CFSR, North Dakota received an overall rating of an area needing improvement for Item 8, as 77% of the 30 applicable cases were rated a strength, which was below the CFSR standard of 90%.

Since Round 3 CFSR, North Dakota has remained below the CFSR standard of 90%, and performance has had some slight fluctuations, but the most recent data shows an overall decline. In Round 3 CFSR, North Dakota did not have a PIP goal for this item.

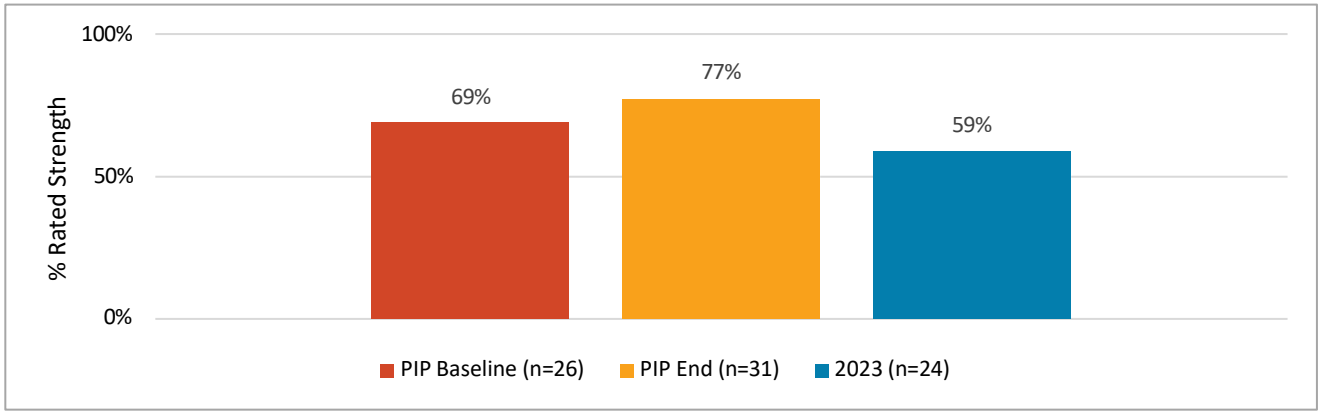


Figure 24. Item 8: Visiting with parents and siblings in foster care (PIP Baseline, PIP End, CY2023).
Source: QA case review data

Of the cases reviewed in 2023, 24 were applicable to Item 8. Of these 24 cases:

- By Cross Zonal CQI Team:
  - 1- 33% strength (n=9)
  - 2- 71% strength (n=7)
  - Metro- 67% strength (n=6)
  - 3- 67% strength (n=3)
  - 4- 80% strength (n=5)

- By race and ethnicity:
  - American Indian- 38% strength (n=8)
  - African American- 67% strength (n=3)
  - White- 75% strength (n=8)
  - Hispanic- 0% strength (n=1)
  - Two or more races- 75% strength (n=4)

- By age at time of the review:
  - Less than 6 years old- 56% strength (n=9)
  - 6-12 years old- 71% strength (n=7)
  - 13-15 years old- 50% strength (n=6)
  - Over 15 years old- 50% strength (n=2)

- Mother vs Father vs Siblings:
  - Mother
  - Frequency- 53% strength (n=15)
  - Quality- 83% strength (n=12)
  - Father
  - Frequency- 64% strength (n=11)
  - Quality- 89% strength (n=9)
  - Siblings
  - Frequency- 38% strength (n=13)
  - Quality- 60% strength (n=10)

The analysis of the 2023 QA Case Review data identified these key takeaways:
- Data showed that ensuring frequent visitation between a child and their mother, father, and siblings is an area to target
- North Dakota's performance is better in ensuring quality visitation compared to ensuring frequent visitation
- Performance in Cross Zonal CQI Team 1 is an area of focus for practice improvement
- Performance was lower with American Indian children

Item 9: Preserving Connections

Overview of North Dakota Policy

North Dakota policy states that reasonable or active efforts to maintain family connections are required and that these should be reviewed at each Child and Family Team Meeting. The policy also states that caseworkers should contact relative resources to explore ongoing emotional support for the child through letters and phone calls in an effort to maintain family connections while in foster care. The policy also states that caseworkers are responsible for complying with ICWA in promoting the well-being of American Indian children by keeping them connected to their families, tribes, and cultural heritage.

Performance Data Highlights and Brief Analysis

Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Permanency Outcomes and supporting practices. Briefly summarize the most salient observations, including strengths and areas needing improvement, and findings across data sources and practice areas.

In Round 3 CFSR, North Dakota received an overall rating of an area needing improvement for Item 9, as 85% of the 39 applicable cases were rated a strength, which was below the CFSR standard of 90%.

Since Round 3 CFSR, North Dakota has remained below the CFSR standard of 90%; however, there has been a slight increase in performance in 2023 from the PIP Baseline. In Round 3 CFSR, North Dakota did not have a PIP goal for this item.

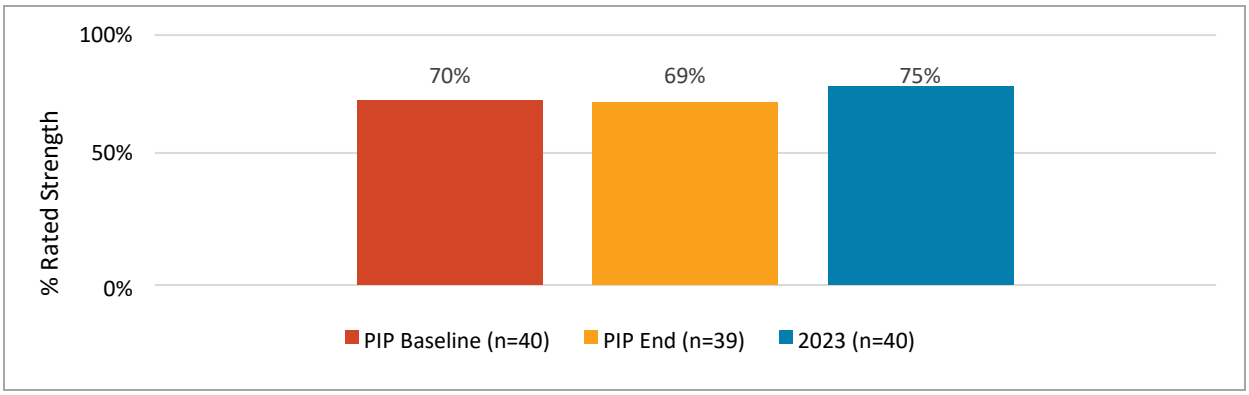


Figure 25. Item 9: Preserving connections (PIP Baseline, PIP End, CY2023.
Source: QA case review data

Of the cases reviewed in 2023, 40 were applicable to Item 9. Of these 40 cases:

- By Cross Zonal CQI Team:
  - 1- 50% strength (n=12)
  - 2- 86% strength (n=14)
  - Metro- 90% strength (n=10)
  - 3- 71% strength (n=7)
  - 4- 100% strength (n=7)

- By race and ethnicity:
  - American Indian- 54% strength (n=13)
  - African American- 100% strength (n=3)
  - White- 92% strength (n=13)
  - Hispanic- 67% strength (n=3)
  - Two or more races- 75% strength (n=8)

- By age at time of the review:
  - Less than 6 years old- 65% strength (n=17)

- 6-12 years old- 77% strength (n=13)
- 13-15 years old- 100% strength (n=7)
- Over 15 years old- 67% strength (n=3)

The analysis of the 2023 QA Case Review data identified these key takeaways:

- For a child removed at birth, presumed connections to extended relatives were not always maintained.
- For children not removed at birth, family connections with siblings not in foster care or other extended relatives were not maintained.
- Cross Zonal CQI Team 4 had the highest performance.
- Performance was lower for American Indian children.
- Performance was highest for children aged 13-15 years old.

Item 10- Relative Placement

Overview of North Dakota Policy

Upon removal from the primary caregiver, a relative search must be initiated for each child within 30 days of removal. The relative search can be conducted through discussion with the family, child, or the use of two approved search options (Federal Parent Locator Services and SENECA). If applicable, relative searches should be continued on an ongoing basis throughout the life of the case.

Performance Data Highlights and Brief Analysis

Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Permanency Outcomes and supporting practices. Briefly summarize the most salient observations, including strengths and areas needing improvement, and findings across data sources and practice areas.

In Round 3 CFSR, North Dakota received an overall rating of an area needing improvement for Item 10, as 70% of the 33 applicable cases were rated a strength, which was below the CFSR standard of 90%.

Since Round 3 CFSR, North Dakota has remained below the CFSR standard of 90%, but performance has improved. In Round 3 CFSR, North Dakota did not have a PIP goal for this item.

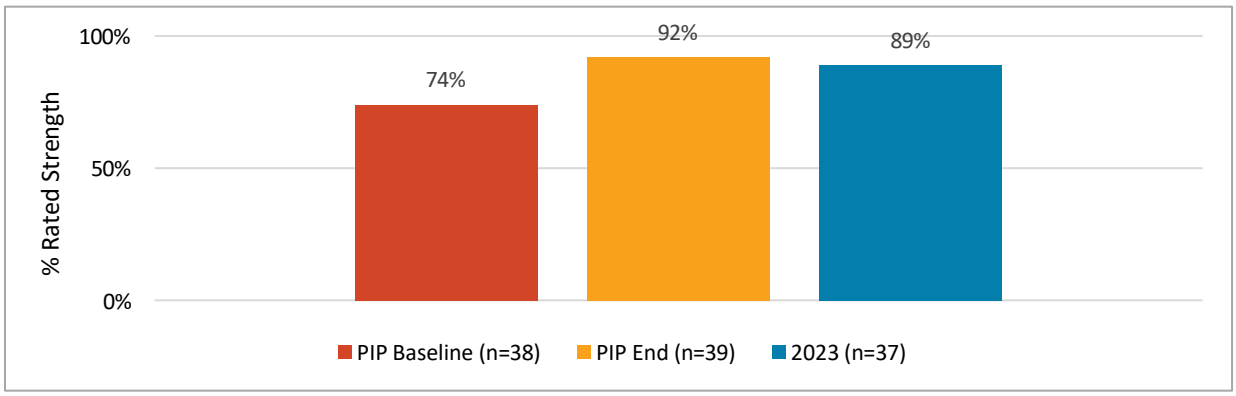


Figure 26. Item 10: Relative placement (PIP Baseline, PIP End, CY2023).
Source: QA case review data

Of the cases reviewed in 2023, 37 were applicable to Item 10. Of these 37 cases:

- By Cross Zonal CQI Team:
  - 1- 73% strength (n=11)
  - 2- 92% strength (n=12)
  - Metro- 89% strength (n=9)
  - 3- 100% strength (n=7)
  - 4- 100% strength (n=7)

- By race and ethnicity:
  - American Indian- 83% strength (n=12)
  - African American- 67% strength (n=3)
  - White- 91% strength (n=11)
  - Hispanic- 100% strength (n=3)
  - Two or more races- 100% strength (n=8)

- By age at time of the review:
  - Less than 6 years old- 88% strength (n=17)
  - 6-12 years old- 92% strength (n=12)
  - 13-15 years old- 86% strength (n=7)
  - Over 15 years old- 100% strength (n=1)

The analysis of the 2023 QA Case Review data identified these key takeaways:

- In 15 of the applicable 37 cases, children were placed with a relative at the time of the review. Furthermore, in 93% of these situations, the current or most recent relative placement was appropriate to the child's needs.

- There were 3 cases where a child was placed with a relative during the PUR, but it was not the most recent placement.
  - Two of the cases were due to the child needing a higher level of care.
  - One of these cases, the grandmother just wanted to be a grandmother and not a

placement option upon the child's completion of treatment.
    - The other case, an adult sister was not ready for the child to return to her home upon the completion of treatment but continued to be reassessed at the time of the review.
    - The third case, the target child was no longer with a relative due to concerns about drug usage by the grandmother.

- The strongest performance was in Cross Zonal CQI Teams 3 and 4, while the lowest performance was in Cross Zonal CQI Team 1.
- In 8 of the cases, relatives were appropriately ruled out prior to the PUR.

Item 11- Relationship of Child in Care with Parents

Overview of North Dakota Policy

North Dakota policy indicates that when agencies schedule appointments for a child in foster care, they notify parents of the appointments and invite them to attend unless safety considerations prohibit such participation. Furthermore, North Dakota provides guidance to foster parents who may be called on to provide additional support to birth parents that impacts this item. North Dakota's Foster Care Provider Handbook outlines best case practices as it relates to foster care providers, the child's parents, and the agency working in conjunction to strengthen the relationship of the child in care with their parents. Best practices and efforts include, but are not limited to:

- Involving parents in school conferences, special activities/events, therapy, medical, and dental appointments
- Foster parents serving in a mentor role to parents when appropriate
- Providing opportunities for therapeutic interventions between the child and parent
- Foster parents sending pictures of the child to the parents and giving the child pictures of the parents
- Sharing the child's artwork, school grades, and successes with the parents
- Encouraging the parents and child to have phone calls and exchange letters

Performance Data Highlights and Brief Analysis

Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Permanency Outcomes and supporting practices. Briefly summarize the most salient observations, including strengths and areas needing improvement, and findings across data sources and practice areas.

In Round 3 CFSR, North Dakota received an overall rating of an area needing improvement for Item 11, as 72% of the 25 applicable cases were rated a strength which was below the CFSR standard of 90%.

Since Round 3 CFSR, North Dakota continues to remain below the CFSR standard of 90% and performance has remained relatively the same with a slight decrease with the most recent 2023 data. In Round 3 CFSR, North Dakota did not have a PIP goal for this item.

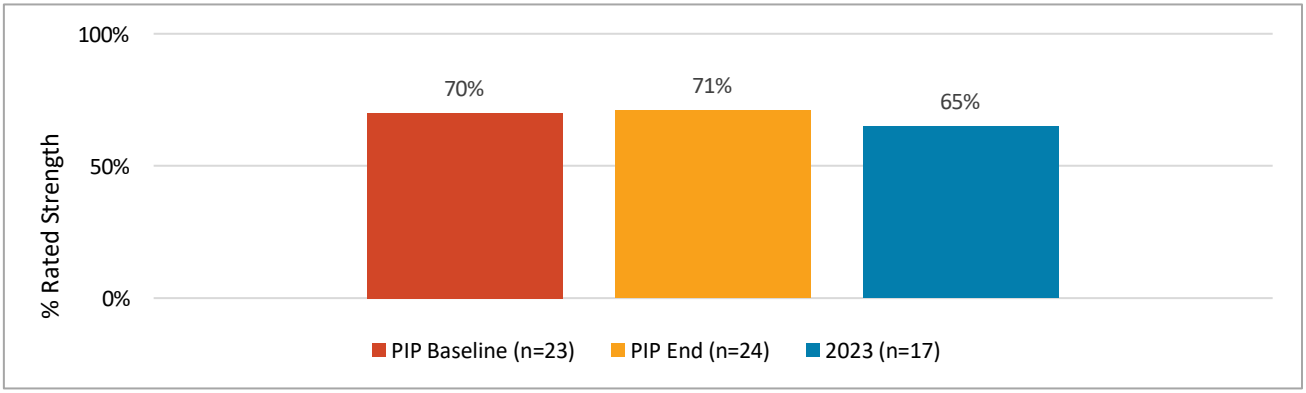


Figure 27. Item 11: Relationship of child in care with parents (PIP Baseline, PIP End, CY2023).
Source: QA case review data

Of the cases reviewed in 2023, 17 were applicable to Item 11. Of these 17 cases:

- By Cross Zonal CQI Team:
  - 1- 20% strength (n=5)
  - 2- 80% strength (n=5)
  - Metro- 75% strength (n=4)
  - 3- 50% strength (n=2)
  - 4- 100% strength (n=5)

- By race and ethnicity:
  - American Indian- 25% strength (n=4)
  - African American- 50% strength (n=2)
  - White- 71% strength (n=7)
  - Hispanic- 100% strength (n=1)
  - Two or more races- 100% strength (n=3)

- By age at time of the review:
  - Less than 6 years old- 67% strength (n=9)
  - 6-12 years old- 100% strength (n=2)
  - 13-15 years old- 50% strength (n=4)
  - Over 15 years old- 50% strength (n=2)

- Mother vs Father
  - Mother- 60% strength (n=15)
  - Father- 73% strength (n=11)

The analysis of the 2023 QA Case Review data identified these key takeaways:

- The strongest performance was in Cross Zonal CQI Team 4, whereas the lowest performance was in Cross Zonal CQI Team 1.

- There is a notable difference by race.

- The most notable areas where concerted efforts were made to promote and support the parent/child relationship were:

- Encouraged participation in school activities and case conferences, attendance at doctors' appointments with the child, or engagement in the child's after-school or sports activities or hobbies
  - Mother- 9 cases
  - Father- 6 cases
- Provided or arranged for transportation or provided funds for transportation so that the parent could attend the child's special activities and doctors' appointments
  - Mother- 5 cases
  - Father- 4 cases

When the "other" option was selected, the agency was having photos of the child sent to parents or verbally updating them about the child's appointments.

- In 4 out of the 6 cases rated an area needing improvement, there was a strained relationship between the child and mother and the agency did not provide therapeutic opportunities to strengthen the relationship. This was also present in 2 out of the 6 cases as it relates to the father.

Information Regarding CQI Change and Implementation Activities

Briefly describe how the information and results of the analysis above relate to or build on results of prior data exploration and CQI change and implementation activities.

There were no R3 PIP strategies and CQI activities targeting Permanency Outcome 2. Safety Outcomes are required to be given priority, and Permanency Outcome 2 performance overall is relatively strong.

Well-Being Outcomes 1, 2, and 3

Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Well-Being Outcomes and supporting practices.

Well-being outcomes include: (1) families have enhanced capacity to provide for their children's needs; (2) children receive appropriate services to meet their educational needs; and (3) children receive adequate services to meet their physical and mental health needs.

Following Round 3 CFSR, North Dakota was not in substantial conformity for Well-being Outcome 1 or 3. Well-being Outcome 1 was substantially achieved in 45% of the 65 applicable cases reviewed. Well-being Outcome 3 was substantially achieved in 78% of the 58 applicable cases reviewed. A determination of substantial conformity requires that 95% of the applicable cases achieve substantial conformity on the outcome. There are no national data indicators that apply to any of the Well-being Outcomes.

In Round 3 CFSR, North Dakota was in substantial conformity for Well-being Outcome 2. Well-being

Outcome 2 was substantially achieved in 98% of the 46 applicable cases reviewed.

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

North Dakota's most recent Quality Assurance case review data on Well-being Outcome 1 shows that performance in 2023 is no different than it was during the PIP Baseline.

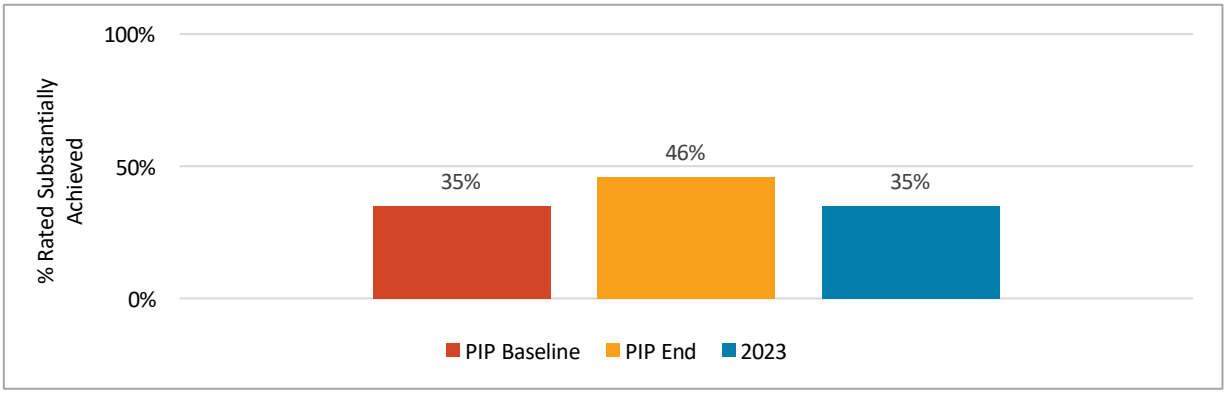


Figure 28. Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs (PIP Baseline, PIP End, CY2023).
Source: QA case review data

Item 12: Needs and Services of Children, Parents, and Foster Parents

Overview of North Dakota Policy

The Protective Capacities Family Assessment (PCFA; 607-05-35-35-01) and the Protective Capacities Progress Assessment (PCPA; 607-05-35-45) are the primary formal assessment tools to assist agencies when assessing the needs of children and parents. The PCFA and PCPA aim to gather information and gain a comprehensive understanding regarding what must change to assure child safety related to safety threats and impending danger, as well as enhanced and diminished parent/caregiver protective capacities to determine appropriate services. In addition to formal assessments, agencies are instructed through policy that ongoing informal assessments are required during face-to-face visits with children and parents (607-05-70-55).

Within 624-05 Foster Care Services Permanency Planning there are policies guiding when, and how, to assess foster caregivers (e.g., 624-05-05-50-30, 624-05-15-50-50, 624-05-20-10, etc.).

Performance Data Highlights and Brief Analysis

Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Well-Being Outcomes and supporting practices. Briefly summarize the most salient observations, including strengths and areas needing improvement, and findings across data sources and practice areas, by answering the questions below.

In Round 3 CFSR, North Dakota received an overall rating of an area needing improvement for Item 12 as 48% of the 65 applicable cases were rated a strength, which was below the CFSR standard of

90%. Item 12 was rated as a Strength in 45% of the 40 applicable foster care cases and in 52% of the 25 applicable in- home cases.

Since Round 3 CFSR, North Dakota has remained below the CFSR standard of 90%. North Dakota's most recent 2023 Quality Assurance case review data shows a slight decrease in performance since the PIP Baseline. In Round 3 CFSR, North Dakota's PIP goal for this item was 42%, which was met at 48% in the PIP End Measurement. A PIP goal was only established for Item 12 overall, not for any of its sub-items.

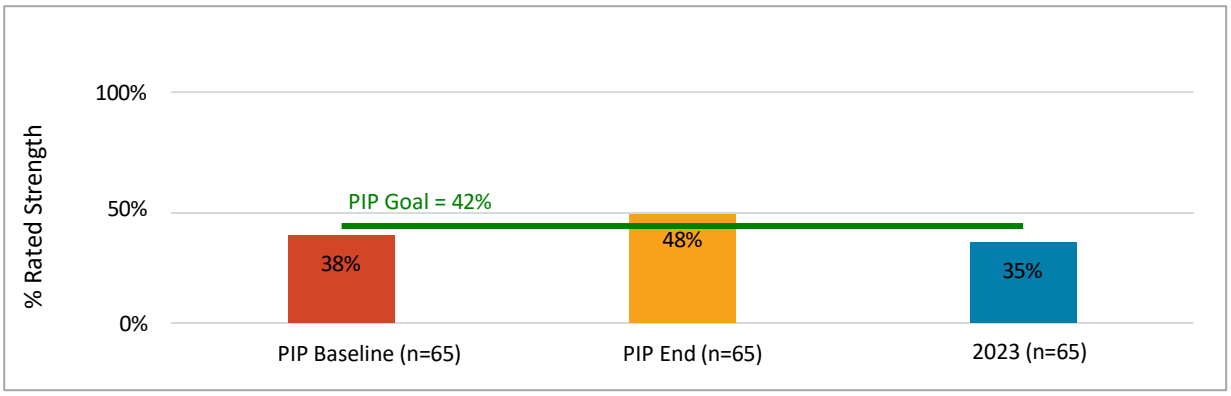


Figure 29. Item 12: Needs and services of children, parents, and foster parents (PIP Baseline, PIP End, CY2023).
Source: QA case review data

12A- Needs Assessment and Services to Children

Performance Data Highlights and Brief Analysis

Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Well-Being Outcomes and supporting practices. Briefly summarize the most salient observations, including strengths and areas needing improvement, and findings across data sources and practice areas.

In Round 3 CFSR, North Dakota received an overall rating of an area needing improvement for Sub-Item 12A, as 71% of the 65 applicable cases were rated as a strength, which was below the CFSR standard of 90%.

Since Round 3 CFSR, North Dakota has remained below the CFSR standard of 90%; however, the most recent 2023 Quality Assurance case review data shows that performance has increased since the PIP Baseline.

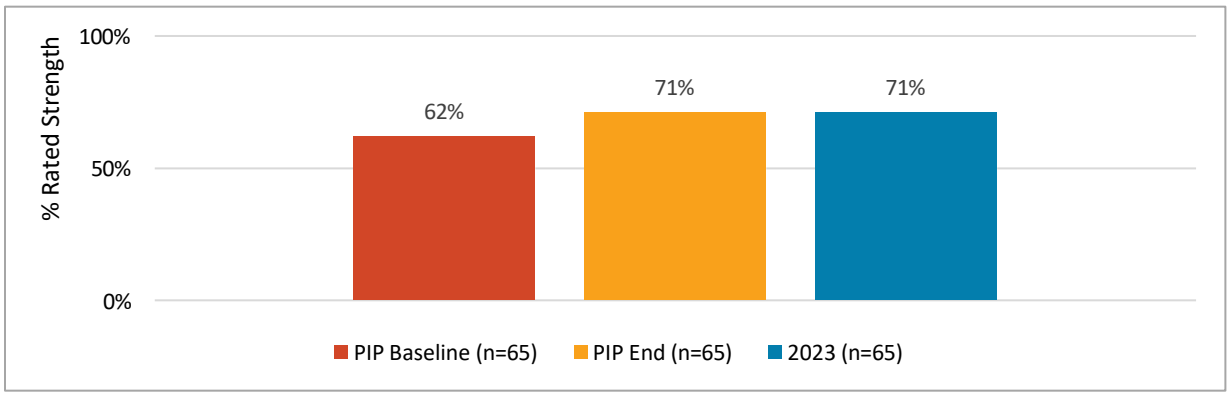


Figure 30. Sub-item 12A: Needs assessment and services to children (PIP Baseline, PIP End, CY2023).
Source: QA case review data

Of the cases reviewed in 2023, 65 were applicable to Sub-Item 12A. Of these 65 cases:

- By Cross Zonal CQI Team:
  - 1- 60% strength (n=15)
  - 2- 68% strength (n=19)
  - Metro- 58% strength (n=12)
  - 3- 63 % strength (n=16)
  - 4- 93% strength (n=15)

- By race and ethnicity (captured on the 40 FC cases only):
  - American Indian - 38% strength (n=13)
  - African American - 33% strength (n=3)
  - White - 85% strength (n=13)
  - Hispanic- 67% strength (n=3)
  - Two or more races- 88% strength (n=8)

- By age at time of the review (captured on the 40 FC cases only):
  - Less than 6 years old- 76% strength (n=17)
  - 6-12 years old- 62% strength (n=13)
  - 13-15 years old- 43% strength (n=7)
  - Over 15 years old- 67% strength (n=3)

- Foster care vs In-home:
  - Foster care- 65% strength (n=40)
  - In-home- 80% strength (n=25)

- Needs Assessments vs Services Provided:
  - Needs Assessments- 78% strength (n=65)
  - Services Provided- 70% strength (n=65)

The 2023 QA Case Review data identified these key takeaways:

- The strongest performance was in Cross Zonal CQI Team 4, whereas the lowest performance was in Cross Zonal CQI Team 1. Cross Zonal CQI Team 4 was more successful in completing assessments that were accurate and comprehensive while also providing timely, appropriate services. It is noted that Cross Zonal CQI Team 1 contains two Tribal Nations where staffing challenges and service availability may contribute to this difference.

- Performance was significantly lower for American Indian children compared to White children.

- In-home cases had a greater impact on Item 12A's strength rating.

- For both foster care and in-home cases, performance was stronger in conducting initial and/or ongoing comprehensive assessments that accurately assessed the children's needs than ensuring appropriate services were provided to meet the children's needs.

- Themes contributing to areas needing improvement were:
  - Either none or untimely adoption preparation services.
  - A general lack of consistent, accurate, and comprehensive assessments of the child's needs. Results suggest that either initial or ongoing assessments may have accurately and comprehensively identified needs, but this practice was not maintained throughout the PUR.
  - Assessment of needs did not appropriately consider the children's need to establish relationships with new siblings not in foster care.
  - Services were not provided to in-home cases to assist with establishing legal permanency for the children through guardianship to alternative caregivers.
  - Male role modeling services were needed but not provided.

12B: Needs Assessment and Services to Parents

Performance Data Highlights and Brief Analysis

Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Well-Being Outcomes and supporting practices. Briefly summarize the most salient observations, including strengths and areas needing improvement, and findings across data sources and practice areas.

In Round 3 CFSR, North Dakota received an overall rating of an area needing improvement for Sub-Item 12B, as 50% of the 52 applicable cases were rated as a strength, which was below the CFSR standard of 90%.

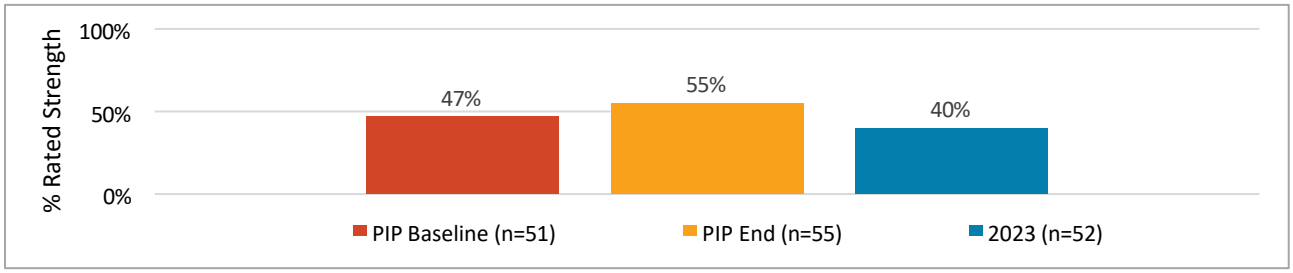


Figure 31. Sub- item 12B: Needs assessment and services to parents (PIP Baseline, PIP End, CY2023).
Source: QA case review data

Since Round 3 CFSR, North Dakota has remained below the CFSR standard of 90%, and the most recent 2023 Quality Assurance case review data shows a decline in performance since the PIP Baseline.

Of the cases reviewed in 2023, 52 were applicable to Sub-Item12B. Of these 52 cases:

- By Cross Zonal CQI Team:
  - 1- 27% strength (n=11)
  - 2- 64% strength (n=14)
  - Metro- 43% strength (n=7)
  - 3- 36% strength (n=14)
  - 4- 31% strength (n=13)

- Foster care vs In-home:
  - Foster Care- 39% strength (n=28)
  - In-home- 42% strength (n=24)

- Mother vs Father and Needs vs Services:
  - Needs
  - Mother- 58% strength (n=50)
  - Father- 63% strength (n=40)
  - Services
  - Mother- 52% strength (n=48)
  - Father- 26% strength (n=38)

The 2023 QA Case Review data identified these key takeaways:

- Cross Zonal CQI Team 2's performance was significantly higher than other Cross Zonal CQI Teams. Although performance in this Cross Zonal area was stronger for their work with mothers compared to fathers, they still had the highest performance related to work with fathers compared to other areas.

- The strongest performance was in the assessment of needs and providing the appropriate services for mothers compared to that of fathers.

- Foster care and in-home cases had relatively the same impact on Item 12B's overall rating. Close examination reveals that in-home services cases were notably the strongest for conducting initial and/or ongoing assessments that accurately assessed the mother's needs.

- Themes contributing to areas needing improvement were:
  - Needs assessments were not comprehensive in nature.
  - Some good assessments were conducted, but a particular need was missed.
  - Comprehensive assessments were compromised due to a lack of contact with service providers to inform parent's current needs.
  - Lack of assessment of the parent's needs after the reunification goal was removed.

- Either a lack of concerted efforts to locate the parents or no efforts to contact them when the location was known.
- Appropriate services that were needed but not provided in many cases were:
- Mental health
- Substance abuse treatment
- Intensive in-home, family therapy, or brief strategic therapy
- Parenting education services
- Housing
- Delays with timely referrals for evaluations such as formal parental capacity, psychological, and/or chemical dependency evaluation to determine the appropriate services.

12C- Needs Assessment and Services to Foster Parents

Performance Data Highlights and Brief Analysis

Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Well-Being Outcomes and supporting practices. Briefly summarize the most salient observations, including strengths and areas needing improvement, and findings across data sources and practice areas.

In Round 3 CFSR, North Dakota received an overall rating of an area needing improvement for Sub-Item 12C, as 73% of the 30 applicable cases were rated as a strength.

Since Round 3 CFSR, North Dakota has remained below the CFSR standard of 90%, and its most recent 2023 Quality Assurance case review data shows a decrease in performance since the PIP Baseline.

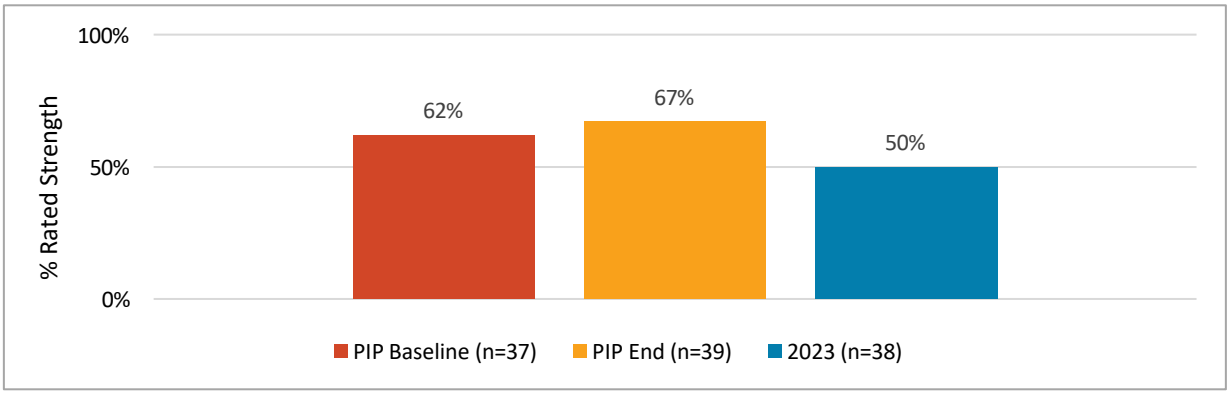


Figure 32. Sub- item 12C: Needs assessment and services to foster parents (PIP Baseline, PIP End, CY2023).
Source: QA case review data

Of the cases reviewed in 2023, 38 were applicable to Sub-Item 12C. Of these 38 cases:

- By Cross Zonal CQI Team:
  - 1- 27% strength (n=11)
  - 2- 69% strength (n=13)
  - Metro- 67% strength (n=9)

- 3- 43% strength (n=7)
- 4- 57% strength (n=7)

- Needs vs Services:
  - Needs- 61% strength (n=38)
  - Services- 50% strength (n=38)

The 2023 QA Case Review data identified these key takeaways:

- Cross Zonal CQI Team 2 had the highest performance, whereas Cross Zonal CQI Team 1 had the lowest.

- Assessing foster parent's needs had a stronger impact on the rating compared to providing services.

- Themes contributing to areas needing improvement were:
  - The level of contact with the agency did not meet the communication needs of the foster parents.
  - Many foster parents would have benefited from more information regarding the child's needs prior to placement into their home.
  - Opportunity for the state to increase the pool of respite providers to support foster parents.
  - Lack of transportation assistance to medical, therapy or other appointments.

Item 13- Child and Family Involvement in Case Planning

Overview of North Dakota Policy

North Dakota policy 607-05-35-35-01-15 highlights four general areas of discussion during the case planning process: 1) summarizing what must change, 2) identifying case plan goals, 3) identifying tasks/change strategies, and 4) determining motivational readiness. Additionally, policy requires case plans be developed jointly with the family (607-05-70-60-15), including the child (when age and developmentally appropriate), and their child and family team. The initial case plan must be developed within 30 calendar days of a child's entry into foster care, if the child is in custody for greater than 24 hours. For in-home cases, the case plan is developed upon completion of the Protective Capacities Family Assessment (PCFA), as information revealed during the PCFA informs strategies for case planning. The initial case plan must be developed with the child and family prior to the initial child and family team meeting. Subsequent revisions to the case plan must be completed within the Protective Capacities Progress Assessment (PCPA) in discussion with the child and family team during the ongoing child and family team meetings.

Performance Data Highlights and Brief Analysis

Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Well-Being Outcomes and supporting practices. Briefly summarize the most salient observations, including strengths and areas needing improvement, and findings across data sources and practice areas.

In Round 3 CFSR, North Dakota received an overall rating of an area needing improvement for

Item 13, as 59% of the 61 applicable cases were rated a strength, which was below the CFSR standard of 90%.

Since Round 3 CFSR, North Dakota has remained below the CFSR standard of 90%; however, North Dakota's most recent 2023 Quality Assurance case review data shows an increase in performance since the PIP Baseline. In Round 3 CFSR, North Dakota's PIP goal for this item was 54%, and it was met at 54% in the PIP End Measurement.

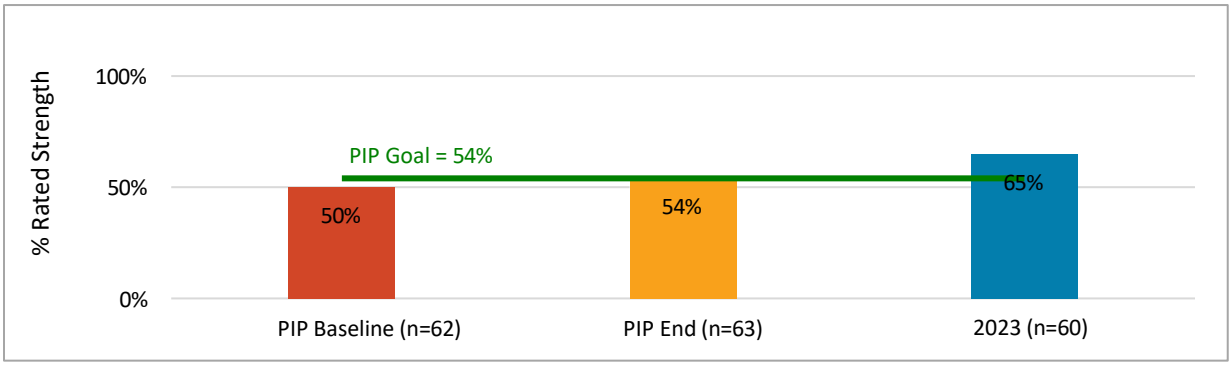


Figure 33. Item 13: Child and family involvement in case planning (PIP Baseline, PIP End, CY2023).
Source: QA case review data

Of the cases reviewed in 2023, 60 were applicable to Item 13. Of these 60 cases:

- By Cross Zonal CQI Team:
  - 1- 31% strength
  - 2- 59% strength
  - Metro- 40% strength
  - 3- 44% strength
  - 4- 71% strength

- By race and ethnicity (captured on the 35 FC cases only):
  - American Indian - 42% strength (n=12)
  - African American - 33% strength (n=3)
  - White - 59% strength (n=12)
  - Hispanic- 0% strength (n=2)
  - Two or more races- 33% strength (n=6)

- By age at time of the review (captured on the 35 FC cases only):
  - Less than 6 years old- 42% strength (n=12)
  - 6-12 years old- 46% strength (n=13)
  - 13-15 years old- 29% strength (n=7)
  - Over 15 years old- 67% strength (n=3)

- Foster care vs In-home:
  - Foster care- 43% strength (n=35)
  - In-home- 64% strength (n=25)

- Mother vs Father vs Child:
  - Mother- 56% strength (n=48)
  - Father- 37% strength (n=35)
  - Child- 65% strength (n=34)

The 2023 QA Case Review data identified these key takeaways:

- The strongest performance was in Cross Zonal CQI Team 4, and the lowest overall performance was in Cross Zonal CQI Team 1.

- In-home cases had a greater impact on strength ratings. Three of the Cross Zonal CQI Teams had similar performance between foster care and in-home services. Cross Zonal CQI Team 3's performance was significantly stronger for in-home services cases compared to foster-care cases.

- Children had the greatest impact on strength ratings, and fathers had the least impact

- Themes contributing to areas needing improvement were:
  - None and/or minimal efforts to contact a parent when whereabouts were known to involve them in case planning.
  - Lack of case planning around specific needs, such as not incorporating discussions about children's mental health into case planning or discussions with parents about their road to recovery and progress toward sobriety to support accomplishment of case goals.
  - Strong initial case planning that did not remain consistent throughout the life of the case.
  - No conversations with children on their permanency plan.

Item 14- Caseworker Visits with Child

Overview of North Dakota Policy

North Dakota policy highlights that the agency case manager visits must occur with sufficient frequency and quality to address issues pertaining to the safety, permanency, and well-being of the children and promote achievement of case goals (i.e. focus on issues pertinent to case planning, service delivery, and goal achievement; see 607-05-70-55 and applicable subsections within). The frequency of face-to-face contact with the child is dependent on case circumstances, identified present danger or impending danger threats, available informal and formal supports, and service providers involved in the family. The case manager must meet face- to-face with the target child in foster care cases at least once a month and all children living in the home for in- home case management cases twice per month, at a minimum, unless more immediate contact is indicated by the information obtained about the family by a safety services provider. The majority of case manager visits with the child(ren) must occur in their primary residence. For at least a portion of each visit with any child(ren) older than an infant, the case manager must meet with each child individually and apart from the parent/caregiver.

When the child does not want to be separated from the parent/caregiver, or when the parent/caregiver will not allow the case manager to visit with the child apart from him/her, the case manager must conduct the visit in a way that is sensitive to the child's needs or parent's/caregiver's request but allows the case manager to determine the safety and well-being of the child.

Performance Data Highlights and Brief Analysis

Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Well-Being Outcomes and supporting practices. Briefly summarize the most salient observations, including strengths and areas needing improvement, and findings across data sources and practice areas.

In Round 3 CFSR, North Dakota received an overall rating of an area needing improvement for Item 14, as 68% of the 65 applicable cases were rated a strength, which was below the CFSR standard of 90%.

Since Round 3 CFSR, North Dakota has remained below the CFSR standard of 90%; however, North

Dakota's most recent 2023 Quality Assurance case review data
shows a slight increase since the PIP Baseline. In Round 3 CFSR, North Dakota's PIP goal for this item was 62%, and it was met at 65% in the PIP End Measurement.

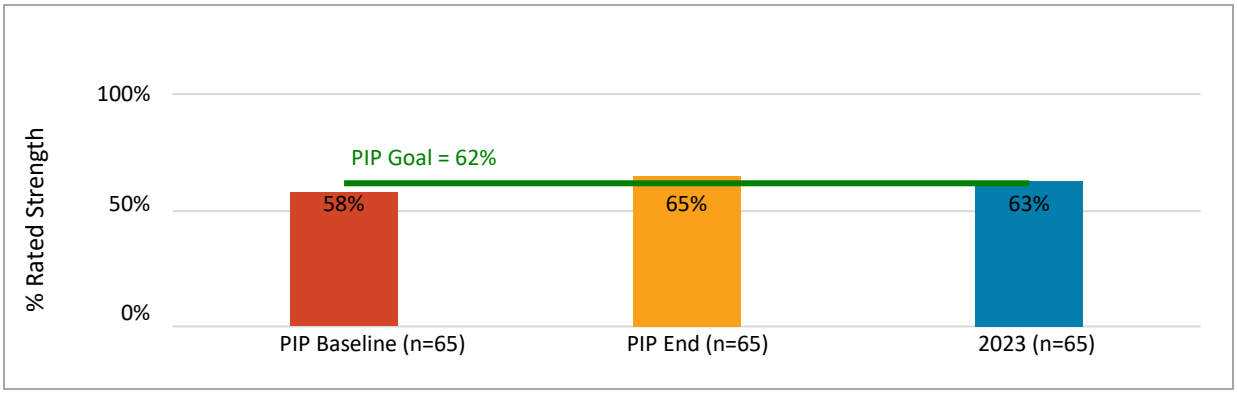


Figure 34. Item 14: Caseworker visits with child (PIP Baseline, PIP End, CY2023).
Source: QA case review data

Of the cases reviewed in 2023, 65 were applicable to Item 14. Of these 65 cases:

- By Cross Zonal CQI Team:
  - 1- 40% strength (n=15)
  - 2- 63% strength(n=19)
  - Metro- 58% strength (n=12)
  - 3- 75% strength (n=16)
  - 4- 73% strength (n=15)

- By race and ethnicity (captured on the 40 FC cases only):
  - American Indian- 54% strength (n=13)
  - African American- 33% strength (n=3)
  - White- 69% strength (n=13)
  - Hispanic- 100% strength (n=3)
  - Two or more races- 63% strength (n=8)

- By age at time of the review (captured on the 40 FC cases only):
  - Less than 6 years old- 59% strength (n=17)
  - 6-12 years old- 62% strength (n=13)
  - 13-15 years old- 71% strength (n=7)
  - Over 15 years old- 67% strength (n=3)

- Foster care vs In-home:
  - Foster care- 63% strength (n=40)
  - In-home- 64% strength (n=25)

- Frequency vs quality:
  - Frequency- 80% strength (n=65)

- Quality- 67% strength (n=64)

The 2023 QA Case Review data identified these key takeaways:

- The lowest performance was in Cross Zonal CQI Team 1, which was largely impacted by the lack of quality visits occurring between the caseworker and child.

- Performance was lower for American Indian children compared to White children.

- Frequency had a greater impact on strength ratings compared to quality.

- Themes contributing to areas needing improvement were:
  - In over half of the cases rated an area needing improvement, children were not seen away from their primary caregiver during a portion of each visit.
  - Workforce shortages and high caseloads, as described in the Context section of this report, impeded some agencies' ability to visit children sufficient to their needs.
  - Some cases involved a frequency of at least once a month, but this was not sufficient based on the circumstances of the case.

Deeper Data Analysis for Priority Focus Areas

Identify areas prioritized for deeper data exploration and reasons for selecting those areas. Briefly summarize results of data analysis, including evidence supporting the identification of contributing factors and potential root causes driving strengths and challenges.

Further insight into the state's performance related to caseworker visitation with children can be found in the most recent performance on the Title IV-B Monthly Caseworker Visitation Report. The state did not meet the federal requirement that a minimum of 95% of youth in foster care will be visited each and every full month they are in care, with the majority of those visits taking place in the primary residence of the youth. During Federal Fiscal Year 2023, this requirement was not met. The state achieved 89% of visits being made monthly with 80% of those visits occurring in the primary residence of the child. Results reflect that twenty (20) agencies met or exceeded the standard through performance ranges of 95 – 100%, yet performance by four (4) agencies brought the overall percentage down to below standards. The state continues to monitor performance and meets with agencies who underperform to discuss strategies aimed at improving.

Item 15- Caseworker Visits with Parents

Overview of North Dakota Policy

North Dakota policy highlights that the agency case manager must physically meet with parents/caregivers with sufficient frequency and quality to address issues pertaining to the safety, permanency, and well-being of the children and promote the achievement of case goals (see 607-05-70-55 and applicable subsections within). The frequency of face-to-face contact with parents/caregivers is based on the needs of the family as identified in the safety plan and case plan. Contact frequency is dependent upon case circumstances, identified present and/or impending danger threats, available informal and formal supports, and service providers involved in the family.

At a minimum, the case manager must visit face-to-face with parents/caregivers once monthly unless a need for more immediate contact is indicated by the information obtained about the family by a safety service provider. Each quality visit with parents/caregivers should have a defined purpose, the timing of the visit must accommodate the parent's/caregiver's schedules, the length and location of visits must foster open and honest conversations, and during visits, case managers should gather information to inform completion of assessments, review the safety plan and case plan, and discuss any other related information pertinent to case planning activities in order to facilitate assessment of progress and emerging concerns.

Performance Data Highlights and Brief Analysis

Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Well-Being Outcomes and supporting practices. Briefly summarize the most salient observations, including strengths and areas needing improvement, and findings across data sources and practice areas.

In Round 3 CFSR, North Dakota received an overall rating of an area needing improvement for Item 15, as 56% of the 52 applicable cases were rated a strength, which was below the CFSR standard of 90%.

Since Round 3 CFSR, North Dakota has remained below the CFSR standard of 90%; however, its most recent 2023 Quality Assurance case review data shows a slight increase since the PIP Baseline. In Round 3 CFSR, North Dakota's PIP goal for this item was 43%, and it was met at 50% in the PIP End Measurement.

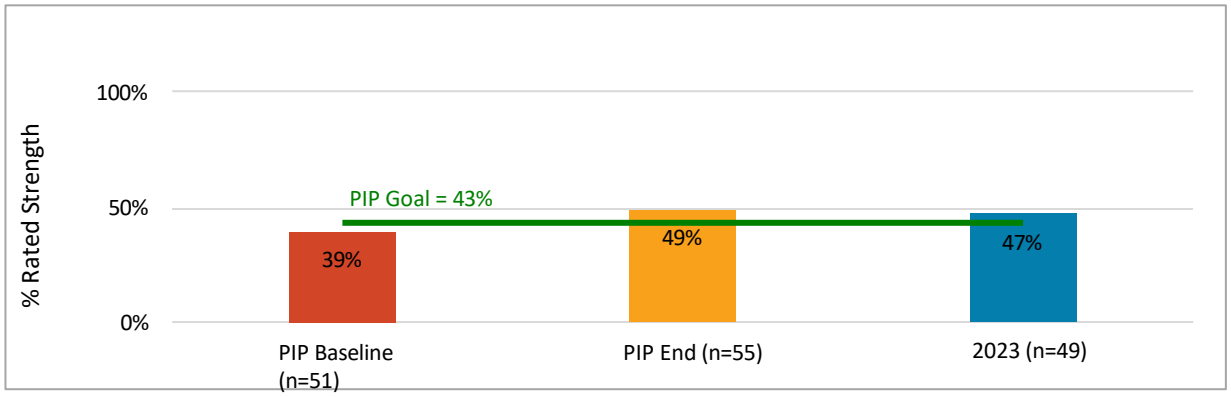


Figure 35. Item 15: Caseworker visits with parents (PIP Baseline, PIP End, CY2023).
Source: QA case review data

Of the cases reviewed in 2023, 49 were applicable to Item 15. Of these 49 cases:

- By Cross Zonal CQI Team:
  - 1- 30% strength (n=10)
  - 2- 57% strength (n=14)
  - Metro- 43% strength (n=7)
  - 3- 42% strength (n=12)
  - 4- 54% strength (n=13)

- Foster care vs In-home:
  - Foster care- 38% strength (n=26)
  - In-home- 57% strength (n=23)

- Mother vs Father:
  - Mother
  - Frequency- 65% strength (n=48)
  - Quality- 65% strength (n=40)
  - Father
  - Frequency- 43% strength (n=35)
  - Quality- 71% strength (n=21)

The 2023 QA Case Review data identified these key takeaways:

- The lowest performance was in Cross Zonal CQI Team 1.

- In-home cases had a greater impact on strength ratings.

- Frequency and quality with the mother had the same impact on the rating.
- Quality had a stronger impact on the strength rating for fathers compared to frequency.

- Themes contributing to areas needing improvement were:
  - Numerous cases where the frequency of contact was never
  - This was more prevalent in foster care cases compared to in-home cases
  - It was most often seen with fathers
  - It often occurred after the goal of reunification was no longer a goal on file
  - Caseworker visits occurred at least once a month but were not sufficient based on the case circumstances
  - Visits lacked quality as no in-depth conversations took place regarding service delivery and goal achievement
  - In some cases, no visits occurred with incarcerated parents, and there was no policy in place prohibiting them from doing so
  - Parent's locations were known, but there were little to no efforts to visit with the parent

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

North Dakota's most recent Quality Assurance case review data on Well-being Outcome 2

shows that performance in 2023 has improved when compared to the PIP Baseline.

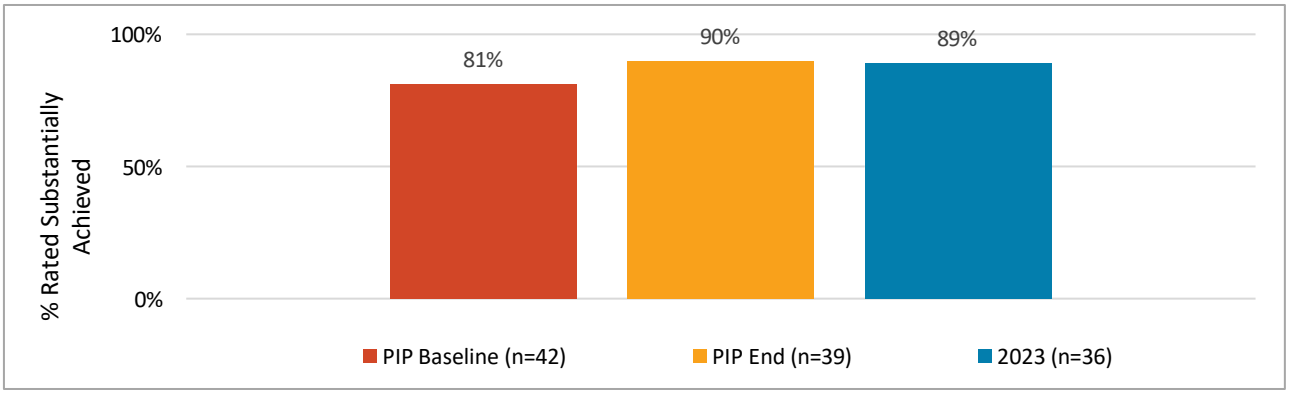


Figure 36. Well-Being Outcome 2: Children receive appropriate services to meet their educational needs (PIP Baseline, PIP End, CY2023).
Source: QA case review data

Item 16- Educational Needs of the Child

Since Round 3 CFSR, North Dakota has fallen below the CFSR standard of 95%; however, North Dakota's most recent 2023 Quality Assurance case review data shows an increase in performance since the PIP Baseline. In Round 3 CFSR, North Dakota did not have a PIP goal for this item.

Overview of North Dakota Policy

North Dakota policy states that for foster care cases, it is the responsibility of the custodial caseworker to assess and address the education needs of the child initially and on an ongoing basis (607-05-35-35-01-10, 610- 05-20-20-10, 624-05-12). Caseworkers are to communicate regularly with the appointed school district foster care liaison to inform the school of the child in foster care's status, as well as collaborate or pre-plan when there may be a placement change that relocates the child to a new school. Caseworkers are also to ensure that the case plan entails educational information that includes, but is not limited to, the child's current grade and school record, assure the child's current school setting is in their best interest, ensure the child is enrolled in school full-time unless the child is incapable of doing so due to a medical condition, and any other pertinent education information that is appropriate and necessary for case planning. Caseworkers are also to participate in the development of Individual Education Plans. For in-home cases, caseworkers are to assess and capture any educational needs and services under the child functioning section of the Protective Capacities Family Assessment (PCFA) and Protective Capacities Progress Assessment (PCPA). If the child(ren) has no educational needs or the parent/caregiver is willing and able to manage the child's needs, this would also be documented on the PCFA and PCPA, indicating further services from the agency would not be warranted.

Performance Data Highlights and Brief Analysis

Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Well-Being Outcomes and supporting practices. Briefly summarize the most salient observations, including strengths and areas needing improvement, and findings across data sources and practice areas.

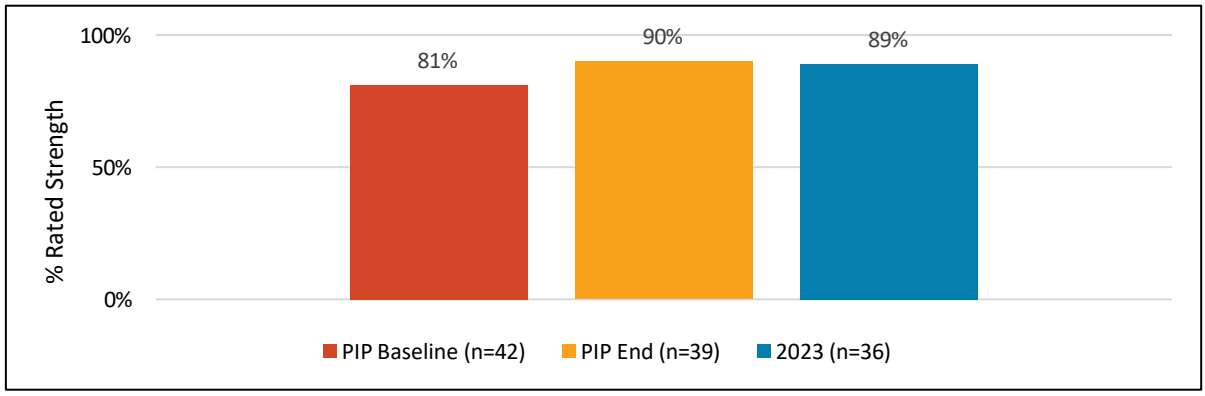


Figure 37. Item 16: Educational needs of the child (PIP Baseline, PIP End, CY2023).
Source: QA case review data

Of the cases reviewed in 2023, 36 were applicable to Item 16. Of these 36 cases:

- By Cross Zonal CQI Team:
  - 1- 80% strength (n=10)
  - 2- 100% strength (n=10)
  - Metro- 100% strength (n=6)
  - 3- 90% strength (n=10)
  - 4- 83% strength (n=6)

- By race and ethnicity (captured on the 30 FC cases only):
  - American Indian- 83% strength (n=12)
  - African American- 100% strength (n=2)
  - White- 91% strength (n=11)
  - Hispanic- 100% strength (n=3)
  - Two or more races- 100% strength (n=2)

- By age at time of the review (captured on the 30 FC cases only):
  - Less than 6 years old- 71% strength (n=7)
  - 6-12 years old- 100% strength (n=13)
  - 13-15 years old- 100% strength (n=7)
  - Over 15 years old- 67% strength (n=3)

- Foster care vs In-home:
  - Foster care- 90% strength (n=30)
  - In-home- 83% strength(n=6)

The 2023 QA Case Review data identified these key takeaways:

- Cross Zonal CQI Team 2 had the highest performance, while Cross Zonal CQI Team 1 had the lowest.

- Performance was lower for American Indian children.

- Performance on this item has consistently been the highest-performing item/outcome for North

Dakota.

- Half of the cases rated an area needing improvement involved older children who also had behavioral problems.

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

North Dakota's most recent 2023 Quality Assurance case review data on Well-Being Outcome 3 shows a slight increase in performance since PIP Baseline.

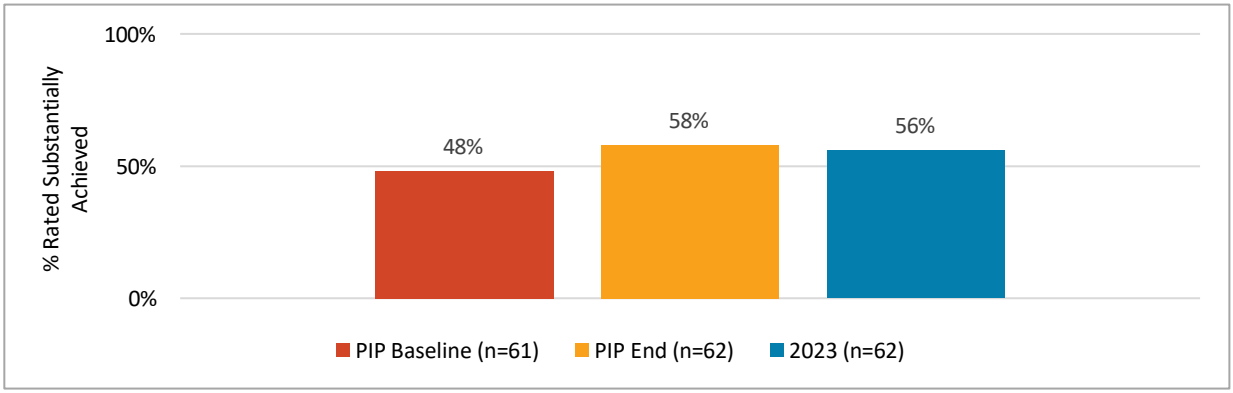


Figure 38. Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs (PIP Baseline, PIP End, CY2023).
Source: QA case review data

Item 17- Physical Health of the Child

Overview of North Dakota Policy

North Dakota state policy states that foster care case managers must ensure each foster child has a Health Tracks or a well-child check completed within 30 days of entry into foster care and at least annually thereafter (624-05-15-50-08). Within this same policy, it also states that a formal dental exam must be completed for each foster child at first tooth eruption or by 1 year of age based on Medical Services policy and the American Association of Pediatric Dentistry recommendation. Dental exams must be completed annually thereafter unless a more frequent schedule is recommended by the dentist.

North Dakota does not have a specific case management policy for prescription oversight. The definition and instructions contained within the OSRI are how North Dakota has operationalized the expectations for prescription oversight as it relates to Item 17.

For in-home cases, caseworkers assess and capture any physical/dental needs and services under the child functioning section of the Protective Capacities Family Assessment (PCFA; 607-05-35-35-01-10) and Protective Capacities Progress Assessment (PCPA; 610-05-25-10-10). If the child(ren) has no physical/dental needs or the parent/caregiver is willing and able to manage the child's needs, this is

documented on the PCFA and PCPA, indicating further services from the agency would not be warranted.

Performance Data Highlights and Brief Analysis

Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Well-Being Outcomes and supporting practices. Briefly summarize the most salient observations, including strengths and areas needing improvement, and findings across data sources and practice areas.

In Round 3 CFSR, North Dakota received an overall rating of an area needing improvement for Item 17, as 86% of the 49 applicable cases were rated a strength, which was below the CFSR standard of 90%.

Since Round 3 CFSR, North Dakota has remained below the CFSR standard of 90%, and performance has declined overall; however, North Dakota's most recent 2023 Quality Assurance case review data shows a slight increase in performance since the PIP Baseline. In Round 3 CFSR, North Dakota did not have a PIP goal for this item.

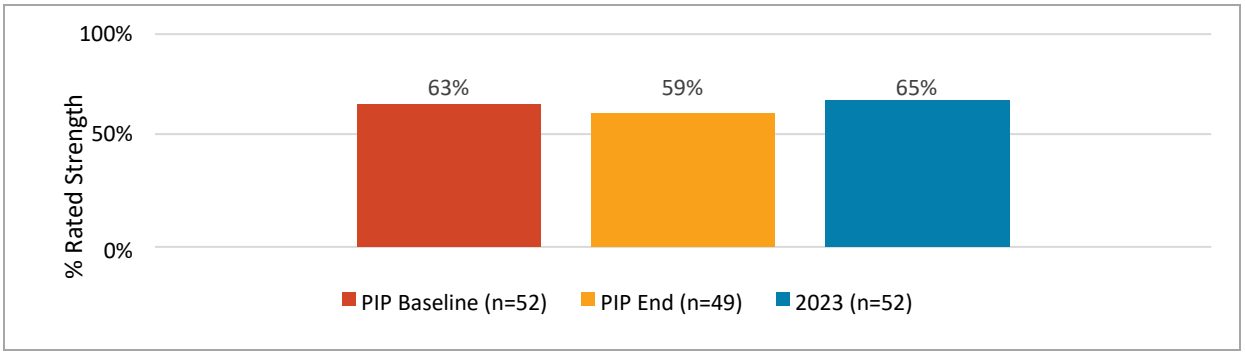


Figure 39. Item 17: Physical health of the child (PIP Baseline, PIP End, CY2023).
Source: QA case review data

Of the cases reviewed in 2023, 52 were applicable to Item 17. Of these 52 cases:

- By Cross Zonal CQI Team:
  - 1- 36% strength (n=14)
  - 2- 81% strength (n=16)
  - Metro- 73% strength (n=11)
  - 3- 70% strength (n=10)
  - 4- 75% strength (n=12)

- By race and ethnicity (captured on the 40 FC cases only):
  - American Indian- 46% strength (n=13)
  - African American- 33% strength (n=3)
  - White- 62% strength (n=13)
  - Hispanic- 67% strength (n=3)

- Two or more races- 63% strength (n=8)

- By age at time of the review (captured on the 40 FC cases only):
  - Less than 6 years old- 59% strength (n=17)
  - 6-12 years old- 54% strength (n=13)
  - 13-15 years old- 43% strength (n=7)
  - Over 15 years old- 67% strength (n=3)

- Foster care vs In-home:
  - Foster care- 55% strength (n=40)
  - In-home- 100% strength (n=12)

The 2023 QA Case Review data identified these key takeaways:

- The lowest performance was in Cross Zonal CQI Team 1.

- Performance was lower for American Indian children compared to White children.

- In-home cases had a greater impact on strength ratings.

- Themes contributing to areas needing improvement were:
  - Children either received no dental exams or dental exams were not timely in over half (n=18) of the cases rated an area needing improvement. Often, challenges related to the state's service array and a limited number of dentists willing to accept Medicaid were noted.
  - Untimely physical and vision appointments. These challenges were not predominately found to be related to limitations in the state's service array. Physical health and vision services were generally found to be readily available throughout the state; however, when rated an area needing improvement, other scheduling challenges within the agency were noted, such as appointments getting overlooked by the agency worker or when there is a change in assigned workers.
  - A lack of appropriate oversight of prescription medication largely due to the agency's reliance on foster providers for monitoring medications and the lack of efforts for direct oversight with prescribers or monitoring side effects during visits.
  - The agency relying on foster parents and therapeutic case managers to assess/address the child's physical/dental health needs with little to no involvement and collaboration from the agency.

Item 18- Mental/Behavioral Health of the Child

Overview of North Dakota Policy

North Dakota state policy states that foster care case managers must ensure each foster child has a Health Tracks or a well-child check completed within 30 days of entry into foster care and at least annually thereafter. The screening must include mental health assessments (624-05-15-50-08).

North Dakota does not have a specific case management policy for prescription oversight. The definition and instructions contained within the OSRI are how North Dakota has operationalized the expectations for prescription oversight as it relates to Item 18.

For in-home cases, caseworkers are to assess and capture any mental/behavioral health needs and services under the child functioning section of the Protective Capacities Family Assessment (PCFA; 607-05-35-35-01-10) and Protective Capacities Progress Assessment (PCPA; 610-05-25-10-10). If the child(ren) have no mental/behavioral health needs or the parent/caregiver is willing and able to manage the child's needs, this would also be documented on the PCFA and PCPA, indicating further services from the agency would not be warranted.

Performance Data Highlights and Brief Analysis

Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Well-Being Outcomes and supporting practices. Briefly summarize the most salient observations, including strengths and areas needing improvement, and findings across data sources and practice areas.

In Round 3 CFSR, North Dakota received an overall rating of an area needing improvement for Item 18, as 86% of the 49 applicable cases were rated a strength, which was below the CFSR standard of 90%.

Since Round 3 CFSR, North Dakota has remained below the CFSR standard of 90%, and performance has declined overall; however, North Dakota's most recent 2023 Quality Assurance case review data shows a slight increase in performance since the PIP Baseline. In Round 3 CFSR, North Dakota did not have a PIP goal for this item.

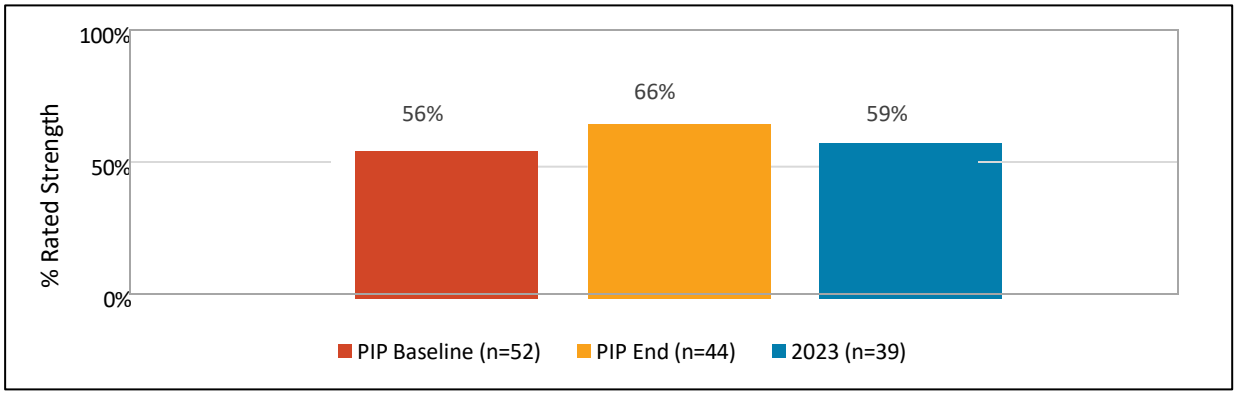


Figure 40. Item 18: Mental/behavioral health of the child (PIP Baseline, PIP End, CY2023).
Source: QA case review data

Of the cases reviewed in 2023, 39 were applicable to Item 18. Of these 39 cases:

- By Cross Zonal CQI Team:
  - 1- 40% strength (n=10)
  - 2- 69% strength (n=13)

- Metro- 50% strength (n=6)
- 3- 67% strength (n=9)
- 4- 57% strength (n=7)

- By race and ethnicity (captured on the 22 FC cases only):
  - American Indian- 14% strength (n=7)
  - African American- 0% strength (n=2)
  - White- 100% strength (n=9)
  - Hispanic- 0% strength (n=1)
  - Two or more races- 67% strength (n=3)
- By age at time of the review (captured on the 22 FC cases only):
  - Less than 6 years old- 67% strength (n=3)
  - 6-12 years old- 60% strength (n=10)
  - 13-15 years old- 33% strength (n=6)
  - Over 15 years old- 67% strength (n=3)

- Foster care vs In-home:
  - Foster care- 55% strength (n=22)
  - In-home- 65% strength (n=17)

The 2023 QA Case Review data identified these key takeaways:

- The lowest performance was in Cross Zonal CQI Team 1.

- Performance was lower for American Indian children compared to White children.

- Performance was lower for 13–15-year-olds.

- In-home cases had a greater impact on strength ratings.

- Themes contributing to areas needing improvement were:
  - Children not receiving all the right and/or timely services to address their needs.
  - A lack of comprehensive assessments to determine appropriate services.
  - The agency relying on foster parents to assess/address the child's needs with little to no involvement or collaboration from the agency.
  - Appropriate medication oversight not being provided.

Information Regarding CQI Change and Implementation Activities for the Well-Being Outcomes

Briefly describe how the information and results of the analysis above relate to or build on results of prior data exploration and CQI change and implementation activities.

During Round 3 PIP, improvement efforts for Well-Being Outcome were addressed through Goal 2: Ensure safety for children and well-being for children and families by improving caseworker's skills and engaging the court to increase family engagement, thoroughly assessing and addressing

identified risk and safety factors and providing services quickly and effectively. North Dakota was found to have met this PIP goal.

North Dakota has spent time since the R3 PIP refining efforts to fully implement the Safety Framework Practice Model and support agencies in their work to practice with fidelity to this model. As discussed in Items 26 and 27, the state has provided formal staff training opportunities, monthly case management calls with the field, and continual improvements to the Protective Capacity Family Assessment (PCFA) and Protective Capacity Progress Assessment (PCPA) forms to support comprehensive and accurate assessment of children and parent's needs. The degree to which the Safety Framework Practice Model directly contributes to improved outcomes has not yet been formally evaluated. However, Quality Assurance Case Review data reflects that key aspects of the Safety Framework Practice Model are evident when a case is rated a Strength for this outcome. Caution is urged in this regard, however, as case reviews are not intended to assess for SFPM components. However, it is the state's belief that SFPM, when implemented with fidelity to the model, leads to stronger outcomes for children and families.

SECTION IV: ASSESSMENT OF SYSTEMIC FACTORS

A. *Statewide Information System*

Item 19: Statewide Information System

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

North Dakota continues to use the FRAME and CCWIPS (Comprehensive Child Welfare Information and Payment System) information systems as described in the 2020 – 2024 Child and Family Services Plan and subsequent Annual Progress and Services Reports. These two systems represent the state's child welfare information system. North Dakota remains a non-SACWIS state. There are, however, efforts underway to replace FRAME and CCWIPS with a state-of-the-art child welfare information system (CWIS), referred to as the Organized Child Electronic Assessment, Needs, and Services (OCEANS).

The systems are always fully operational and available, except during brief periods of routine maintenance. North Dakota continues to utilize CCWIPS as the legacy system for licensing providers, tracking incoming ICPC foster care requests, and as the payment system for foster care and subsidized adoption.

Case managers and supervisors can enter information only on cases for which they are assigned. All security roles can view statewide information unless a case is locked to the human service zones or state office. Field Service Specialists have access to view information for all children in their service area and State Office personnel have access to view statewide information on all children.

FRAME and CCWIPS information generate the required information for AFCARS, NCANDS, and NYTD.

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

Foster Care Data

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

- Discharge Data: Within 2 business days of discharge.

Adoption Data

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

FRAME captures all required information for children in foster care through discharge. The FRAME case is generally closed by the case manager at the point the human service zone case management responsibilities end.

The information collected through FRAME includes:

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

- Demographics
  - Demographic characteristics, placement and permanency goal information is entered into the FRAME system upon a child's entry into foster care. This begins the tracking of the child's status while in foster care.
  - Demographic information is required in order to register a client.
  - Protocols are in place for client identification in the registration process and how to address a duplicate record, if one is inadvertently created.

- Location and type of placement
  - FRAME is the primary system to capture placement-related information for children in foster care.
  - The system has the ability to enter primary and secondary placements. However, in practice, most secondary placements as defined in AFCARS are not entered into the placement section of FRAME. Information in this section has direct link to the payments system (CCWIPS). Therefore, in order for a provider to get paid, accurate and update-to-date information is required.
  - Primary non-paid placements are reflected in this section.
  - Because North Dakota does not pay for respite settings, or other temporary absences from the placement setting (e.g. summer camps, etc.), these events are most often captured in a caseworker's case notes, not in the log of placements.

- Permanency goals
  - Permanency goals for children in foster care are captured in FRAME and can be updated at any time.
  - FRAME requires an active permanency goal be present before the caseworker can approve (finalize) the child's care plan. This typically occurs after each child and family team meeting, which are required every three months. Thus, a child's permanency goal is reviewed at least four times a year.
  - FRAME can track the accomplishment of case goals. This information is updated following each child and family team meeting.

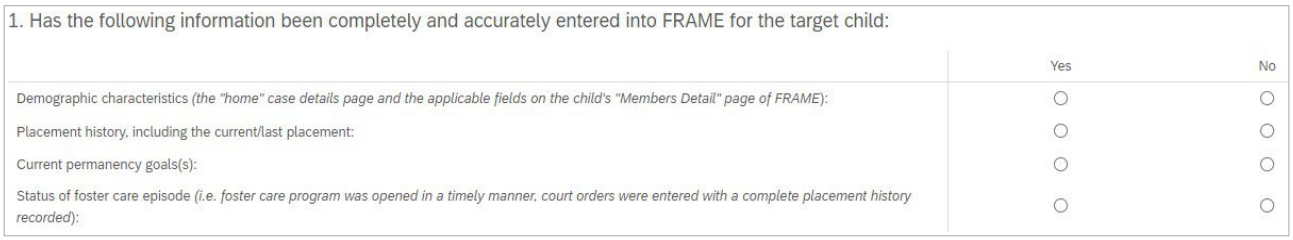
To assess accuracy of information within the FRAME case, CFS conducted a repeat of the Round 3 Statewide Assessment data quality review in April 2024. Using the same sampling methodology as that used for the quality assurance case review process helped to ensure that a representative sample of cases was drawn.

From 1,648 unduplicated cases, 98 were reviewed by field services specialists. Cases were drawn from the four Cross Zonal CQI Team areas with the following distribution:

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

Table 7. Distribution of sampled cases by cross zonal team area.
Source: Information system assessment

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


1. Has the following information been completely and accurately entered into FRAME for the target child:

	Yes	No
Demographic characteristics *(the "home" case details page and the applicable fields on the child's "Members Detail" page of FRAME)*:	○	○
Placement history, including the current/last placement:	○	○
Current permanency goals(s):	○	○
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)*:	○	○

Figure 41. Information system assessment questions.
Source: Information system assessment

Results can be found below:

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

Table 8. Case accuracy results for demographics, placement history, permanency goal, and status of foster care episode.
Source: Information system assessment.

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

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

- Policy regarding timely entry of required data: A review of child welfare policy manuals found 70 separate data entry policies.

- Data quality and error reporting: The continuous quality improvement program, through the FRAME Help Desk, perform ongoing data quality checks for errors in preparation for submission of the federal AFCARS and NCANDS reports. This involves Help Desk staff transmitting the AFCARS file into the National Child Welfare Data Management System (NCWDMS) and working through any issues showing in the Compliance Report and the Quality Report. When issues are found, Help Desk personnel work with Field Service Specialists, case workers, and supervisors to make needed changes. This resulted in compliant AFCARS 2023A and 2023B submissions.

- Data quality performance standards: North Dakota Century Code (NDCC) 50-01.1-08 outlines an expectation that the North Dakota Department of Health and Human Services establish standards for acceptable administration of the human services that are delivered by Human Service Zones. These standards will help assure that all parties have a shared understanding of successful performance and will also serve as a marker for any determination of "failure to administer". The Department established 5 child welfare specific performance indicators, of which data quality is one. Measure 1 reads: 100% of cases in FRAME will be free of *Tardy*

Transaction Errors. This data element supplies one of the foundational facts about a case; accuracy of performance measures is not possible if information is not entered timely. Additionally, the accuracy of timely data entry will enable the use of system helpers and accelerators that will support efficient delivery of services, providing a direct benefit to team members in the field. A dashboard was created to monitor zone performance using *PowerBI*. Progressive disciplinary action occurs when there is evidence of failure to meet standards, with escalation of disciplinary action tied to

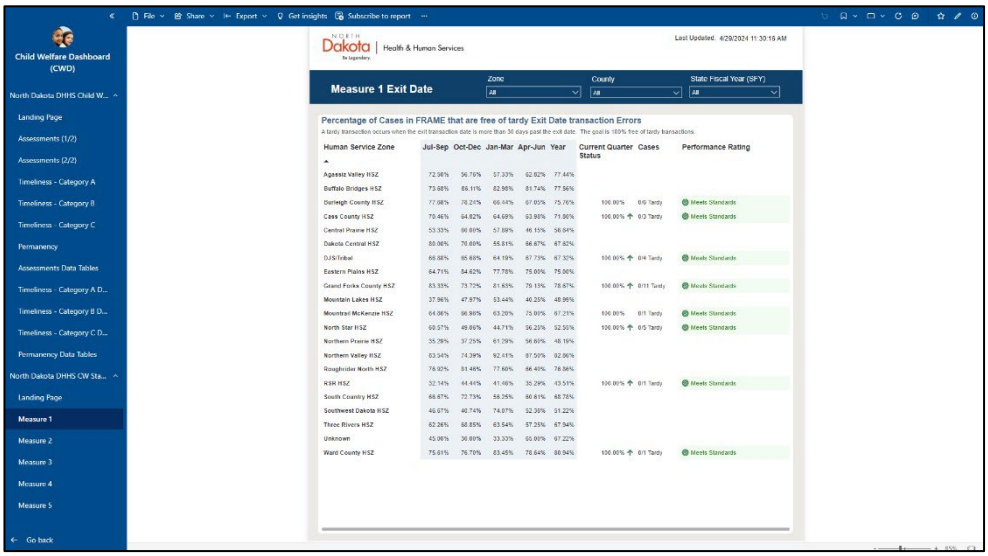


Figure 42. Child welfare dashboard (CWD) example page.
Source: Information system assessment

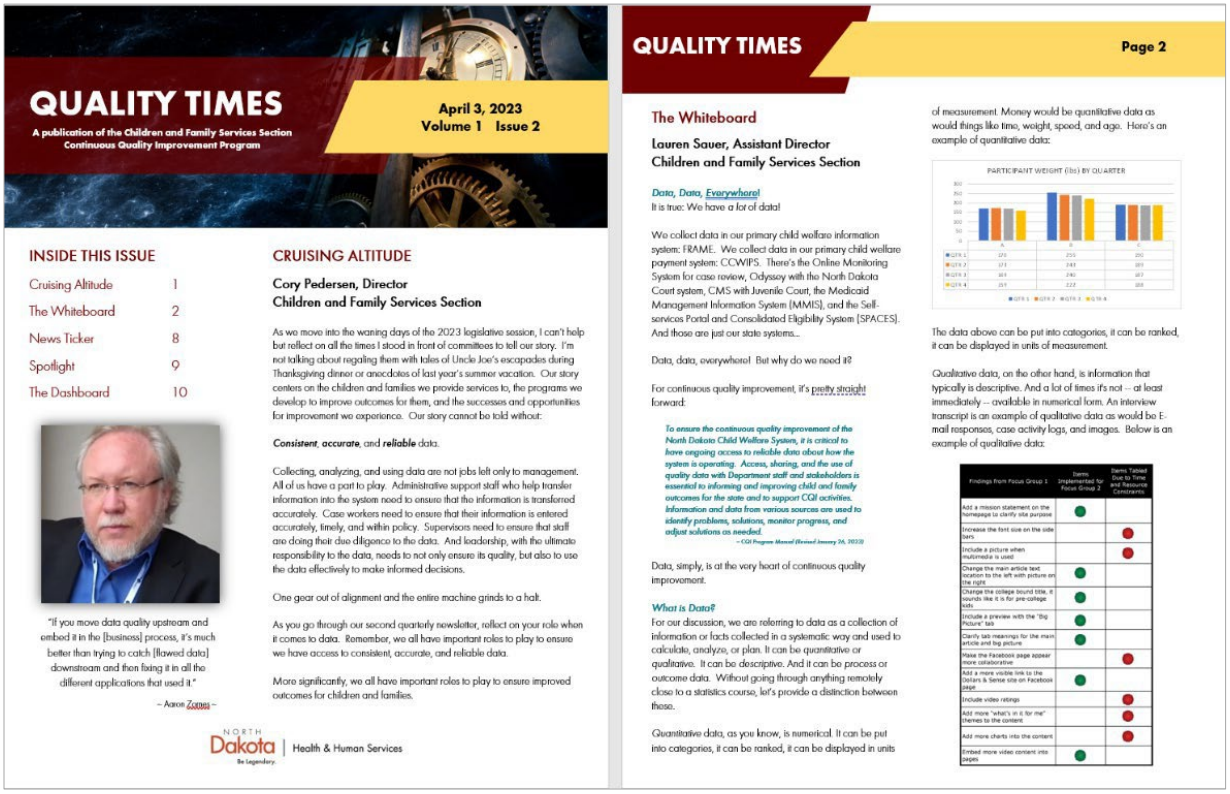
persistence and prevalence of a pattern of non-compliance. The establishment of a "pattern" of non- compliance will be measured by looking at performance over consecutive quarters or by cumulative performance, or both.

- Initial and ongoing training: New child welfare workers receive training on data entry into the management information systems and receive updated training, as needed. The Child Welfare Certification training that all new child welfare workers go through includes a continuous quality improvement learning module that – among other topics – addresses data quality. Field Service Specialists, through their ongoing contact with case managers, arrange for or provide updated training in data quality issues, as well.

- Workforce supervision ensuring timely entry of accurate data: Supervisors monitor workers' data entry and addresses data quality issues as part of their supervisory activities. They arrange for additional worker training on data entry/quality, as needed. Field Service Specialists, during child and family team meetings, identify data issues and work with case managers to address any issues.

- Communication to the workforce stressing the importance of data quality: Regular communication with the workforce helps to keep the data quality at the forefront of everyday

work. This included Volume 1, Issue 2 of Quality Times, the quarterly publication of the Children and Family Services Section's Continuous Quality Improvement Program. This issue was dedicated to consistent, accurate, and reliable data.



QUALITY TIMES

A publication of the Children and Family Services Section Continuous Quality Improvement Program

April 3, 2023
Volume 1 Issue 2

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"If you move data quality upstream and embed it in the [business] process, it's much better than trying to catch [flawed data] downstream and then fixing it in all the different applications that used it."
~ Aaron Zornes ~

CRUISING ALTITUDE

Cory Pedersen, Director
Children and Family Services Section

As we move into the waning days of the 2023 legislative session, I can't help but reflect on all the times I stood in front of committees to tell our story. I'm not talking about regaling them with tales of Uncle Joe's escapades during Thanksgiving dinner or anecdotes of last year's summer vacation. Our story centers on the children and families we provide services to, the programs we develop to improve outcomes for them, and the successes and opportunities for improvement we experience. Our story cannot be told without:

Consistent, ***accurate***, and ***reliable*** data.

Collecting, analyzing, and using data are not jobs left only to management. All of us have a part to play. Administrative support staff who help transfer information into the system need to ensure that the information is transferred accurately. Case workers need to ensure that their information is entered accurately, timely, and within policy. Supervisors need to ensure that staff are doing their due diligence to the data. And leadership, with the ultimate responsibility to the data, needs to not only ensure its quality, but also to use the data effectively to make informed decisions.

One gear out of alignment and the entire machine grinds to a halt.

As you go through our second quarterly newsletter, reflect on your role when it comes to data. Remember, we all have important roles to play to ensure we have access to consistent, accurate, and reliable data.

More significantly, we all have important roles to play to ensure improved outcomes for children and families.

NORTH Dakota | Health & Human Services

QUALITY TIMES Page 2

The Whiteboard

Lauren Sauer, Assistant Director
Children and Family Services Section

Data, Data, Everywhere!
It is true: We have a *lot* of data!

We collect data in our primary child welfare information system: FRAME. We collect data in our primary child welfare payment system: CCWIPS. There's the Online Monitoring System for case review, Odyssey with the North Dakota Court system, CMS with Juvenile Court, the Medicaid Management Information System (MMIS), and the Self-services Portal and Consolidated Eligibility System (SPACES). And those are just our state systems...

Data, data, everywhere! But why do we need it?

For continuous quality improvement, it's pretty straight forward:

To ensure the continuous quality improvement of the North Dakota Child Welfare System, it is critical to have ongoing access to reliable data about how the system is operating. Access, sharing, and the use of quality data with Department staff and stakeholders is essential to informing and improving child and family outcomes for the state and to support CQI activities. Information and data from various sources are used to identify problems, solutions, monitor progress, and adjust solutions as needed.
~ CQI Program Manual (Revised January 24, 2023)

Data, simply, is at the very heart of continuous quality improvement.

What is Data?
For our discussion, we are referring to data as a collection of information or facts collected in a systematic way and used to calculate, analyze, or plan. It can be quantitative or qualitative. It can be descriptive. And it can be process or outcome data. Without going through anything remotely close to a statistics course, let's provide a distinction between those.

Quantitative data, as you know, is numerical. It can be put into categories, it can be ranked, it can be displayed in units of measurement. Money would be quantitative data as would things like time, weight, speed, and age. Here's an example of quantitative data:

The data above can be put into categories, it can be ranked, it can be displayed in units of measurement.

Qualitative data, on the other hand, is information that typically is descriptive. And a lot of times it's not -- at least immediately -- available in numerical form. An interview transcript is an example of qualitative data as would be E-mail responses, case activity logs, and images. Below is an example of qualitative data:

Figure 43. Quality Times example.

- Data Steward: To oversee the development of a new child welfare information system and a data governance program for child welfare, the Children and Family Services Section hired a data steward. As part of the development and implementation of the new CWIS, the data steward will create a data quality plan to govern the use of child welfare data.

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

Item 19 Performance Appraisal

While data quality issues are present, a review of the performance of the statewide information system, results of federal AFCARS and NCANDS data quality checks, the data quality review, and ongoing activities to strengthen the system noted above indicate, Item 19 Statewide Information System is considered a *Strength*.

B. Case Review System

Item 20: Written Case Plan

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

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

Policy requires parents and children participate as active members on their child and family team. CFTMs are to be held at a time and location convenient for the family. If a family member cannot attend, the agency is to ensure he/she has opportunity to provide input and receives updated information following the meeting.

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

In the statewide stakeholder survey participants were asked *"Please indicate your level of agreement with the following statement: Case plans are developed jointly with the child's parents"*. There were 594 responses and the responses were not limited to parents/caregivers. 58% of the respondents indicated that they either strongly agree or agree that the case plans are developed jointly with the child's parents.

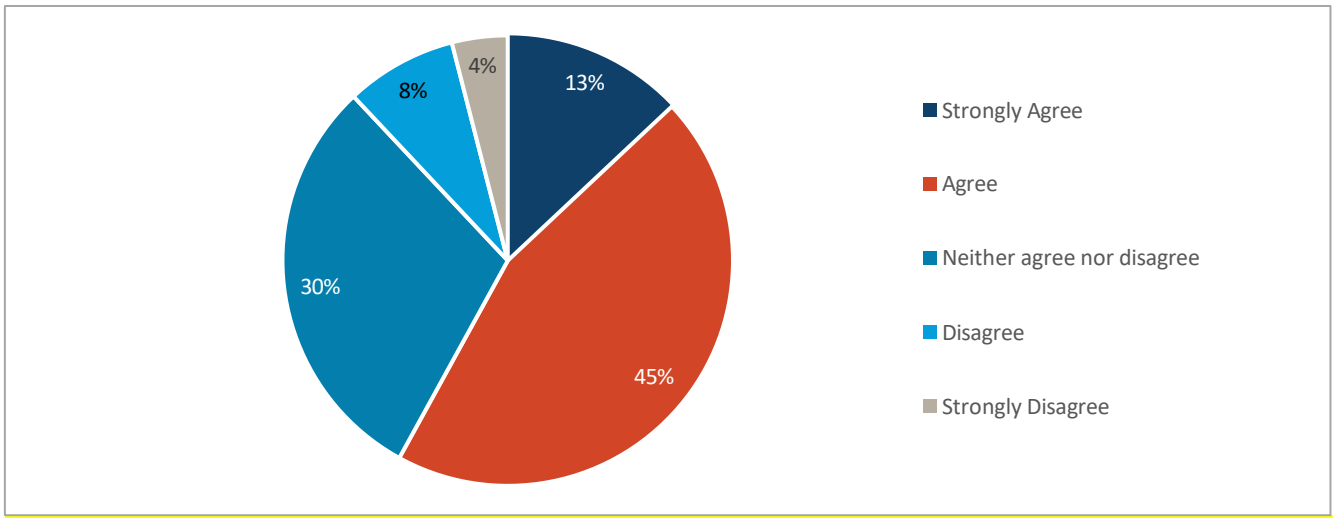


Figure 44. Percentage of Respondents by Answer to the Question, "Please indicate your level of agreement with the following statement: Case plans are developed jointly with the child's parents."
Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey

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

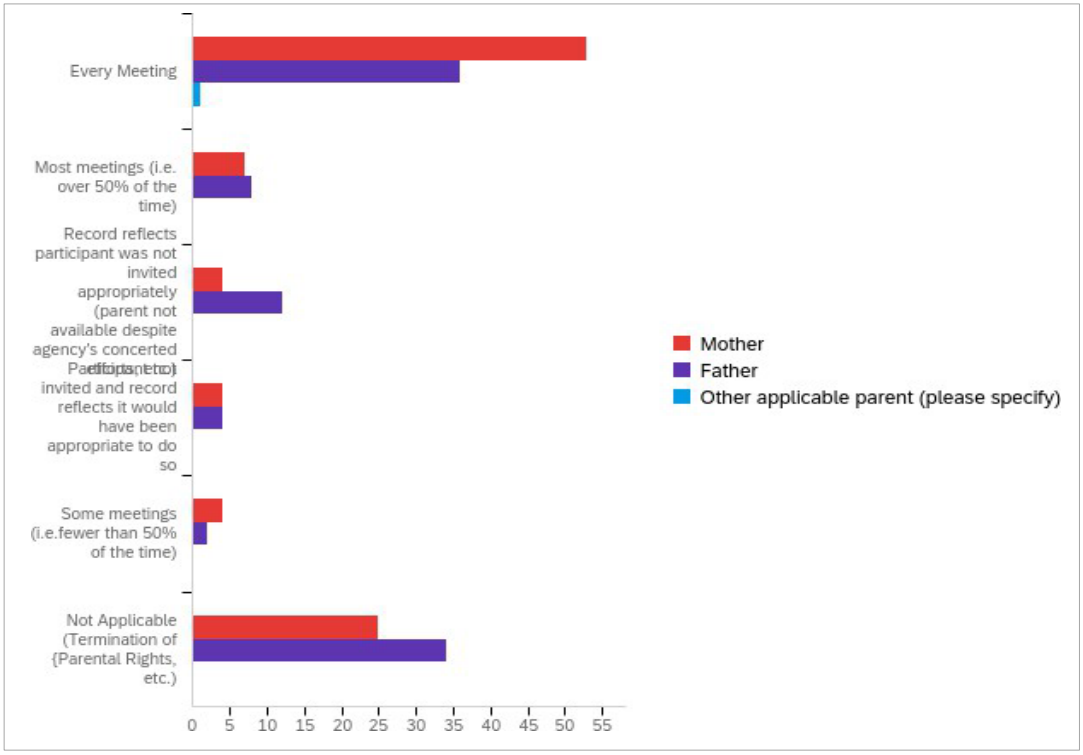


Figure 45. Number of Responses to the Item, "The FRAME records indicate the following pattern of inviting parents to each child and family team meeting for the purposes of developing the case plan."
Source: Information System Assessment

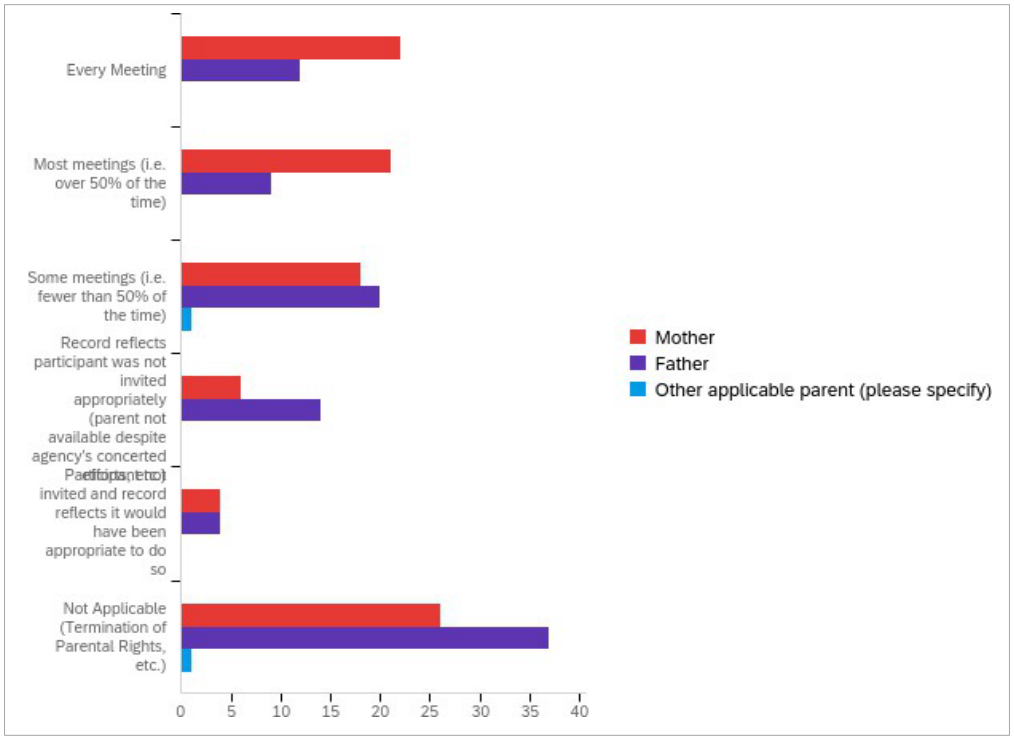


Figure 46. Number of Responses to the Item, "The FRAME records indicate the following pattern of participation in each child and family team meeting."
Source: Information System Assessment

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

- *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 (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*
- *Not Applicable (Termination of Parental Rights, etc.) = 0*
    a. *Mother* _____
    b. *Father* _____
    c. *Other applicable parent (please specify)* _____

    Comments (optional):

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

North Dakota also looked to Item 13: Child and Family Involvement in Case Planning to inform this Item. For Case Reviews held in 2023 [rolling PURs (Jan, Apr, Jul, Oct 2022)] it would indicate that 43% of applicable foster care cases reviewed had an overall strength rating.

Item 13: Child and Family Involvement in Case Planning	Foster Care – Performance of Applicable Cases
(Question 13B) The agency made concerted efforts to actively involve the mother in the case-planning process	44% (11) of 25
(Question 13C) The agency made concerted efforts to actively involve the father in the case-planning process	28% (5) of 18
Overall Item 13 Strength Ratings	43% (15) of 35

Table 9. Item 13: Child and Family Involvement in Case Planning.
Source: Case Record Review

Item 20 Performance Appraisal

North Dakota recognizes this systemic factor has been and continues as an *Area Needing Improvement*.

While these results are encouraging, it is recognized the sample size of these reviews were extremely low, so the results must be viewed with caution. Unfortunately, our current data management system does not allow for case plans to be uploaded or entered directly and therefore the only way to garner any information on this systemic factor is through manual review of case files or through small samples of data provided above.

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?

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

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

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

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

In the Statewide survey, participants were asked, *"How often does a periodic review (court hearing or administrative/CFTM) for each child in foster care occur at least every six months?"*. Of the 469 respondents, 59% indicated that periodic reviews were held at least 66% of the time.

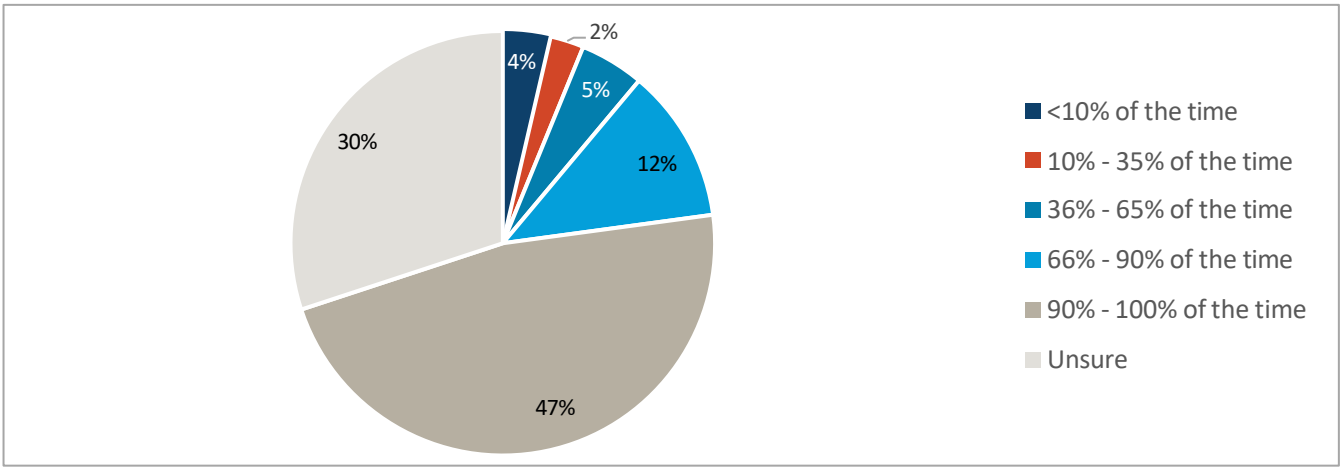


Figure 47. Percentage of Respondents by Answer to the Question, "How often does a periodic review (court hearing or administrative/CFTM) for each child in foster care occur at least every six months."
Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey

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

In that survey, the Field Service Specialist was asked to go into the FRAME case and determine if there was a quarterly CFTM on behalf of the selected child in accordance with the state's policies throughout the child's foster care episode. Unfortunately, there was an error in the way the question was asked compared to policy. Because the question was asked whether a CFTM was held every 90 days rather than quarterly, the answers were mixed. However, the comments support that CFTMs are consistently occurring on a quarterly basis.

Additionally, the survey asked, *"Was a foster care child and family team meeting OR court review hearing held at a minimum every six months since the youth entered foster care?"* The results were 97% positive and the 3% that were negative indicated through comments that either the case wasn't open long enough to require a CFTM or that the documentation in FRAME does not match the FSS outside tracking system[1] to ensure the presence required for an administrative review.

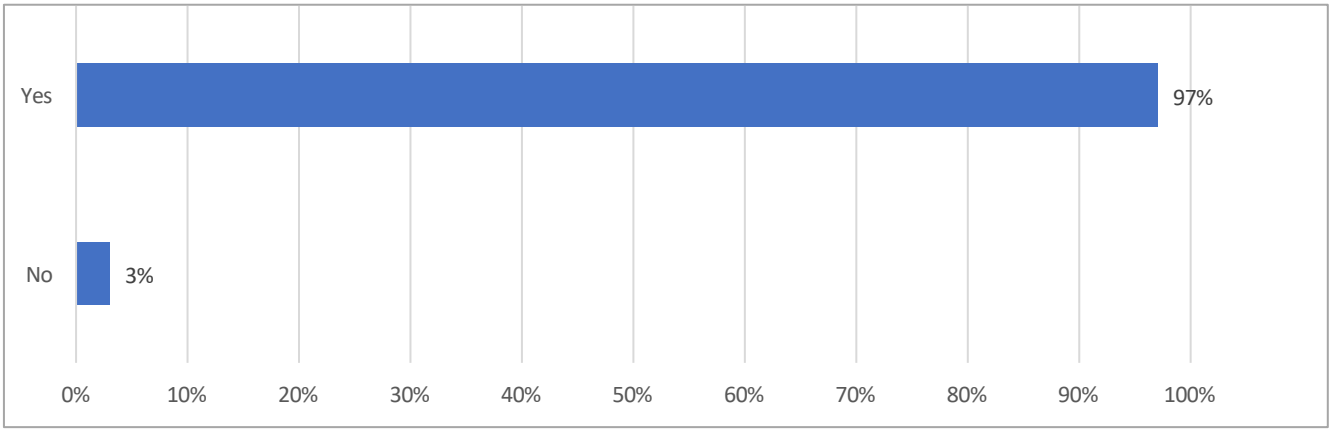


Figure 48. Percentage of Responses to the Item, "Was a foster care child and family team meeting OR court review hearing held at minimum every six months since the youth entered foster care?".
Source: Information System Assessment

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

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

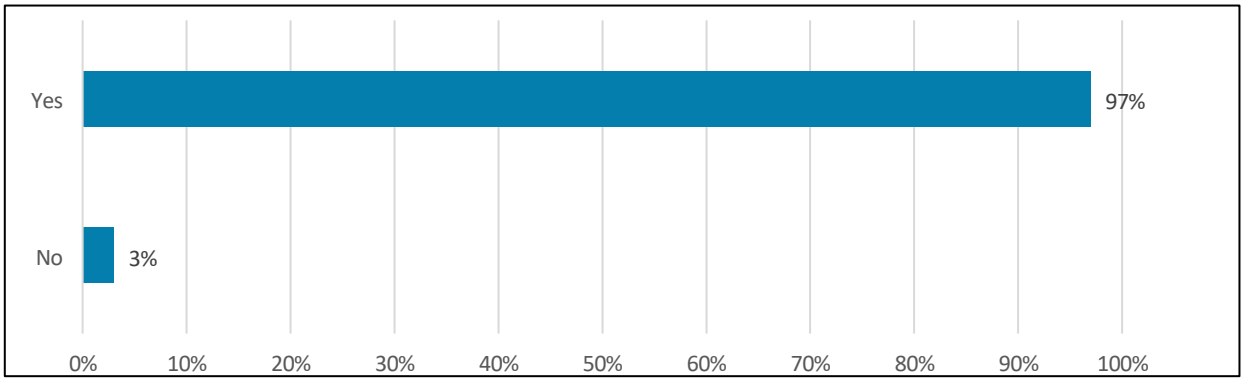


Figure 49. Percentage of Responses to the Item, "Was a field service specialist present at the CFTM?".
Source: Information System Assessment

Item 21 Performance Appraisal

Based off the Statewide survey data, the sample survey from Item 19, and outside tracking systems, this systemic factor should be rated a *Strength*. The data shows that the state is within compliance

and any discrepancies are due solely to data tracking issues which will be remedied with the new data management system through specific requirements in the build.

Item 22: Permanency Hearings

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

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

The hearing must be held in a juvenile court or tribal court of competent jurisdiction, or as an option, by DJS for youth under its custody. See Figure 50 below for the court units/districts.

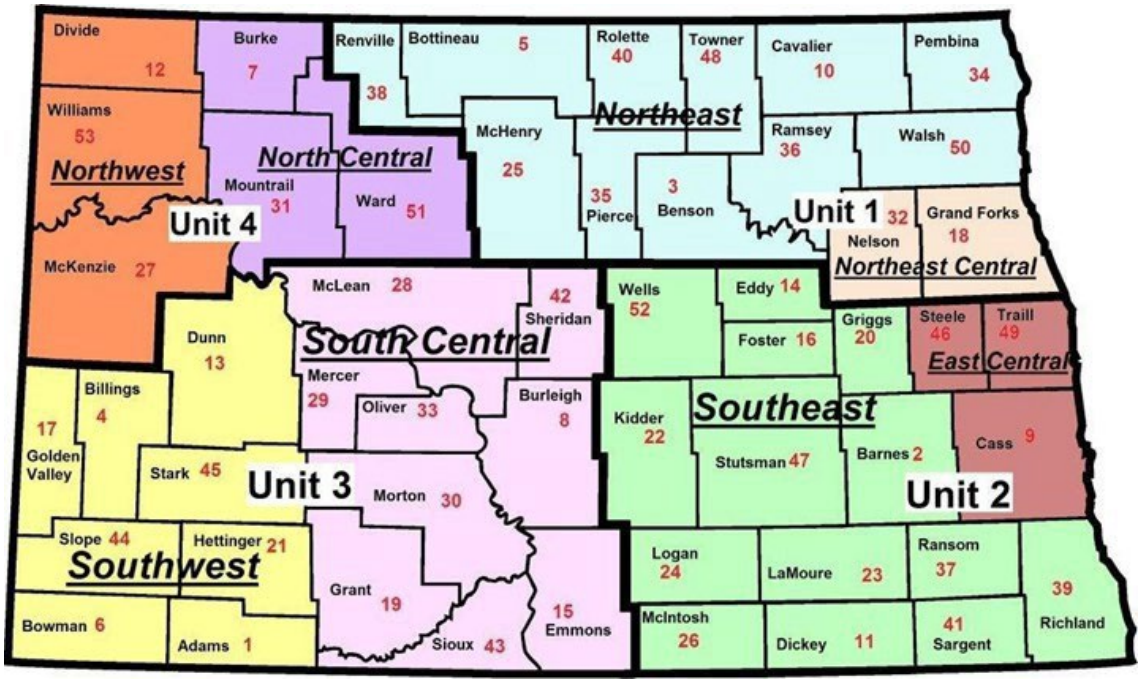


Figure 50. North Dakota court Units/Districts.
Source: North Dakota Supreme Court

The agency must obtain a judicial determination that it made reasonable efforts to finalize the permanency plan that is in effect (whether the plan is reunification, adoption, legal guardianship, placement with a fit and willing relative, or placement in another planned permanent living arrangement) within twelve months of the date the child is considered to have entered foster care, and at least once every twelve months thereafter while the child is in foster care. The requirement

for subsequent permanency hearings applies to all children, including children placed in a permanent foster home or a pre-adoptive home.

The North Dakota Supreme Court, Court Improvement Program (CIP) provided CFS with the below data related to this systemic factor and the performance can be seen in these measures. The timeliness measure was gathered by reviewing CHIPS cases where a permanency hearing was held within one year from the CHIPS (Child in Need of Protective Services) case being filed in the court case management system Odyssey. A report was generated of cases with that had a CHIPS case filing date in 2021 and 2022. Of those CHIPS cases filed, the review then deduced the statewide numbers to represent those that had a permanency hearing no later than 12 months from the date the child entered foster care. The same method was used to look at time to subsequent permanency hearings.

Time to first permanency hearing was determined by calculating the number of days between the CHIPS case filing date and the permanency hearing date. 232 cases statewide were used to calculate the average days to first permanency hearing for calendar year 2021. Statewide, 215 cases were used to calculate the average days to first permanency hearing for calendar year 2022. All data for this systemic factor was obtained by the North Dakota Supreme Court Administrators Office from each district court entering data into the statewide database. District courts are known to enter permanency hearing data timely.

Below is a chart of the statewide average time to permanency hearings and the statewide percentage of cases that received a timely hearing for calendar year 2021 and 2022.

	CY 2021 Average	CY 2022 Average
Time to first Permanency Hearing	331	312
Time to Subsequent Permanency Hearing	325	274

Table 10. Statewide Percentage of Cases That Received A Timely Hearing (CY2021 and CY 2022).
Source: North Dakota Supreme Court Administrators Office Statewide Database

Calendar Year	% receiving a timely initial permanency hearing	% receiving a timely subsequent hearing
2021	92% (214/232)	83% (102/123)
2022	95% (205/215)	98% (56/57)

Table 11. Statewide Average Time to Permanency Hearings (CY2021 and CY 2022).
Source: North Dakota Supreme Court Administrators Office Statewide Database

A review of the data shows that from CY 2021 to CY 2022 there was an increase in timeliness to both initial and subsequent permanency hearings.

It is important to note that the percentage of cases receiving a timely permanency hearing may be slightly affected and misrepresented as the numbers reflect time between case filing in Odyssey to first and subsequent permanency hearings, which can vary by a few days depending on when the child was removed from care.

For example, if the child was removed from care on a Saturday, the case filed date would not be documented until the following Monday, leaving a two-day gap in the 12-month window. The removal date in the court case management system can only be found within the court order and that would require a tedious manual case file review.

It should also be noted, if a hearing 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.

More detailed data for CY 2021 and CY 2022 can be seen in Tables 10 and 11 (next page) and represents statewide and juvenile court unit percentages. Please see the map at the bottom of the response for the various units.

In CY 2021 and 2022 all court units were above 90% compliance in time to initial permanency hearing occurring within 12 months of the case filing, with the exception of Unit 2 in CY 2021 which was 76% (highlighted above in yellow). Unit 2 did see a large improvement in compliance to the following CY showing an increase to 92%.

	2021				
	Statewide	Unit 1	Unit 2	Unit 3	Unit 4
Number of CHIPS cases filed	804	212	171	207	214
Of the CHIPS cases filed, number of cases with perm hearing	232	86	37	63	46
Of the CHIPS cases filed, number of cases with perm hearing within a year	214	79	28	63	44
% of cases filed that had a permanency hearing within 12 months from entering foster care	92.24%	91.86%	75.68%	100.00%	95.65%
% of cases filed that had a perm hearing more than 12 months from a child entering foster care	7.76%	8.14%	24.32%	0.00%	4.35%
Of the cases that had a perm hearing within a year, number of cases that had a subsequent hearing	123	45	21	40	28
Of the cases that had a perm hearing within a year, number of cases that had a subsequent hearing within a year	102	35	20	36	21
% of cases that had a perm hearing within a year and then a subsequent hearing within a year	82.93%	77.78%	95.24%	90.00%	75.00%
% of cases that had a perm hearing within a year and then NOT a subsequent hearing within a year	17.07%	22.22%	5%	10%	25%
Average amount of days to first perm hearing	331.1	342.3	303	324	335.5
Average amount of days to subsequent perm hearing	324.5	300.6	307.6	348.1	347.5

Table 12. Statewide and Juvenile Court Unit Permanency Hearings Data (CY2021) and CY 2022).
Source: North Dakota Supreme Court Administrators Office Statewide Database

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

Table 13. Statewide and Juvenile Court Unit Permanency Hearings Data (CY 2022).
Source: North Dakota Supreme Court Administrators Office Statewide Database

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

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

Table 14. Barriers Impacting Timely Initial Permanency Hearings.
Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey

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

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

Table 15. Barriers Impacting Timely Subsequent Permanency Hearings.
Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey

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

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

Item 22 Performance Appraisal

The state has strong performance for the occurrence of permanency hearings for each child no later than 12 months from the date the child entered foster care. Though there are some cases that were not held within 12 months from the date the child entered foster care, they were small in number and have shown an increase in timeliness over time. North Dakota believes this item is considered a *Strength*.

Item 23: Termination of Parental Rights

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

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

In accordance with North Dakota CFS policy 624-05-15-30-10 the custodial agency must file a petition to the court for Termination of Parental Rights on or before the day when the child has been in foster care for 450 out of the previous 660 nights; or within 60 days after the court has found the

child to be an abandoned infant; or within 60 days after the court has convicted the child's parent of one of the following crimes in North Dakota, or a substantially similar offense under the laws of another jurisdiction: murder, manslaughter, or negligent homicide of a child of the parent; aiding, abetting, attempting, conspiring, or soliciting the same crimes; or aggravated assault in which the victim is a child of the parent and has suffered serious bodily injury.

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

1. The parent has abandoned the child;

2. The child is subjected to aggravated circumstances;

3. The child is in need of services or protection and the court finds:
   a. The conditions and causes of the need for services or protection are likely to continue or will not be remedied and for that reason the child is suffering or will probably suffer serious physical, mental, moral, or emotional harm; or
   b. The child has been in foster care, in the care, custody, and control of the department or human service zone, or, in cases arising out of an adjudication by the juvenile court that a child is in need of services, the division of juvenile services, for at least 450 out of the previous 660 nights;

4. Written consent of the parent, acknowledged before the court, has been given; or

5. The parent has pled guilty or nolo contendere to or has been found guilty of engaging in a sexual act under section 12.1-20-03 or 12.1-20-04, the sexual act led to the birth of the parent's child, and termination of the parental rights of the parent is in the best interests of the child. If the court does not make an order of termination of parental rights, it may grant an order under section 27-20.3-16 if the court finds from clear and convincing evidence that the child is in need of protection.

A review of data provided by North Dakota's Supreme Court's Court Improvement Program (CIP) indicates that the average number of days from CHIPS petition to TPR petition statewide is 551 days in CY 2023. This timeliness measure was gathered by reviewing TPR cases in the court case management system, Odyssey that reached final resolution in CY 2023 and manually calculating the time from the file date of the CHIPS petition to the file date of the TPR petition.

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

In CY 2023 there were a total of 219 TPR case filings:

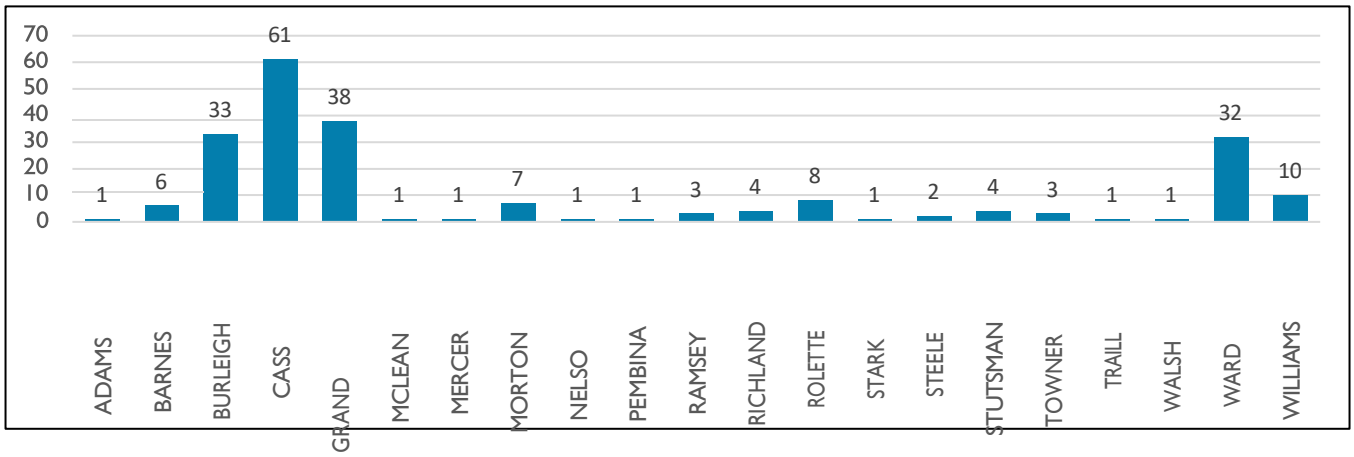


Figure 51. 2023 Total TPR Case Filings by County
Source: FRAME

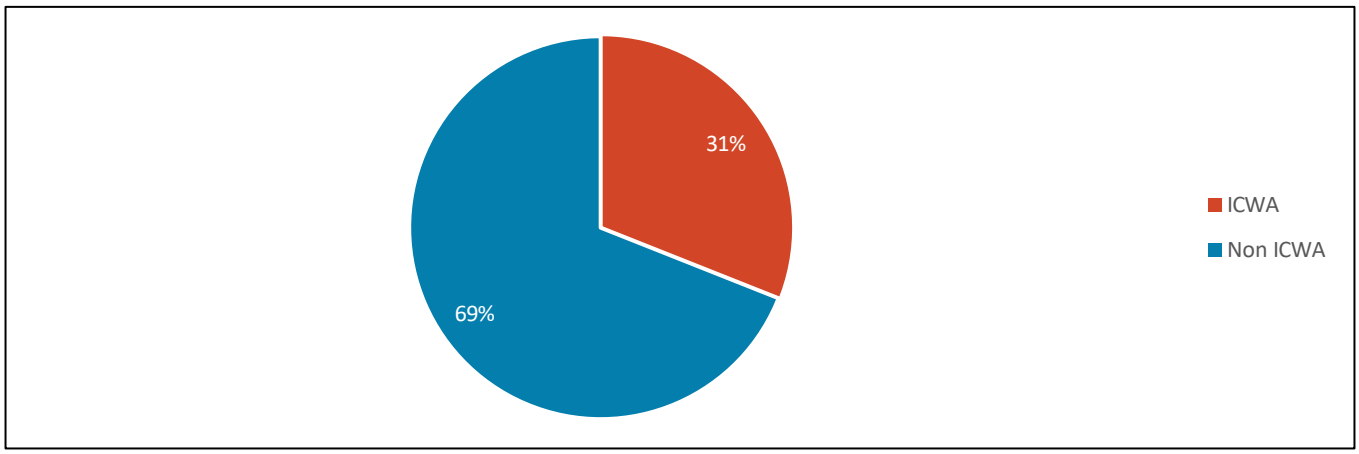


Figure 52. ICWA Applicable TPR Cases (2023).
Source: FRAME

Of the 219 total TPR filings in 2023 there were 158 family cases. The above pie chart shows the percentage of ICWA applicable TPR cases for 2023 (representing one case per family).

Data for the average days to the filing and the percentage of cases for CY 2022 and 2023 can be seen in the chart below. Regional judicial unit[2] data reflects the following average days to TPR petition:

Average Days to TPR Petition	Unit 1	Unit 2	Unit 3	Unit 4
CY 2023	570	475	604	641
CY 2022	633	441	688	649

Table 16. Average Days to TPR Petitions (CY2022-CY2023).
Source: Odyssey

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

County	Number of Total Case Filings	Number of TPR Cases Reviewed	Average time between CHIPS case filing and TPR petition Filed	Average time between affidavit to state's attorney and when TPR petition filed	Average time between TPR file to final order	Average time between CHIPS file to TPR final order	ICWA
Grand Forks	38	24	524	47	164	681	6
Nelson	1	1	565	N/A	100	665	0
Pembina	1	1	N/A	N/A	N/A	N/A	0
Ramsey	3	3	570	15	114	685	3
Rolette	8	4	867	32.5	148	988	3
Towner	3	1	800	129	*	*	0
Walsh	1	1	128	9	19	147	0
	55	**36**	**570**	**56**	**109**	**633**	**12**

*Table 17. Unit 1 TPR (2023). * means the case is still active: Case was still active at time of year end report so no final TPR order was recorded. N/A = There was no affidavit or the case was dismissed*
Source: Odyssey

[2]Please refer to the map of cross zonal teams and judicial units provided in Item 22. Data reflects one case review per family.

County	Number of Total Case Filings	Number of TPR Cases Reviewed	Average time between CHIPS case filing and TPR petition Filed	Average time between affidavit to state's attorney and when TPR petition filed	Average time between TPR file to final order	Average time between Dep file to TPR final order	ICWA
Barnes	6	4	735	118	115	780	0
Cass	61	47	423	1	127	568	16
Richland	4	3	373	11	48	352	1
Steele	2	1	733	0	*	*	1
Stutsman	4	4	719	4	62	783	0
Traill	1	1	660	0	*	430	0
	78	60	475	22	88	582	18

*Table 18. Unit 2 TPR Date 2023. * means the case is still active: Case was still active at time of year end report so no final TPR order was recorded. N/A = There was no affidavit or the case was dismissed.*
Source: Odyssey

County	Number of Total Case Filings	Number of TPR Cases Reviewed	Average time between CHIPS case filing and TPR petition Filed	Average time between affidavit to state's attorney and when TPR petition filed	Average time between TPR file to final order	Average time between CHIPS file to TPR final order	ICWA
Adams	1	1	601	1	68	669	0
Burleigh	33	21	616	3	95	694	11
McLean	1	1	421	13	101	422	0
Mercer	1	1	999	10	1	1100	0
Morton	7	7	493	3	100	597	2
Stark	1	1	845	8	208	1053	0
	44	32	604	6	95	755	13

*Table 19. Unit 3 TPR Date 2023. * means the case is still active: Case was still active at time of year end report so no final TPR order was recorded. N/A = There was no affidavit or the case was dismissed.*
Source: Odyssey

County	Number of Total Case Filings	Number of TPR Cases Reviewed	Average time between CHIPS case filing and TPR petition Filed	Average time between affidavit to state's attorney and when TPR petition filed	Average time between TPR file to final order	Average time between Dep file to TPR final order	ICWA
Ward	32	22	563	9	137	673	7
Williams	10	8	889	12	121	1011	0
	42	30	726	11	129	842	7

*Table 20. Unit 4 TPR Date 2023. * means the case is still active: Case was still active at time of year end report so no final TPR order was recorded. N/A = There was no affidavit or the case was dismissed.*
Source: Odyssey

Calendar Year	TPR Petition filed within 450 days
2023	44% (96/219)
2022	37% (92/250)

Table 22. The percentage of cases filed within 450 days.
Source: Odyssey

Calendar Year	TPR Petition filed within 660 days
2023	71% (155/219)
2022	67% (167/250)

Table 21. The percentage of cases filed within 660 days.
Source: Odyssey

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

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

A slight increase in the average statewide performance can be seen from calendar year 2022 to 2023. The statewide average seems to reflect that the case review system is not functioning well statewide to ensure that the filing of TPR proceedings occurs within the required provisions, further analysis indicates there are specific Zones and or counties in North Dakota that even fall outside of the 660 day(circled in the Unit charts above) The data may include children with prior foster care episodes impacting further their total time in foster care.

A limitation of FRAME is data relative to the petition date, which is entered in the system only after an order, has been issued. Thus, child welfare data was not deemed a viable source to further analyze this systemic factor.

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

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

- Delay by case worker- When the case worker was looking at filing TPR affidavit, mom had a second baby come into care at birth and mom began engaging. Case worker explored guardianship or adoption with the relative caregivers for both children. The zone identified the child should have had TPR affidavit submitted to the state's attorney office after 6 months in

care.

- Case worker submitted TPR Affidavit to State's attorney at 450 days, state's attorney held it on their desk for an extended period of time before filing TPR petition

- State Attorney's office has stated to the zone that juvenile cases are not a priority when they are handling criminal cases. In the last year, at least two children, with concerns of more coming up, have gone home because of the length of time the state's attorney's office takes to file TPR petitions once they receive the TPR affidavit from case workers. For the past year, Directors and FC Supervisors were meeting monthly with the State's Attorney to address these delay's, with no resolution. The State's Attorney's office will not look at a TPR affidavit until it has been, at minimum, in care for the 450 nights. North Star's foster care supervisor now tracks when TPR affidavits are submitted by her case workers to the state's attorney's office. (Zone Case Management Field Service Specialist)

High caseloads for State's Attorney		92.31%
High caseloads for case management staff		83.33%
Case management's knowledge of requirements		91.67%
State's Attorney's knowledge of requirements		100.00%
Lack of effective tracking systems to identify when filing requirements are nearing		100.00%
None of the above		90.00%
Other (please specify)		77.14%

Table 23. Percentage of Respondents by Answer to the Question, "What are the barriers that affect your agency's ability to the required time frames when the filing of TPR proceedings do not occur in accordance with the required provision for a child in foster care? (Check all that apply)."
Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey

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

	Unit 1	Unit 2	Unit 3	Unit 4
CY 2023	56	22	6	11
CY 2022	42	1	14	15

Table 24. The Average Number of Days Between Affidavit Submission And Petition Filing By Unit CCY2022-CY2023).
Source: Odyssey

North Dakota does not capture quantitative data relating to compelling reasons. According to 27-20-21.4 (b), the court is to be notified that the compelling reasons not to terminate have been documented in the case plan and are available for review. North Dakota CFS policy 624-05-15-30-

15 provides direction to case managers regarding compelling reasons. Yet, neither information system provides a method to capture data relative to how this aspect is functioning.

Item 23 Performance Appraisal

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 regarding timely filing of affidavits and petitions, 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 (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?

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.

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

The North Dakota Rule of Juvenile Procedure 15 requires that in any matter involving a child in foster care under the responsibility of the state, the state must notify the child's foster parents, pre-adoptive parents, and relatives providing care for the child whenever any proceeding is held with respect to the child. While "the state" has not been officially defined, policy instructs that the custodial agency is responsible for issuing the notice of hearing in advance of the hearing. North Dakota CFS Policy addresses this as well as the right to be heard in 624-05-15-20-20 and 624-05-15-13.

Notice of Hearings and Reviews to Caregivers

In the Statewide Survey, participants were asked, *"Are the caregivers (foster parents, pre-adoptive parents, relative caregivers) of children in foster care given notice of any review or hearing held regarding the child?"*. The 554 respondents represented all regions and judicial districts in North Dakota. Participants were not limited to caregivers. The data reveals that the majority of those surveyed (68%) indicated they are given notice of reviews or hearings held on behalf of the children in their care at least some of the time with 26% of them responding 'always'. There were 130 respondents (23%) that indicated they were unsure which likely means that they do not work directly with caregivers or they are not aware of the process.

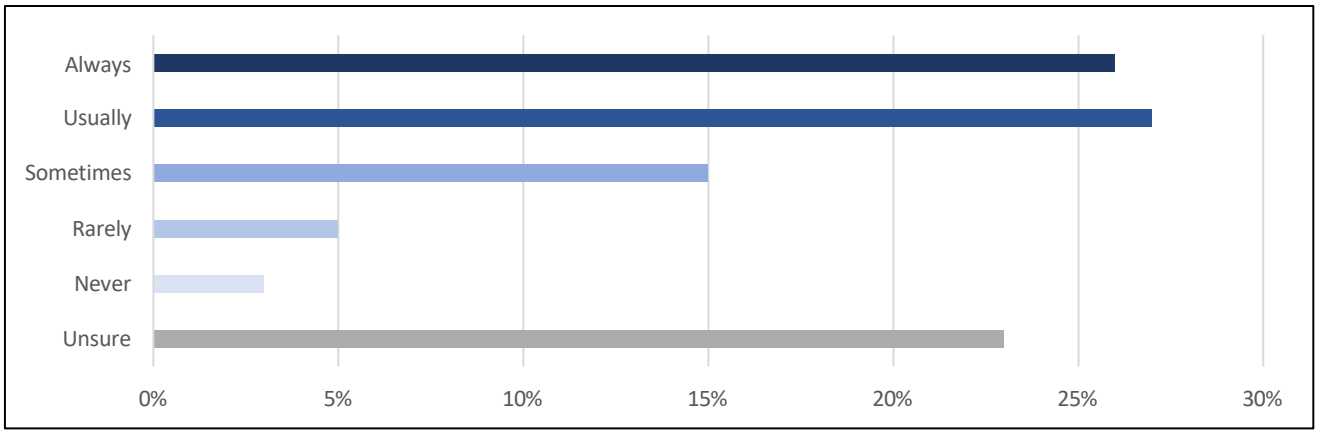


Figure 53. Percentage of Respondents by Answer to the Question, "Are the caregivers (foster parents, pre-adoptive parents, relative caregivers) of children in foster care given notice of any review or hearing held regarding the child?"
Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey

Survey participants were also asked, "What factor(s) are present when caregivers (foster parents, pre-adopt parents, relative caregivers) of children in foster care are not provided notice of a review or hearing?" There were a total of 633 respondents, however 345 of those indicated '(I'm) not sure'. Of those that chose one of the listed options, 32% indicated that the timeframe between the date the hearing is scheduled, and the date it's held, is too short. With similar percentages, 'case worker job demands' and 'caseworker's awareness of the expectation' were indicated 29% and 28% of the time respectively.

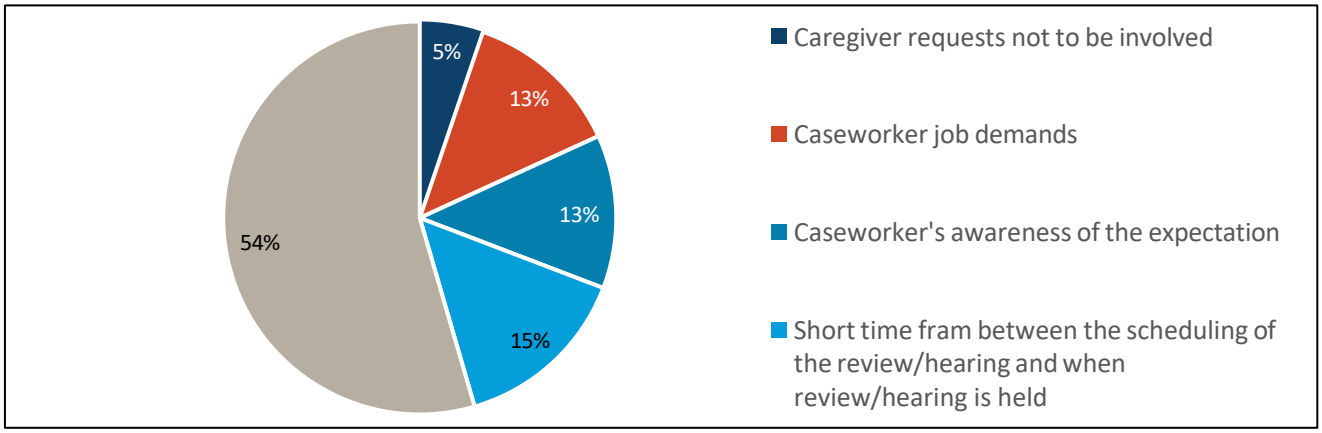


Figure 54. Percentage of Respondents by Answer to the Question, "What factor(s) are present when caregivers (foster parents, pre-adoptive parents, relative caregivers) of children in foster care are not provided notice of a review or hearing?"
Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey

Reasons given by the nearly 23% (10 respondents) answering 'other' included these and phrases similar to them:

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

Opportunity for Caregivers to be Heard

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

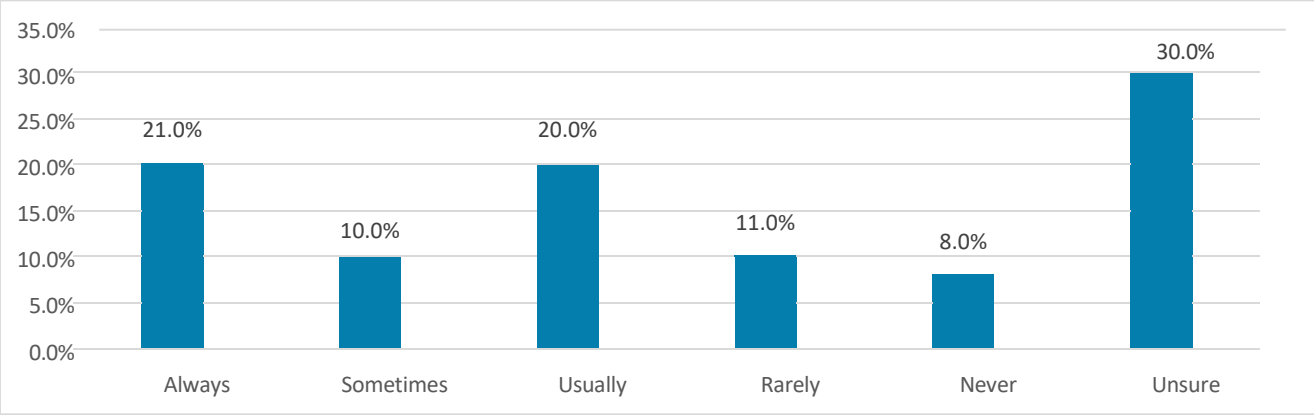


Figure 55. Percentage of Respondents by Answer to the Question, "Are the caregivers (foster parents, pre-adopt parents, relative caregivers) of children in foster care notified of their right to be heard in any review or hearing held regarding the child?"
Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey

Item 24 Performance Appraisal

Per the information provided, our review suggests this Item is an *Area Needing Improvement*. North Dakota does not currently have an effective way to gather this information and ensure that caregivers are given notice of hearings or their right to be heard. North Dakota's current data management systems are inadequate to track this information. With the development work being done on our new data management system (OCEANS), we have an opportunity to improve our ability to track this and ensure this is being completed. The user stories have made it a requirement to be included in the new system and, therefore, it is very likely that North Dakota will have better information and very likely a strength in this area upon the next review.

C. Quality Assurance System

Item 25: Quality Assurance System

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

During the Round 3 CFSR, North Dakota received an Area *Needs Improvement* rating for Item 25: Quality Assurance System. Since then, North Dakota expended a tremendous amount of effort and

resources – including successfully completing a PIP Goal – to implement a CQI/QA system. North Dakota's CQI/QA system is in place and functioning statewide.

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

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

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

1. Case Sample: Foster Care cases and In-Home Services cases during a defined period are subject to a random sampling process with five strata that correlate to four (4) Cross-Zonal CQI Teams and the state's metro area. The number of cases reviewed from each stratum is proportional to the number of cases from the stratum in the statewide random sample, with a minimum of one case of each case type per stratum for each quarterly review.

2. Case Review Preparation: Local agencies will receive an orientation to each review event and resources to aid the preparation of selected cases.

3. QA Case Review: The review process includes a review of the case file and interviews with key case participants for each case and first level quality assurance.

4. Reporting and Sharing of Findings: Cumulative case review data is compiled into a final report completed by the QA Manager. Results are submitted to all agencies for use in their ongoing continuous quality improvement efforts.

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

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

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

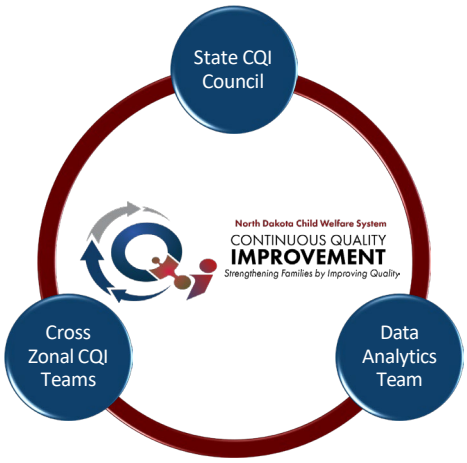


Figure 56. Continuous Quality Improvement Program Teaming Structure.

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

Cross Zonal CQI Teams: As shown in the graphic in Section II (Page 20), the 19 human service zones were divided into four Cross Zonal CQI Teams. These teams are the drivers for the local CQI process with a focus on improving child welfare agency case practice, service delivery and the achievement of outcomes for North Dakota children and families. Cross-Zonal CQI Teams are comprised of a wide range of stakeholders including (but not limited to) human service zone staff, Field Services Specialists, QA Reviewers, the Division of Juvenile Services, Courts, States Attorneys, those with lived experience, and Tribal Social Services. Like the struggles at the Council level, CQI Teams struggle with Tribal Nation participation and recruitment/retention of those with lived experience.

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

Assistant Section Director/CQI Administrator	Children and Family Services Section
QA Unit Manager	Children and Family Services Section
QA Lead Reviewer	Children and Family Services Section
Safety Framework Practice Model Administrator	Children and Family Services Section
QA Reviewer	Children and Family Services Section
Prevention and Protection Services Administrator	Children and Family Services Section
Permanency Administrator	Children and Family Services Section
Foster Care Licensing Unit Manager	Children and Family Services Section
Foster Care/In-Home Case Management Administrator	Children and Family Services Section
Assistant Director	Division of Juvenile Services
Court Improvement Coordinator	Standing Rock Sioux Tribe
Child Welfare Director	Standing Rock Sioux Tribe
Child Welfare Director	Spirit Lake Nation
Executive Director	Native American Training Institute
Foster Care Case Management Supervisor	RSR Human Service Zone
CIP Administrator	North Dakota Supreme Court
CIP Data Manager	North Dakota Supreme Court

Table 25. Data Analytics Team Membership.

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

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

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

In March of 2022, the Implementation Team issued a Readiness Survey to the human service zones, Central Office, and the Division of Juvenile Services to determine the level of motivation and capacity to implement continuous quality improvement. Results (below) indicated that Cross Zonal CQI Team

4 was most ready to implement CQI in their areas whereas Cross Zonal CQI Team 2 was least ready to implement.

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

Table 26. Continuous Quality Improvement Program Readiness Survey Results.

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

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

3 Sessions (3.5 hrs. each–Virtual Delivery) - Total: 10.5 hrs.	Customizing Curriculum to North Dakota
Session 1: Total 3.5 hrs. • Unit 1: Welcome, Introductions, Overview and Objectives (45 min.) • Unit 2: Culture and Climate Count (45 min.) • Break (30 min.) • Unit 3: Administrative Structure for the CQI Process (1.5 hr.)	• Incorporate ND CQI vision and strategic priorities into Unit 1 and/or 2. • Incorporate high-level overview of ND core components OR ND CQI Plan into discussion as appropriate. • Customize to ND CQI teaming structure, roles, responsibilities, and opportunities in Unit 3.
Session 2: Total 3.5 hrs. • Unit 4: Leading with Data (1.5 hrs.) • Break (15 mins) • Unit 5: Promoting High-Quality Data from Your MIS (45 min.) • Unit 6: Promoting High-Quality Data Through Case Reviews, Surveys, and Interviews (1 hr.)	• Consider inclusion of a "data walk" activity in Unit 4 using ND child welfare key performance measures to familiarize participants with agency performance. • Focus on the responsibilities for agency staff at all levels to ensure quality data in Unit 5. • Incorporate overview of ND's OSRI/Case Review process into Unit 6
Session 3: Total 3.5 hrs. • Unit 7: High-Quality Data Analysis Process (1.5 hrs.) • Break (15 min.) • Unit 8: Staff and Stakeholder Engagement (1 hr. 15 min.) • Unit 9: Closing (30 min.)	• Focus on methods to analyze ND data as part of CQI process as part of Unit 7. • Identify key ND stakeholders, highlight importance and ways to effectively engage stakeholders with particular focus on those with lived expertise in CQI process in Unit 8. • Communicate next steps and anticipated timeline for launching CQI activities.

Table 27. Foundations of CQI Training Curriculum.

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

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

Table 28. Cross Zonal CQI Team Focus Groups Participant Comments to the Question, "From your perspective, how well are QA and CQI processes functioning throughout the state? (i.e., at the state, cross-zonal, and zones/offices)?"

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

purpose of promoting effective statewide program improvement planning activities.

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

1. Review and evaluation on the progress of PIP strategies, CFSP goals and other agency priorities and recommend program adjustments as needed to support successful implementation towards improved outcomes.
2. Review of agency key performance measures, including safety and permanency outcome data such as AFCARS, NCANDS, NYTD, and other reports.
3. Review of quarterly case review (OSRI) results and discussion of state and regional initiatives and issues in need of improvement.
4. Provide ongoing consultation and collaboration to Cross-Zonal CQI Teams regarding issues being raised from the local level.
5. Determination for the need of state or Cross-Zonal level action plans based on review of performance data and use of CQI Cycle, where appropriate.
6. As needed, develop, and implement state level action plans using the CQI cycle.

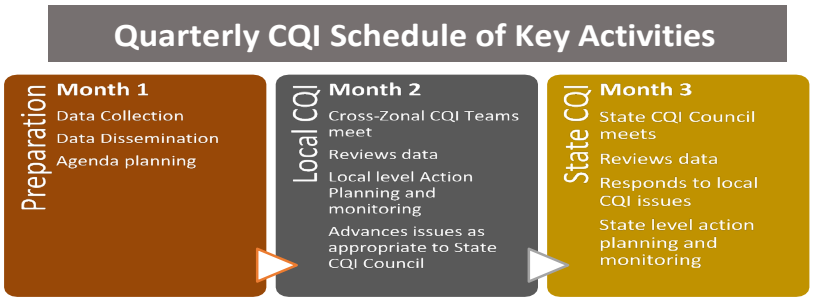


Figure 57. Continuous Quality Improvement Program Quarterly Work Rhythm.
Source: CQI Program Manual

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

As an example, the State CQI Council and all Cross Zonal CQI Teams addressed challenges to Item 1: Timeliness of Initiating Investigations of Reports and to Item 5: Permanency Goal for Child. These items were identified as issues remaining from our last Performance Improvement Plan. Root cause analysis for Item 1 identified a lack of understanding by workers on the timeliness policy as the primary reason for poor results for this item. Focused education was provided during quarterly statewide CPS Calls with follow-up 1:1 education and monitoring by supervisors. Results of the solution are being monitored through the QA Case Record Review data and, if data indicates, adjustments will be made to the solution to improve results.

[Month-Year]	Cross Zonal CQI Team 1	Cross Zonal CQI Team 2	Cross Zonal CQI Team 3	Cross Zonal CQI Team 4	State CQI Council	Data Analytics Team
August-22					8/18/2022	8/24/2022
September-22						9/21/2022
October-22						

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

Table 29. Continuous Quality Improvement Program Meetings Schedule (August 2022 – July 2024).

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

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

Table 30. Cross Zonal CQI Team Focus Groups Participant Comments to the Question, "Does your QA/CQI process identify strengths and needs of ND's service delivery system? Can you share any examples from your experience?"

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

- Intakes are "full-kitted" for CPS. Full kit refers to having all documents/tasks completed during the intake process before moving the case on CPS workers (interview with reporter, completion of full intake forms, identify emergency cases and pass on to CPS supervisor within 30 minutes with follow-up, completion of tasks within 24 hours, triage administrative assessment and administrative referral cases).
- Present Danger Assessments and Present Danger Plans at case initiation are keeping children safe.
- Introduction Stage within the PCFA indicates assessment skills are getting stronger.
- There was a 36% improvement in assuring children remain safely at home.
- There was a 13% improvement in children remaining connected to people, places, and culture that are important to them.
- There was a 28% decrease in the number of children in foster care, when compared to the prior three years.

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

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

- Child Protection Services: A distinct quality assurance process also occurs with the Child Protection Services cases on a zonal level, per CPS Policy 640-01-10-10-20. When the tasks of initiating the assessment are complete, the CPS Worker updates the TAB to the "Quality Assurance Staffing" column. The Supervisor meets individual with the CPS Worker to discuss a newly assigned assessment and plan the assessment, identifying the key participants, first steps and a response time. The Supervisor schedules a Quality Assurance Staffing with each worker for each assigned assessment every 7-10 days at a minimum. The purpose of this staffing is to review the Present Danger Assessment and Plan (if needed), identify the next steps in the assessment and identify any additional information needed for a quality assessment and assure that assessment documentation is completed timely.

- In-Home Services: Per Child Welfare Practice Policy Manual 607-05-30, the requirement of "Quality at the Source" is part of the continuous quality improvement process. It is the manner in which child welfare agencies assure quality practice with families through processes that are designed to support strong engagement and positive outcomes. Quality at the source focuses on fidelity to practice standards and policies by making sure errors, or mistakes, do not occur. In the event practice errors/mistakes occur, quality at the source requires those involved to make every effort to redirect the trajectory of the case. CPS workers, case managers, supervisors, and field service specialists all have an integral role to assure quality at the source.

- Licensure Reviews: Per NDAC 75-03-40**,** CFS staff direct and/or participate in the following licensure reviews: Qualified Residential Treatment Programs (QRTP's) and Licensed Child Placing Agencies (LCPA's). Each review provides an opportunity for Children and Family Services Division staff to examine the quality of services provided by these entities, review program and policy improvements and assess overall compliance with established laws, rules and policies which guide practice. These licensing reviews also establish an avenue to enhance collaborative relationships.

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

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

Table 31. Cross Zonal CQI Team Focus Groups Participant Comments to the Question, "What types of standards are being used to evaluate the quality of services to ND children and families?"

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

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

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

CPS REPORTS	
Count of Reports Received	Count of Reports that Lead to an Assessment
Count of Reports of Abuse (by type)	Count of Reports of Neglect
CPS ASSESSMENTS	
Count of Open Assessments	County of New Assessments
Count of Closed Assessments	Timeliness for Closed Assessments
Count of Closed Assessments by Decision Type	
CPS ASSESSMEN TS MALTREATMENTS	
Count of Assessed Maltreatments (by type)	County of Confirmed Maltreatments (by type)
CPS ASSESSMENTS INDIVIDUALS	
County of Subjects and Victims in Confirmed Assessments	Count of Substance Exposed Newborns
CPS ASSESSMENT SERVICES	
Average Time from Assessment Decision to Beginning of In- Home Services	Count of Assessments that led to an In-Home or Foster Care Service
FOSTER CARE	
Count of Individuals in Closed Foster Care Cases	Count of Individuals in New Foster Care Cases
Count of Individuals in Closed Foster Care Cases	Termination of Parental Rights in Open Foster Care Cases
Count of Open Foster Care Episodes by Eligibility	Monthly Visitation with Foster Care Youth
Count of ICWA Inquiry for Children in Open Foster Care Episodes	

FOSTER CARE PROGRAMS	
Average Length of Foster Care Program	Educational Training Voucher Awards
Permanency Goals of Open Foster Care Cases	Open Chafee Programs
Chafee Services Count	18+ Continued Care
End Reason of Closed Foster Care Cases	
FOSTER CARE PLACEMEN TS	
Placement Stability – During Reporting Period	Placement Stability – Programs that Started During Reporting Period
Entities in an Open Placement in a Qualified Residential Treatment Program	Average Length of Qualified Residential Treatment Placements
Placements Level of Care	
FAMILY PRESERVATION	
Count of Open In-Home Case Management Cases	Count of Family Services by Type
Count of Victims with an Open In-Home Case Management Cases with a Services Required Assessment	Count of Victims with Open In-Home Case Management Cases with a No Services Required Assessment
ADOPTION	
Count of Children in a Pre-Adoption Foster Care Placement	Count of Children with a Closed Pre-Adoption Foster Care Placement by End Reason

Table 32. CFS KPI Summary Listing of Report

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

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

Needs Assessment and Services to Foster Parents	Child And Family Involvement in Case Planning
Caseworker Visits with Child	Caseworker Visits with Parents
Educational Needs of The Child	Physical Health of The Child
Mental/Behavioral Health of The Child	

Table 34. Context and Key Performance Indicators Report Listing of Measures

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

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

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

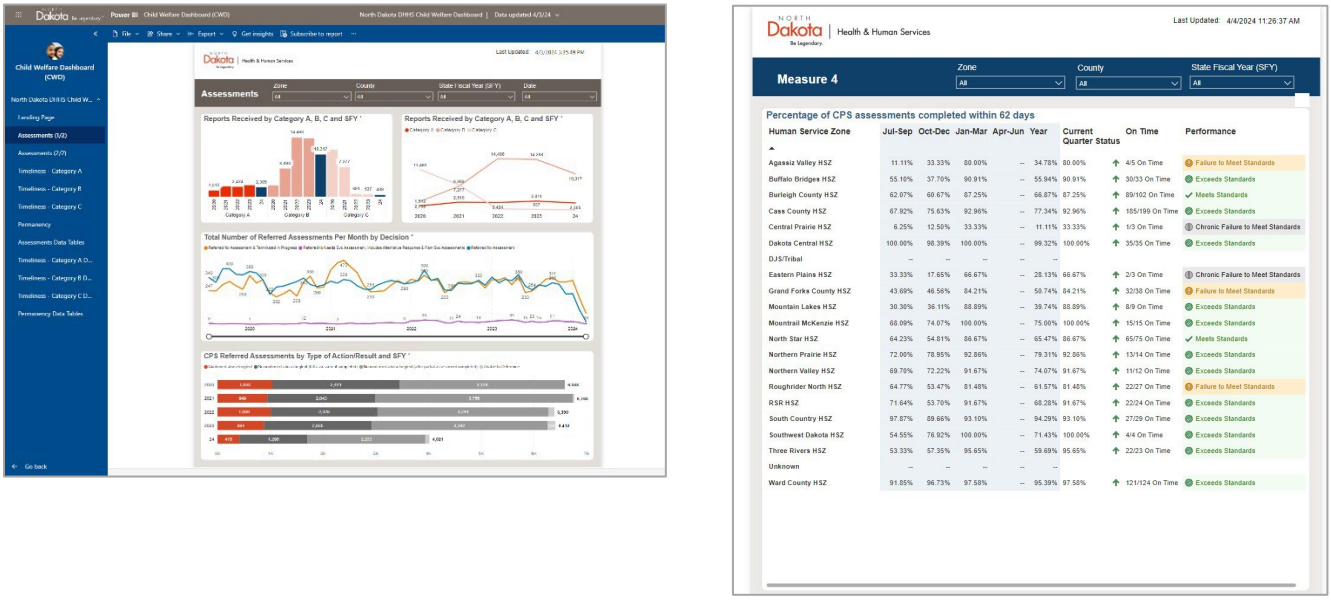


Figure 57. Examples of Child Welfare Dashboard (L) and Standards of Administration for Child Welfare Dashboard (R)

Progressive disciplinary action occurs when there is evidence of failure to meet standards, with escalation of disciplinary action tied to persistence and prevalence of a pattern of non-compliance. The establishment of a "pattern" of non-compliance is measured by looking at performance over consecutive quarters or by cumulative performance, or both.

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

The Children and Family Section works with Data Science and Analytics – a unit of North Dakota Information Technology (a separate state agency) – to develop *Ad Hoc Reports* as needed. Examples of ad hoc reports include: *CPS Assessments in Childcare Settings, by Assessment Decision, Region, and County*; *Closed Foster Care – Runaway Status*; and *Termination of Parental Rights (TPR) and Adoption*.

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

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

Table 38. Cross Zonal CQI Team Focus Groups Participant Comments to the Question, "How is data/information shared with staff and stakeholders?"

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

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

Identified as issues remaining from our last Performance Improvement Plan, the State CQI Council and all Cross Zonal CQI Teams addressed challenges to Item 1: Timeliness of Initiating Investigations of Reports and to Item 5: Permanency Goal for Child. Root cause analysis for Item 1 identified a lack of understanding by workers on the timeliness policy as the primary reason for poor results for this item. Focused education was provided during quarterly statewide CPS Calls with follow-up 1:1 education and monitoring by supervisors. Results of the solution are being monitored through the QA Case Record Review data and, if data indicates, adjustments will be made to the solution to improve results.

Though the evaluation of improvement measures is occurring across the system, it is an area for strengthening and growth.

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

Comments Received	
1/1 meetings between the QA reviewer with the worker and supervisor. If there are lessons learned (S/ANI) we bring it to the larger group (i.e., at a weekly Zone meeting) to further discuss and follow up on.	Via supervision – we use case review data at the team level and higher to highlight trends.
We do a good job of going through the cases following the review – we do a much better job than before.	We are using the data at a higher level – i.e., with a statewide focus on improving performance around Items 1 and 5.
CZ CQI teams review case review and other data and raise issues as needed to the State CQI team.	We follow up with the worker on case review findings and ensure that the practice has improved.

Comments Received	
It is a slow process. i.e., Item 1 – seeing cases that could have been given a strength, but it was not documented – i.e., a timeframe issue. This was communicated to staff as a way to follow up with the field to improve.	Try and communicate with the field to ensure proper follow up.
Booster sessions and monthly calls to keep the focus on identified ANI's.	

Areas For Improvement	
We get the review findings, but the follow-up and monitoring could be improved; Not consistent across the state/zone.	We are better at identifying S/N's, however the process of implementation is slow lots of times, like changes in policy – makes the overall process slower.
Would be helpful for all staff to get training on the case review tool and process.	

Table 39. Cross Zonal CQI Team Focus Groups Participant Comments to the Question, "How are identified strengths and needs from case reviews followed up on?"

CQI Implementation Survey & Follow-Up

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

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

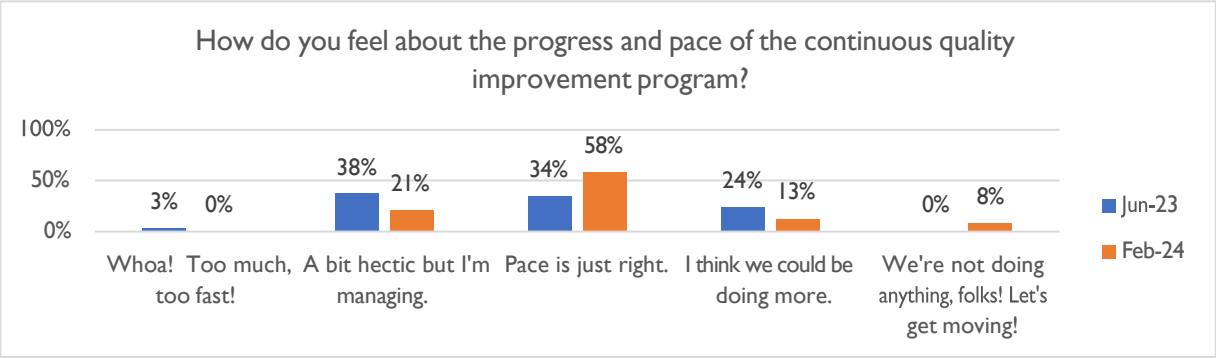


Figure 58. Percentage of Respondents by Survey Question, "How do you feel about the progress and pace of the continuous quality improvement program?"
Source: CQI Implementation Follow-up Survey

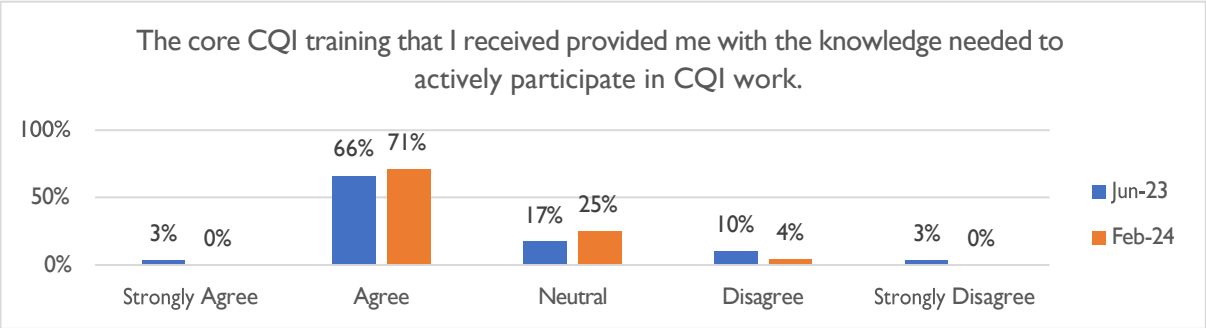


Figure 59. Percentage of Respondents by Survey Question, "The core CQI training that I received provided me with the knowledge needed to actively participate in CQI work."
Source: CQI Implementation Follow-up Survey

Work continues to address challenges and strengthen the overall program.

Item 25 Performance Appraisal

Since the Round 3 Child and Family Services Review, North Dakota has worked very hard to implement continuous quality improvement and quality assurance programs. Though parts are still in its infancy and there is room for growth, the CQI/QA system has a solid structure and is functioning statewide. It is believed that the Quality Assurance System is a *Strength*.

D. Staff and Provider Training

Item 26: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP so that:

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

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

North Dakota child welfare has staff hired by Human Service Zones, Division of Juvenile Services (DJS), Tribal Nations and provider agencies such as Catholic Charities North Dakota, Nexus PATH Family Healing and Qualified Residential Treatment Programs. How quickly a staff member completes their

initial training is not data that is tracked, but state policy does reiterate the importance of enrollment and completion of the Child Welfare Certification training within the first 12 months of employment for all child welfare workers hired by the Human Service Zone. In communicating with child welfare supervisors and directors from the Human Service Zones, it is projected that majority (estimated over 80%) of staff complete the required initial training within the first twelve months with internal and supplemental training being completed within the first 60 days of employment. In further discussing the training, it was questioned if staff obtain a caseload before they are formally trained with the Child Welfare Certification initial training, there was unanimous response that a high percentage of staff (most, if not all) do carry a caseload. It was also noted when staff carry a caseload before completion of initial training, they are supervised and have ongoing technical assistance provided to them, along with offerings of supplemental initial trainings or micro learnings to help bridge the gap before the next Child Welfare Certification class is available. Supervisors and directors reflect that each staff has an annual evaluation, including an assessment of training and professional development needs.

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

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

Child Welfare Certification Training is delivered as five sessions over the course of four months (approximately 100 hours of training), with a new cohort of 30-35 staff starting each Spring and another session of additional staff beginning each Fall. To accommodate the workforce, two of these sessions are face to face and three sessions are held virtually. During each of the training sessions, modules and quizzes are completed by trainees that assess their level of knowledge and skill on several of the training topics. Successful completion of these tasks, as well as participation in all sessions, is required for certification. Child welfare workers are required to complete this training within their first year of employment. Each session provides special emphasis:

Session One: Philosophical, and legal mandates of child welfare and the wraparound philosophy. Understanding the importance and the impact of culture in Child Welfare. Introduction of the Indian Child Welfare Act: history, significance of the law, legal requirements, and cultural humility

and the Spirit of ICWA. Trauma Informed Child Welfare Practice. Participants anonymously responded to post-training survey questions. A sampling of these results from the SFY 2020-2023 surveys results are shown below.

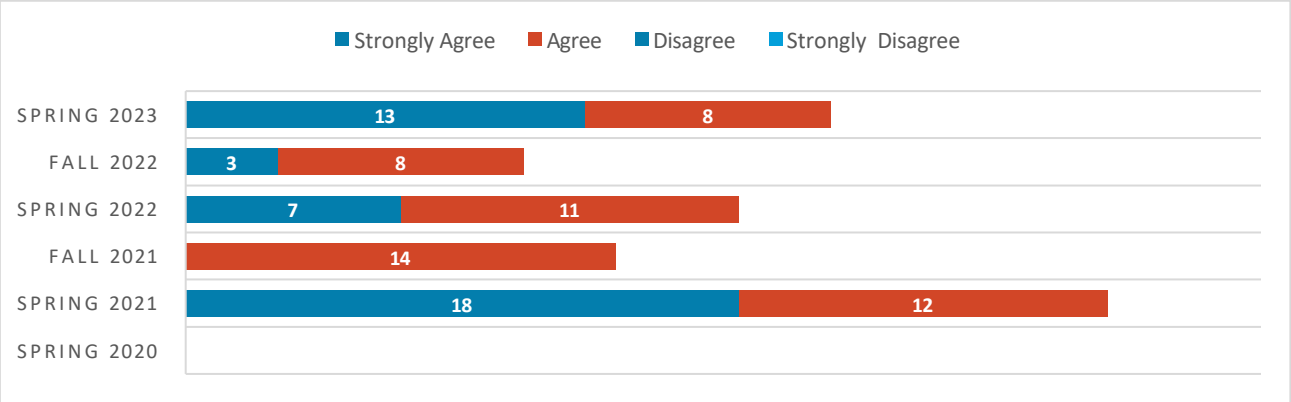


Figure 60. Number of Respondents by Answer to the Question, "I have gained a baseline knowledge and I understand the importance of developing cultural capacity for American Indian culture; as well as understanding the need to have a trauma informed approach regarding my work with American Indian families."
Source: Child Welfare Certification Training Post-Training Survey
** Question was worded slightly different for Spring 2021*
***Content was covered in different session during Spring session thus not collected during session one survey.*

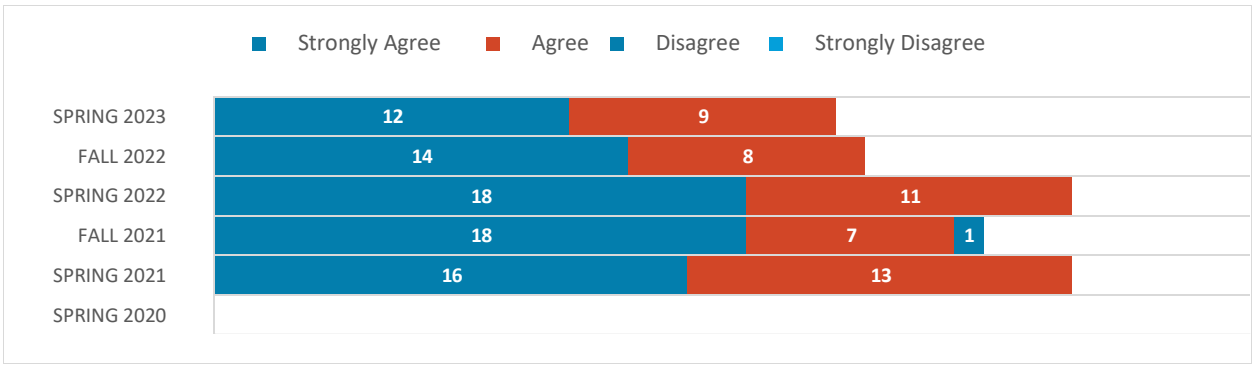


Figure 61. Number of Respondents by Answer to the Question, "I understand how trauma impacts the children and families that I work with, and what I can do differently to service children and families with sensitivity and understanding."
Source: Child Welfare Certification Training Post-Training Survey
***Content was covered in different session during Spring session thus not collected during session one survey.*

Participant responses reiterate that the participants felt a strong agreement that the training offered to them was going to benefit them in their work, understanding of culture and impacts of trauma.

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

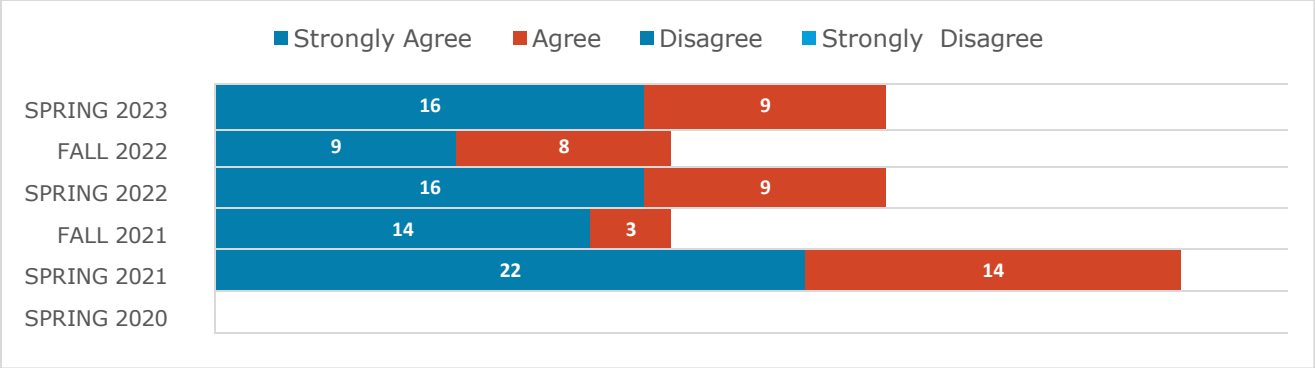


Figure 62. Number of Respondents by Answer to the Question, "I understand the need for safety to be assessed throughout the life of a case, to include CPS intake, CPS, in home, and foster care."
Source: Child Welfare Certification Training Post-Training Survey
***2020 Content was covered in different session during Spring session thus not collected during session one survey.*

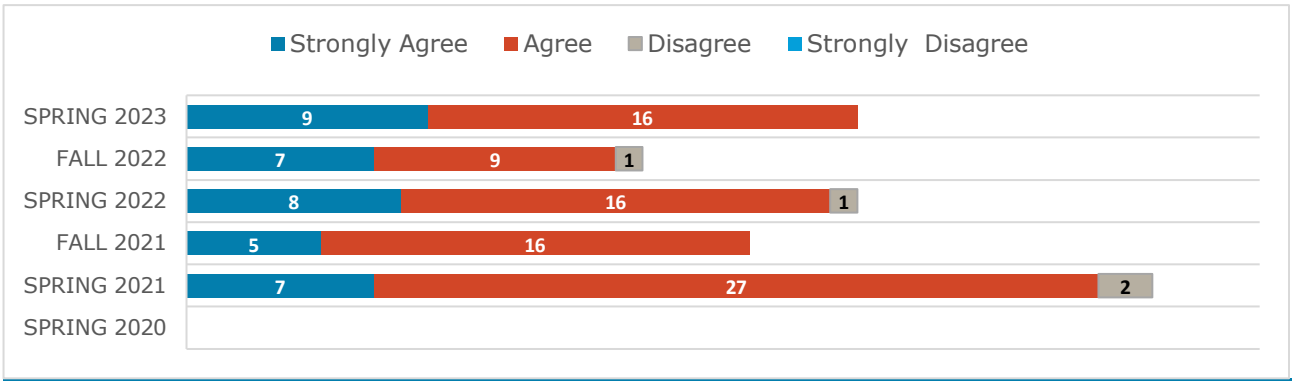


Figure 63. Number of Respondents by Answer to the Question, "I understand the danger threshold criteria and how it distinguishes the difference between a dangerous condition from a negative condition within families."
Source: Child Welfare Certification Training Post-Training Survey
***2020 Content was covered in different session during Spring session thus not collected during session one survey.*

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

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

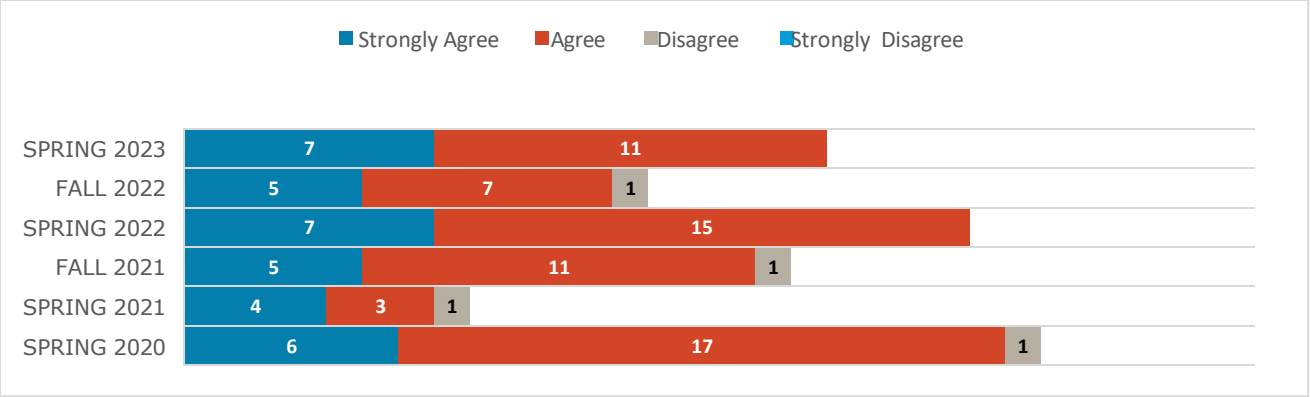


Figure 64. Number of Respondents by Answer to the Question, "I am able to formulate a plan on how I will conduct an assessment and who I will interview."
Source: Child Welfare Certification Training Post-Training Survey

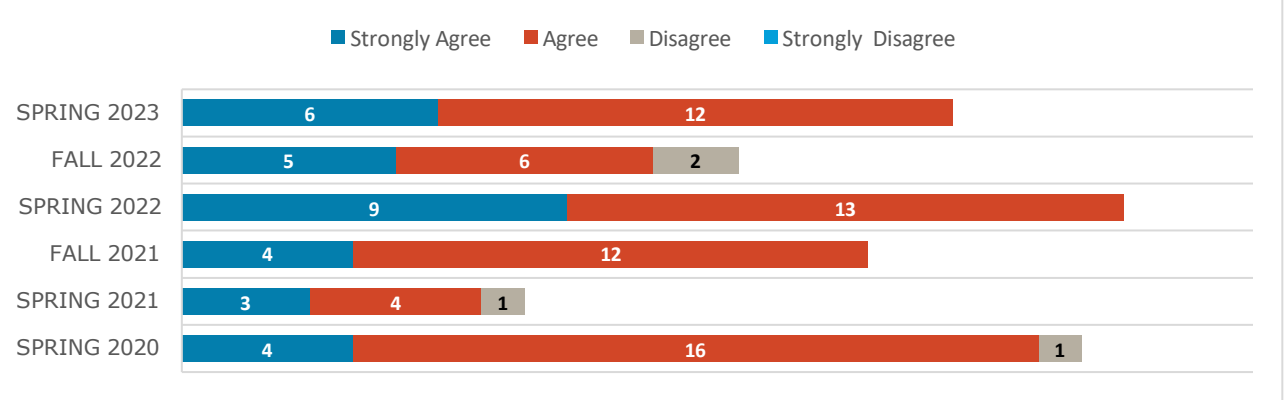


Figure 65. Number of Respondents by Answer to the Question, "I understand and can implement the permanency planning process to include concurrent planning."
Source: Child Welfare Certification Training Post-Training Survey

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

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

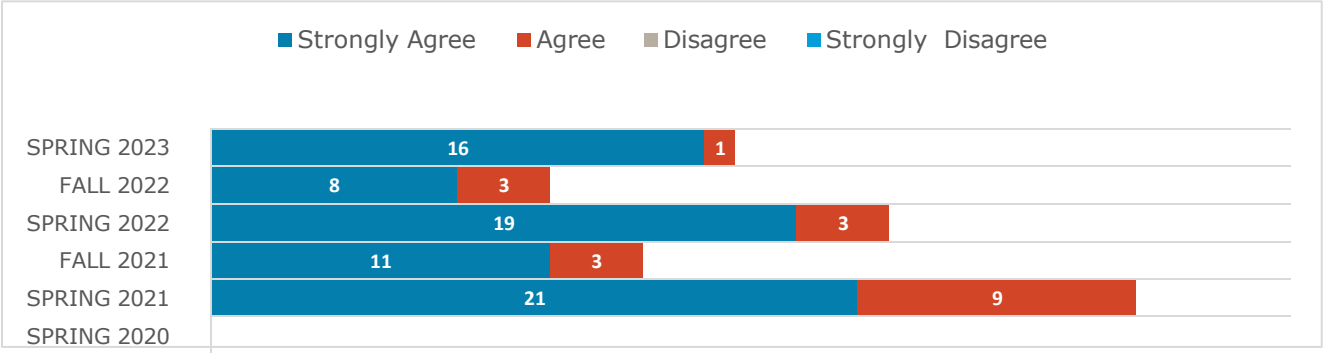


Figure 70. Number of Respondents by Answer to the Question, "I understand the importance of engaging with families and developing a strong working relationship with the family in order to assess families' strengths and needs as well as working with the family towards making change."
Source: Child Welfare Certification Training Post-Training Survey
***Content was covered in different session during spring session thus not collected during session one survey.*

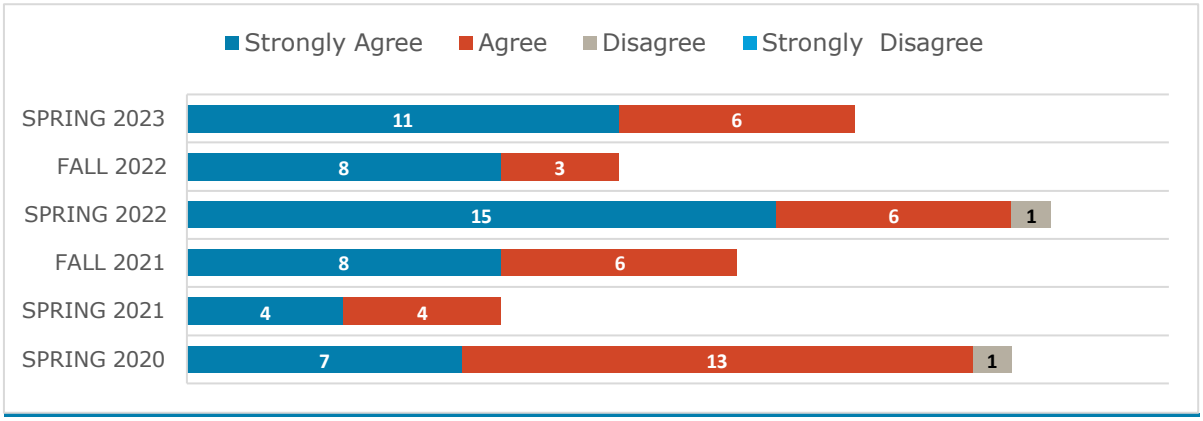


Figure 71. Number of Respondents by Answer to the Question, "I am able to conduct caseworker and child visits focusing on the issues of safety, permanency, and well-being."
Source: Child Welfare Certification Training Post-Training Survey

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

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

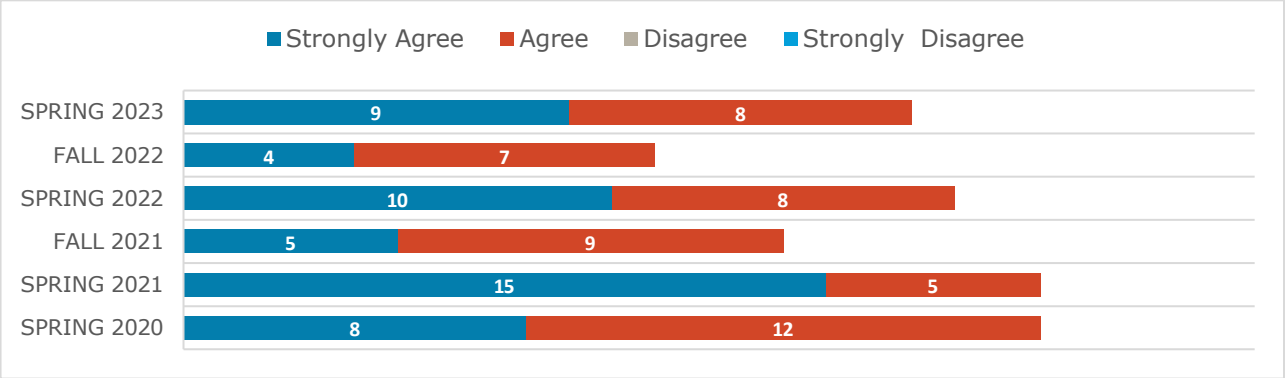


Figure 72. Number of Respondents by Answer to the Question, "I understand the impact of attachment, separation, loss, and grief on foster children, their families, and foster families."
Source: Child Welfare Certification Training Post-Training Survey

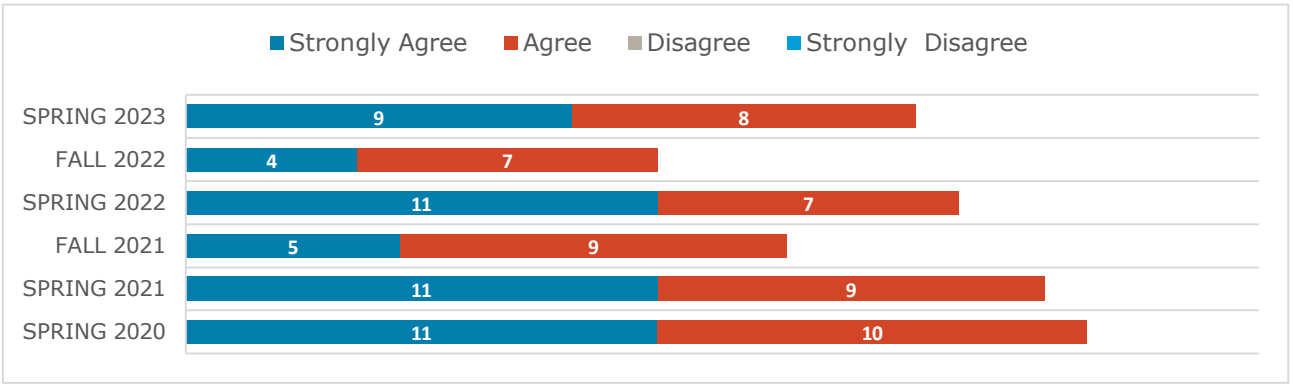


Figure 73. Number of Respondents by Answer to the Question, "I understand the impact of secondary trauma on my work and the resources available for me."
Source: Child Welfare Certification Training Post-Training Survey

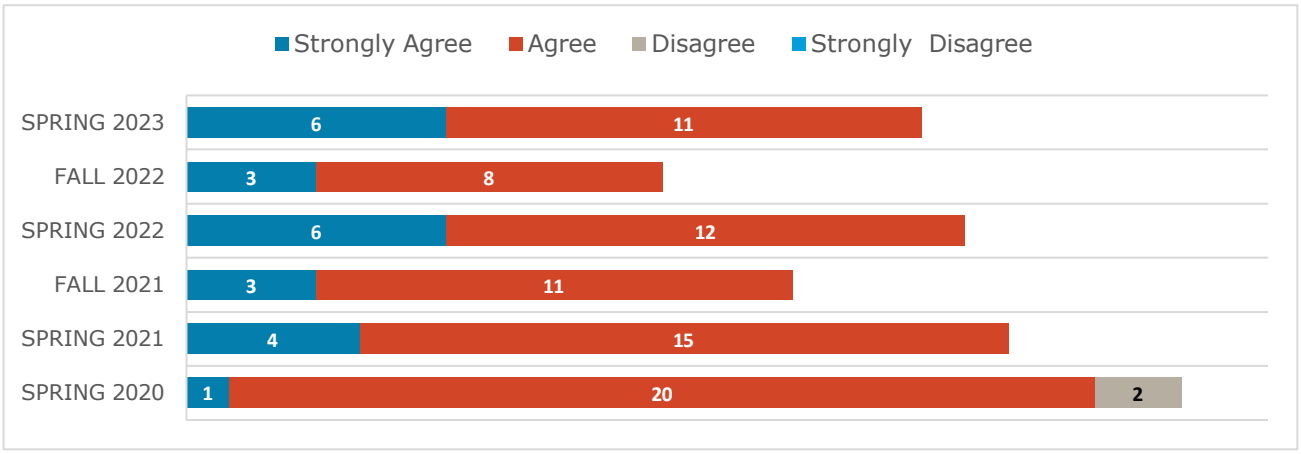


Figure 74. Number of Respondents by Answer to the Question, "I understand the juvenile court process and how it applies to the child welfare system."
Source: Child Welfare Certification Training Post-Training Survey

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

expectations became clearer.

Child Welfare Certification Transfer of Learning for Supervisors
In September 2019, the Transfer of Learning Bulletin for Supervisors was created as a resource for Child Welfare Supervisors to offer insight into what is taught each session during Child Welfare Certification Training, as well as to provide questions and topics for supervisors to cover with their worker when they return to enhance their critical thinking skills around the topics covered. The overall concept of this Transfer of Learning Bulletin is to remind supervisors that the learning curve for new workers is high, and that they cannot learn everything through the foundational training, that the real learning and implementation of the skills will take place back at the agency and through their work with children and families. Having discussions about what is learned, and how to incorporate this information into one's daily work, will not only enhance the learning of the new worker, but is also a way to evaluate what areas a worker may need additional support, additional training, or where they are already exceeding expectations. This is sent out to supervisors the week prior to

each session of the Child Welfare Certification Training, reminding them that workers will be in training the upcoming week. They are provided with the schedule for the week as well as reminders in how they can support their worker while they are at training in order to enhance their overall training experience. The full bulletin can be found on the Children and Family Services Training website.

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

As mentioned above, participants evaluate their specific competencies and skills. They rate themselves on their understanding of the concepts or their skill acquisition. Feedback is also elicited from the training group on any additional training needs they identify. For example, if a participant does not understand a concept or skill, CFSTC staff will work with the individual and their supervisor to help them attain the skill. CFS Program Administrators work closely with CFSTC as trainers and evaluators of the training, suggesting modifications, when necessary, particularly when laws andpolicies change. SFY 2020-2023, 196 people participated in the Child Welfare Certification TrainingProgram.

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

Table 40. Number of Participants in the Child Welfare Certification Training Program (FFY 2021- FFY 2023)
Source: University of North Dakota Children and Family Services Training Center

Safety Framework Practice Model Implementation Training

In December 2020, a new foundation of assessing safety and engaging with families was implemented in North Dakota. In August of 2020, intensive training began with the Human Service Zone Supervisors. Over the course of four months, training was broken down into two different courses for the child welfare workforce. The first portion consisted of nine different training cohorts that were one week in duration. The second portion included a two-day training covered in 10 different cohorts. All trainings covered the specifics around the new Safety Framework Practice Model.

In September of 2020, training for the new framework was launched. There were 9 cohorts total for part 1 of the training. In September 2020, 163 workers and supervisors were trained in the new Safety Framework Model. Starting in October of 2020, an additional 236 workers and supervisors were trained in the model. In January of 2021, part II of the training took place over the course of 10 cohorts with 270 in attendance.

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

Table 41. Number of Participants in the Safety Framework Practice Model Training
Source: University of North Dakota Children and Family Services Training Center

Safety Framework Practice Model New Worker Training

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

Child Welfare Supervisor Foundation Training

In February 2018, the UND Children and Family Services Training Center launched the Child Welfare Supervisor Foundation Training to support North Dakota Child Welfare Supervisors. This

implementation was due to the importance of supervision in child welfare and the belief that good supervision can lead to better recruitment, training and retention of quality workers leading to better outcomes for children and families. The Training Center, along with the Children and Family Services Division, developed a comprehensive foundation training for supervisors which consists of the following four sessions:

- Administrative Supervision in Child Welfare: Supervisors will be able to manage the feelings and duties related to making the transition to management while responding effectively to staff and their needs. Participants will examine their own leadership style and identify where changes or accommodations may be necessary to enhance effectiveness. Team development and group cohesion is also imperative in worker success, and supervisors will identify group stages of development and strategies to address group conflict effectively. Participants will learn the four types of feedback and basic steps in providing that feedback effectively.

- Educational Supervision in Child Welfare: Learning the style of each worker and learning to adapt how they teach and develop staff is a critical skill for supervisors. Supervisors will learn strategies that will enhance the learning and development of workers and how to facilitate the transfer and integration of knowledge and skills, gained through training, to the job. Supervisors will learn the importance of, and how to create an environment that promotes education, individual growth, and professional development.

- Basics of Clinical Supervision in Child Welfare: Supervisors will learn the importance of personal templates and how they influence the decisions made by employees. Strategies to address templates that may be negatively impacting practice will be identified. Supervisors also learn the importance of individual and group supervision and how both can be effective. Strategies in scheduling, preparing, and presenting will be identified. Lastly, we will address the importance of how supervision can be an integral piece to workers conducting quality contacts with families and how to promote critical thinking as they address safety, permanency, and wellbeing.

- Leadership & Supervision in Child Welfare: The supervisor is essential in providing staff with the vision of the agency and is a main determinant of how the staff will weather the ongoing change conditions. Participants will identify the four changing conditions and how they impact staff and how we can ensure that continued growth is the outcome. Participants will also learn about the four domains of strength-based leadership as well as the difference between management and leadership, and why both are important. Lastly, leadership is also a critical factor in the recruitment and retention of quality staff, participants will learn strategies that will assist in both areas.

All sessions of the Foundation Training for Supervisors end with "Transfer of Learning" activities. The group is then invited to an online Transfer of Learning Session where it can be explored how individuals have incorporated the knowledge and skills that they gained through training into their work back at the agency. The group also takes the time to discuss barriers and challenges in doing

so. Individuals learn from each other in regard to how they are surpassing those challenges and learn new and creative ideas for implementation.

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

The Foundation Trainings are stand-alone sessions and supervisors can join at any time and do not need to take the training courses in order. Since implementation in 2018, sessions have been held on a regular basis with the exception of 2020-2021 when the COVID 19 pandemic interrupted all face-to-face trainings in North Dakota. The Training Center feels strongly that this training be held face to face due to the interactive curriculum and the needs of the supervisors. Since implementation, 71 supervisors have participated in at least one or more sessions, with 10 completing the entire Foundation course.

Initial Parent Aide Training

Per the contract with CFS-ND HHS, CFSTC provides an annual 4½ day initial Parent Aide Training designed to provide newly or recently hired parent aides an understanding of the child welfare system and their role in the system. Training topics include an overview of parent aide services, the Wraparound philosophy, overview of the Safety Framework Practice Model, understanding the influence of culture when working with families, an overview of child abuse and neglect, overview of addiction and domestic violence, child development overview, building relationships with parents, understanding trauma, supervising visits between children and parents, secondary trauma, and self-care. Parent aides and their supervisors are invited to complete this training. During SFY 2020-2023, 36 parent aides were trained.

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

Table 42. Number of Participants in the Initial Parent Aide Training
Source: University of North Dakota Children and Family Services Training Center

PRIDE Model – Conducting a Mutual Family Assessment is a course designed for the licensor/adoption worker in applying the PRIDE competencies to the family study process. During SFY 2020-2023, 43 case managers, licensing workers or adoption specialists were trained.

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

Table 43. Number of Participants in the PRIDE Model – Conducting a Mutual Family Assessment Training
Source: University of North Dakota Children and Family Services Training Center

Initial Training for Partner Agencies

Nexus-PATH, DJS case workers, Qualified Residential Treatment Program (QRTP) employees, and AASK adoption specialists complete Wraparound Child Welfare Partner Orientation Training. This is required within policy and to satisfy the initial Wraparound Certification requirement. Concepts covered in training include: Wraparound Philosophy; Assessment of the family unit; Cultural humility while working with families; Review of ND's Child Protection process; Overview of the child welfare legal system; Understanding the work with children and families in out-of-home care; and an overview of the North Dakota's Safety Framework Practice Model; During SFY 2020-2023, three cohorts were offered and 72 participants were trained.

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

Table 44. Number of Participants in the Initial Wraparound Child Welfare Partner Orientation Training
Source: University of North Dakota Children and Family Services Training Center

Initial wraparound training for those who completed Child Welfare Certification Training is noted as session two and counted in the total number of Child Welfare Certification Training totals.

Adults Adopting Special Kids (AASK) Specialized Training

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

Nexus PATH Family Healing

Nexus-PATH Family Healing is a North Dakota Licensed Child Placing Agency (LCPA), contracted with the department to offer treatment foster care to children in need of placement and to offer Chafee transition

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

Table 45. Nexus-PATH New Hire Training Requirements
Source: Nexus-PATH Family Healing

services and supervised independent living opportunities. Nexus PATH has 41 foster care staff (treatment foster care, regular foster care and family support) and 12 Chafee/SIL staff. Nexus-PATH requires staff to complete the new hire training inclusive of topics such as: Agency policy, Trauma-Informed Care, Code of Ethics, Assessing & Screening for Suicide Risk, North Dakota Mandated Reporter Training, Cultural Competence and more. New hires have 90 days to complete the trainings. Nexus PATH has various training opportunities for staff dependent on their role within the agency. Nexus PATH reports that 100% of Chafee/SIL staff are compliant with their trainings and 76% of foster care staff are current with their trainings. The chart above is a listing of all the required trainings and frequency the trainings occur for all Nexus PATH employees:

Initial Training - Statewide Survey Responses

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

Yes	88	71.54%
No	22	17.89%
Unsure	13	10.57%
Grand Total	123	100.00%

Table 46. Number of Respondents by Answer to the Question, "Do you think agency staff (workers, case managers, supervisors, directors, staff with direct contact to clients) receive initial training (child welfare certification, including new worker training, partner wraparound orientation, agency initial trainings) that provides basic skills and knowledge required for their position?"
Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey

0% - 25%	2	2.27%
26% - 49%	10	11.36%
50% - 74%	16	18.18%
75% - 100%	60	68.18%
Grand Total	88	100.00%

Table 47. Number of Respondents by Answer to the Question, "What % of your agency staff are initially trained in a timely manner (agency specific: 90 days, 6-month, one year) to gain basic skills and knowledge required for their position?"
Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey

Yes	101	82.79%
No	8	6.56%
Unsure	13	10.66%
Grand Total	122	100.00%

Table 48. Number of Respondents by Answer to the Question, "Are child welfare program policy requirements reviewed within your agency to ensure staff (workers, case managers, supervisors) have an understanding of what is expected of them in their position?" Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey

Yes	150	59.29%
No	39	15.42%
Unsure	64	25.30%
Grand Total	253	100.00%

Table 49. Number of Respondents by Answer to the Question, "Do you think child welfare agency staff (case managers, supervisors, directors, staff with direct contact to clients) have initial training available to provide basic skills and knowledge required for their position?"
Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey

Strengths:

- Children and Family Services Training Center (CFSTC) is a longstanding contracted vendor and partner in the effort to provide initial and ongoing training for child welfare staff, providers, adoptive families, unlicensed caregivers and the communities across the state of North Dakota for the past forty years. CFSTC is highly regarded in the state and the agency is an active participant working closely with CFS to identify and provide necessary training.

- CFSTC partners with child welfare experts to provide subject specific curriculum to the workforce throughout the initial Child Welfare Certification Training, such as: trauma informed practice, secondary trauma, juvenile court and legal process, engagement with families, and ICWA.

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

- Foundation training has been implemented for child welfare supervisors. This foundation training has four sessions providing foundational concepts and knowledge necessary in order to create confident and competent workers. Overall feedback from supervisors attending has been positive, noting that all sessions are directly beneficial to their role and in creating a stronger workforce.

- There have been ongoing efforts to involve Child Welfare supervisors into the ongoing learning and training of new workers. To stimulate growth in that area, supervisors are provided with information about the importance of transfer of learning and how they can support their new workers that are attending Child Welfare Certification. The transfer of learning brief that is sent to them provides prompts and resources that will assist them in supporting the ongoing learning of the workforce. The feedback received from supervisors is that the transfer of learning brief has been helpful in keeping the supervisor connected to the training and has enhanced their ability to support the workers before, during, and after training.

- New Safety Framework Practice Model New Worker Training was developed to accommodate the turnover in the workforce. This training complements the formal training that they will receive in Child Welfare Certification Training and is accessible upon hire, allowing workers to bridge the gap until they enter a training cohort.

Challenges:

- Staff turnover across the child welfare system creates increasing demands for child welfare certification training. This impacts increased class sizes and provides challenges when considering scheduling additional cohorts. The initial training is a five-week course and cannot be offered monthly. Offering additional child welfare certification training dates would not be a solution at this time due to the required time for trainers, coordination of space, and the need for specific content to be delivered in-person. This face-to-face training for two of the sessions is imperative because this learning is best done collectively as a group and includes hands on learning activities that are interactive and require collaborative work between participants.

- Child Welfare Certification for new staff is offered in cohorts of 30-35, twice per year. While this may be perceived as causing delays in workers completing their certification many other factors impact the timeliness for new employees completing training. Due to the nature of the work in child welfare, a number of participants in Child Welfare Certification are often unable to attend all trainings because of competing commitments in the field, thus requiring them to miss portions of sessions and/or unable to complete all of the required modules/assignments, which delays completion of training.

- Child welfare supervisors have expressed concerns about the amount of time their new hires must spend in trainings, which pull the new staff out of the office. Training often places a burden on the agency if they are unable to provide adequate back-up support while the worker is away.

- Child welfare supervisors have been attending the Foundations of Supervision Training that is offered; however, there is no mandatory training for supervisors upon hire so there is not consistency in what types of training are needed or necessary for supervisors across the state.

Item 26 Performance Appraisal

Given our resources, North Dakota rates this item a *Strength* and is always seeking ways to improve our practice, survey workforce, and recognize opportunities to seek efficiencies. North Dakota is willing to update processes and remains agile and flexible to offer quality training frequently.

Item 27: Ongoing Staff Training

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

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

North Dakota believes this ongoing training system is functioning, flexible and further adapting to the needs of the workforce. 2020 brought forth new challenges for the child welfare system, which

dramatically changed the landscape for training staff and providers statewide. The contracted training team (University of North Dakota Children and Family Services Training Center (CFSTC) and the Native American Training Institute (NATI)), individual custodial agency offices, along with the department provided an increased volume of virtual learning opportunities, opening up access and support to workforce and providers when in-person meetings were not an option or more difficult to manage.

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

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

Native American Training Institute

The Native American Training Institute (NATI) is a contracted training vendor and a key partner in the provision of ongoing staff development opportunities. NATI organizes many training events aimed at improving services to American Indian communities. The North Dakota Indian Child Welfare & Wellness Conference has grown and developed over the years and now attracts national participation. The conference is a primary means to increase the child welfare workforce knowledge of policies and practice opportunities when working with American Indian 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 American Indian Youth,” and “Historical Trauma in Native America: Learning and Healing.”

Name of Training	2020	2021	2022	2023
ND Indian Child Welfare & Wellness Conference	125	139	146	260
Extending Our Families through Unity	-	-	21	20
Wraparound in Indian Country	-	-	17	15
Historical Trauma in Native America: Learning & Healing	-	-	75	105
Intro to UNITY *(mostly for providers)*	-	-	178	359

Table 50. Number of Participants in Training from the American Indian Training Center
Source: American Indian Training Center

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. 627 child welfare staff were Wraparound recertified during CY 2020-2023.

AGENCY	NUMBER WRAPAROUND RECERTIFIED
AASK	53
CFS Services Section	56
Human Service Zone	287
DJS	38
Nexus-PATH	119
QRTP/PRTF	28
Tribal Social Services	33
UND Children & Family Services Training Center Trainers	5
Other- Private providers, HHS Exec, NATI, ICWA	8
TOTAL	627

Table 51. Number of Participants in Training from the American Indian Training Center by Agency
Source: American Indian Training Center

Secondary Trauma Training

CFSTC coordinates the Secondary Trauma Education, Prevention and Support Project. During SFY 2020- 2023, 188 Secondary Trauma/Trauma and Stress Reduction trainings were delivered to the Child Welfare Human Service Zones (as part of Child Welfare Certification and agency workshops). The Trauma and Stress Reduction training sessions are offered to promote resiliency among North Dakota Child Welfare. An underlying goal of these sessions is to promote social support and strengthen staff relationships. Equally important, the sessions provide staff with an opportunity to expand their understanding of resiliency, which includes identifying and utilizing protective strategies. These trainings have been delivered through in person and virtual classroom settings.

CFS Case Management Calls

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

CFS Child Protection Calls

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

Safety Framework Practice Model Booster Sessions

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

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

Table 52. Number of Participants in Safety Framework Practice Model Booster Sessions
Source: University of North Dakota Children and Family Services Training Center

Courageous Case Management Site Visits

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

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

Table 53. Number of Participants in Courageous Case Management Site Visits

Additional Workforce Trainings Offered

The Children and Family Services Training Center (CFTSC) offered a variety of ongoing trainings to the field, trainings addressed above are critical components to the daily work and technical assistance needs of the workforce. The trainings noted below were to assist with growth and development, and were not required. Trainings offered prior to and after the FFY timelines included Trauma Informed

Parenting as well as Reasonable and Prudent Parenting. Additional micro-learnings around topics related to the Safety Framework Practice Model have been created and are housed on the Children and Family Services Training Center website as a resource for workers and supervisors. In addition, community trainings were facilitated by Human Service Zone staff with North Dakota Courts and schools regarding the Safety Framework Practice Model to provide education the impacts on safety and threshold for removal. Various opportunities were offered to Human Service Zone Staff and Children and Family Services leadership to receive education at the Behavioral Health Summit, which included staff from North Dakota Department of Public Instruction, Behavioral Health (BHD), statewide schools, and Juvenile Court. Nexus PATH Family Healing was also instrumental in providing education to the workforce and local partners regarding their behavior management specialists working in the schools, partnering with child welfare cases. CFS partnered with BHD to offer motivational interviewing training in three locations across the state. There are plans for that training again in 2024-2025. Below is chart of additional trainings offered by FFY and how many attendees participated in the trainings.

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

Table 54. Number of Participants in Additional Workforce Trainings Offered
Source: University of North Dakota Children and Family Services Training Center

Safety Framework Practice Model – Supervisor Sessions

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

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

Table 55. Number of Participants in Safety Framework Practice Model – Supervisor Sessions
Source: University of North Dakota Children and Family Services Training Center

Ongoing Supervisor Training

In addition to the Foundation Training offered to Child Welfare Supervisors, there is a commitment to bring specialized training for supervisors. In SFY 2020-2023, there was the opportunity to bring specialized training with national speakers during each biennium. In 2021, CFS and the CFSTC hosted nationally known expert in social work ethics, Frederic Reamer, for an ethics in supervision training titled "Ethical and Risk Management Issues in Child Welfare for Supervisors". 68 supervisors attended this virtual training. In addition, in 2023, CFS and the CFSTC hosted Dan Comer from the Butler Institute on "*Facilitating Partnership and Change*". 24 supervisors attended the in-person training.

Supervisors Brief

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

Cross-Discipline Training/Statewide Conference

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

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

Dakota. Attendance has increased from 689 in 2021 to 985 in 2023.

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

Table 56. Number of Participants in HHS Collaborative Conference Behavioral Health & Children and Family Services
Source: University of North Dakota Children and Family Services Training Center

CQI Training

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

Child and Family Services Review (CFSR) & QA Training

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

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

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

Ongoing Training - Statewide Survey Responses

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

Yes	335	61.13%
No	57	10.40%
Unsure	156	28.47%
Grand Total	548	100.00%

Table 57. Number of Respondents by Answer to the Question, "Do you think agency staff (workers, case managers, supervisors, directors, staff with direct contact to clients) receive ongoing training (Safety Framework boosters, Wraparound, any topics required by the agency, etc.) that provides basic skills and knowledge required for their position?"
Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey

0% - 25%	7	2.19%
26% - 49%	11	3.44%
50% - 74%	52	16.25%
75% - 100%	250	78.13%
Grand Total	320	100.00%

Table 58. Number of Respondents by Answer to the Question, "What % of your agency staff receive ongoing training to provide basic skills and knowledge required for their position?"
Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey

Yes	142	56.35%
No	31	12.30%
Unsure	79	31.35%
Grand Total	252	100.00%

Table 59. Number of Respondents by Answer to the Question, "Foster/Adoptive Parents were asked: Do you think child welfare agency staff (case managers, supervisors, directors, staff with direct contact to clients) have training ongoing available to provide basic skills and knowledge required for their position?"
Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey

The statewide survey asked respondents to indicate how the field is able to provide feedback to the Department, Children and Family Services Training Center and or Native American Training Institute and various options were highlighted as methods of communication, with nearly 71% providing direct feedback.

70.8%	Direct Feedback
19.4%	Provider Training Survey
48.6%	Training Evaluations
36.2%	Training Requests
14.1%	Workforce Training Survey

Table 60. Number of Respondents by Answer to the Question, "What methods are used to provide feedback regarding initial and ongoing trainings?"
Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey

Strengths:

- The majority of survey responses evaluating the ongoing child welfare workforce trainings indicate that participants agree/strongly agree that staff have obtained the knowledge and skills necessary to competently carry out their duties.

- CFS, CFSTC, and NATI have discussed the need to find a balance in offering in-person versus virtual trainings for staff and providers. There has been a commendable effort to provide

online/virtual and in-person training opportunities. Feedback from participants of ongoing training is widespread; many appreciate the opportunity to connect virtually, reduce travel time, and cost savings over arriving to a face- to-face training, while others crave the personal touch of an in-person training where there are greater opportunities to engage and build a rapport with others with similar interests or positions. Because of the ability to provide both virtual and in-person training, there has been an increased access to a larger variety of training to meet the needs of the workforce.

- Three large conferences (in person and virtual) are organized and offered each year for workforce and providers to receive continuing education through the HHS Behavioral Health and Children and Family Services Conference (Fall), Family Based Conference (Spring) and ICWA Conference (Summer).

- CFS and CFSTC see supervisor training as a key component to retention of quality workers within the child welfare workforce and continue to offer training specific to supervisors each biennium.

Challenges:

- North Dakota is a county administered system, there are internal agency training requirements that may be offered and delivered differently from one Zone to another across the state. Differing internal policies and procedures have impacts if not consistently offered or fully embraced by staff and supervisors statewide.

- North Dakota does not have policies that mandate specific ongoing training beyond that of the Wraparound Certification. Due to this, some workers may not attend ongoing training that is applicable to the work unless their Agency and/or supervisor require them to do so.

Item 27 Performance Appraisal

North Dakota rates this item a *Strength* and is always seeking ways to improve our practice, survey workforce, and recognize opportunities to seek efficiencies. North Dakota is willing to update processes and remains agile and flexible to offer quality training frequently.

Item 28: Foster and Adoptive Parent Training

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

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

(CFSTC) and the Native American Training Institute (NATI)), increased the volume of virtual learning opportunities.

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

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

- Licensed – Full
  - Care to children in need of out of home placement including long term, short term, respite, and shelter care.
  - Providers are licensed by the State, Nexus PATH (treatment) or Tribal Nation.
- Licensed – Relative
  - Care to relative children only.
  - Providers are licensed by the State or Tribal Nation.
- Certified - Short term care
  - Care to children for 30 days or less inclusive of emergency shelter care (14 days or less), or planned respite care (4 days or less).
  - Providers are licensed by the State

Foster care providers are required by licensing law, rule, and policy to engage in initial and ongoing training to best meet the needs of children in placement. Training is an opportunity to remain educated on relevant topics and learn new techniques to manage child behavior or engagement

strategies. Unlicensed caregivers are given the same opportunities, but not required to participate in any training. Adoptive families are also invited to participate in ongoing trainings; however, they are required to complete pre-service training as part of the adoption approval process. The licensing initial and ongoing training standards are noted in the chart below:

	Licensed - Full	Licensed - Relative	Certified
Initial Training	• Orientation (90 minutes) training details the North Dakota child welfare system and licensing process. • Pre-Service Trainings: ✓ PRIDE (27 hr.) = online + pre/post meetings ✓ UNITY (30 hr.) in - person • Fire Safety Training (2 Hours)	• Orientation (90 minutes) training detailing the North Dakota child welfare system and licensing process. • Pre-Service Trainings: ✓ Abbreviated PRIDE = (3 hours) + pre/post meeting or ✓ UNITY 101 (3 hours) • Fire Safety Training (2 hours)	• Orientation (90 minutes) training detailing the North Dakota child welfare system and licensing process. • Pre-Service Trainings: ✓ Abbreviated PRIDE = (3 hours) + pre/post meeting or ✓ UNITY 101 (3 hours) • Fire Safety Training (2 hours)
Renewal Training	• 16 hours, which must include one hour of fire safety training.	• 8 hours, which must include one hour of fire safety training.	• 8 hours, which must include one hour of fire safety training.

Table 61. Licensed Foster Care Provider Initial and Ongoing Training Standards
Source: Children and Family Services Section – Licensing Unit

Nexus PATH - Additional Initial Training Opportunities

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

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

Table 62. Nexus PATH - Additional Initial Training Opportunities
Source: Nexis-PATH Family Healing

Initial Training for Foster Care Providers and Adoptive Parents

The readiness of families to foster or adopt is assessed in the context of their ability and willingness to meet five essential competencies per the PRIDE Pre-Service training. The North Dakota foster care and AASK adoption programs follow the PRIDE Model for the training and assessment of all individuals interested in becoming foster or adoptive families. PRIDE is an acronym for Parents Resource for Information Development and Education. This program offers a competency-based, integrated approach to recruitment, family assessment, and pre-service training. Through a series of

at-home consultations and competency-based training sessions, prospective families have an opportunity to learn and practice the knowledge and skills they will need as new foster care providers and adoptive parents.

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

PRIDE Pre-Service Training

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

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

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

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

The PRIDE program is based on the specific knowledge and skills needed to successfully perform the tasks of foster and adoptive care. The PRIDE program offers agencies an approach to training that identifies and builds on the necessary competencies all related to the tasks required to provide care for foster and adoptive children. With this in mind, the PRIDE program has established five essential competency categories:

- Protecting and nurturing children
- Meeting children's developmental needs and addressing developmental delays
- Supporting relationships between children and their families

- Connecting children to safe, nurturing relationships intended to last a lifetime
- Working as a member of a professional team

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

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

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

PRIDE Online is designed to strengthen the quality of family foster care and adoption services by providing a standardized, structured framework for preparing and selecting foster care providers and adoptive parents into their respective programs. During SFY 2020-2023, 1,256 prospective foster care providers and adoptive parents completed the PRIDE Pre-Service training.

Pride Pre-Service Training				
FFY	#Pre-Sessions	#Pre-Session Attendees	#Post-Sessions	#Post-Session Attendees
FFY 2021	28	572	26	392
FFY 2022	25	644	25	429
FFY 2023	22	491	24	435
	Total:	1,707	Total:	1,256

Table 63. Number of Participants in Pride Pre-Service Training by Federal Fiscal Year
Source: University of North Dakota Children and Family Services Training Center

UNITY Pre-Service Training

The Native American Training Institute (NATI) created a culturally involved pre-service training similar to that of the PRIDE pre-service training, in efforts to offer providers and adoptive families a level of training specific to the volume of American Indian children involved in the North Dakota child welfare system. American Indian children have unique issues and challenges. UNITY educates current and potential foster care providers and adoptive families about their critical role as caregivers for these

children. In Native cultures, children are considered sacred beings. The underlying philosophy of this training is to help children grow to meet their potential in mind, body, spirit, and emotions.

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

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

Abbreviated UNITY

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

Abbreviated PRIDE

In April 2024, the CFS Licensing Unit worked closely with CFSTC and Governors State to create a 3-hour abbreviated version of the PRIDE curriculum foster care provider pre-service training. This training was developed as a high-level foundation focusing on the five core competencies covered in PRIDE pre-service. Abbreviated PRIDE details how North Dakota foster care law, rule, policy and practice uniquely fit into the competencies. In addition to competencies, Abbreviated PRIDE highlights trauma informed parenting, cultural awareness, and other relevant topics to provide high-level education for foster care providers or adoptive families. The training is self-driven; it can start, stop and save progress until completed. This training was created for licensed relatives and certified foster care providers offering a reduction of the original 27-hour requirement. The abbreviated training will serve as dual purpose, not only for new relative or certified applicants to provide foster care, but it can also be utilized by currently licensed providers needing a refresher of the 5 PRIDE competencies and for individuals arriving to North Dakota from another state who previously completed a different pre-service training curriculum, and for prospective AASK adoptive families.

Foster Care Provider Orientation

In April 2024, the CFS Licensing Unit created a 90-minute foster care provider orientation. This training was developed as a high-level foundation detailing the North Dakota child welfare system and licensing process.

Fire Safety

North Dakota requires by NDCC 50-11 that all foster care providers receive initial and ongoing fire safety training. Historically, fire safety trainings were offered in person and online. In June 2022, Children and Family Services dramatically enhance the fire safety curriculum available to providers. In collaboration with CFSTC and the State Fire Marshal's office, the trainings are updated and now available on the CFSTC website. By completing a fire safety course online, foster care providers can meet the fire safety training requirement prior to initial licensure, or at annual re-licensure in the comfort of their own home according to their own schedule.

Effective May 2024, CFSTC has enhanced a mechanism to track the completion of fire safety by adding a learning management system (LMS) into their contract. Trainings are now able to be completed on both computers and devices such as tablets and cell phones due to the fact they are housed within the LMS and no longer require a download. Attendees can complete the training online, followed by a quiz, and end result is a certificate of completion that is immediately available for download as well as emailed to the attendee. CFSTC can provide a full listing of all completions to Children and Family Services on a regular basis.

Additional Training Opportunities

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

- Adolescent Substance Use
- Behavioral/Mental Health Diagnosis
- Bias
- Child and Adolescent Development
- Child Abuse and Neglect
- Complex Behavioral Health Needs
- Cultural Awareness/Humility
- Cultural Competency
- De-escalation Techniques
- Diversity and Inclusion
- Family Engagement Strategies
- Fetal Alcohol Spectrum Disorder (FASD)
- First Aid and CPR
- Grief and Loss
- Home Safety
- Human Sexuality
- LGBTQIA2S+
- ND Roles and Responsibilities
- Self-Care
- Sex Trafficking Awareness
- Sexualized Behaviors
- Trauma Informed Care

FFY	Type of Training	# of Attendees
FFY 2021	0	0
FFY 2022	Foster Care Provider Online Fall Festival 1. Rethinking Challenges Kids Collaborative Problem Solving 2. Staying Connected Through Challenge: Nurturing Resilience When Kids Need It Most	157
	Foster Care Provider Online Spring Festival	166
	Foster Care Provider Online Reimbursement Training	84
	Online ND Foster Care Provider Opportunities Training	142
FFY 2023	Foster Care Provider In-Person Fall Festival 1. Hurricanes to Healing Recognizing Escalating Behaviors and Techniques to Calm the Storm 2. Behavioral Intervention for Adolescents Co-Occurring Disorders 3. The Impact of Parental Substance Use Disorder on Children 4. You Have to Flourish	32
	Trauma Informed Parenting Online Series: 1. Where Do I begin 2. Relationships Matter 3. Trauma Informed Discipline 4. Building Resilience	Session 1. 187 Session 2. 188 Session 3. 132 Session 4. 142
	Foster Care Provider In-Person Spring Festival 1. Problematic Sexual Behaviors 2. ND Alcohol & Narcotics Usage & Awareness 3. Understanding Native Resources & Assistance 4. You Have to Flourish	35
	Be the Difference Online Training	94
	Respite Care & Shelter Care Overview Online Training	164
		Total: 1,523

Table 64. Number of Participants in Foster Care Provider Training by Federal Fiscal Year
Source: University of North Dakota Children and Family Services Training Center

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

AASK Ongoing Training's – Adoptive Families

Between January 2020 through December 2023, the North Dakota Post Adopt Network/AASK offered trainings to prospective adoptive parents, finalized adoptive families, and to guardianship families caring for children entitled, "The Trauma Knowledge Masterclass". This virtual training was developed by The Resilient Caregiver and is designed specifically for foster and adoptive parents to teach about trauma basics, behavior response, attachment basics, and regulation strategies when caring for children and teens who have experienced traumatic stress. Although not required, adoptive parents are strongly encouraged to attend this training, which is offered several times a year. During CY 2020-2023, 62 prospective adoptive parents, finalized adoptive parents, and guardianship parents completed the training.

The North Dakota Post Adopt Network also offers and posts webinars on their website on a variety of topics each month. Families are encouraged to view these trainings when they are wanting additional information on a specific topic they are struggling with and simply wanting to know more about a topic.

North Dakota Newsletters

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

1. CFSTC continues to issue a quarterly online newsletter. This newsletter is published online and then distributed by CFSTC to all child welfare workforce and licensed providers by email as it routinely includes a variety of educational content to support the daily efforts as caregivers. The newsletter can be found at: https://und.edu/cfstc/foster-care-provider-education/foster-communications- newsletter.html
2. The CFS Licensing Unit issues a quarterly electronic newsletter featuring staff spotlight, access to training opportunities, reflection of data, policy and practice updates and positive encouraging stories to maintain communication with providers and workforce.
3. The adoption agency, AASK also issues an ongoing electronic newsletter, The Heart Times, featuring an educational component to supplement the recruitment opportunities provided by such a publication. The Heart Times is made available to all current foster families and families who have adopted through the AASK program. This newsletter can be viewed at: Updated Heart Times_Winter 2023_alt layout.indd (ecatholic.com)

Facility Staff: Qualified Residential Treatment Program (QRTP)

North Dakota Qualified Residential Treatment Programs (QRTP) are required by North Dakota administrative code (NDAC) 75-03-40 to offer a structured employee orientation, initial and ongoing training opportunities. In October 2019, North Dakota had six licensed QRTP's statewide, over time natural attrition reduced the volume of qualified residential treatment programs down to two QRTP's; The Dakota Boys and Girls Ranch (DBGR) in Minot (north central North Dakota) and Home on The Range (HOTR) in Sentinel Butte (western North Dakota). NDAC requires all employee files contain a training record consisting of the name of presenter, date of the presentation, topic of the presentation, and length of the presentation. The "Employee File Checklist" is used by the CFS Licensing Team to determine compliance in this area. The required initial training topics include:

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

In addition to initial and typical ongoing trainings for staff, Children and Family Services offers up to

$2500 per year for QRTP's to request if a specialized training is needed. Typically, each QRTP requests the training funds once per biennium (every other year).

DBGR Training

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

- New Employee Orientation (first 45 days of hire)
- Person-Centered Planning
- Therapeutic Boundaries
- Safety and Security
- Trauma-Informed Care
- Emergency Procedures and Disaster Plan
- Food Safety
- Human Resource Manual
- Infection Control
- Institutional 960s
- Operation Manual
- HIPAA Confidentiality
- Sexual Harassment for Employees
- State Mandated Reporting Course
- Understanding Workplace Violence
- Children's Emotional Developmental need
- CPR/AED/First Aid: CPR/AED/First Aid classes are required within the first 45 days of employment, and every other year thereafter. CPR/AED/First Aid competency checks are required at one year of employment, and every other year thereafter.
- Defensive Driving (every three years)
- Medication Administration and annual recertification
- Nonviolent Crisis Intervention Training. Required annually with refreshers required 6 months after each Nonviolent Crisis Intervention Training.
- Suicide Awareness and Prevention
- EQ2 Trauma Informed Training

HOTR Training

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

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

Facility Staff: Psychiatric Residential Treatment Facilities

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

PRTF's are mandated to follow administrative rules, NDAC 75-03-17 and North Dakota law, NDCC 25-03.2-10. Licensing rules require that all employees on duty must have satisfactorily completed annual training on the following:

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*

Table 65. Required Training Topics for PRTF Staff
Source: NDAC 75-03-17; NDCC 25-03.2-10
**Staff must demonstrate their competency in this training area on an annual (CPR) and semiannual (Therapeutic / Crisis Intervention / Prevention) basis.*

Provider Annual & Exit Survey Responses

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

Strengths of the training opportunities

- *"We frequently got emails showing us new education and classes, very helpful!"*
- *"I think every new parent, teacher, anyone who has any sort of interaction with kids should go through Pride training."*

- *"Great training options, just tough times to participate."*
- *"Licensing Specialist and UND send many trainings and supports weekly via email."*
- *"The trainings offered by Licensing Specialist were great."*
- *"The training opportunities and topics are really interesting and beneficial. They're frequent enough to receive training hours; I appreciate the flexibility of when they opportunities are offered."*

Challenges of the training opportunities

- *"The training opportunities were near impossible to reach, it is a waste of time to go out of your way/take off work etc. for a 1-2 hour training. There's no reason that cannot be simplified. Foster parents are so needed here but this system is literally failing because of how hard and complicated it is to be a foster parent."*
- *"I do think the training requirements are hard for some people as they can't do the hours in person due to jobs."*

Provider and Adoptive Parent Training - Statewide Survey

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

Yes	177	81.94%
No	32	14.81%
Unsure	7	3.24%
Grand Total	216	100.00%

Table 66. Number of Respondents by Answer to the Question, "Is initial training available to you to build skills and knowledge to best meet the needs of children placed in your care?"
Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey

Yes	182	84.26%
No	26	12.04%
Unsure	8	3.70%
Grand Total	216	100.00%

Table 67. Number and Percentage of Respondents by Answer to the Question, "Was ongoing training available to you to build skills and knowledge to best meet the needs of children placed in your care?"
Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey

53%	Direct Feedback
57%	Provider Training Survey
59%	Training Evaluations
38%	Training Requests

Table 68. Percentage of Respondents by Answer to the Question, "What methods are available to provide feedback regarding initial and ongoing trainings? (Check all that apply)"
Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey

Strengths:

- North Dakota has a willingness to enhance and upgrade training modules to ensure continuity of care, consistency in delivery and offering a modernized approach to capture the attention and maintain interest of the staff and providers. Various updates or enhancements include but are not limited to fire safety, orientation, UNITY 101, Abbreviated PRIDE for providers, Child Protection and Licensing, Prevention strategies by utilizing shelter and respite, understanding provider reimbursement and various workforce modules and trainings including Safety Framework Practice Model.

- The variety of trainings for both the workforce and foster care providers and adoptive families is extensive. Options in topics, times and delivery platforms are varied to accommodate for many differing needs. For instance, training for providers is held during evenings as well as over weekends throughout the year in order to provide multiple opportunities to engage in learning as well as meet their licensing requirements for training hours.

Challenges:

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

Item 28 Performance Appraisal

North Dakota rates this item a *Strength* and is always seeking ways to improve our practice, survey workforce, and recognize opportunities to seek efficiencies. North

Dakota is willing to update processes and remains agile and flexible to offer quality training frequently.

Systemic Factor Overall ~ Strengths & Challenges (Item 26, 27, and 28)

A state's child welfare system should be led by a strong, supported workforce and provider network. North Dakota is fortunate to have a consistent and functioning training system to ensure agency staff, providers, adoptive families and unlicensed caregivers are granted a foundation of learning and knowledge to support the diverse, complex needs of children in foster care. North Dakota experiences workforce turnover, which can impact the delivery of training. It is important to maintain consistent training to ensure basic skills and knowledge that promote the safety, permanency, and well-being of children.

Initial and ongoing training has identified strengths and challenges, but overall, the data and feedback reiterates a functioning system with a variety of opportunities.

E. Service Array and Resource Development

Item 29: Array of Services

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

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

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

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

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

Previously stated within this document is the fact that a disproportionate percentage of children in our child welfare system identify as American Indian. It is notable that Safety Framework Practice Model is mindful of cultural diversity within the populations they serve. CFS encourages the human service zones to assess families in a culturally responsive manner that reflects the unique needs of children and families being served. However, we recognize this is an area of practice for which the state needs to continue to improve.

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

- Category 1: Services to assess the strengths and needs of children and families.
- Category 2: Services to address the needs of families – in addition to individual children – to create a safe home environment and enable children to remain safely with their parents when reasonable.
- Category 3: Services to help children in foster and adoptive placements achieve permanency.

PLEASE NOTE: Within the subsequent tables, services in blue bold font are available statewide. Services available in only select areas are in black font (within each service description those agencies who do not have these services is identified in the last sentence).

CATEGORY 1

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

Intake Assessment

Specialized child protection intake professionals who answer and gather all needed facts so local CPS workers in the human service zones can act more quickly to protect children. Tribal child welfare agencies have independent processes for receiving reports of suspected child abuse and neglect.

Whenever the intake professionals receive a call regarding a child residing on tribal lands, the information is referred to the appropriate tribal child welfare agency.

Child Protection Services Assessments

Analyze information from reports of child maltreatment and determine what actions to take for an assessment; assess the concerns within the report to find the facts; make decisions about whether reports of child maltreatment are confirmed or unconfirmed; refer for case management (protective services) when warranted.

CPS services are provided by human service zones. Tribal child welfare agencies provide CPS independent from the state system.

Institutional Child Protection Services

Assessments of suspected child maltreatment in ND facilities including schools and residential facilities that are licensed, certified, approved by, or receive funding from the NDHHS. CFS field service specialists conduct assessments onsite at the facility. They provide a summary of all ICPS assessments to the State Child Protection Team, who reviews the assessments and determines if child abuse or neglect is indicated or not indicated. The team issues reports or recommendations on any aspect of child maltreatment when deemed appropriate.

Facilities located on Indian reservations are not subject to ICPS through the state system.

Family Services Assessments

A CPS response to reports of suspected child abuse or neglect in which the child is determined to be at low risk and safety concerns for the child are not evident according to guidelines developed by the department. These assessments are available in all human service zones.

Because Tribal child welfare agencies provide CPS independent from the state system, their response to suspected child maltreatment differs from the state's.

Substance Exposed Infants (Alternative Response)

Assess the safety of infants prenatally exposed to substance; provide referral services and monitor support services for the caregiver(s) of the substance exposed infant while keeping the infant safe at home; develop a plan of safe care for the substance exposed infant and his/her caregiver(s). These assessments are available in all human service zones.

Because Tribal child welfare agencies provide CPS independent from the state system, their response to suspected child maltreatment differs from the state's.

Children's Advocacy Centers Assessment

Provide child and adolescent victims of abuse access to a multidisciplinary team approach of investigation, treatment, and care in a safe, family focused environment. The multidisciplinary team includes victim protection, social services, law enforcement, prosecution, victim advocacy, medical and mental health professionals who work together to provide comprehensive, coordinated and compassionate investigation and intervention of victim abuse allegations and assist in the assessment of child physical and sexual abuse. The CACs are accredited through the National Children's Alliance. The Center directors are members of the Alliance for Children's Justice and meet with this state-facilitated multidisciplinary team quarterly. Located in ten communities in North Dakota, with four of those communities having staff onsite full time, one facility operating part time, and the other five sharing staff support from other sites to assist in operations.

All human service zones, DJS, and Tribal child welfare agencies have access to the CAC in their area.

Case Management

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

All human service zones, DJS, and Tribal child welfare agencies provide case management.

Protective Capacities Family Assessments

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

Because DJS and Tribal child welfare agencies provide case management per their own policies, their assessments differ.

Protective Capacities Progress Assessments

Re-assessment on the quality of the helping relationship between the parents/caregivers and the agency, and the degree to which specific behaviors or conditions are changing in the intended direction. These assessments are available in all human service zones.

Because DJS and Tribal child welfare agencies provide case management per their own policies, their assessments differ.

Regional Human Service Center Intake Assessments

Public agency mental/behavioral health assessments of children and parents and referral for services.

These assessments are available through public and private providers throughout the state, and are a resource for human service zones, DJS, and tribal child welfare agencies.

Parental Capacity Assessments

Comprehensive assessment to evaluate a parent's ability to meet their child's physical, emotional, and developmental needs; determine whether the parent possesses the necessary skills, knowledge, and resources to provide a safe and nurturing environment for their child.

These assessments are available through public and private providers throughout the state, available to human service zones, DJS, and tribal child welfare agencies.

Title IV-E Prevention Services Outcomes

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

As CFS continues to recruit service providers the catchment areas will expand, but currently the services are only available in some communities.

Nexus-PATH Family Healing Foster Care Assessments

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

These assessments are available throughout the state to all children placed in their foster care homes.

Qualified Residential Treatment Program Assessments

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

Human service zones, DJS, and tribal child welfare agencies have the ability to place children in these facilities.

Chafee Program

Services and supports for foster individuals, age 16+, who have been identified as "likely to age out of foster care", and for individuals who have aged out of the system and have not yet reached their 23rd birthday.

This program is available to human service zones, DJS, and tribal child welfare agencies.

YouthWorks

Provides services to run away, homeless, trafficked, and street youth including mentorship, support, and emergency shelter that helps them find safety and belonging in their communities. Staff assess youth and their families to leverage their strengths and find solutions to the problems they may experiencing.

YouthWorks serves Bismarck, Fargo, Dickinson, Minot, and Grand Forks with outreach to outlying areas.

Within the Statewide Survey, respondents were asked to indicate their level of agreement with the following statement: *"Caseworkers complete an assessment of the child(ren)'s and family's strengths and needs that help determine service needs."* A majority of respondents (58%) answered 'always' or 'usually.'

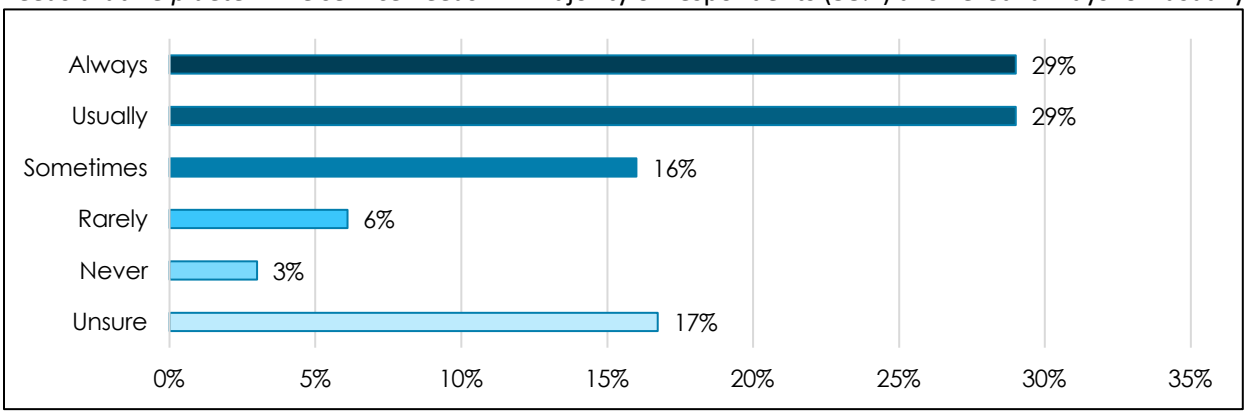


Figure 75. Percentage of respondents indicating their level of agreement with the statement, "Caseworkers complete an assessment of the child(ren)'s and family's strengths and needs that help determine service needs."
Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey

Respondents were asked to indicate their level of agreement with the following statement: *"Children's and family's strengths and needs are considered when determining services for them."* A majority of respondents (57%) answered 'always' or 'usually.'

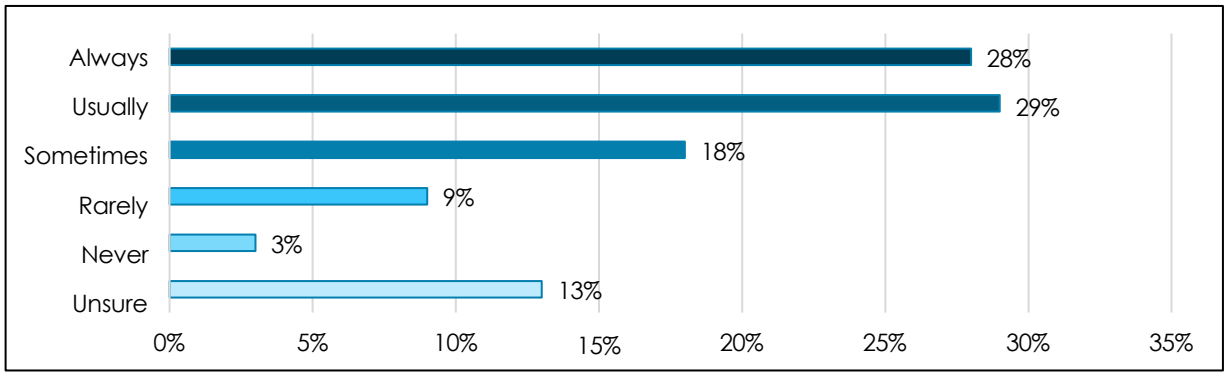


Figure 76. Percentage of respondents indicating their level of agreement with the statement, "Children's and family's strengths and needs are considered when determining services for them."
Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey

CATEGORY 2

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

Prevent Child Abuse North Dakota

A key primary prevention organization but not a direct service provider. Prevention Networks, Public Awareness & Community Development and Outreach services are available statewide. Programing known as "Authentic Voices" networks survivors of childhood maltreatment and others to advocate on behalf of children. This effort began with the publication of "Authentic Voices: North Dakota Child Sexual Assault Survivors" publication. It has grown as an advocacy effort to harness the voices of adult survivors on behalf of children. Prevent Child Abuse North Dakota also coordinates the "Period of Purple Crying" initiative, an evidence-based infant abusive head trauma prevention program. Public Awareness efforts include coordination of statewide Child Abuse Prevention Month activities. Community Development and Outreach includes the Adverse Childhood Experiences (ACE) Interface Master Trainer program, which provides an educational framework and strategy for rapidly disseminating information about the ACE study including what efforts can dramatically improve health and resilience for this and future generations. Master Trainers and the speakers they train are qualified to maintain the fidelity of the science base and facilitate the expansion of interdisciplinary, multi-sector and community connections that lead to healthy and sustainable empowerment strategies and change.

Prevent Child Abuse ND is available statewide.

Healthy Families

Healthy Families is an evidence-based home visitation program which often begins prenatally or early in a child's life and may continue for three years. All services with families are free and voluntary. Family Support Specialists offer education, support and assistance on topics such as parenting, child development and ways to reduce family stressors.

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

Brief Strategic Family Therapy

Brief Strategic Family Therapy (BSFT) uses a structured family systems approach to treat families with children or adolescents 6 to 17 years old who display (or are at risk for developing) problem behaviors including substance abuse, conduct problems, and delinquency. BSFT is delivered by therapists with clinical skills common to many behavioral intervention and family systems theory. BSFT is typically delivered in 12 to 16 weekly sessions in community centers, clinics, health agencies, or homes.

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

Parent Child Interaction Therapy

Parent-Child Interaction Therapy (PCIT) is a program for 2- to 7-year-old children and their parents/caregivers that aims to decrease externalizing child behavior problems, increase positive parenting behaviors, and improve the quality of the parent- child relationship. During weekly sessions, therapists coach parents/caregivers in skills such as child centered play, communication, increasing child compliance, and problem-solving. Parents/caregivers progress through treatment as they master specific competencies, thus, there is no fixed length of treatment. Master's level therapists who have received specialized training provide PCIT services to children and their parents or caregivers.

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

Family Check-Up/Everyday Parenting

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

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

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

Family Check-Up® can be delivered in a variety of settings, including in the home, schools, community mental health settings, health centers, hospitals, primary care, and Native American Tribal communities.

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

Multisystemic Therapy

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

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

Nurse Family Partnership

Nurse Family Partnership (NFP) is a home visiting program that has specially trained nurses regularly visit first time moms-to- be (28 weeks pregnant or less) through the child's second birthday. The primary outcomes of NFP are to improve the health, relationships, and economic well-being of mothers and their children. The content of the program can vary based on the needs and requests of the mother. The nurse provides new moms with the confidence and the tools they need not only to assure a healthy start for their babies, but to envision a life of stability and opportunities for success for both mom and child.

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

Substance Exposed Infants (Alternative Response)

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

This response is available in all human service zones. Because Tribal child welfare agencies provide CPS independent from the state system, their response to substance exposed infants differs from the state's.

Nurturing Parenting Program

The Nurturing Parenting Program is a group-based program in which both parents and their children participate. This field- tested and nationally recognized program provides a common learning experience and enhances positive interactions for parents and children. Nurturing Parenting programs offer distinct programing for parents and children ages 5-12; and parents and children birth- 5 years. The Nurturing Parenting Program is recognized by the SAMHSA National Registry of Evidence-Based Programs and Practices (NREPP) and by OJJDP's Model Programs Guide as a Promising Program.

Sessions are available statewide either in person or virtually.

Early Intervention Services

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

This statewide program is run through the regional Human Service Centers in North Dakota.

Right Track Developmental Screening

A free developmental screening and follow-along program for parents with children from birth to three years of age. Right Track Consultants meet with parents in the privacy of their own homes and can

provide developmental screenings, ideas on supporting child development, and referrals to public and private service organizations.

This service is available statewide.

Parent and Family Resource Centers

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

The regional parent and family resource centers provide:

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

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

This service is available statewide.

Family Centered Engagement Meetings

A participatory and inclusive process that brings together those with relationships to the children and services providers to improve child welfare decision-making and outcomes for children who are temporarily removed per the present danger plan, at risk of removal, and children involved in both the child welfare and juvenile justice systems. These meetings are available in all human service zones.

DJS and Tribal child welfare agencies do not have access to Family Centered Engagement meetings.

ICWA Family Preservationists

ICWA Family Preservationists (IFP) are representatives of the North Dakota Tribes in Indian child welfare cases. As ICWA states, *"A person may be designated by the Indian child's Tribe as being qualified to testify to the prevailing social and cultural standards of the Indian child's Tribe,"* the IFP Model was developed from input from all four ND Tribes and is a result of Tribal sovereignty and self-determination. IFPs provide training on ICWA and the prevailing social and cultural standards of the family's Tribe to the child welfare agency and child and family team. They identify and address barriers

to family preservation and assist with coordinating services when appropriate.

IFPs are available in several human service zones and services will expand as resources allow.

Case Management

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

This service is available statewide.

Parent Aide

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

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

Human service zones and Tribal child welfare agencies make independent budgetary decisions regarding employment of parent aides; therefore, this service may not be available in some areas.

Respite Care

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

This service is available statewide.

Shelter Care

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

This service is available statewide.

Prime Time Funds

Prime time funds are used to pay approved providers for the temporary care of children and allow parents to attend treatment, therapy, parenting education, and other services to support achievement

of their case plan goals. Approved providers of prime time funds are licensed childcares and licensed family foster homes for children.

Prime Time funds are included in human service zone budgets and they make internal decisions regarding service availability per the funds they allocate to this budget item. Therefore, it may not be available in some zones. Prime Time funds are not available to DJS or Tribes.

Safety Permanency Funds

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

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

Safety permanency funds are included in human service zone budgets and they make internal decisions regarding service availability per the funds they allocate to this budget item. Therefore, it may not be available in some zones. Safety Permanency funds are not available to DJS or Tribes; however, they may allocate dollars within their respective budget that serve a similar purpose.

Tribal Family Preservation

The Tribal agencies are given the flexibility to provide family preservation service(s) such as in-home case management and/or parent aide. Most Tribes have elected to use their funding for parent aide services.

Tribal family preservation services are available in the four federally recognized ND Tribes through contracted general fund dollars with NDHHS.

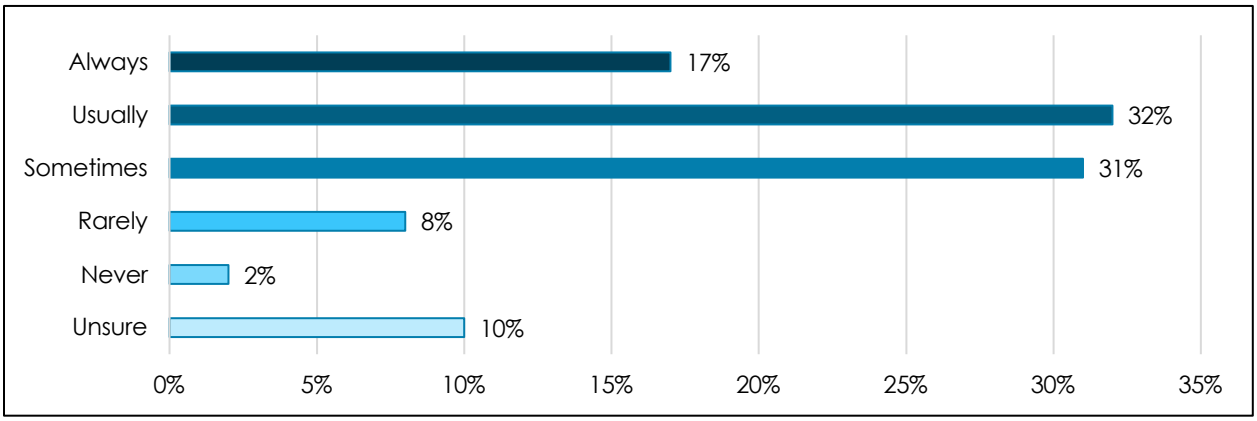


Figure 77. Percentage of respondents indicating their level of agreement with the statement, "Children and families receive services that help them create a safe home environment."
Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey

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

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

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

Table 69. Respondents' rank order of services necessary to help children and families create a safe home environment.
Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey

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

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

Focus groups with North Dakota Tribes indicated inconsistencies in how child welfare agencies serve their clients. Some human service zones are "excellent at caring for families." Examples provided include helping families accomplish their goals, ensuring transportation to services, assisting in getting evaluations, and supporting birth parents. Conversely, it was noted that some human service zones do not provide the type of support needed by children and families. Rather, they do not make efforts engage with the family, nor do they try to understand family circumstances. It was stated, "they do nothing more than send letters."

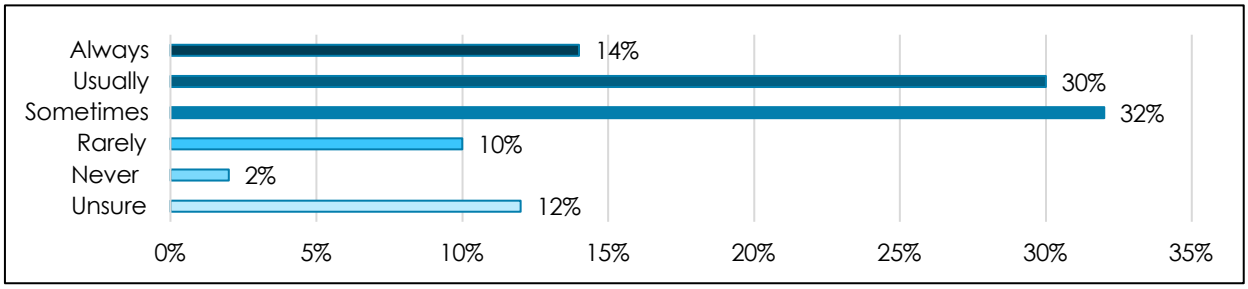


Figure 78. Percentage of respondents indicating their level of agreement with the statement, "Children and families receive services that enable children to remain safely with their parents when reasonable."
Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey

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

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

Table 70. Respondents' rank order of services necessary to help children and families create a safe home environment.
Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey

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

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

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

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

Table 71. Respondents' rank order of barriers to receiving services to help that enable children to remain safely with their parents when reasonable.
Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey

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

Additional comments included concerns regarding the poor quality of case management services offered to families such as caseworkers who close the case without making a visit to the family, child welfare agencies not providing services to prevent removal and providing them only after the children are removed from the home, lack of engagement by the child welfare agency, lack of efforts by the child welfare agency to inform families of available services including the benefits of services.

CATEGORY 3
Services that help children in foster and adoptive placements achieve permanency

Case Management

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

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

alternative that allows a youth age 16 or greater to have a "permanent home" that is not the youth's home of origin, adoption, guardianship, or kinship care.

APPLA is intended to be planned and permanent. Planned means the arrangement is intended, designed, considered, premeditated, or deliberate. Permanent means enduring, lasting, or stable. In other words, the agency must provide reasons why the living arrangement is expected to endure. The term "living arrangement" includes not only the physical placement of the child, but also the quality of care, supervision and nurturing the child will receive. APPLA focuses on building relationships between the youth and those adults who will be his or her network of support upon discharge from foster care.

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

This service is available statewide.

Kinship-ND Allowance Assistance

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

Kinship-ND Navigation

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

This service is available statewide.

YouthWorks

Directs services to youth who are:

- Homeless and living on the street;
- Trafficked;
- Juvenile offenders;
- Failing, suspended, or expelled from school;
- Young parents or pregnant moms (under age 22);
- Arrested and unable to immediately return home;
- Needing emergency care;
- Needing peer support or cross-age mentoring; and
- Struggling with anger issues.

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

YouthWorks serves Bismarck, Fargo, Dickinson, Minot, and Grand Forks with outreach to outlying areas. NOTE: While most services provided though this agency are not accessible everywhere in ND, guardian ad litem advocacy is available statewide.

TANF Kinship Care

An alternative to foster care, the TANF Kinship Care program is offered by the ND Economic Assistance division. It provides financial assistance consisting of a monthly maintenance payment and supportive services to kinship caregivers who chose not to become licensed foster parents. In order for kinship caregivers to be eligible for this program, they 1) must pass a background check and 2) there must be a court order placing care, custody and control of the child with a ND child welfare agency (human service zone, DJS, Tribal child welfare).

Adoption Services

Pursuant to statute, CFS is served notice of all adoptions that occur in the state of North Dakota. CFS facilitates a contract with a private provider to provide adoption services to children in foster care and the families who adopt them. NDHHS has long contracted with private vendors to provide adoption services in North Dakota (Adults Adopting Special Kids – AASK). Services provided by the vendor include child preparation and assessment, family preparation and assessment, general recruitment functions, technical assistance to the public agency on adoption matters, placement and placement supervision, services to finalize the adoption, assistance with application for adoption subsidy, and post adoption information and support. Under this contract, payment for services relates to adoption placement, finalization, and timeliness in adoption (consistent with the national standard).

AASK works collaboratively with North Dakota Tribes when placing Native American children for adoption. AASK places children within the ICWA order of preference unless “good cause” has been established by the court to do otherwise, or the child’s Tribe has approved placement outside the ICWA order of preference. Adoptive families, with support from the adoption worker, develop a cultural plan for all Native children being placed for adoption with non-Native families that is forwarded to the child’s Tribe when requesting their approval to place outside the order of preference. At the request of the Tribal child welfare agencies and with prior approval of the Administrator of Adoption Services, the AASK program will provide adoption services to children in the custody of North Dakota Tribes where the Tribe has a plan for adoption.

NDHHS services provide Medical Assistance for families who are adopting child through a North Dakota Tribe and the Tribe is providing the monthly adoption subsidy (a 638 funded subsidy).

This service is available statewide.

Post Adopt Network

AASK contract provides leadership to post adoption services in the state through the North Dakota Post Adopt Network. The Post Adopt Network provides support to families who have adopted from foster care, families who have adopted infants or children internationally or domestically, and to families who provide guardianship to a child in their home. Some of the supportive services include parent and youth support groups, information and referral to service providers, outreach events, education for families

and professionals, assessment and case management services, along with summer camps and winter retreats for kids and families.

This service is available statewide.

Chafee Program and Education and Training Voucher Program

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

This service is available statewide.

Guardianship Assistance Program

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

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

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

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

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

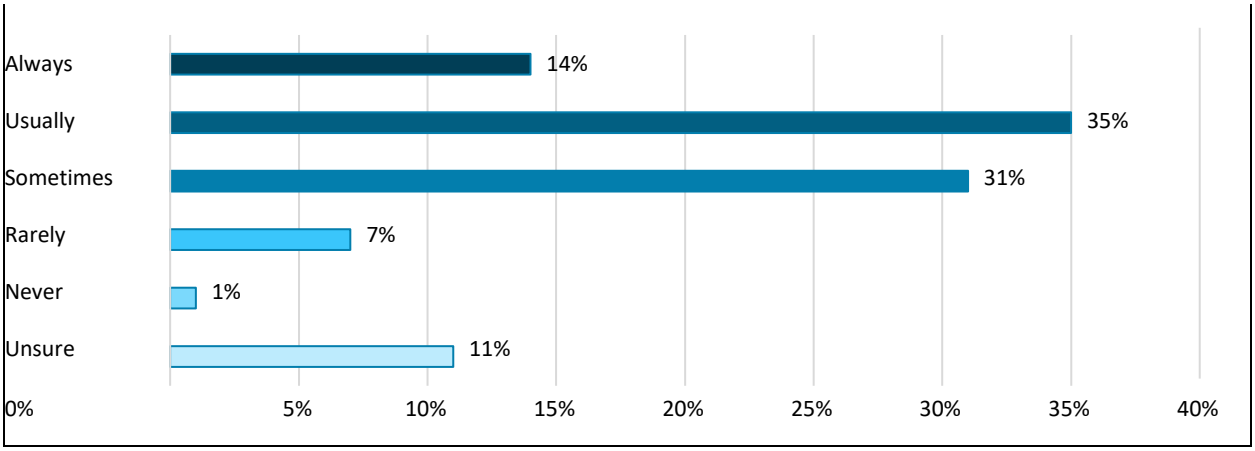


Figure 79. Percentage of respondents indicating their level of agreement with the statement, "Children and families receive services that help children in foster and adoptive placement achieve permanency."
Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey

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

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

Table 72. Respondents' rank order of barriers to receiving services that help children in foster and adoptive placement achieve permanency.
Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey

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

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

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

Table 73. Respondents' rank order of barriers to receiving services to help that help children in foster and adoptive placement achieve permanency.
Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey

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

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

Focus groups with North Dakota Tribes indicated inconsistencies in how child welfare agencies support permanency for Indian children. Some human service zones have good relationships with the Tribes, seek to understand and follow the Tribe's recommendations, and follow ICWA. They work together with the Tribe for placement preferences and locate relatives as placement options. Conversely, some human service zones do not seek to ensure children are enrolled, nor do they make efforts to place enrolled children in Tribally approved homes. Additionally, notifications to Tribes are inconsistent and at times cursory, just a phone call.

Key strengths related to Item 29

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

Key areas needing improvement related to Item 29

- Uneven service array persists in North Dakota, with 'service deserts' in rural areas.
- Human service zone case management with families in which ICWA applies is inconsistent.

Item 29 Performance Appraisal

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.

Item 30: Individualizing Services

How well is the service array and resource development system functioning statewide to ensure that the services in Item 29

can be individualized to meet the unique needs of children and families served by the agency?

Services that are developmentally and/or 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.

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

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

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

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

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

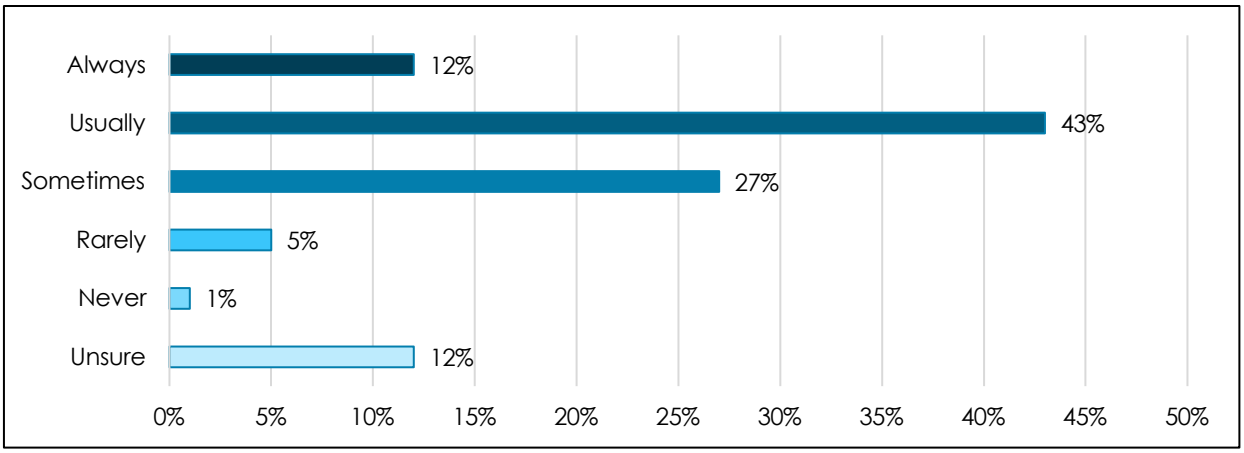


Figure 80. Percentage of respondents indicating their level of agreement with the statement, "Services received by children and families are developmentally appropriate."
Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey

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

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

Table 74. Respondents' rank order of barriers to children and families receiving developmentally appropriate services.
Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey

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

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

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

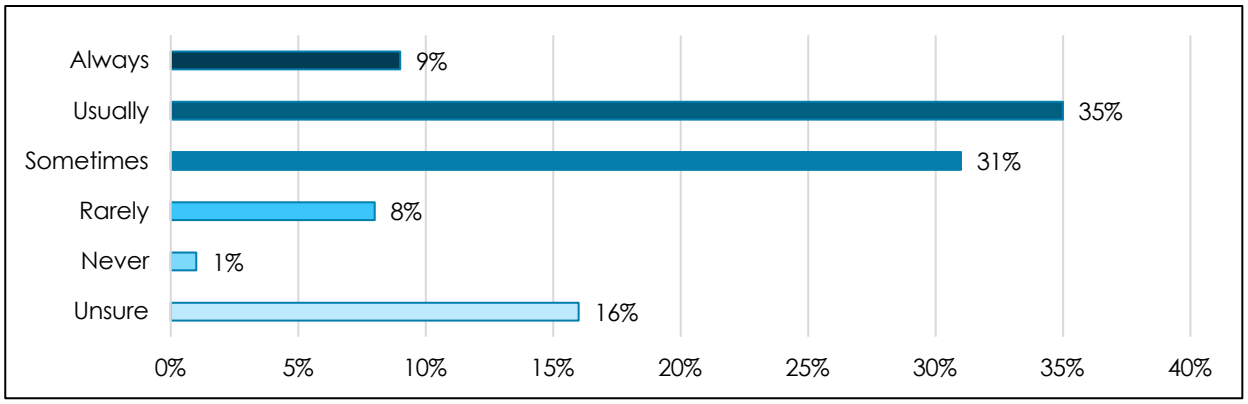


Figure 81. Percentage of respondents indicating their level of agreement with the statement, "Services received by children and families are culturally appropriate."
Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey

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

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

Table 75. Respondents' rank order of barriers to children and families receiving culturally appropriate services.
Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey

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

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

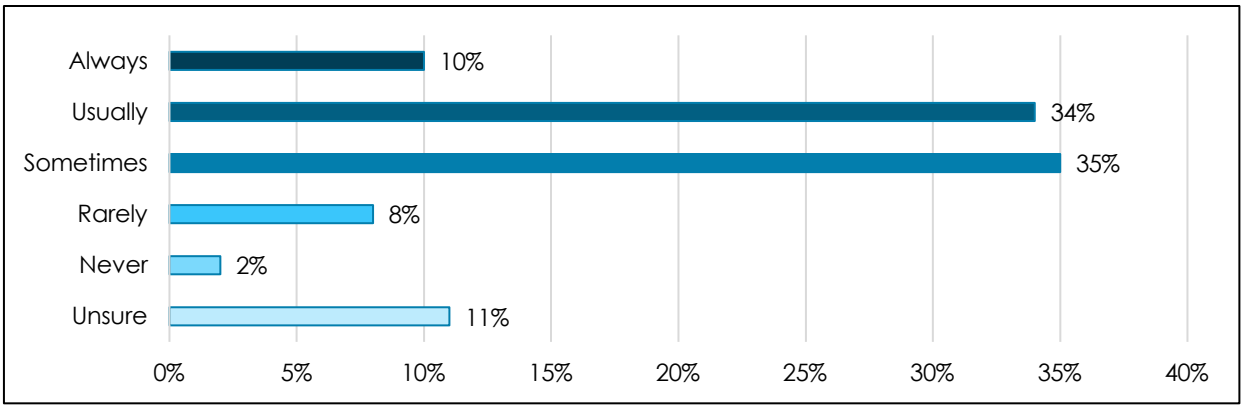


Figure 82. Percentage of respondents indicating their level of agreement with the statement, "Services received by children and families are individualized to meet their unique needs."
Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey

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

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

Table 76. Respondents' rank order of barriers to children and families receiving culturally appropriate services.
Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey

A small percentage of respondents offered additional comments about barriers to children and families receiving individualized services including difficulty locating services to meet their unique needs, too much paperwork to complete, services are booked/unavailable, rural areas are 'service deserts', too much focus on a 'check list' than what is actually needed, treatment facilities that reject admission, families are overwhelmed with the number of agencies involved in their lives, inflexible agency guidelines and state laws, and schedule coordination is difficult.

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

Similar to previous comments, focus groups with North Dakota Tribes indicated inconsistencies in how services are individualized for Native American families and children. Some human service zones and case managers make strong efforts to understand and consider culture when making case plan decisions and seeking services for the family. Others seem to be uneducated about Native culture and/or do not seek to understand. Additionally, child welfare agencies do not consistently support foster caregivers in an effort to connect children to their Tribe and cultural traditions in a meaningful way.

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

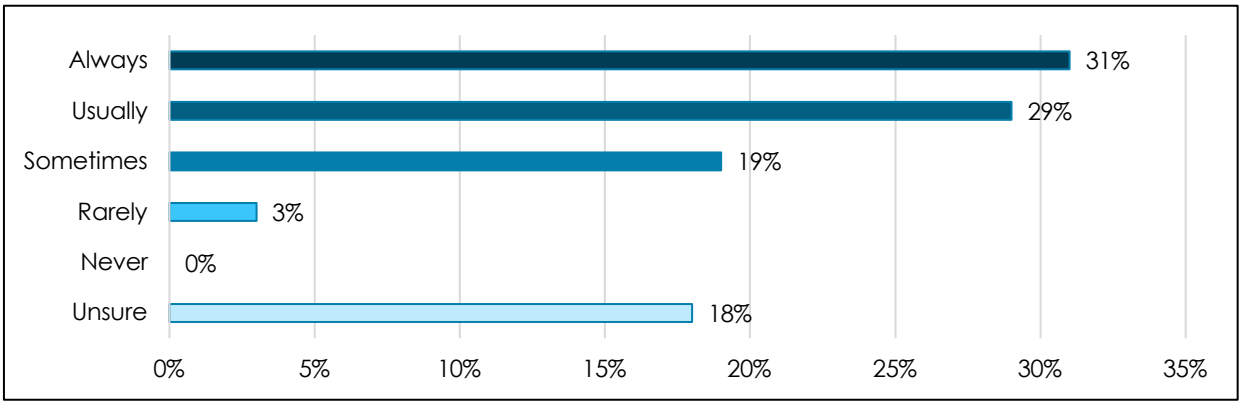


Figure 83. Percentage of respondents indicating their level of agreement with the statement, "There are waitlists for getting children and families the services they need."
Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey

Survey respondents were asked to rank order the types of services with waitlists in their area of the state. A small percentage of respondents offered additional comments about the types of services with waitlists in their area including occupational therapy, physical therapy, speech language services, foster homes, intensive in-home family therapy, outpatient therapies for children, and family therapy services.

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

Rank	Service
9	Income assistance
10	Transportation assistance

Table 77. Respondents' rank order of barriers to children and families receiving culturally appropriate services.
Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey

Lastly, survey respondents were asked to rank order the barriers that keep children and families from receiving the services they need, apart from wait lists.

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

Table 78. Respondents' rank order of barriers that keep children and families from receiving the services they need, apart from wait lists.
Source: Round 4 Child and Family Services Review (CFSR) Stakeholder Survey

A small percentage of respondents offered additional comments about additional barriers to receiving services including fear of their children being removed, inadequate funding to sufficiently meet service needs (particularly in expanding to rural areas), lack of proper training to equip service providers to meet the complex needs of children and families, caseworkers unaware of services that are available or not assisting families in accessing the services, too much paperwork to get the services, and long distance to get to needed services (only available in population centers and not rural communities).

Key strengths related to Item 30

- North Dakota places a high value on the Wraparound approach to service delivery.
- North Dakota has a child welfare practice model that promotes individualized services for children and families that are developmentally and culturally responsive.

Key areas needing improvement related to Item 30

- Lack of services available to children and families living in rural areas of the state.
- Despite targeted strategies to grow service array, we continue to have waitlists for essential services and this negatively impacts outcomes for children and families.

- Child welfare agencies need to grow their understanding of individual Tribes and the cultural diversity in North Dakota, as well as how to respect the significant cultural traditions of children and families into the services being provided.

Item 30 Performance Appraisal

North Dakota recognizes Item 30 is one in which interviews with key Stakeholders are necessary in comprehensively assessing the state's performance. Per the information provided, our review suggests this Item is an *Area Needing Improvement*.

F. Agency Responsiveness to the Community

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

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

The Children and Family Services Section continues to lead and/or participate in multi-disciplinary workgroups across the state to continuously improve the child welfare system. During the Round 3 Children and Family Services Review, North Dakota was found to be in substantial conformity for Agency Responsiveness to the Community, with one item (Item 32) noted as a strength. Since then, the State has continued to strengthen collaborative relationships, including ongoing quality improvement activities from the new CQI Program.

For the 2020-2024 Child and Family Services Plan, North Dakota worked closely with various stakeholders to create and implement the 5-year plan. This has continued with the 2025-2029 CFSP (see table below). In creating the plan, the Children and Family Services Section brought together fifty- eight individuals representing child welfare stakeholders from across the state including: foster care providers, child and family advocacy programs, refugee services, tribal social service agencies, Native American Training Institute, human service zones, education, juvenile court, court improvement program, the federal Children's Bureau, private prevention and service providers, residential providers, and juvenile services. While those with lived experience including foster care alumni were invited to participate, none chose to attend. There is representation from those with lived experience on various groups such as the State CQI Council, but attendance tends to be sporadic and, at times, they choose to discontinue participation. This is an ongoing issue being worked on by Children and Family Services and is documented in other sections of this assessment.

NAME	ORGANIZATION	ROLE
Susan Aukes		Foster Care Provider
Kari Bachler	USpire	Program Director for Healthy Families ND
Missi Baranko	USpire	Executive Director
Katie Behrend	North Dakota Department of Health and Human Services	Unaccompanied Minor Refugee Program Administrator
Harmony Bercier	University of North Dakota	Project Manager - North Dakota ICWA Implementation Partnerships
Kelsey Bless	North Dakota Department of Health and Human Services	Licensing Unit Manager
Daniell Breland	Turtle Mountain Band of Chippewa Indians Child Welfare and Family Services	Director
Paula Condol	Dakota Children's Advocacy Center	Executive Director
Kate Coughlin	Nexus-PATH	Executive Director
Christy Dodd	Prevent Child Abuse North Dakota	Executive Director
Kara Eastland	Catholic Charities North Dakota	AASK Adoption Program
Morgan Edmundson	North Dakota Department of Public Instruction	Program Administrator – Specially Design Services Office
Tara Erickstad		Foster Care Provider
Laura Feldmann	Home on the Range	Executive Director
Travis Finck	Commission on Legal Counsel for Indigents	Executive Director
Nicole Fleming	North Dakota Department of Health and Human Services	QA Lead – Quality Assurance Unit, Children and Family Services Section
Debora Flowers	Childrens Bureau	Region VIII Children and Families Program Specialist
Kristi Frederick	Ward Human Service Zone	Zone Director
Tim Gienger	Dakota Boys and Girls Ranch	Senior Director of Residential Partnerships
Gillian Plenty Chief	Native American Training Institute	Executive Director
Christal Halseth	Northern Plains Children's Advocacy Center	Executive Director
Kirsten Hansen	North Dakota Department of Health and Human Services	Prevention & Protection Services Administrator, Children and Family Services Section
Kristin Hasbargen	North Dakota Department of Health and Human Services	Director of Zone Operations
Carrie Hjellming	ND Juvenile Court	Director of Juvenile Court Services – Unit 3
Kim Jacobson	Agassiz Valley Human Service Zone	Zone Director
Julie Hoffman	North Dakota Department of Health and Human Services	Adoptions Administrator
Tammie Juneau	RSR Human Service Zone	Foster Care/In-home Case Management Supervisor
Kathy Kalvoda	North Dakota Department of Health and Human Services	Office Manager – Children and Family Services Section
Greg Kasowski	Executive Director	Children's Advocacy Center of North Dakota

NAME	ORGANIZATION	ROLE
Jamie Klauzer	North Dakota Department of Health and Human Services	CPS Field Services Specialist – Children and Family Services Section
Luke Klefstad	Village Family Service Center	Division Director
Allison Kosanda	Ward Human Service Zone	Foster Care/In-home Case Management Supervisor
Tony Kozojed	Division of Juvenile Services	State Supervisor
Nicole Lang	Ward Human Service Zone	Child Welfare Supervisor
Robin Lang	ND Dept. of Public Instruction	Assistant Director
Beth Larson-Steckler	North Dakota Federation of Families for Children's Mental Health	Parent Coordinator
Sara Mathews	Red River Childrens Advocacy Center	Executive Director
Carlotta McCleary	North Dakota Federation of Families for Children's Mental Health	Executive Director
Leanne Miller	North Dakota Department of Health and Human Services	QA Unit Manager – Children and Family Services Section
Tracy Miller	North Dakota Department of Health and Human Services	Family Preservation and Prevention Services Administrator
Katie Nelson	North Dakota Department of Health and Human Services	Case Management Field Services Specialist – Children and Family Services Section
Amy Oehlke	University of North Dakota Children and Family Services Training Center	Director
Cory Pedersen	North Dakota Department of Health and Human Services	Director – Children and Family Services Section
Christiana Pond	North Dakota Department of Health and Human Services	Kinship Navigator and Kinship ND Administrator – Children and Family Services Section
Sam Pulvermacher	North Star Human Service Zone	Child Welfare Supervisor
Joy Ryan	Dakota Boys and Girls Ranch	Chief Executive Officer
Lauren J. Sauer	North Dakota Department of Health and Human Services	Assistant Director – Children and Family Services Section
Jeremy Smith	Burleigh Human Service Zone	Child Welfare Manager
Desiree Sorenson	Mountrail McKenzie Human Service Zone	Zone Director
Kortney Sturgess	RSR Human Service Zone	CPS and Intake Supervisor
Dean Sturn	North Dakota Department of Health and Human Services	Permanency Administrator
Kassie Thielen	North Dakota Department of Health and Human Services	Field Services Specialist, Children and Family Services Section
Heather Traynor	ND Supreme Court	CIP Coordinator
Tracy Van Beek	Grand Forks Human Service Zone	CFS Program Administrator
Diana Weber	North Dakota Department of Health and	SFPM Administrator – Children and Family

NAME	ORGANIZATION	ROLE
	Human Services	Services Section
Jennifer Withers	North Dakota Department of Public Instruction	Program Administrator – Office of Educational Improvement and Support
Michelle Woodcock	North Dakota Department of Public Instruction	Special Education Strategist
Carl Young	Family Services Network	Executive Director

Table 79. 2025-2029 CFSP Development Workgroup Participants

Strong collaborative efforts do not stop with the creation of the 5-year plan. In fact, collaboration to strengthen the child welfare system *occurs at all levels throughout the year*. These collaborations ensure that the CFSP is fully implemented and the APSRs document the progress of that ongoing implementation. These collaborative efforts and partnerships include:

Collaborative Effort	Description
North Dakota Human Service Zone Directors Association (Monthly meetings)	The association is comprised of the Directors of the 19 human service zones and provides services including Supplemental Nutrition Assistance Program (SNAP/Food Stamps), Temporary Assistance for Needy Families (TANF), heating assistance, Medicaid, including children's health services; 1915i home and community-based services; basic care assistance; childcare assistance; child welfare (foster care, child protection services); and referrals to other local resources and programs. Administrators from the Children and Family Services Section, Economic Assistance, Medical Services, and other system partners regularly attend these meeting to coordinate services statewide.
Human Service Zone Child Welfare Supervisors (Monthly meetings)	The group is comprised of the child welfare supervisors of the 19 human service zones. Administrators from the Children and Family Services Section, the University of North Dakota's Children and Family Services Training Center, the Native American Training Institute, Division of Juvenile Services, Economic Assistance, Medical Services, and other system partners regularly attend these meeting to coordinate child welfare services statewide.
State CQI Council (Quarterly meetings)	The State CQI Council is the primary driver for North Dakota's statewide Continuous Quality Improvement process. The Council uses data and other sources of information to bring to light and gain a better understanding as to what is working well and what is not in relation to core agency child welfare goals and strategic priorities. The State CQI Council works together to utilize the CQI Cycle and Theory of Constraints to identify and implement effective strategies and solutions that address areas in need of improvement and monitor and adjust strategies through the use of data as needed over time to ensure successful implementation.

Collaborative Effort	Description
Cross Zonal CQI Teams (Quarterly meetings):	The Cross Zonal CQI Teams are the drivers for the local CQI process with a focus on improving child welfare agency case practice, service delivery and the achievement of outcomes for North Dakota children and families. Cross-Zonal CQI Teams are comprised of CFS Field Service Specialists, Tribal, DJS and HSZ agency staff and stakeholders and are responsible for reviewing regional/zonal data and implementing the CQI Cycle and Theory of Constraints at the local level.
Court Improvement Project (Quarterly meetings)	The CIP provides a forum to consider issues, review data, develop plans and promote system enhancements related to deprived and delinquent/unruly youth, and issues of disproportionality and disparity to improve outcomes for North Dakota children and families. Membership includes staff from the Supreme Court, Children and Family Services, Behavioral Health Division, Division of Juvenile Services and other stakeholders.
Youth Advisory Association (Quarterly meetings)	The Association involves engagement, and participation, of youth with lived experience from current foster youth and Foster Care Alumni. Youth membership reflects the diversity of individuals being served. This group of young people work to build leadership skills, engages in conference panels, and facilitates local and state efforts to better the child welfare system. Youth Stakeholder participants can share with state staff their perspective of what has gone well in foster care and what areas could be improved. Participation in the meetings include the Children and Family Services Section, Nexus-PATH, human service zone staff, and other stakeholders.
State-Tribal IV-E Agreement Workgroup (Quarterly meetings)	Within Tribal Engagement, CFS continues collaboration and partnership with the tribal social service agencies, Native American Training Institute (NATI), and the Indian Affairs Commission through quarterly meetings. CFS works closely with NATI to organize and facilitate quarterly meetings to collaborate with tribal leadership to review the Title IV-E plan, systemic issues, and prepare for changes that may be coming.
North Dakota Statewide Foster and Adopt Recruitment and Retention Work Group (Quarterly meetings)	Work Group members represent all 19 human service zones of the state and include individuals from human service zones, tribal social services, licensed child placing agencies, the UND Training Center, Children & Family Services and foster/adoptive parents, DJS. Members share the efforts that were successful and brainstorm solutions for the challenges faced in their service area and statewide.
Community Partner Collaboration Meetings (Monthly meetings)	Made up of staff from the Burleigh Human Service Zone, West Central Human Service Center, Bismarck Public Schools, United Tribes Technical College, Police Youth Bureau, local law enforcement agencies, Juvenile Court, and the Children in Need of Services (CHINS) program, and the Children and Family Services

Collaborative Effort	Description
	Section (as needed), this group provides collaboration concerning crisis response. They focus on common themes identified throughout the community.
AASK Advisory Board (Quarterly meetings)	The board is comprised of staff from Adults Adopting Special Kids (AASK), human service zones, Infant Adoption, adoptive parents, tribal representative, community partners, and the Children and Family Services Section. The meetings allow for collaboration between stakeholder groups while ensuring consistent adoption services across the state, identifying barriers, and strategizing solutions.
Department of Public Instruction IDEA Advisory Board (Quarterly meetings)	The IDEA Advisory Committee is a panel that works to improve special education in North Dakota. The IDEA Advisory Committee advises the North Dakota Department of Public Instruction on the unmet educational needs of students with disabilities, on corrective action plans, and on developing and implementing policies to improve coordination of services to these students, reviews and comments on North Dakota's Annual Performance Report, on proposed special education regulations, and helps the North Dakota Department of Public Instruction develop and report information that is required by law to the U.S. Secretary of Education. Participants include the North Dakota Department of Public Instruction, Children and Family Services Section, Behavioral Health Section, Medical Services Division, Developmental Disabilities Section, Vocational Rehabilitation, public/private schools, and parents.
Foster Care Liaison Advisory Committee (Semi-annual meetings)	Facilitated by the ND Department of Public Instruction, this group discusses the educational stability of vulnerable students, including those in foster care. It is attended by staff from the Department of Public Instruction, the Children and Family Services Section, and public schools.
Change of Practice for Social Emotional Behavioral Disorders for Students (Quarterly meetings)	The focus of this multidisciplinary group is the implementation and sustainment of activities and practices that will positively impact students identified as having SEBD needs (including students identified with an emotional disturbance). The group consists of staff from DPI, Children and Family Services Section, the Behavioral Health Section, school districts, public schools, the Division of Juvenile Services, human service zones, and developmental disability providers.
State Treatment Collaborative for Traumatized Youth (TCTY)	Collaboration for the education and support of parents/foster parents who care for traumatized children.

Collaborative Effort	Description
Dual Status Youth Initiative	Collaboration between the Court System and Child Welfare System to identify and provide services to youth who are in both service systems.
Field Services Specialists	Field Services Specialists provide technical assistance to the field, quarterly to discuss program and policy issues and changes. Information shared at the meetings have included, but are not limited to, CPS Manual, Wraparound Manual, FGDM, Kinship Care, Relative Search, Subsidized Guardianship, Background Checks, CFSR, Adoption, among others.
Casey Family Programs:	The CFS Section works closely Casey Family Programs to receive technical assistance to address identified needs in the child welfare system in North Dakota. Efforts include addressing areas of disproportionality and disparities. Specifically, the engagement has allowed North Dakota to implement a new practice model.
Catholic Charities North Dakota, in collaboration with the Village Family Service Center	Special needs adoption services (collaboration takes place through monthly meetings, staff review, placement proposals, review of contract work, etc.). Post adoption/post guardianship services (ND Post Adopt Network)
Family foster homes, therapeutic family foster homes (Nexus-PATH), qualified residential treatment programs, supported independent living programs, and psychiatric residential treatment facilities	Provision of foster care (collaboration occurs through CFSR inclusion, federal audits – IV-E and IV-B, licensure review and oversight by ND DHS, coalition attendance by all, ongoing dialogue with all, policy issuances from department).
Nexus-PATH Family Healing	Provides in-home family support, respite, reunification services, assessment homes, ongoing meetings for discussion of issues, licensure through ND DHS, case reviews for licensure and audits, policy issuances from the department), and Independent Living Services
The University of North Dakota	Training of foster and adoptive parents, child welfare case managers and system partners, including tribal staff and families. Training includes elements of ICWA.
Youthworks	Provides recruitment and retention of sex trafficking host homes for children in need of specialized care upon knowledge of knowing or determine risk of sex trafficking while placed in foster care.
Division of Juvenile Services, Nexus-PATH and Behavioral Health Division	Collaboration and implementation of the Wraparound process across systems.

Collaborative Effort	Description
Prevent Child Abuse North Dakota	Coordination and implementation of culturally-responsive child abuse and neglect prevention activities (collaboration takes place through a contract to provide child abuse and neglect prevention activities, including Child Abuse Prevention Month activities each April, along with regular meetings of the Alliance for Children's Justice Task Force and Steering Committee, and regular contact by phone, e-mail and face-to-face meetings).
Parent and Family Resource Centers	Parenting education and parent mutual self-help groups for child abuse and neglect prevention (collaboration takes place through a contract with North Dakota State University Extension Service, regular meetings of the Parent Education Network and annual CBCAP grantees meeting, as well as through informal contacts with the Network Coordinator).
Child Advocacy Centers (CACs)	Assist in the assessments of child physical and sexual abuse. The Centers are located in three communities in North Dakota (soon to be four communities). The CAC Directors are member s of the Children Justice Alliance and meet with this multi-disciplinary team quarterly.
North Dakota State University (NDSU) Extension offices	Provide parent resource centers and culturally-responsive parenting classes.
Collaboration Workgroup	Their mission is to increase collaboration at the local level among the Child Support Enforcement, TANF, Medical Services, Children and Family Services, and Job Service programs in order to improve services to individuals served by those programs, and to increase performance within the state (monthly meetings of administrators, seminars are offered to the field as well as annual reviews/reports on progress towards identified Action Plans).

Table 80. List of Ongoing Collaborative Efforts

A strong example of the ongoing collaboration to improve services and outcomes for children and families is the design and ongoing implementation of *Continuous Quality Improvement*. The State CQI Council and four Cross Zonal CQI Teams are all comprised of system stakeholders. They come together regularly to assess the strengths and challenges of the child welfare system, to monitor the implementation of the goals identified in the CFSR/APSR, and recommended adjustments to the system of care to ensure the best possible outcome for children and families. The reader is referred to Item 25: Quality Assurance Systems (Pages ## - ##) for a more detailed description of the CQI Program in North Dakota.

Field Service Specialists within CFS participate on the *Children of Incarcerated Parents* statewide committee with the Department of Corrections & Rehabilitation (DOCR). This multidisciplinary group works to support communication and connections of incarcerated parents as active members of the CFTM as well as implement communication opportunities to reduce barriers for child welfare cases.

The Department has entered into various agreements that further collaborative work between various agencies. For instance, an *intergovernmental agreement* exists between the State and each of the four Tribes to provide Title IV-E payments to all Title IV-E eligible Tribal children. This agreement includes the creation/ongoing implementation of the State-Tribal IV-E Agreement Workgroup to further collaborative efforts for Title IV-E activities. The latest agreement has been in place since 2019. Another example is a *cooperative agreement* between the Children and Family Services Section and the Division of Juvenile Services (DJS), which allows for claiming Title IV-E foster care maintenance for foster care services provided by DJS. Part of this agreement states, “DJS and CFS shall collaboratively plan for the provision of services to the respective population they serve.” This agreement has been in effect since 1991.

While there is evidence of strong agency responsiveness to the community, gaps do exist in the collaborative efforts. The engagement of *those with lived experience* –biological parents and foster care alumni – has proven to be difficult. While there is an organized group for advocacy activities for foster parents, no such group exists for biological parents. Individual invitations to meetings – whether they be planning, collaborative, or quality improvement events – largely go unanswered. While it is easier to get participation from the Youth Leadership Association, participation beyond that group is non- existent. Actively planning, however, is underway to address this issue.

In preparation of the Round 4 Child and Family Services Review Statewide Assessment, *focus groups were held with tribal stakeholders*. Technical assistance consultants from the Capacity Building Centers for States and for Tribes held 3 tribal focus groups (2 in-person, 1 virtually). All four tribal child welfare communities were represented. Twenty-seven individuals participated

including Tribal Child Welfare Director and staff representing: Tribal Liaison, District Representatives, Social Services, Case Managers, Child Protection Services, Foster Parent Training, ICWA Coordinator, Family Assessment, Guardian Ad Litem, Intake as well as aged out Youth in Transition.

Participants were asked:

> *Between a 1 – 5, with 1 being the lowest and 5 being the highest, how is the collaboration between the Tribes(s) and Child Welfare leadership within the Human Service Zone and the North Dakota Department of Health and Human Services? What needs to happen to increase your rating of the collaboration?*

Responses ranged from 1s, 3s, 4s and 5s for collaborations with Zones (it was noted that not everyone in the room could rate this because they don't really know what child welfare leadership is experiencing other than that there is a meeting) and included the following comments:

- *"We meet with the state monthly to make sure permanency is up to date and IV-E is in compliance. There is a good relationship with Zone 3 and meetings are happening regular with eligibility worker and state team on IV-E cases. This includes updates on permanency and on services that are available, but not staffing cases."*
- *Work on both sides, Tribe and state needs to be a joint effort.*
- *10 years ago, this relationship was very bad. Since the introduction of the Native American Training Institute (NATI) Board and collaboration of the 4 Tribal Child Welfare Directors, things have gotten better. NATI has been a good go between the Tribes and the state, Casey Family Programs and the Tribal State IV-E Agreements. Tribes are now receiving 50% of FMAP funding that is helpful in funding workers to run the programs.*
- *After IV-E Tribal state agreement was negotiated, this relationship has improved to ok, not terrible like it had been. There have been meetings, and they are receptive to change but trust is still being established.*
- *It would be good to start up CPT so more could join and staff cases.*
- *Not privileged to some of their resources*
- *Collaboration is not how it should be or could be.*
- *Tribal staff do not know any of the zone workers, could not name 1 staff member.*
- *State contacts ICWA workers first and sometimes that's the only contact.*

The *Round 4 CFSR Statewide Assessment Stakeholder Survey* in February of 2024 contained the following question:

During the past 12 months, have you participated in collaborative meetings with the North Dakota Department of Health and Human Services, human service zones, and other stakeholders to

identify problems and develop/implement solutions within the child welfare system?

Of the 444 people that responded to the question, the following percentages (by respondent role) responded "Yes" to the question:

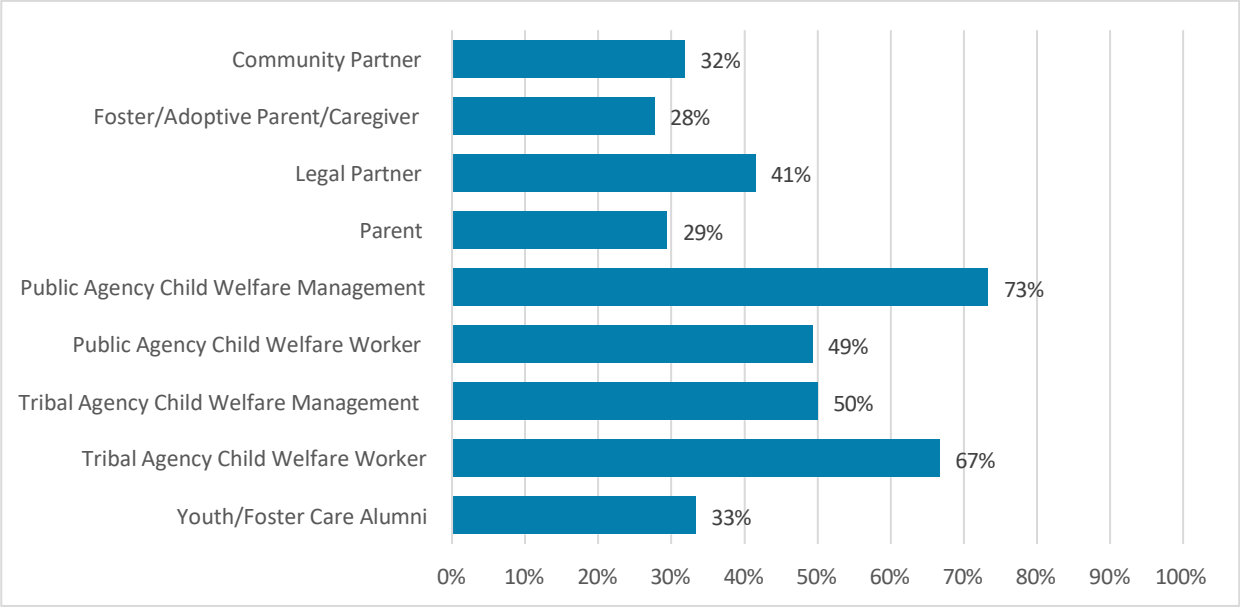


Figure 84. Percentage of respondents answering "Yes" to the question, "During the past 12 months, have you participated in collaborative meetings with the North Dakota Department of Health and Human Services, human service zones, and other stakeholders to identify problems and develop/implement solutions within the child welfare system?"
Source: Round 4 CFSR Statewide Assessment Stakeholder Survey

The results of the survey are incongruent with the myriad of collaborative efforts listed above (Figures # & #). Further exploration of root causes, expectations, communication strategies will need to occur to determine where the disconnect is occurring.

Item 31 Performance Appraisal

Despite challenges, there are a myriad of examples of how stakeholders are involved in ongoing planning activities throughout the child welfare system. For this reason, we believe this item is rated as a ***Strength***.

Item 32: Coordination of CFSP Services with Other Federal Programs

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

The Children and Family Services Section continues to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

Many of the coordinated services are housed within the North Dakota Department of Health

and Human Services. The Department is the state agency administering Medicaid, Economic Assistance programs, Child Support, Behavioral Health Services and Child Welfare programs. Other coordination efforts occur statewide or through human service zone effort. For example:

- CFS coordinates eligibility for most federal assistance program (*Medicaid, TANF, Food Stamps, Title IV-E Foster Care Eligibility*) with human service zones and the Medical Services and Economic Assistance Sections of the Department.
- *Medicaid* has been used to finance Wraparound Targeted Case Management Services for multiple systems. Private and public health providers complete the Health Tracks/EPSDT Screenings with Medicaid funds.
- The TANF Kinship Care Program was developed in collaboration with the *Economic Assistance Division* in 2005. The child welfare program shares information with TANF in accordance with IM 5267.
- The Department relies on a *Master Client Index* (MCI) to compare client records from various systems and links them together, creating a Master Demographic Record for each client receiving state services. The MCI utilizes IBM's Initiate Master Data Service to score, match, and consolidate data into a single record. Additional network interfaces are in place between CFS and the Medical Services, Economic Assistance, and Child Support Sections, which aid in the reporting of financial elements for the AFCARS report.
- Collaborative efforts continue with CFS and the *Child Support Section*. The Department maintains an automated system (FACES) to transmit and receive child support referrals. The referral information sent to the Child Support Division is used to establish paternity, locate the absent parent(s), and establish and enforce a support order. The referral may be transmitted by the human service zone to Child Support at any time following placement but is required to be transmitted at the time of initial payment authorization. Once a child support referral is in an open status, child support collected on behalf of the child will automatically be allocated to the North Dakota Department of Health and Human Services to offset the amount expended for foster care while the child is in a paid placement. When a child's placement is closed, the child support referral will revert to "close pending" and remain in a monitor status until the child's foster care program is closed or a new placement is entered. This coordination assists the agencies to meet the needs of children. In some cases, the local agency can locate a prospective placement option or reuniting a child with biological family because of information obtained from the Child Support Section. Additionally, child support is to help children get the financial support they need when it is not otherwise received from one or both parents. To accomplish this, CFS works directly with the Child Support Section, who works with families to carry out critical steps in the child support process to ensure proper payments are applied to child accounts.

- The *Federal Parent Locator* is a beneficial resource available to the state's child welfare community hosted by the ND Child Support Section. Child Support works closely with CFS to ensure that human service zone case managers have access to obtaining necessary contact information on all

children in foster care. The process is simple; the case manager provides basic demographics to the Regional Supervisor and the Regional Supervisor in turn works directly with the Child Support Division to obtain contact information on family with hopes to locate and secure relative placement options. In October 2010, the federal regulation, National Youth in Transition Database (NYTD), was implemented. In 2012, states were encouraged to work with Federal Parent Locator to gain current contact information on youth who have aged out of foster care and were in the age 19 and 21 NYTD survey populations. ND was given an opportunity to again work closely with the Child Support Section to meet this need. CFS provided the Child Support Division with the federal bulletin and had a conference call with both Division state administrators to ensure understanding of the need for the information. Small states have challenges, but working closely with the same people on similar topics can offer great strength to solutions. After one phone call, CFS was given a specific form from Child Support to use when requesting information on NYTD survey youth via Federal Parent Locator. Every reporting period, CFS has relied on this coordinated effort to receive information from the FPLS to contact youth directly.

- The Department of Health and Human Services – specifically the *Office of Refugee Services* – is the agency designated by the Governor to administer the Unaccompanied Refugee Minor (URM) program and collaborate with the ND Medical Services Division for Refugee Medical Assistance programming for refugees arriving in the United States and into North Dakota. The Department administers the Refugee Cash Assistance through a Wilson/Fish Alternative Project. In addition, the Department is the grantee for other Office of Refugee Resettlement (ORR), Administration for Children and Families, US Department of Health and Human Services federal funding. These include: Refugee Social Service Grants, Targeted Assistance Grants, Preventative Health Grants, and Refugee School impact Grants. These grants are available to meet the needs of newly arriving refugee families and unaccompanied refugee minor youth. Refugee related grants assist in paying for interpretive services, transportation, foster care costs, job placement activities/trainings, extraordinary medical needs, economic assistance to refugee families, educational and job training classes and ELL and resource rooms in schools, to name a few. Primary resettlement sites are in Cass County (Fargo and West Fargo), Grand Forks County (city of Grand Forks), and Burleigh County (Bismarck), North Dakota. The Children and Family Services Section works closely with the Office of Refugee Services coordinating foster care services.

- Seven *parenting and family resource centers* receive CBCAP dollars to fund specific parent support and education activities for the prevention of child abuse and neglect. These centers are local, collaborative efforts providing opportunities for evidence-based parent education for parents and caregivers. The Parent Resource Centers participate in a Family Life Education Program, a partnership with North Dakota State University Extension Service.

- *Children's Advocacy Centers* contract with CFS to conduct forensic interview and physical exams in child physical abuse and sexual abuse cases (all are fully accredited).

- CFS coordinates with the *ND Supreme Court Improvement Program* (CIP) to improve communication with judges, court administrators, State's Attorneys, Juvenile Court Staff, and tribal staff to address systemic issues.

- CFS has contracts with the *four North Dakota tribal social service agencies* to provide family preservation services. These contracts are funded with state general funds, appropriated for this specific purpose by the North Dakota Legislature, to support front-end supportive services to families living on the four reservations in North Dakota. The tribal social services agencies are given the flexibility to choose which family preservation programs to provide, with the understanding that they must follow North Dakota policy regarding these programs. All four agencies have opted to provide Parent Aide services. One agency has also elected to provide 'Wraparound case management,' or in-home case management services, to prevent out-of-home placements.

- The *State Child Protection Team* is made up of members from the following agencies: Department of Public Instruction, Department of Corrections, Developmental Disabilities Division, Residential Facility Licensors, Office of the Attorney General, Children and Family Services-Child Protection, and the Behavioral Health Division. Its purpose is to review all cases of alleged institutional child abuse and neglect and decide if child abuse or neglect has occurred. Recommendations for follow up are provided when warranted. Activities to enhance outcomes for shared populations have developed because of this coordination.

- 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.

Item 32 Performance Appraisal

Based on the information presented above, 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?

Licensing family foster care providers in North Dakota is governed by North Dakota Century Code (NDCC) 50-11, and by North Dakota Administrative Code (NDAC) 75-03-14. All provider licenses were and remain entered into the state's information system (CCWIPS); an active license in the system will initiate action for reimbursement. Historically, the licensing studies for family foster homes were completed by a county social worker or staff of a licensed child placing agency and submitted to the Department of Human Services, Regional Supervisor, who issued or denied the license. In 2021, legislative sessions granted authority to transfer 16 county employees to the Department as state employees. April 1, 2022, the CFS Licensing Unit was formed, employing 22 staff to oversee licensing of state homes, provide consultation and approval of Tribal Nation affidavit homes, as well as Nexus PATH treatment foster homes. In addition, the CFS Licensing Unit licenses Qualified Residential Treatment Programs (QRTP), Supervised Independent Living programs (SIL), certified shelter care programs and Licensed Child Placing Agencies (LCPA).

The CFS Licensing Unit is responsible for creating and updating statewide policy and procedures with an overall goal to implement standardized procedures, which offer consistency and efficiencies for licensing specialists, providers and custodial workers. The CFS Licensing Unit provides training and technical assistance, as well as collaborates closely with other department sections (Economic Assistance, Medical Services, Behavioral Health, etc.) to best meet the needs of children in foster care, licensed foster care providers, and authorized agents statewide. Licensure is required for all provider types in order to be eligible for state or federal funding used to reimburse a foster care payment. Children and Family Services received federal approval through a Title IV-E State Plan amendment to have separate standards for relatives licensed to provide foster care to related children. These three levels of licensure will help meet the varied needs of children in need of out of home placement. North Dakota family licensing includes:

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

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

The state plan amendment maintain the criminal background check requirements, a full home study, but eliminate the physical exam and reduce the initial and ongoing training requirements for relative providers.

North Dakota continues to partner with Tribal Nations. The CFS Licensing Unit has made efforts to streamline and offer more efficient communication for licensing specialists overseeing Tribal Affidavit foster care providers. In cases where the home of a family, not subject to the jurisdiction of the State of North Dakota for licensing purposes, is located on or near a recognized Indian reservation in North Dakota, an affidavit from the Tribal Child Welfare Agency, or an appropriate tribal officer, is accepted in lieu of the full licensing packet, as prescribed by the Department. The affidavit allows each Tribal Nation to attest to the fact that the assessment of the home was completed and that the prospective home is in compliance with the standards required by NDCC 50-11, NDAC 75-03-14 and Licensing policy 622-05. North Dakota Tribal Nations have chosen to follow North Dakota law, rule and policy for licensing of foster care providers and they have not adopted different licensing standards through tribal resolution.

North Dakota was one of the first seven states to achieve compliance of the Qualified Residential Treatment Program (QRTP) standards driven by the Family First Prevention Services Act (FFPSA) in October 2019. North Dakota repealed the licensing of group homes and residential childcare facilities (RCCF) and required prospective facilities to be in full compliance with QRTP standards. Today, QRTP's are governed and licensed under North Dakota Administrative Code (NDAC) 75-03-40 as a federally recognized childcare institution. North Dakota fully embraced FFPSA and has demonstrated a systemic shift supporting the least restrictive placement options by seeking relative caregivers at a higher rate and utilizing a third-party assessor to determine appropriate level of care for children in need of treatment.

This diligent effort has reduced unnecessary use of residential placements and embraced the reliance on community services, keeping children closer to their home community, family and friends. In 2019, North Dakota had six QRTP's licensed, which tapered off after facilities adjusted to the changing landscape of residential care. North Dakota reiterated to providers that there will always be a place in the continuum for residential treatment facilities, but they are intended to be temporary and no longer a place for children to be placed for months or years. Below is a snapshot that shows QRTP bed capacity since implementation of FFPSA. The table shows a decrease in capacity of QRTP placements with the original six QRTP providers. Today, ND has two QRTP's with typically 56 beds, but due to workforce shortage bed capacity is

reduced to 36 beds with 95% occupancy. The ND QRTP's are a strong partner to Children and Family Services working to align strategies to best meet the treatment needs of ND children in foster care.

- 118 beds (October 2019) 68% occupied.
  - ✓DBGR Minot, DBGR Fargo, HOTR, CHYS, PLC, Pride HH
- 112 beds (December 2019) 68% occupied.
  - ✓DBGR Minot, DBGR Fargo, HOTR, CHYS, PLC
- 92 beds (April 2020) 74% occupied.
  - ✓DBGR Minot, DBGR Fargo, HOTR, CHYS
- 76 beds (October 2020) 80% occupied.
  - ✓DBGR Minot, DBGR Fargo, HOTR
- 66 beds (March 2023) 90% occupied.
  - ✓DBGR Minot, HOTR
- 56 beds (October 2024) 95% occupied.
  - ✓DBGR Minot, HOTR

Figure 85. History of QRPR Bed Capacity.

In addition to QRTP licensing, Nexus-PATH Family Healing is a Supervised Independent Living (SIL) Program and a Licensed Child Placing Agency (LCPA) offering treatment foster care services. Their agency's primary focus is recruitment and retention of treatment foster care providers to meet the behavioral/mental health needs of children in foster care. They are licensed by the Department to in turn license and complete home study assessments on eligible homes. The licensing standards require Nexus PATH Family Healing to meet the minimum standards set forth by NDCC 50-11, NDAC 75-03-14 and licensing policy. Nexus PATH Family Healing has additional standards for training providers, which requires diligent attention in meeting the needs of children who qualify for treatment foster care. During the implementation of the QRTP level of care in 2019, Nexus-PATH Family Healing, started experiencing an increased volume of referrals for children who were no longer eligible for residential placement, but who may have had a higher level of need than were previously served in a family setting.

Catholic Charities of North Dakota is a Licensed Child Placing Agency and is contracted to oversee the Adults Adopting Special Kids (AASK) program, which is responsible for the assessment and approval of all adoptive families adopting children from the state's foster care system as well as recruit prospective families for children who are free for adoption and have had their parental rights terminated.

CFS Licensing Unit manages all data related to licensed providers. There has been a reduction in reliance on residential facilities and a decline in the number of licensed family foster care providers. In reviewing the data, North Dakota has a reduction in the number of children in ND foster care as well, so the decline in placement options is in alignment with the volume of

children in care on any given day. In analyzing data, North Dakota highlights the decline in homes, but also wants to highlight two important timeframes that may have impacted the trajectory. The first green vertical line represents when ND Safety Framework Practice Model went into effect in December 2020, a time when the assessment of present danger versus impending dangers shifted and workers managed cases and assessed safety with a more defined methodology, which has led to a reduction of children in care. The second green vertical line represents when the CFS Licensing Unit was implemented, which granted an increase in oversight/consistency and some providers discontinuing during the transition period as a good time to break.

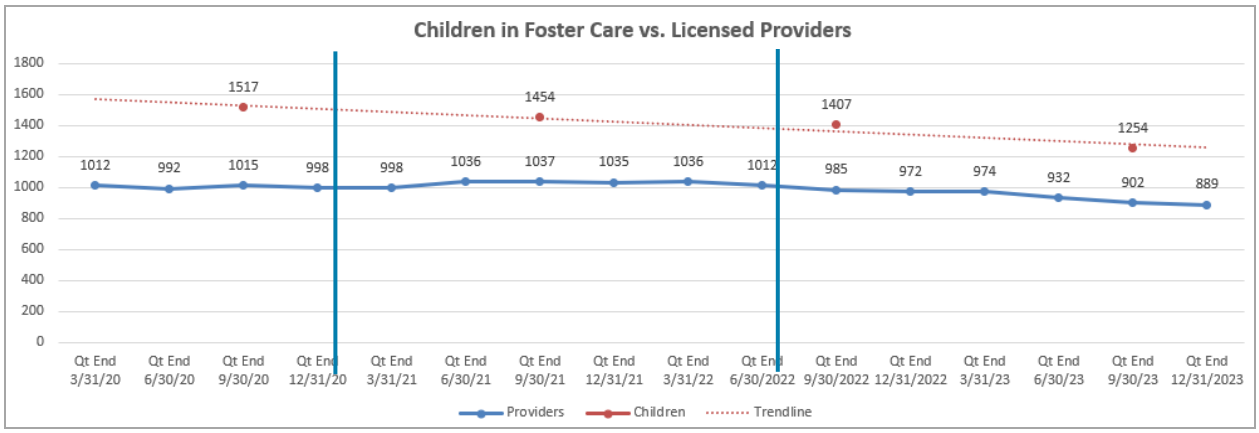


Figure 86. Number of Children in Foster Care and Number of Licensed Providers (Quarter Ending 3/3/2020 – Quarter Ending 12/31/2023)
Source: Children and Family Services Section – Licensing Unit

CFS Licensing Unit charts below represent a total number of licensed providers for the federal fiscal year, as well as the point in time data on September 30 of each year. Overall, each provider type (state, treatment and tribal) has seen a slight decline. Nexus PATH has experienced the greatest decline in licensed providers, the shift in licensure from Nexus PATH to CFS Licensing may be contributed to the changes made to serving specific children in a treatment foster home based on age of the child. In July 2022, the Department no longer allowed for children under the age of six to be reimbursed at the treatment foster care rate. At that time, 20% of children in the treatment foster homes were between the ages of 0-5, 92 children over the age of 10 were in need of a treatment foster home were on the wait list for an average of 229 days not receiving treatment services. In addition to age, the length of stay in a treatment foster home was reviewed and it was determined that a child cannot be placed in a treatment foster home for more than twelve months without approval from the Department. Naturally, treatment providers were either discontinuing their service or transferring to the CFS Licensing Unit as they were interested in serving younger children under age 6.

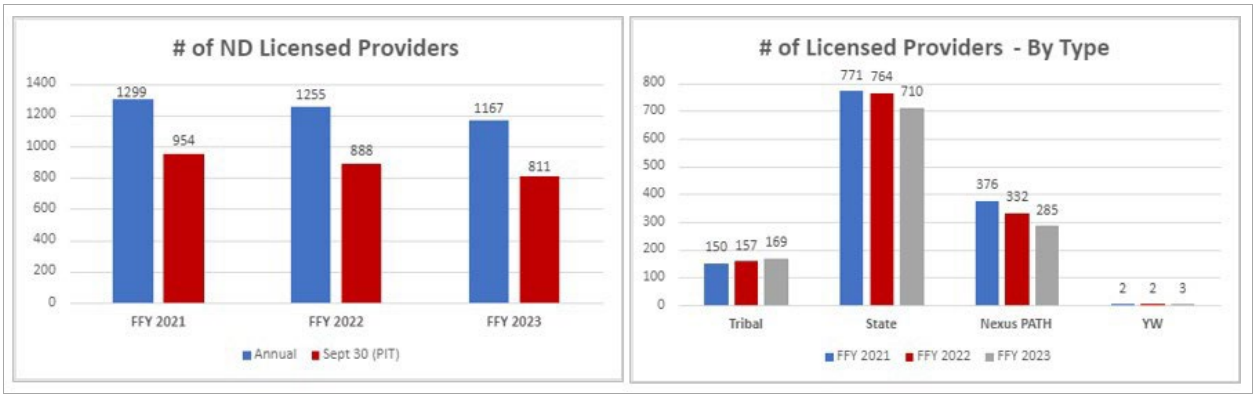


Figure 87. Number of Children in Foster Care and Number of Licensed Providers (Quarter Ending 3/3/2020 – Quarter Ending 12/31/2023)
Source: Children and Family Services Section – Licensing Unit

In January 2024, majority of the 1244 children (95%) in care were placed in a family setting; 14% with an unlicensed relative caregiver, 78% with licensed family foster home and 3% in independent apartments or supervised independent living arrangements. Custodial workers diligently work to place each child in the least restrictive most appropriate level of care to meet the child's need. Since 2019, HHS has seen a reduction in the number of children placed in long term residential settings and an increase in the number of children placed with relatives or in a licensed family setting. This data highlights the shared interest in meeting the needs of children in the least restrictive level of care, while continuing to recruit and engage well-trained family foster care providers statewide. 95% of the children are in least restrictive settings inclusive of unlicensed relative caregivers, licensed foster care providers, and 18+ supervised independent living.

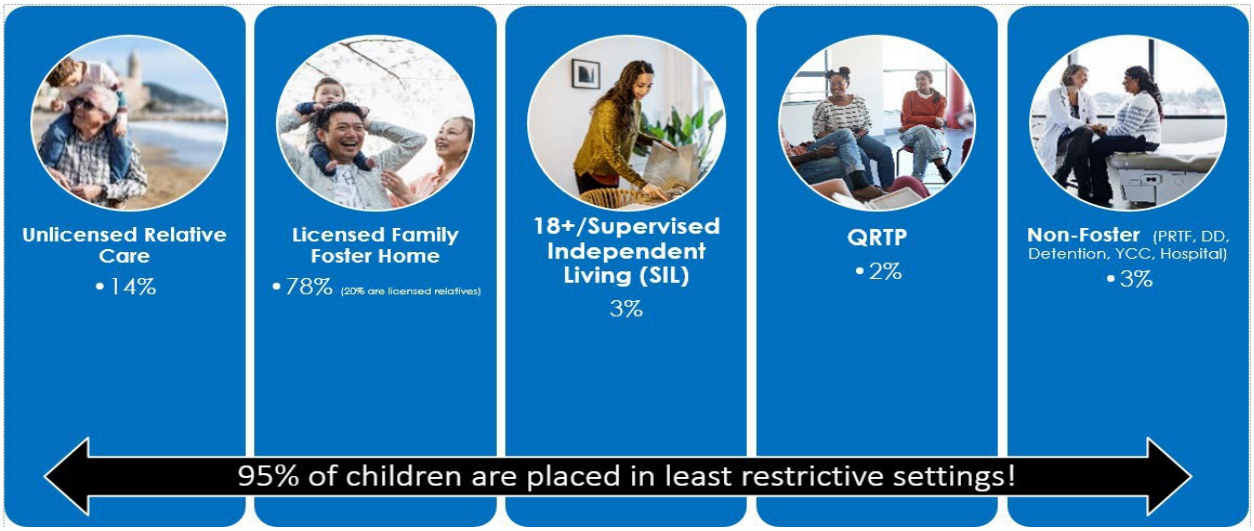


Figure 88. Percentage of Children in Foster Care by Placement Setting (January 2024)
Source: FRAME

In respect to the system functioning, quantitative data from FRAME and CCWIPS (ND data management systems) and qualitative data collected from various workforce and provider partners contribute to the successes and challenges North Dakota experiences for this systemic factor. Respondents shared that they believed 64% of the time the expectations for foster care licensing and adoption assessment were applied consistently and 65% of the time there were

no biases applied when licensing prospective applicants. Since the CFS Licensing Unit went live in April 2022, ND Provider Task Force states the paperwork, workflow, organization and information sharing has dramatically improved in North Dakota. Having one centralized unit overseeing all licensing specialists for the state, rather than 19 Human Service Zones was a wise change that has offered great consistency. Foster care providers shared that since April 1, 2024, the process has evolved even further allowing for a two-year license and the re- envisioning of select policy to offer efficiencies. Providers report they understand timelines, competencies, law, rule and policy expectations and they sign the SFN 1038 each year reflecting this fact. The inconsistency are likely contributed to different agencies; CFS Licensing versus Nexus PATH versus Tribal Nation's application of the licensing policies.

Yes	177	64.13%
No	99	35.87%
Grand Total	276	100.00%

Table 81. Percentage of respondents answering the question, "Do you think the expectations for foster care licensing and the adoption assessment process are applied consistently across North Dakota?"
Source: Round 4 CFSR Statewide Assessment Stakeholder Survey

Yes	96	34.66%
No	181	65.34%
Grand Total	277	100.00%

Table 82. Percentage of respondents answering the question, "Do you think North Dakota's foster care licensing and adoption approval process has any biases that prevent individuals from completing the process?"
Source: Round 4 CFSR Statewide Assessment Stakeholder Survey

Survey respondents stated that 60% were not sure if licensing of relatives was applied equally, which is consistent with only 50% being aware that relative licensing was an opportunity and the 51% of respondents that were aware of the relative waiver process.

The response rate is telling in that providers, case workers and adoptive families rely heavily on the Department to review, verify, assess and address the equality of licensing standards. North Dakota has applied the relative waiver standards permitted by the federal government for non-safety related issues (age of applicant, bedroom space in the home, financial stability, etc.) since 2008 when the Fostering Connections Act was passed. As stated above, North Dakota recently received federal Title IV-E State Plan to allow different licensing standards for relative families. North Dakota is willing to have flexibility for identified relatives by removing the requirements of a physical exam and reducing the number of training hours, however our state feels strongly that we still must maintain the criminal background check requirements and complete a full home study and annual onsite visits to ensure knowledge of and safety for children. The relative licensing level will allow more relatives opportunity to get licensed with no barrier of training or physical exams will increase of provider network eligible for reimbursement and assist in understanding relative licensure is an opportunity. Since going live

with new standards for relative licensing in April 1, 2024, North Dakota has licensed 69 relatives and we have 19 home studies in progress, while working with 20 additional prospective relatives awaiting a CBCU results. CFS Licensing Unit has constant referrals and inquiries asking about relative licensure.

Yes	152	50.67%
No	148	49.33%
Grand Total	300	100.00%

Table 83. Percentage of respondents answering the question, "Are you aware the state has a relative waiver process for relative caregivers looking to become licensed as a foster care provider?"
Source: Round 4 CFSR Statewide Assessment Stakeholder Survey

Yes	47	31.13%
Unsure	90	59.60%
No	14	9.27%
Grand Total	151	100.00%

Table 84. Percentage of respondents answering the question, "Outside of criminal background check results, do you think the relative waiver process is being applied equally to all prospective relative caregivers who apply for a foster care license in North Dakota?"
Source: Round 4 CFSR Statewide Assessment Stakeholder Survey

Provider Annual & Exit Survey Responses

Children and Family Services works closely with the ND Provider Task Force to solicit feedback ongoing. However, implemented an annual and exit survey to ensure ongoing feedback from licensed providers. Survey data represents the most recent data responses available for North Dakota specific to this item of the systemic factor. In summary, the qualitative data represents a consolidation of comments received from the last two years (April 2022 – April 2024) of annual and exit surveys from licensed foster care providers. CFS Licensing Unit reviews the independent survey responses on a monthly basis. The anonymous survey allows for the providers to voice concerns and successes related to training, case management, licensing and more. Overall, providers share great feedback specific to support received from the licensing specialists and the changes to the licensing process including:

- *The system has greatly improved in this over the last year (2023).*
- *Licensing renewals used to be very complicated (2022)*
- *Our licensing specialist is exemplary and is a strong reason why we remained a provider in the system as long as we did. She followed through on communication, listened to our concerns, assisted us in seeking options for the children in our care, and generally showed appreciation for the work we were doing.*
- *Our licensor is great, and quickly answers any questions we have.*
- *Our licensing specialist completely changed my outlook; she is what a first experience/impression of the foster care licensing should be. I cannot thank our*

specialist enough for how comfortable and personable she has made the whole licensing experience. I felt the passion from her to help me reach my goal of getting my license so I could get my nephew's. She is an amazing person and advocate for going through the licensing process to become a foster care provider.

- *Our licensing specialist listened to our concerns and was proactive with any help we needed concerning the kids or our license.*
- *We've had a wonderful experience with our licensor! Every question we've had along the way, she answered clearly for us!*
- *Zone case management has been responsive and will assist with transportation for appointments that we are unable to go to.*

Challenges

- *Support groups are great, but I don't need my voice to be heard by my peers. I need my voice to be heard by the people making decisions for these children (CFS continues to work with case managers to improve supports and communication with providers.)*
- *I do tell people to foster because there are children in need. But I also tell them to be prepared that the system is hard and taxing (CFS created the survey and Task Force to help get more information to impact necessary change).*
- *More opportunity to learn and connect would be fabulous, especially in the first few months of fostering! (CFSTC created a mentoring program and for a period of time offered open chat/ virtual support sessions).*
- *I think there is a shortage of foster homes so respite care is hard to get. (CFS recognizes this is dependent on the geography. ND has increased respite payments and now have certified level of licensure)*
- *I struggled taking children because of the cost of daycare, if the state paid directly for daycare instead of reimbursement it wouldn't have been a big issue.*
- *Daycare should be paid for automatically, this would have helped me take more children.*
- *Reimbursement for daycare is very difficult and takes a long time putting us in a very difficult financial position. I really feel like this should be something the state is billed for directly. (CFS has initiated meeting internally to the Department to identify strategies)*

Systemic Factor Item - Strengths & Challenges

Quantitative and qualitative feedback support and reinforce strengths in our licensing process, but even when the system has strengths, there is always room for improvement. The committee discussed the responses appeared to be rated lower (64%) than expected when considering if licensing standards were being applied equally. The volume of gains North Dakota has made since the CFS Licensing Unit went live in April 2022 has been significant in offering efficiency and support to applicants:

Identified strengths related to this item:

1. Centralized Licensing Unit: On April 1, 2022, ND implemented a central licensing unit managed by Children and Family Services, which offered consistency and specific expectations for licensing agents to apply law, rule and policy when working with families. The unit standardized forms, policy, procedures, training, and process flow. The unit remains flexible and willing to make ongoing changes as necessary, moving forward. In addition, the centralized unit standardized work and allows for an increase in quality, time and attention to the licensing process. In the past, when Zones were doing the licensing studies they had competing priorities and job duties that would often times put the home study assessment process on the back burner. Having one unit of staff with dedicated job duties has helped offer quality, consistency, and timeliness.
2. *Ongoing Technical Assistance:* CFS Licensing Unit meets internally every Thursday to discuss licensing policy, topics, and staff cases, which offers ongoing communication, connection and support in our remote working environment. This weekly engagement as a group reinforces the messaging to our local providers and case managers. In addition, each staff receives one hour of supervision each week to staff their cases, providers, any child protection concerns, home study needs, etc. This support to unit staff also reinforces continuity and decreases disparity in expectations. Ongoing meetings are held with QRTP's and authorized agents licensing family homes (Tribal Nations and Nexus PATH treatment foster care). Communication opportunities are constantly occurring, but there is a standard meeting once per month with CFS Licensing Unit staff and the authorized licensing agent staff to review timelines, questions, staff provider cases, etc.
3. *Partnerships:* Children and Family Services works hard to offer ongoing communication and transparency to our partnering agencies. Staff are very good to respond to calls, emails and to provide and update or heads up to our partnering agencies if something is going to be changing or needs feedback. Partners and providers have commented on the greater success they have working with Children and Family Services over other areas within the Department. This is a customer service tactic that the CFS Licensing Unit feels strongly about and staff are very good to comply with engaging our partners, offering patience and grace.
4. *Efficiency*: Children and Family Services worked hard through 2021 into April 2022 to redesign the licensing process to offer efficiencies. In August 2023, state law allowed for North Dakota to add a level of licensure into our process specifically for providers who want to offer short-term care to children in need. We refer to this as "certification". When the law was passed, it allowed opportunity for the state to build new administrative rules and policy around the process, which opened up review of policy. Children and Family Services received feedback from licensing agencies, providers, the ND Provider Task Force, CFS Licensing Unit staff and custodial case managers to look for further efficiencies. We received approval of our Title IV-E State Plan Amendment,

which will allow for North Dakota to extend our one year licensing period to a two year license (consistent with federal standards), this is an efficiency for the provider as it will require less paperwork, time and duplication of unnecessary items.

5. Level of Care Licensing Team: The Level of Care (LOC) team is led by a strong licensing administrator who oversees the licensing of child care institution's. Each year the QRTP's are visited to ensure safety of the property, review of new policy and resident/personnel files. The consistency and longevity of the licensing leadership has also offered consistency in application of the law, rule, policy and standards for licensing a QRTP.

Identified challenges related to this item:

1. *Previous Inconsistency:* Prior to April 2022, ND had 19 Zone licensing specialists doing things 19 different ways prior. Since inception of a centralized unit, partners and providers have positively commented on the improved consistency offered regardless of if you are a licensed state home in Fargo, ND (urban area) or a licensed treatment homes in Hettinger, ND (rural area).
2. *Transferring:* North Dakota has experienced providers who have transferred from one authorized agent to another, when this occurs a provider may experience varied expectations. Ex: starting out as a Nexus PATH home and transferring to the state as a state family foster care provider may lead to interpretation of policy, forms, or items a bit different dependent on the employer. This is an area North Dakota continues to work on and has seen improvement since April 2022.
3. *Communication*: Providers will often offer feedback in the annual/exit surveys to the CFS Licensing Unit specific to failure to receive timely and consistent communication from custodial case managers. Ineffective communication often heightens frustration and can lead to a foster care provider discontinuing their time and offering negative feedback to the full process, when one area of the process is lacking.
4. *Adoption Redesign:* Prior to February, 2024, families were experiencing duplication and inefficient processes if they were licensed foster care providers who wanted to become an adoptive family. The redesign efforts offered significant changes to the assessment, forms, paperwork and the process in efforts to enhance and offer efficiencies. Redesign just went into effect, so the gains have not been recognized in full value and families who experienced foster to adopt, both processes will have a skewed opinion of the historical process and procedures. Initial reports are positive and families have expressed gratitude for the new streamlined adoption study process for families who are already licensed as foster care providers.
5. *Childcare Assistance*: CFS can reimburse for 100% of the childcare costs for children in foster care. The foster care provider is reimbursed the cost of the childcare based on a bill received. This process may take time depending on how quickly the bill gets from the provider to the case manager for approval and to CFS to be authorized. CFS cannot pay childcare providers directly as we do not have a payment mechanism to do so in

our system. However, conversations have begun with Economic Assistance Child Care Assistance Program to see if we can collaborate to reimburse childcare provider directly to identify solutions and remove the foster care provider as a pass through for payment.

Item 33 Performance Appraisal

Upon review of the quantitative and qualitative data available, Children and Family Services program administration does believe the state standards are applied equally and fairly to licensed or approved foster homes and childcare institutions (QRTP and SIL) and this area is a *Strength*. Validated in our areas of strength and the feedback from both quantitative and qualitative data, it is suggested North Dakota is on track with the intentions of the item and willing to evolve as gaps or areas of concern present themselves. Children and Family Services does receive ongoing confirmation through annual/exit provider surveys regarding what is going well and what the challenges are as a licensed provider in ND. Children and Family Services openly receives feedback from family providers, Authorized Agents, Qualified Residentials Treatment Programs (QRTP), Licensed Child Placing Agencies (LCPA) and Supervised Independently Living (SIL) programs as the levels of care are provided regular technical assistance, oversight and consistent access to licensing resources and support. The ND Foster Care Provider Task Force, made up of twelve licensed providers from across the state, also reiterates the improvements in consistency and efficiency since the development of the CFS Licensing Unit in April 2022.

Item 34: Requirements for Criminal Background Checks

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

North Dakota continues to comply with federal requirements to ensure safety by gaining the results of a fingerprint based criminal background checks for all relatives, family foster care providers, adoptive parents, and employees of Qualified Residential Treatment Programs, Supervised Independent Living Programs, Certified Shelters and Licensed Child Placing Agencies. North Dakota's Department of Health and Human Services Criminal Background Check Unit (CBCU) completes all criminal background checks for all eligible providers and employees who work with children in foster care. North Dakota has a long history of engaging in safety checks beginning before (but required in) August 1999.

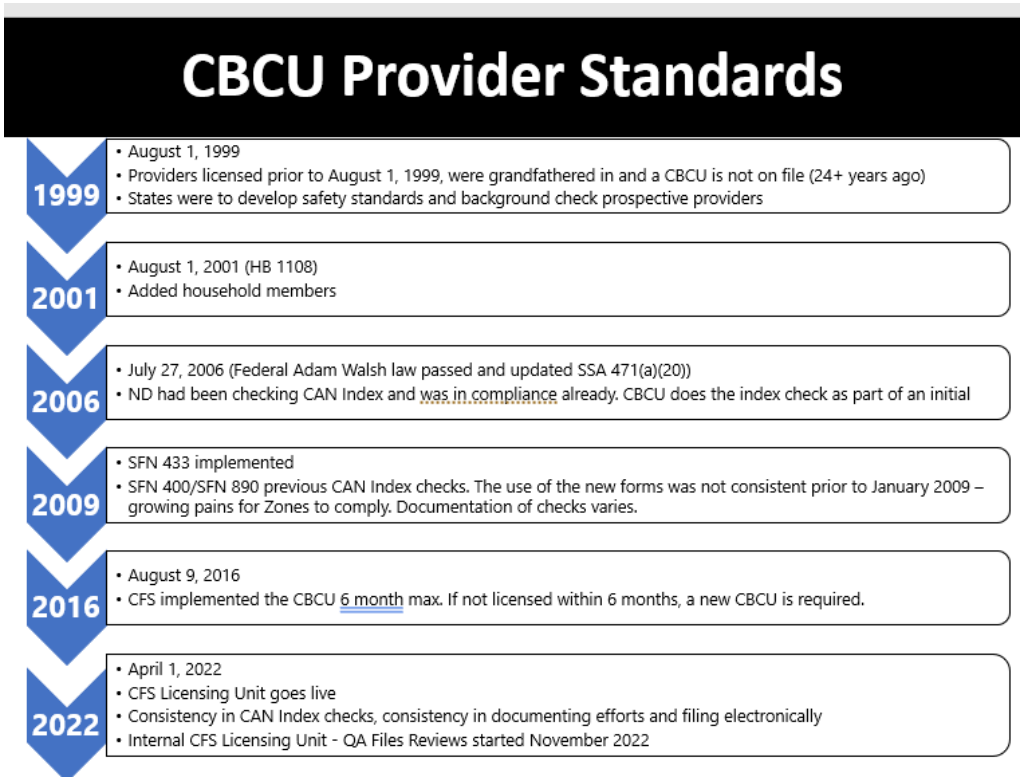


Figure 89. History of CBCU Provider Standards
Source: North Dakota Department of Health and Human Services – Criminal Background Check Unit

The CBCU redesign began in 2018. During this process the CBCU:

- Completed Theory of Constraints efforts
- Transitioned from paper files to electronic files.
- Discontinued use of Access Database and Excel Spreadsheets and implemented use of Kanban Board
- Combined two authorization forms into a single form (SFN 829)
- BCI/FBI record requests, and receipt of results, via secure email (prior process included mailing and/or DHS personnel picking up records daily)
- CBCU website ~ provides instructions and all forms for all programs
- Implemented SharePoint

During the 2023 Legislative Session, the department secured funding for an automated system (online portal) and is currently in the RFP process of securing a vendor. The automation of the background check process will allow for a simplified process for individuals requiring background checks, decrease the need for entering information on multiple forms, and eliminate rejected requests due to incompleteness and/or inconsistencies in information entered.

The comprehensive fingerprint-based criminal background check in North Dakota includes:

- North Dakota State Criminal Record Repository (non-public)
- FBI Criminal History Record (non-public)
- North Dakota Child Abuse/Neglect Index (non-public)
- North Dakota Sex Offender Registry
- North Dakota Offenders Against Children Registry
- Interstate CPS Registry for each state of residence during the previous five years.
- North Dakota Courts (public facing website)
- On average, approximately 45% of the ND convictions are found here and are not on the subject's BCI or FBI record.
- Minnesota Courts (public facing website)
- On average, approximately 45% of the MN convictions are found here and are not on the subject's BCI or FBI record.
- Tribal Court, Child Welfare, and Sex Offender Registry (Only if the subject currently resides, or has resided during the preceding five years, on tribal land.)
- Convictions and/or CPS records for cases that occurred on tribal land will not be found on ND Courts, BCI or North Dakota CPS Index. If the offense was transferred to Federal Court, the conviction information should be on their FBI record.
- If a registered sex offender is residing on tribal land, they are required to register on the tribe specific sex offender registry and not North Dakota sex offender registry.

Upon completion of the check, specific documentation is completed and shared with the authorized licensing agency or employer regarding results of the individual. Documentation includes:

- HHS Memo
- BCI Findings Memo
- Annual SFN 433 (Index Check)
- Annual SFN 1941 (state courts, FRAME CPS reports/assessments, IH cases, FC programs)

CBCU tracks all provider levels of criminal background checks. This quantitative data is available ongoing and was organized by federal fiscal year from the CBCU database. In addition, in March of 2024, Children and Family Services requested various workforce and provider partners to complete a survey to collect qualitative data specific to various systemic factor items. In 2021, 2,391 background check requests were completed; majority were for foster care (46%), followed by adoption (25%) and facility/agency employees (20%). There was an increase in the number of background checks in 2022 to 2,632 and a reduction in the number of background check requests to 2,189 in 2023. The reduction in the number of background check is consistent with the reduction of number of children in foster care, so it would make sense there are less relatives and providers requesting background checks.

PROVIDER LEVEL	2021	2022	2023
Foster Care	1097	1218	994
Adoption	604	651	510
Guardianship	219	254	276
Residential and LCPA	471	509	409

Table 85. Criminal Background Checks Performed by Provider Level (FFY2021 – FFY2023)
Source: North Dakota Department of Health and Human Services – Criminal Background Check Unit

Yes	279	93.94%
No	18	6.06%
Grand Total	297	100%

Table 86. Percentage of respondents answering the question, "Do you think the requirement to complete a criminal background check for relatives, providers, adoptive families and facility employees contributes to general safety for children in need of placement?"
Source: Round 4 CFSR Statewide Assessment Stakeholder Survey

Yes	277	97.54%
No	7	2.46%
Grand Total	284	100%

Table 87. Percentage of respondents answering the question, "Are you aware that all household members in a licensed or approved home who are over the age of 18, need to complete a criminal background check?"
Source: Round 4 CFSR Statewide Assessment Stakeholder Survey

Yes	264	93.29%
No	19	6.71%
Grand Total	283	100%

Table 88. Percentage of respondents answering the question, "Are you aware of the need to immediately report new criminal charges for any member of a licensed foster home, adoptive home, or facility employee?"
Source: Round 4 CFSR Statewide Assessment Stakeholder Survey

Yes	96	81.36%
No	22	18.64%
Grand Total	118	100%

Table 89. Percentage of respondents answering the question, "Are you aware of the custodian (Zone, DJS, Tribal Nation staff) completing any form of a safety check prior to the child being placed with an unlicensed caregiver?" Source: Round 4 CFSR Statewide Assessment Stakeholder Survey

Quality Assurance Review – Ensure Safety

North Dakota participated in a title IV-E foster care eligibility review during the week of June 12-16, 2017. The primary review encompassed a sample of the State's foster care cases that received a title IV-E maintenance payment for the six-month period under review (PUR) of 4/1/2016 to 9/30/2016. A computerized statistical sample of 100 cases (80 cases plus 20 oversample cases) was drawn from the North Dakota Adoption and Foster Care Analysis and Reporting System (AFCARS).

North Dakota was found to be in substantial compliance. All 80 of the reviewed cases were found to have a criminal background check in full compliance with federal requirements. In addition, North Dakota has an internal quality assurance process in place where the eligibility staff do a peer review of sample cases. The internal quality assurance (QA) process tracks and monitors performance and evaluates proficiency of staff responsible for eligibility determinations. The process includes a feedback loop to ensure review findings are shared with appropriate staff. The state title IV-E specialist provides follow-up with county offices when eligibility issues are identified. Following this primary IV-E review, the state formalized its QA process for monitoring title IV-E eligibility in state policy and application. North Dakota was due for a review in 2020, but due to COVID 19, the federal review was postponed until April 2024. In April of 2024, all 92 provider files were found to be in full compliance. All initial criminal background checks and annual child abuse and neglect checks were viewed by federal reviewers. This is a credit to the CFS Licensing Unit for diligence in determining safety measures remain a priority in the licensing process.

Quality Assurance Review – Ensure Safety with State Auditors Oversight
The last audit conducted by the North Dakota State Auditor's Office was in August 2022 where 40 randomly chosen foster care eligibility and provider licensing files were reviewed. All records were found to be in compliance with the criminal background check clearance for each foster care provider noted on the license.

Quality Assurance Review – Ensure Safety with Licensing Unit Oversight
The CFS Licensing Unit requires a fingerprint-based criminal background check be completed for each applicant and all household member over the age of 18 prior to the licensure or certification. In December 2022, CFS Licensing Unit began a quality assurance review of provider licensing files. This review includes Family Foster Care Licensing Files be reviewed by the supervisor who randomly selects cases (Unit goal is 385/year) including initial and renewal cases. Supervisors verify various pieces of the electronic file including licenses *(with no gaps for entire licensing period),* initial background checks for applicants and adults in the home, and ongoing annual child abuse and neglect index checks (SFN 433) for each provider and adult household member. Upon completion of level one supervisory review, a secondary file review is completed by the CFS Licensing Unit Administrator, who reviews at least 12 provider files each month. The overall goal of the quality assurance is to verify and hold staff accountable for required documentation in a licensing file. This process has been very beneficial and the CFS Licensing Unit has seen success in monitoring files through this process.

In addition to file reviews, the CFS Licensing Unit Level of Care and Licensing staff complete an onsite licensing visit to each QRTP, SIL and LCPA. In advance of arriving onsite, each QRTP, SIL or LPCA completes licensing checklists as well as provides a list of employees and a list of residents/clients served. The CFS Licensing team randomly selects employee and resident files to check for compliance while onsite and verifies CBCU and annual child abuse and neglect

checks have been completed on each employee listed.

Quality Assurance Review – Ensure Safety with Adoption Program Oversight
The State Adoptions Administrator ensures the required criminal background checks are completed for adoptive families prior to the adoptive placement for any child. North Dakota has state law and administrative rule which require a clear fingerprint based criminal background check for all adults in the home in order for a licensed child placing agency (LCPA) to approve an adoption assessment. The AASK Program includes a copy of the family's approved adoption assessment and cleared background check results with the paperwork seeking approval for the proposed adoptive placement. The family's adoption assessment and cleared background check are further required when negotiating a new adoption assistance agreement, which occurs prior to an adoptive placement in the state. Adoptive placements of children are approved only when assessments indicate compliance with this requirement and adoption subsidies are not approved unless there are copies of criminal clearances in the file. During review and response preparations for this item, the State Adoption Administrator reported that there have been no problems noted regarding the required criminal background checks for adoptive placement. The last audit conducted by the North Dakota State Auditor's Office was in 2022 where 40 randomly chosen adoption assistance files were reviewed. All records were found to be in compliance with the criminal background check clearance for adoptive placement.

Ensure Safety – Caseworker Visitation
Assessing safety for the children in foster care is an important factor in child welfare oversight and case planning. This data from FRAME represents the most recent quantitative data available for North Dakota specific to this item of the systemic factor. In addition, in March of 2024, Children and Family Services requested various workforce and provider partners to complete a survey to collect qualitative data specific to various systemic factor items. Assessment of ongoing safety was questioned, and the respondents highlighted that the top three ways that safety was assessed for children in care was by face-to-face visits, discussions with the provider and phone call communication with the child.

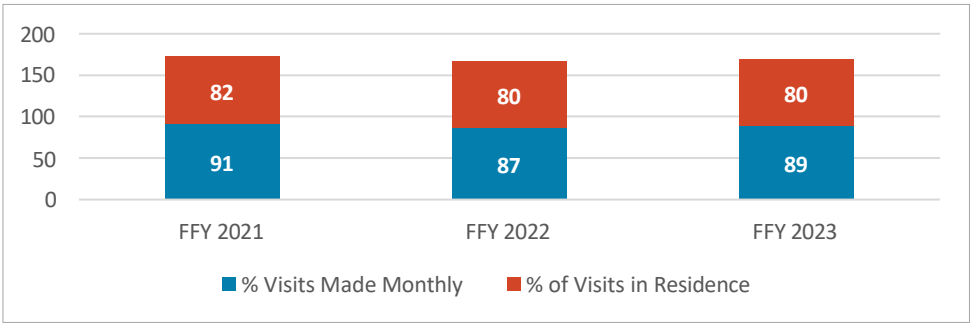


Figure 90. Case Worker Visitation – Monthly (FFY2021 – FFY2023)
Source: FRAME

# Yes	Ongoing Safety Assessments
67%	Discussions with Provider
94%	Face-to-Face Visit with the Child
66%	Phone Call Communication

Table 90. Percentage of respondents answering the question, "How is a child's ongoing safety assessed by the custodian (Zone, DJS, Tribal Nation staff) while in placement (unlicensed relative, foster/adoptive home or facility)?"
Source: Round 4 CFSR Statewide Assessment Stakeholder Survey

In addition, to visually seeing the child face to face each month, North Dakota's child and family team meetings are held within the first 30 days of entry and quarterly thereafter to provide for case planning that includes an opportunity for the team to discuss and address the safety of placements for children. Every child and family team meeting provides an opportunity for members to address the appropriateness of each child's placement, including the discussion of any safety concerns and to assess and address any unmet needs of the child, child's family, and the provider. The "Child and Family Team Meeting Outline" is addressed in Permanency Planning (624-05) policy manual and a copy of the outline is available on the FRAME system for all users' easy access.

Ensure Safety – Child Protection Services Assessments

Assessing safety for the children in foster care is an important factor in child welfare oversight and case planning. This data from FRAME represents the number of child protection reports that took place in a residential facility, which resulted in an indicated or not indicated finding. In addition, the number of child protection reports that were reported and if the report on a family foster care provider was confirmed or not confirmed. Children and Family Services has an internal workflow built to ensure that when a report is filed on a facility or a family foster care provider, the CFS Licensing unit staff is notified. For family homes, the local child protection worker competes a CPS assessment, but the CFS Licensing Unit licensing specialist assigned to the provider license collaborates/assists in review of the report, assessment of the needs, decision of safety of current placements and needs for services or resources. FRAME data supports a low number of indicated (facility) and confirmed (family) findings for providers licensed to provide foster care to children.

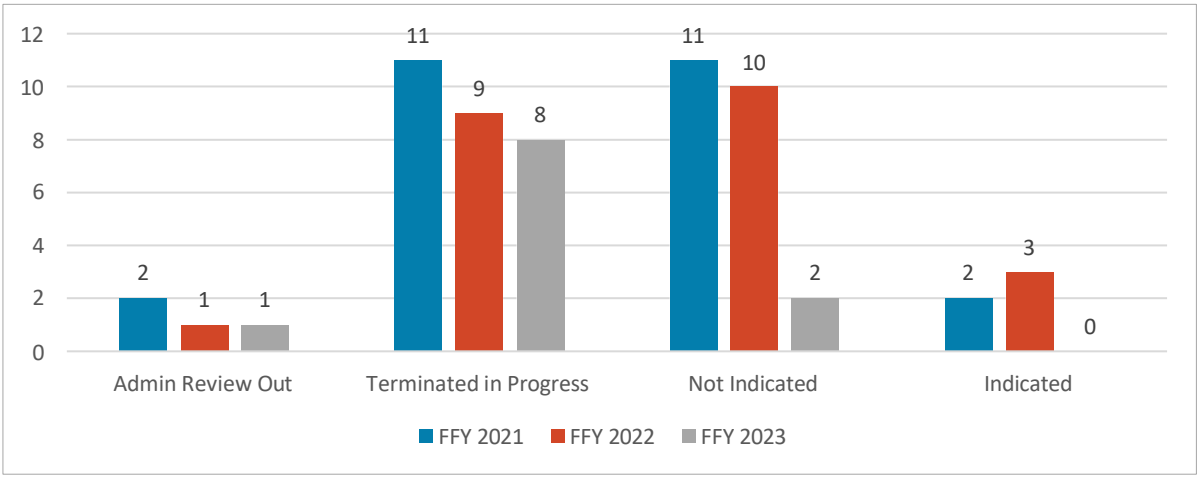


Figure 91. Number of Institutional CPS Assessments by Disposition (FFY2021 – FFY2023)
Source: FRAME

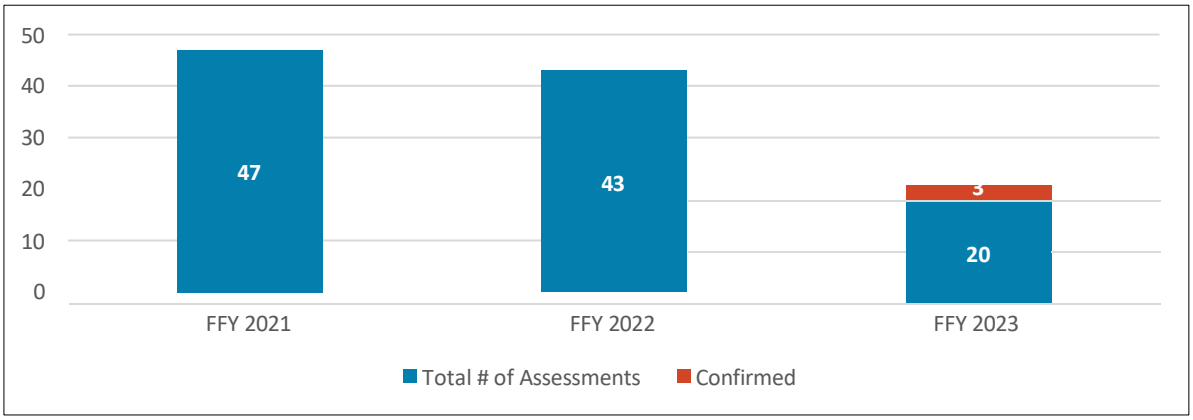


Figure 92. Number of CPS Assessments Involving Family Foster Care Provider (FFY2021 – FFY2023)
Source: FRAME

Systemic Factor Item Strengths & Challenges

Quantitative and qualitative feedback support and reinforce strengths in our application of safety measures when reviewing if a caregiver is an appropriate and safe placement option.

Identified strengths related to this item:

1. *HHS Criminal Background Check Unit* streamlining the completion of the background checks for relatives, prospective foster care providers, adoptive parents, and facility employees. The CBCU centralized unit has managed over two thousand requests per year.
2. *Quality Assurance* has allowed for successful reviews from federal and state auditors as CFS manages and monitors compliance of licensing files, ensures safety checks and child protection assessments are completed.

Identified challenges related to this item:

1. *Unanticipated life circumstance:* CFS and CBCU work diligently to review criminal history, check public search portals, and monitor safety standards within the home for the best interests of children. Unfortunately, CBCU, CFS, authorized licensing agents (CFS Licensing Unit, Nexus PATH, Tribal Nations) and the child's custodial agency (Zones, DJS, or Tribal Nations) cannot predict the future behavior of a provider or adoptive parent. Many protections and safety protocols are put into place, but sadly there are still instances of children being abused or neglected while in foster care or upon adoptive placement. If a provider or facility employee is charged with a criminal conviction, placed on probation, CFS Licensing Unit will pursue revocation of their license or termination of employment as they are not in compliance with North Dakota standards.
2. *Historical Criminal Charges:* On occasion, North Dakota child welfare has encountered a handful of prospective foster care providers, adoptive parents or facility employees who have had a history involving criminal convictions with a direct bearing offense, such offenses prohibit the individual from ever successfully being approved to foster or adopt a child or be employed by a qualified residential treatment program, licensed child placing agency or supervised independent living setting in North Dakota.

Item 34 Performance Appraisal

In summary, upon review of the quantitative and qualitative data available, Children and Family Services does believe the state's process for ensuring criminal background checks is functioning statewide with knowledge from case management and licensing to address the safety of foster care and adoptive placements and is considered a *Strength*.

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?

The foster and adoptive parent licensing, recruitment, and retention system is functioning well in efforts to ensure diligent recruitment of potential foster and adoptive families. This item was evaluated through the use of quantitative and qualitative data received from the case management system, FRAME, provider and payment system, CCWIPS and stakeholder surveys, provider annual/exit survey responses and a State Tribal focus group. North Dakota does experience data limitations including the system's ability to extract data in a way that is meaningful and outcome based. In addition, geographically, North Dakota can describe where providers live, what their racial and cultural background is, but our data management systems do not have the best mechanism to visually display the information without a great deal of manual effort. Data periods represent federal and state fiscal years from October 1, 2020-

September 30, 2023.

North Dakota places a strong focus on the recruitment and retention of foster or adoptive families who reflect the racial and ethnic diversity of children across the state for whom homes are sought. North Dakota's recruitment and retention efforts have bolstered over the past three years, with support and reflection from the ND Foster & Adoptive Parent Diligent Recruitment & Retention state plan. This state plan has evolved over the years to not only act as a guide for general, but also for targeted recruitment of foster or adopt families. Below is a brief explanation of a variety of indicators, also noted in the ND R&R State Plan, which have led to a strength rating:

Contract with CFSTC:
In January 2020, the department contracted with the University of North Dakota-Children and Family Services Training Center (CFSTC) to hire a full-time Recruitment and Retention Specialist. The role of the Recruitment and Retention Specialist is to lead and support statewide recruitment and retention efforts. A large focus is placed on consistent and cohesive messaging for statewide recruitment, working closely with the four recruitment and retention coalitions across the state to support their local recruitment and retention efforts, developing efficient plans to maximize the funds available, and administering recruitment and retention funds statewide. Through the contract there is also supportive services available to assist with retention, including:

- Grief and loss counseling
- Monthly virtual training opportunities
- Foster care provider mentor program
- Post-adopt mentor program
- ICWA Cultural Liaison Program

These supportive funds are available through the CFSTC contract to support a small stipend for foster care providers or adoptive parents to engage as mentors for current providers or adoptive parents. In addition, the ICWA Cultural Liaison Program is managed by the Native American Training Institute.

In addition to supportive services, the CFSTC R&R Specialist manages the statewide inquiry clearinghouse phone number and email inbox. Any inquiries made regarding fostering or adoption are routed to CFSTC and responded to by the R&R Specialist. The R&R Specialist makes telephone and email contact with interested individuals within 24 hours of their inquiry. The R&R Specialist gathers information about the inquiring family, shares information regarding different levels of care, licensing agency options, licensing requirements, training requirements, and process. If an inquiry would like to have a more detailed conversation with an agency, or start the licensing process, a referral is made to their agency of choice. The table

below gives a picture of the number of inquiries received through the clearinghouse and the number of families referred to an agency for federal fiscal years 2021-2022 and 2022-2023. A data tracking system was not established prior to this.

	2021-2022 # of Inquiries	2021-2022 # Referred to Agencies	2022-2023 # of Inquiries	2022-2023 # Referred to Agencies
October	22	10	41	20
November	31	10	49	31
December	23	15	29	21
January	29	14	56	33
February	19	11	42	20
March	35	10	46	19
April	51	29	50	25
May	74	37	49	25
June	47	29	51	24
July	57	26	53	32
August	64	41	67	35
September	57	28	52	22
TOTALS	509	260	585	307

Table 91. CFSTC R&R Clearinghouse Inquiry Data (FFY2021 – FFY2023)
Source: University of North Dakota Children and Family Services Training Center

Redesign of Licensing

ND Department of Health and Human Services, Children and Family Services (CFS) created the CFS Licensing Unit on April 1, 2022. The CFS Licensing Unit was implemented with an overall goal to standardize procedures, offer licensing and training consistency and efficiencies for providers, case managers and licensing specialists. The unit provides training and technical assistance, as well as collaboration with other department sections to best meet the needs of licensed or certified foster care providers, authorized agents and children in foster care. The CFS Licensing Unit tasks include, but are not limited to:

1. Licensing or certification decision for applicants seeking to provide foster care for children across the state.
2. Review of a licensing or certification decision for applicants presented by an authorized agent (Tribal Nation, Nexus PATH, etc.).
3. Level of Care assessment determinations specific to children in foster care in need of a treatment placement (QRTP or treatment foster care).
4. Licensing of Qualified Residential Treatment Programs (QRTP), Licensed Child Placing Agencies (LCPA), Supervised Independent Living Programs, and certified shelter care programs.
5. Oversight of the ND Recruitment and Retention contract and IV-B State Plan.

Since unit inception in 2022, the CFS Licensing Unit has monitored efforts, solicited feedback from provider annual/exit surveys, ND Provider Task Force, staff, and partners to continue to look for ways to be more efficient. In April 2024, ND adjusted administrative rule and licensing policy to allow for a two- year license, reduce or remove previous requirements (Ex: paperwork/documentation efforts, no longer require water temperature testing, furnace inspections, annual self-health declaration reports, etc.) Feedback received from the field has been overwhelmingly positive. The effort and documentation requirements have increased for the licensing specialist as part of his/her job duties, but that paperwork burden and time has greatly reduced for the provider.

Foster or Adopt Recruitment & Retention Coalitions:
Prior to 2020, North Dakota's recruitment and retention coalitions were coordinated by the local Regional Representatives, hired by the Department's Human Service Center. To ensure consistency and increase efficiency and productivity, the coalitions were restructured in October 2020. Over the past three years, North Dakota has been operating with four foster or adopt recruitment and retention coalitions statewide. The coalitions are located in the NW, NE, SE, and SC/SW regions of the state. The Coalitions are led by workers from the Children and Family Services Licensing Unit and supported by CFSTC's Recruitment and Retention Specialist. Coalition membership includes, but is not limited to representatives from:

- Local Human Service Zones
- Local business or Club (Kiwanis, Lions) participants and community members
- LCPAs (AASK and Nexus-PATH)
- Department of Juvenile Services
- Tribal Nations
- Native American Training Institute
- Foster care providers and adoptive parents
- Foster Care Provider Association members, as applicable
- Native American Training Institute staff
- Kinship ND program administrator

Each coalition meets monthly to every other month with the purpose of gathering local parties to engage in conversation about the needs in their regions, recruitment planning, and how best to support foster care providers and adoptive families. A goal of each coalition is to spread awareness about foster care and the need for providers and adoptive homes for children in foster care who need permanency. To meet this goal, each Coalition maintains an active presence in their communities.
Examples of recruitment activities include:

- Hosting resource booths at community events:
    - Powwows
    - Community Picnics

    - Craft fairs
    - Farmers Markets
    - PRIDE month festivities
    - Town festivals
    - Back to school nights
    - Child Welfare trainings and conferences
- Holiday Events:
    - Trunk or Treats
    - Recruitment Christmas Trees
    - Holiday recruitment baskets to area businesses
    - Parades
- Delivering printed recruitment material to area businesses
- Speaking engagements in the community
- Coordinating larger events for community members (ie: outdoor movie night)
- In-person inquiry meetings/panels
- Advertisements in local newspapers, online, sports programs etc.
- Video spotlights
- Movie theater marketing

On January 1, 2024, a targeted recruitment schedule was developed as a tool to help act as a recruitment guide throughout the year, and to offer some consistency with recruitment throughout the state. The schedule denotes targeted locations, materials available to help recruit for targeted populations (Native homes, LGBTQIA+ homes, etc.), and a list of recruitment ideas for each designated location. This schedule is reviewed at each Coalition meeting, and with the CFS Licensing Unit regularly. It is important to note that it does not replace the day-to-day general recruitment that continues to take place in North Dakota.

ND Recruitment & Retention Workgroup:
Historically, the North Dakota Foster or Adopt Recruitment and Retention Taskforce met annually to provide an overview of regional recruitment and retention efforts, to brainstorm solutions for recruitment and retention challenges in the state, and to receive training. To strengthen consistency and to provide more opportunity to address needs, the North Dakota Recruitment & Retention Work Group was created in April 2020, replacing the taskforce of professional staff employed by Zones and partners agencies.
The Statewide Workgroup was structured similarly with members representing all areas of the state from:

- Children and Family Services
- UND-Children and Family Services

Training Center (CFSTC)
- Native American Training Institute (NATI)
- Human Services Zones
- Division of Juvenile Services (DJS)
- Tribal Nations
- LCPAs (Nexus-PATH and AASK)
- Foster care providers or adoptive parents

The work group meets quarterly to address the following goals:

- Ongoing review of the Foster & Adoptive Diligent Recruitment & Retention Plan
- Analyze Data
- Address systemic issues with recruitment and retention
- Meet additional request of the Department of Health and Human Services

ND Provider Task Force:
In February 2022, the ND Foster Care Provider Task Force was created. The provider task force offers a platform for HHS Children and Family Services to solicit feedback, gain perspective, request assistance on small projects, while engaging subject-matter experts in system change and growth opportunities. The ND Provider Task Force is made up of fifteen licensed foster care providers and or facility representatives, as well as policy administration with an equal mission to identify challenges and seek change in a meaningful, respectful, solution focused manner. The Task force meets every other month and is facilitated by the CFS Licensing Unit. HHS solicited new membership in April 2023 in efforts to continue to embrace change and gain perspective from providers.

Adults Adopting Special Kids (AASK)
Adults Adopting Special Kids (AASK) is the program that provides adoption services to children in foster care and completes the adoption assessment process for families interested in providing permanency to a child in foster care. AASK works with families already identified for a specific child, as well as places focus on general recruitment of adoptive families across the state.

AASK Recruitment strategies include:

- Wendy's Wonderful Kids and General Recruitment: North Dakota has two full time Wendy's Wonderful Kids (WWK) recruiters, one to serve the western part of the state and one to serve the east. Both have a primary focus on child specific recruitment and have caseloads with a mixture of state custody children and tribal custody children who do not have an identified adoptive option at the point of referral. The AASK program also has appointed a "general recruitment" worker to ensure all children on WWK caseloads have an opportunity to receive child-specific recruitment services as well as broader statewide and national recruitment efforts. General recruitment efforts include the utilization of national website photo listings, local flyer distribution and newsletter articles, and any other recruitment tactics as identified and approved by the child's custodian.
- North Dakota Heart Gallery: North Dakota has ND Heart Gallery, which facilitates a website and photo gallery of waiting children. The photo gallery is transported across the state showcasing professional photographs of each child. ND hosts an annual "gala" where new portraits are unveiled; however, children can be added to the gallery throughout

the year. The operations of the ND Heart Gallery are currently on hold, with efforts being made to update the website and hire a program director. Children are not able to be viewed at this time.

- Reel Hope Project: North Dakota has recently created a partnership with The Reel Hope Project, an organization that provides children needing adoption recruitment with a personal video to be used for child specific recruitment activities. Reels are posted on the Reel Hope web site and can also be used, as authorized by the custodian, for other recruitment efforts, both locally and nationally. The hope of this partnership is to bring more awareness to kids by showcasing pieces of their personality through videos. The service is free of charge and open to any child who is in need of an adoptive home. Currently nine (9) children from North Dakota have reels posted on the Reel Hope web site.
- Lead Adoption Specialists: In January 2023, the AASK program created two Lead Adoption Specialist positions. One of the roles within the position is to seek opportunities within local communities to provide education on adoption from foster care. The positions partner with many organizations to host booths and participate in activities to educate and provide promotional items in hopes of bringing awareness to the AASK program in order to match children who do not have an identified adoptive family. Two more Lead Adoption Specialists were added in April 2024 so there is one lead adoption specialist in each quadrant of the state.

Through the AASK program, North Dakota also provides adoption services to Tribal custody children at the request of each Tribe. In state fiscal year July 1,2022 through June 30, 2023, AASK placed 36 children for adoption at the request of the Tribe and has also assisted in the finalization of adoption for 49 children. AASK has exceeded their contract target for tribal adoption finalizations in all of the past three state fiscal years. Recruitment services are utilized for Tribal children when requested.

Data Systems, Reporting, charts/tables:
FRAME is the child welfare case management database management system. The FRAME "Foster Care Demographics Report" is available to all FRAME users and allows access of up-to-date data: number of children in foster care by region, age, race, etc. Then a detailed list of all cases for staff viewing. Case workers, licensing specialists and supervisors can view demographics specific to their local area to determine their needs. FRAME users can view "moment in time" data or select larger timeframes to determine increases, decreases, recruitment strategies, updated needs, etc. In addition, provider data was extracted from Catholic Charities AASK program who manages adoptive family data. Various data streams were available for qualitative data including the annual/exit foster care provider survey response, the March 2024 statewide survey, the April State Tribal focus group and tracking of data through the CFSTC Recruitment and Retention contract specific to inquiries and if a referral is made or a provider gets licensed.

Child Demographics

Moment in time data for March 1, 2024, shows 1234 children in foster care. Gender is fairly proportionate, while the ages of children in care rank highest for the most vulnerable children between the ages of 0-3. A small population of 18+ Continued Care cases are represented, showing one case who recently turned 21 and the case has not been closed in the system on date of data pull. The race data is a quick overview and represents a larger number (1323) than the number of children in foster care (1234), this is because at least 89 children have multiple races selected. Children most identify as Native American and Caucasian:

Unique Child Totals by Age

Region	Ages																					
	Total	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
I - Northwest	90	6	9	8	9	6	7	6	4	5	4	3	5	2	2	4	3	2	1	2		2	
II - North Central	159	8	10	15	16	11	7	13	6	7	10	8	5	4	2	8	6	10	6	3	1	2	1
III - Lake Region	241	10	17	15	25	24	17	17	9	14	16	16	11	12	14	6	3	10	3	2			
IV - Northeast	173	7	16	16	10	10	9	7	11	10	12	11	8	5	7	5	4	4	8	8	4	1	
V - Southeast	231	10	28	20	17	20	11	10	12	5	9	9	7	12	8	10	8	9	14	6	2	4	
VI - South Central	39	3	1	2	3		3	5	2	1	3	1	1	1	2	3	2	1	2	1	1	1	
VII - West Central	268	14	22	21	17	16	20	13	13	8	8	17	9	12	12	12	13	10	18	5	6	2	
VIII - Badlands	33	2		4	3	3	1	1	2	1	1	2	1	1	1	3		2	3	1	1		
Age Totals	1234	60	103	101	100	90	75	72	59	51	63	67	47	49	48	51	39	48	55	28	15	12	1

Unique Child Totals by Race

Race	Total
American Indian or Alaskan Native	618
Asian	4
African American	114
Native Hawaiian or Pacific Islander	8
White	524
Unable to Determine	55
Refusal by Client	0
Total	1323

Children by Gender

Gender	Total
Male	609
Female	625
Total	1234

Table 91. Foster Care Demographics (Point-in-Time March 1, 2024)
Source: FRAME

Licensed Provider/Adoptive Families – Race

Licensed provider race data is divided up by year, showcasing the number of providers licensed for at least one day during the year. The number of licensed homes is less than the number of providers, as a majority (72%) of homes are dual parent households, while 27% are single parent households with only one applicant/provider. Data confirms that majority (81%) of the providers offering the safety service of foster care are Caucasian.

FFY 2021 Provider Race	
Row Labels	Total #
WH	1844
AI	280
BL	48
BLANK	26
WHAI	16
UN	13
AIWH	11
AP	11
HP	5
WHBL	3
APWH	2
BLWH	2
HPAI	1
# of Providers	2262

FFY 2022 Provider RACE	
Race	Total #
WH	1752
AI	281
BL	56
Blank	20
WHAI	15
AIWH	9
AP	8
UN	6
HP	4
WHBL	4
APWH	3
BLWH	3
# of Providers	2161

FFY 2023 Providers By Race	
Race	Total #
WH	1562
AI	296
BL	65
WHAI	13
AP	10
AIWH	8
HP	7
UN	4
APWH	3
WHBL	3
BLWH	2
WHAP	2
WHBLAI	1
# of Providers	1976

Figure 92. Licensed Foster Care Provider Race (FFY2021 – FFY2023)
Source: Children and Family Services Section – Licensing Unit

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. Below is data for families who finalized an adoption within the indicated federal fiscal years. A family is identified by a single race if they are a one parent family or a two-parent family of a single race. The family is identified as multi-racial if they are a two-parent family with the couple representing more than one race. Data confirms that majority (76%) of the adoptive families in these three reporting years are Caucasian.

FFY 2021 Adoptive Family Race	
Race	Total #
WH	118
AI	13
BL	1
HISP	0
MULTI RACIAL	17
NONE LISTED	0
# of FAMILIES	149

FFY 2022 Adotive Family RACE	
Race	Total #
WH	117
AI	15
BL	1
HISP	1
MULTI RACIAL	15
NONE LISTED	1
# of FAMILIES	150

FFY 2023 Adoptive Family Race	
Race	Total #
WH	85
AI	21
BL	1
HISP	1
MULTI RACIAL	9
NONE LISTED	0
# of FAMILIES	117

Figure 93. Adoptive Family Race (FFY2021 – FFY2023)
Source: AASK Annual Report

North Dakota's Diligent Recruitment and Retention Plan contains an outcome specific to the recruitment of resource families representing the racial, cultural and ethnic characteristics of the state's foster are population. Given the high number of Native American children in ND foster care, custodial case managers and licensing staff work diligently to communicate with providers and discuss ways to enhance the cultural exposure for cross-cultural placements, provide and offer trainings and access to Native American cultural liaisons. A stakeholder group, State and Tribal Focus Group, was held in April 2024 and the feedback received by ND Tribal Nations and Native American people representing foster care was mostly positive when

referencing family foster homes and their engagement with Native children.
Comments made include:

- *Foster care providers will reach out to find out how they can connect children to their culture. There are a select number of non-Native foster care providers who try to keep traditions going for the child like eating certain foods, wearing specific clothing, gifting blankets, beading, dances, dresses, etc.*
- *Foster care providers will ask for services to keep them connected to culture.*
- *Some foster care providers reach out the Tribal agency who refers them to the cultural liaisons.*

Diversity of Providers/ Adoptive Homes

Based on responses from a statewide survey completed in March 2024, evidence shows that over 70% of respondents felt children served in the North Dakota child welfare system have their cultural needs met.

Yes	223	73.36%
No	81	26.64%
Grand Total	304	100%

Table 92. Percentage of respondents answering the question, "Do you think licensed foster care providers and families approved for adoption in North Dakota meet the cultural needs of children in foster care?"
Source: Round 4 CFSR Statewide Assessment Stakeholder Survey

Yes	19	70.37%
No	8	29.63%
Grand Total	27	100%

Table 93. Percentage of respondents answering the question, "As a parent/child served by the North Dakota child welfare system, do you feel your/your child's placement needs were met in a culturally sensitive manner?"
Source: Round 4 CFSR Statewide Assessment Stakeholder Survey

Systemic Factor Item Strengths & Challenges

Quantitative and qualitative feedback support and reinforce strengths in recruitment and retention of providers and adoptive families, as well as inclusion of diversity in our pool of placement providers and adoption options.

Identified strengths related to this item:

1. Foster Care Licensing Redesign efforts which led to a centralized unit to manage all foster care related provider licensing.
2. Recruitment & Retention Contract with Children and Family Services Training Center (CFSTC) has streamlined and strengthen efforts offering great consistency in messaging, promotional items, marketing, events, oversight, engagement with prospective applicants via the inquiry line, and more.
3. Re-structuring of the ND Foster or Adopt Recruitment & Retention Coalitions has offered fresh perspective, invitations to additional stakeholders to participate on a regional coalition and a point person to help lead the efforts. The CFS Licensing Unit staff are required to attend the coalition meetings and co-facilitate discussion as part of their job duties, this has helped with outcomes and planning.

4. Development of the Recruitment & Retention Work Group has allowed for stakeholders participating in various recruitment and retention meetings (state and Tribal) to co-exist and meet quarterly for the same mission. It offered efficiencies and compliments goals of increasing the number of Native American homes.
5. Development of the North Dakota Provider Task Force offered ongoing feedback, technical assistance and support from over twelve providers to CFS Licensing Unit. The meetings allow for supportive conversations and meaningful feedback to help influence change where needed.
6. Adoption redesign efforts in February 2024 has led to an enhanced home study assessment and the sharing or exchanging of relevant information from foster care licensing to adoption when a foster care provider is the chosen option for permanency for a child through adoption.
7. Additional licensing levels implemented in April 2024 including short-term certification and new standards for relative licensing, along with the recognized needed changes for full licensure, which includes the issuance of a two year license.
8. Collaboration with the Reel Hope Project for child specific adoption recruitment.
9. Implementation of a new targeted recruitment campaign for children with complex behavioral health needs and longevity in the system. The Champion for Child model is a specific targeted recruitment flier sent to all licensed providers in North Dakota specifically asking the providers to be a member of a child's team and stand up to be their Champion… the process has got the attention of various providers who have called the custodial agency and inquired more deeply about the children. North Dakota started this effort in March 2024 and has had over twenty calls for two different children.

Identified challenges related to this item:

1. Data shows that the number of licensed foster homes in North Dakota has declined in the past three fiscal years. Although retention efforts have strengthened during this timeframe, families continue to close their license for a variety of reasons.
2. As ND increases their licensing of relative providers, there is projected to be an increase in the large number of providers who are interested in only providing foster care to a relative child or a specific child, who discontinue once the child achieves permanency. The exit reasons have been helpful in monitoring retention and reasons why a family may discontinue service. Since March 2020, the impact of COVID pandemic had on families was significant and it has led to mental health, financial and willingness to accept new challenges, resulting in less interest and more families vocalizing they need to tend to their own family needs. Since April 2022, CFS has been collecting reasons why families discontinue their license, 40% of families discontinued due to their own needs or being no longer interested in providing service, while 15% adopted a child, 4% terminated because of a specific license for a relative child, and 4% felt a lack of support

from custodial agencies (transportation assistance, funding, call backs, communication, etc.).

3. Need for Native American foster homes continues as the number of children remain stable at a disproportionate rate. Although the number of Native American foster homes remains stable for the Tribal Nations in North Dakota, data shows high disparity between the represented number of foster youth with Native American culture and the available number of Native American foster homes.
4. A current limitation is data to best represent diversity and inclusion by tracking the volume of providers who present as a member of LGBTQIA+ population. Providers are assessed initially through the home study assessment and annually thereafter, asking if they are willing to care for children who have indicated they are LGBTQIA+. However, unless disclosed ND prospective providers are not asked to detail if they are a member of the LGBTQIA+ population. Through rapport building and transparency, North Dakota is aware of licensed providers who identify as LGBTQIA+.
    a. State homes = 12+ provider couples.
    b. Nexus PATH = 3 treatment provider couples.
    c. Tribal Nations = 3 provider couples.

North Dakota does solicit preference (age, gender, race, etc.) from foster care providers, the CFS Licensing Unit and other authorized licensing agents want to be respectful of preference, however there are times that preferences of the provider cannot always be guaranteed or followed by the custodial agency placing children. This challenge is historical, as providers have become more prescriptive in the parameters they will serve, which challenges the system and restricts placement options for children in need of placement.

As North Dakota highlights the strengths of this systemic factor, we applaud the improved efforts resulting from adoption and licensing redesign, a contract with CFSTC, centralizing inquiry efforts, etc. North Dakota recognizes the ongoing need to recruit and retain additional homes to support racial and ethnic diversity for children in public custody. Recruitment and retention efforts continue with consistent messaging and marketing statewide, while larger urban communities tend to have a larger pool of inquiries. Strategies to engage potential foster or adoptive homes are considered by each regional R&R Coalition and adaptations made to ensure efforts remain in motion to catch the attention of new prospects ongoing.

Item 35 Performance Appraisal

In summary, upon review of the quantitative and qualitative data available, Children and Family Services does believe this item is considered a *Strength*.

Item 36: State Use of Cross-Jurisdictional Resources

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

permanent placements for waiting children is occurring statewide?

The Interstate Compact on the Placement of Children (ICPC) process is managed by a consistent administrator hired by Children and Family Services, who has built strong rapport with ICPC Administrators across the nation and case management across North Dakota. ICPC has a high volume of communication via phone calls and emails to ensure and expedite placement of children in and out of the state of North Dakota.

The data reviewed was specific to a three-year period (FFY 2021, FFY 2022, FFY 2023). The data includes foster care licensed families and unlicensed relative caregivers, as well as ICPC adoption requests. Data was collected from the North Dakota Safe and Timely spreadsheet, SharePoint, and CCWIPS. The data details how many ICPC's were approved, denied, or withdrawn. When an ICPC is approved, North Dakota shows how many of the home studies were completed within the 60-day timeframe. Lastly, we collected data on how many of these approvals turned into the youth being placed through the ICPC process.

The charts below represent the data managed by ICPC Administrator showing the volume of foster care and adoption ICPC requests received to North Dakota and the volume of ICPC request sent out of state. There was a dramatic reduction in SFY 2022, with a slight uptick in SFN 2023 for the number of requests received to North Dakota. The volume of ICPC requests sent from North Dakota have remained quite stable, with the response of denial, withdrawal and approval maintained at an equal rate.

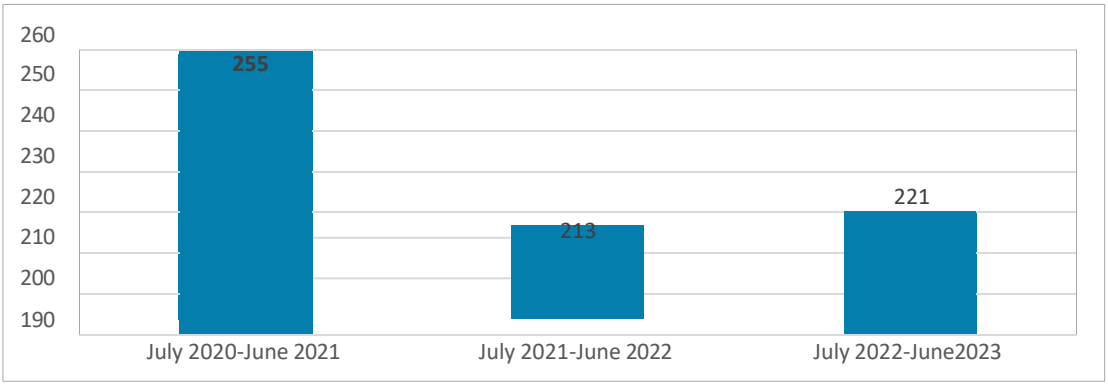


Figure 94. Number of Foster/Relative – ICPC Received (FFY2021 – FFY2023)
Source: ICPC Administrator

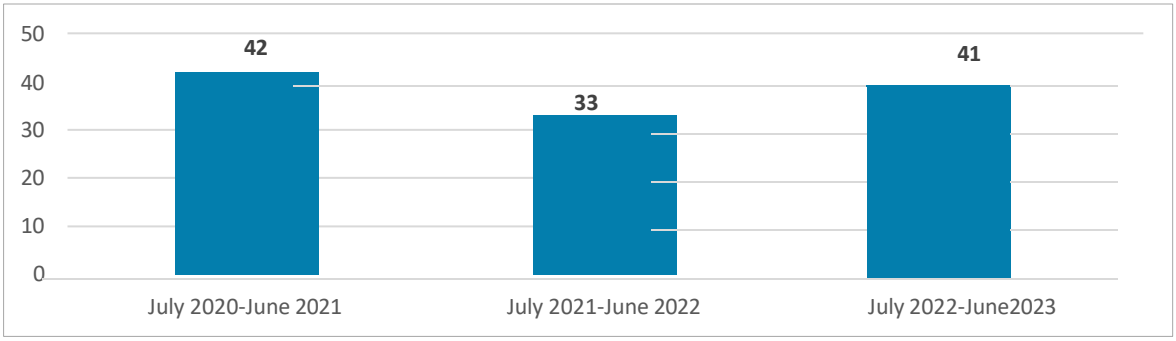


Figure 95. Number of Adoption – ICPC Received (FFY2021 – FFY2023)
Source: ICPC Administrator

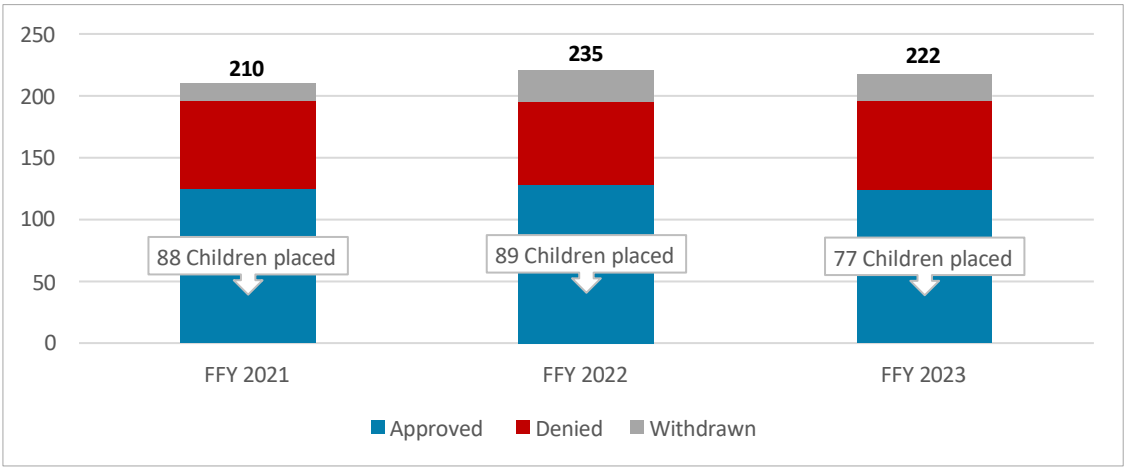


Figure 96. Number of Foster/Relative – ICPC Sent (FFY2021 – FFY2023)
Source: ICPC Administrator

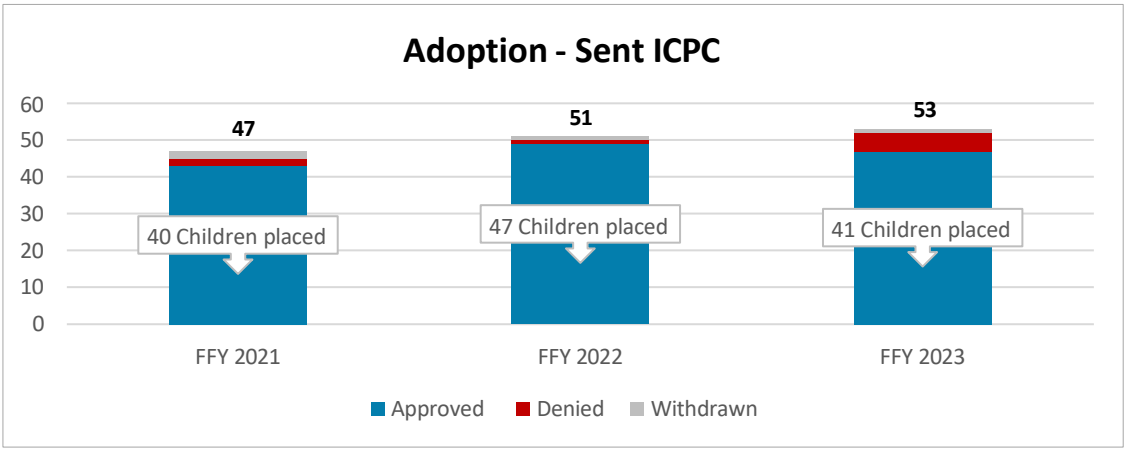


Figure 97. Number of Adoption – ICPC Sent (FFY2021 – FFY2023)
Source: ICPC Administrator

The chart below helps describe the volume of ICPC requests received to North Dakota. The SFY approved cases, those that meet the 60-day timeframe, the volume of cases which resulted in placement and those which were withdrawn or denied. 131/145 (90%) of the approved

requests, resulted in placement and fortunately there are a low number of cases withdrawn, which is a testament to the dedication of workforce accepting the responsibility to get the home study complete and help the sending state make a decision to continue pursing North Dakota as a placement for their children in the custody of another State.

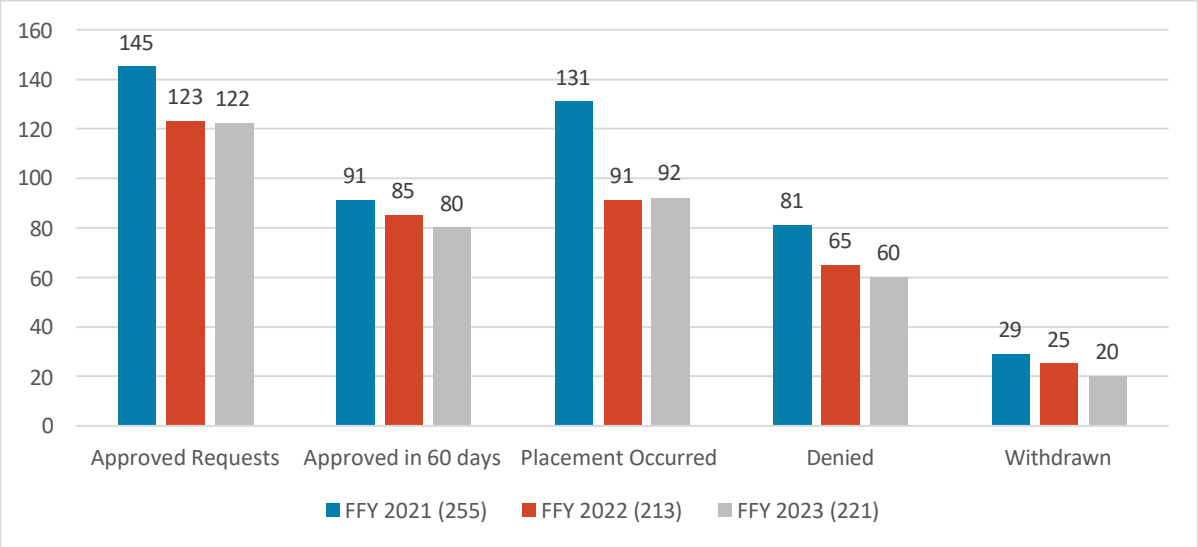


Figure 98. Number of Received ICPC Requests (FFY2021 – FFY2023)
Source: ICPC Administrator

Systemic Factor Item ~ Strengths & Challenges

Quantitative and qualitative feedback support and reinforce strengths of the interstate compact process. FRAME, CCWIPS, ICPC spreadsheets, survey results and verbal interactions with the ICPC Administrator, stakeholders indicate that overall the ICPC process is a positive experience. North Dakota workers are very conscientious in knowing they have certain amount of time to complete a home study for ICPC's when the individual does not opt to become a licensed provider.

The largest identified strengths related to this item is how North Dakota has made positive strides as it relates to licensing of homes and completing home studies. HHS created the CFS Licensing Unit, which has assisted ICPC in achieving timeliness. In addition to the unit development, our Human Service Zones have designated specific individuals to focus on completing home studies for incoming ICPCs for individuals who do not wish to obtain a license. These two factors have contributed to increased timeliness. For the North Dakota ICPC Administrator to approve a request, the home study must be completed. The CFS Licensing Unit has streamlined efficiency, increased communication, and positively impacted timeframes in completing these required home studies. North Dakota has very dedicated staff when it has to do with completing these ICPC home studies.

Identified challenges related to this item:

1. *Denials:* When a family is denied placement, North Dakota ICPC will get negative feedback, typically because families are disappointed or want further understanding of

why they are denied. Denials tend to be due to criminal background check results or unsatisfactory findings in the home study assessment.

2. *NEICE:* North Dakota does not have the federal NEICE system requirements in place. There are plans for implementing NEICE, it is expected the enhanced electronic data collection process will dramatically improve the data collection for ICPC and will minimize the manual data analysis currently used by the ICPC Administrator.
3. *Timeliness:* North Dakota has seen improvements with timeliness, but the state continues to work on completing home studies in a timely manner to make efforts to meet the 60-day timeframe at a higher completion rate. Delays vary, but are attributed to receipt of an approved background check, families unable to meet with assigned staff (licensing or Zone) to complete the home study requirements, and North Dakota workers having a hard time connecting or meeting with the prospective family. Some of the areas during this reporting 3-year period that caused home studies to be drawn out were out of the North Dakota workers' control. Examples include the impacts of COVID, transitioning to zones instead of counties, record setting winter storms prohibiting travel, and families not responding to the worker.

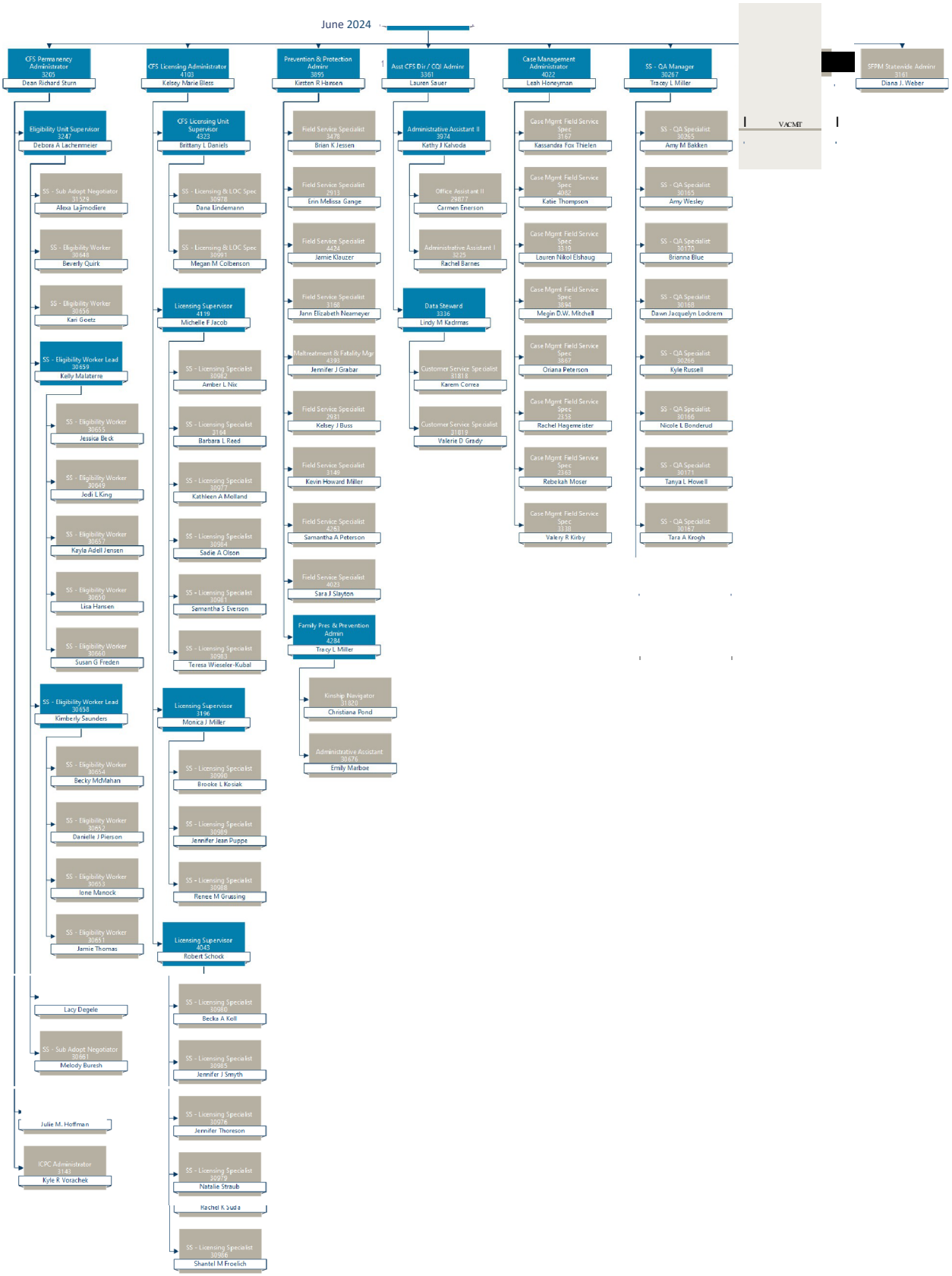
Item 36 Performance Appraisal

Based on the information presented above, North Dakota believes this item is a *Strength*.

Appendix A: CFSR State Data Profile

The state data profile and other appendices can be requested from the state or the Children's Bureau.

Appendix B: North Dakota Department of Health and Human Services – Children and Family Services Section Organizational Chart


June 2024
CFS Permanency Administrator 3265 Dean Richard Sturn
CFS Licensing Administrator 4103 Kelsey Marie Bless
Prevention & Protection Admnir 3995 Kirsten R Hansen
Asst CFS Dir / CQI Admnir 3361 Lauren Sauer
Case Management Administrator 4022 Leah Honeyman
SS - QA Manager 30267 Tracey L Miller
SFPM Statewide Admnir 3161 Diana J. Weber
VACMT
Eligibility Unit Supervisor 3247 Debora A Lachenmeier
SS - Sub Adopt Negotiator 31529 Alexa Lajimodiere
SS - Eligibility Worker 30648 Beverly Quirk
SS - Eligibility Worker 30656 Kari Goetz
SS - Eligibility Worker Lead 30659 Kelly Malaterre
SS - Eligibility Worker 30655 Jessica Beck
SS - Eligibility Worker 30649 Jodi L King
SS - Eligibility Worker 30657 Kayla Adell Jensen
SS - Eligibility Worker 30650 Lisa Hansen
SS - Eligibility Worker 30660 Susan G Freden
SS - Eligibility Worker Lead 30658 Kimberly Saunders
SS - Eligibility Worker 30654 Becky McMahan
SS - Eligibility Worker 30652 Danielle J Pierson
SS - Eligibility Worker 30653 Ione Manock
SS - Eligibility Worker 30651 Jamie Thomas
Lacy Degele
SS - Sub Adopt Negotiator 30661 Melody Buresh
Julie M. Hoffman
ICPC Administrator 3147 Kyle R Vorachek
CFS Licensing Unit Supervisor 4323 Brittany L Daniels
SS - Licensing & LOC Spec 30978 Dana Lindemann
SS - Licensing & LOC Spec 30991 Megan M Colbenson
Licensing Supervisor 4119 Michelle F Jacob
SS - Licensing Specialist 30982 Amber L Nix
SS - Licensing Specialist 3164 Barbara L Reed
SS - Licensing Specialist 30977 Kathleen A Molland
SS - Licensing Specialist 30984 Sadie A Olson
SS - Licensing Specialist 30981 Samantha S Everson
SS - Licensing Specialist 30983 Teresa Wieseler-Kubal
Licensing Supervisor 3196 Monica J Miller
SS - Licensing Specialist 30990 Brooke L Kosiak
SS - Licensing Specialist 30989 Jennifer Jean Puppe
SS - Licensing Specialist 30988 Renee M Grussing
Licensing Supervisor 4043 Robert Schock
SS - Licensing Specialist 30980 Becka A Koll
SS - Licensing Specialist 30985 Jennifer J Smyth
SS - Licensing Specialist 30976 Jennifer Thoreson
SS - Licensing Specialist 30979 Natalie Straub
Rachel K Juda
SS - Licensing Specialist 30986 Shantel M Froelich
Field Service Specialist 3479 Brian K Jessen
Field Service Specialist 2913 Erin Melissa Gange
Field Service Specialist 4424 Jamie Klauzer
Field Service Specialist 3168 Jann Elizabeth Nearmeyer
Maltreatment & Fatality Mgr 4181 Jennifer J Grabar
Field Service Specialist 2931 Kelsey J Buss
Field Service Specialist 3149 Kevin Howard Miller
Field Service Specialist 4283 Samantha A Peterson
Field Service Specialist 4630 Sara J Slayton
Family Pres & Prevention Admin 4284 Tracy L Miller
Kinship Navigator 31824 Christiana Pond
Administrative Assistant 30676 Emily Marboe
Administrative Assistant II 3974 Kathy J Kalvoda
Office Assistant II 29877 Carmen Enerson
Administrative Assistant I 3295 Rachel Barnes
Data Steward 3336 Lindy M Kadrmas
Customer Service Specialist 31818 Karem Correa
Customer Service Specialist 31819 Valerie D Grady
Case Mgmt Field Service Spec 3167 Kassandra Fox Thielen
Case Mgmt Field Service Spec 4043 Katie Thompson
Case Mgmt Field Service Spec 3319 Lauren Nikol Elshaug
Case Mgmt Field Service Spec 3994 Megin D.W. Mitchell
Case Mgmt Field Service Spec 3987 Oriana Peterson
Case Mgmt Field Service Spec 2338 Rachel Hagemeister
Case Mgmt Field Service Spec 2363 Rebekah Moser
Case Mgmt Field Service Spec 3338 Valery R Kirby
SS - QA Specialist 30165 Amy M Bakken
SS - QA Specialist 30175 Amy Wesley
SS - QA Specialist 30170 Brianna Blue
SS - QA Specialist 30168 Dawn Jacquelyn Lockrem
SS - QA Specialist 30166 Kyle Russell
SS - QA Specialist 30169 Nicole L Bonderud
SS - QA Specialist 30171 Tanya L Howell
SS - QA Specialist 30167 Tara A Krogh