Section I – General Information

Name of State Agency	
North Dakota Children and Family Services	
Period Under Review	
Onsite Review Sample Period: April 1st, 2007 through April 21st, 2008 for foster care and in-home samples. Period of AFCARS Data: 12 month period ending March 31st, 2007 Period of NCANDS Data (or other approved source; please specify if alternative data source is used): 12 month period ending March 31st, 2007.	
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North Dakota Child and Family Services Review
Self-Assessment Introduction

I. Welcome to North Dakota!

Demographics: North Dakota is a rural state with **two-thirds of its counties designated as frontier areas.** Geographically, this includes 72,000 square miles. Population of the state is **642,000**. The largest city in the state is Fargo, with a population of approximately 95,000. Nearly 40% of the state's population resides in the two eastern regions that lie on the border with Minnesota. In contrast, only ten percent of the population resides in the two regions that lie on the western border with Montana. In fact, the western half of the state has a sparse population density from 0.9 to 10.7 persons per square mile. Vast distances between towns, farmsteads, and services require residents to spend many hours in travel. Round-trips of 200 miles or more to obtain services are not uncommon.

North Dakota has a **long history as a farming community** and has relied on this business for much of its economic livelihood. However, with the downswing in the rural economy, the population distribution became more urban than rural as farmers and ranchers closed their businesses, left their home communities, and moved into the cities seeking employment. This shift has resulted in fewer services available in some of the rural areas. It is very difficult to find qualified medical and human service personnel who desire to live in rural, often remote communities in the state.

Recently, the **energy industry** has provided significant growth in the economy in ND. The fiscal picture for ND in both the short and long term is very positive. While the nation feels the pinch of a probable recession, ND is enjoying prosperity in many sectors.

Though the **state population's racial makeup remained virtually unchanged**, its age increased. The child population (0-17) decreased during the 1990's by nearly 13%. Adults age 18-34 and 60-74 decreased during the decade, as well (22.5% and 5.7%, respectively). The causes of this phenomenon vary. Many young people are leaving North Dakota to seek opportunities elsewhere. The state has also been experiencing a steady decline in the birth rate, perhaps caused by young people leaving or the economic realities of today. Those who remain in the state are faced with needing to hold multiple jobs in order to make ends meet. In fact, 2000 Census figures indicated that North Dakota was the highest ranked state in the nation for the percentage of people who hold multiple jobs and a higher percentage of jobs in the state pay less than $12 per hour.

While the racial makeup has remained virtually unchanged over the years, there are recent Census Bureau estimates suggesting North Dakota's minority population is growing. The minority population increased by 6,269 (or 13.8%) from 2000-2006. The American Indian population, the largest

racial group in ND, grew by 2,750 (or 8.7%) during that same time period. Totaled, minorities comprise 8.1% of ND's total population.

Another phenomenon being noticed is that some retired people – having left the state to seek opportunities elsewhere – are returning to North Dakota to spend their remaining years in the place they grew up. Similarly, as youth leave the rural areas, some elderly residents choose to remain behind in the towns they lived in most of their lives. The reality, however, is that services continue to decrease in these areas when the population in question will require more services.

The phenomena mentioned above will impact service delivery in two major ways. With a **decline in the 18-34 year old range** – typically the largest source of caregivers in the state – it will become more difficult to find caregivers to offset the increases in the 75+ population. This may become magnified in the future as the baby-boomers age. This is only compounded by the declining birth rate. Also, with an increase in elderly and decrease in younger people, the tax base will decline. In the next few years an increasing number of residents will be moving into retirement and out of the workforce. The tax burden will be shifted to a dwindling workforce-age population. With declining income to pay for increased utilization, services may be in jeopardy.

Children in North Dakota are **presenting with more complex issues at an earlier age** in greater numbers at the same time the **total number of children are decreasing**. The Department of Public Instruction is experiencing huge increases of children qualifying for emotional disturbances services through the individualized education plan (IDEA) and human service centers are reporting that the children are referred at younger ages -- down to age two and are presenting with multiple and complex issues.

Child Welfare: ND has a **child population (17 and under) of 144,934** children and **ranks 8th highest in the nation in child well-being**, up from 9th in 2006, according to the 2007 North Dakota KIDS COUNT Fact Book. As noted in the Fact Book, two thousand ND children are in need of a permanent family connection; the infant mortality rate has dropped by one-third; ND places in the top 10 nationally in seven out of the ten categories; and child poverty rates are improving (while on the decline nationwide).

In 2007, there were **2152 children in foster care (total)** with **1378 of those children in family care placements** and 525 in facility placements. As a daily snapshot, on 9/30/07 there were 1,312 children in foster care, which includes children in pre-adoptive placements, tribal IV-E placements and youth in the Division of Juvenile Services who are placed in foster care settings. Over the past two years, the foster care population has been trending down after reaching a peak of 2314 children in FFY 2005. It

should also be noted that the general child population in North Dakota has dropped by 14.2% since 2000.

Since the last federal Child and Family Services Review, **kinship care placements grew by 140%** from FFY 2001 to FFY 2006. During this same time period, **placements of children in facilities dropped** by 11.6**%,** while **adoptions of children from foster care grew by 146%.** Finally, **Child Abuse and Neglect reports receiving full assessments have declined** by approximately 6% over the past six years. In CY 2006, there were 3819 full assessments. The number of total Child Abuse and Neglect Reports has also declined slightly from a high of 7,688 in 2005 to 7602 in 2006 (CY). Reports have numbered near 7,000 annually since 2002.

For additional child welfare data, please reference the 2007 Child Welfare Data Snapshot (Appendix B).

Service Delivery System: Public child welfare services are primarily delivered directly through eight regional human service centers (HSC's) and county social service agencies (CSS) in all 53 counties. North Dakota has a **county- administered, state-supervised** child welfare service delivery system. The Children and Family Services (CFS) Division, of the ND Department of Human Services, is responsible for program supervision and technical assistance for the delivery of public child welfare services.

ND Department of Human Services:
The Department of Human Services (DHS) is the state governmental administrative agency that provides services that help vulnerable North Dakotans of all ages to maintain or enhance their quality of life, which may be threatened by lack of financial resources, emotional crises, disabling conditions, or an inability to protect themselves. The Department administers comprehensive human services and economic assistance on behalf of individuals and families in North Dakota. It is an umbrella agency headed by an executive director appointed by the Governor. Comprised of over 2,000 employees, the Department of Human Services has six major organizational components overseen by the DHS Cabinet: Medical Services; Economic Assistance; Program and Policy; Human Service Centers; Institutions; and Fiscal.

Delivering human services involves a partnership between the Department, counties, tribes, and service providers. The Department receives and distributes funds furnished by the North Dakota Legislature and Congress. Funds may be sent directly to providers or to people whom the counties determine qualify for programs and benefits.

The Department provides direction and technical assistance, sets standards, conducts training, and manages the computerized eligibility system.

The Division of Children and Family Services (CFS) is a part of the Program and Policy component of the Department of Human Services.

Children and Family Services (CFS):
The CFS Division administers the interstate compact on the placement of children (ICPC); intensive in-home services; early childhood services; child protection services (CPS); North Dakota Child Fatality Review Panel (NDCFRP); State Child Protection Team (SCPT); Wraparound services; foster care services; independent living services; special needs adoption services; subsidized guardianships; services to pregnant teens; parent aide services; prime time child care services; background checks; Safety/Permanency funds; the Children's Trust Fund (CTF); child abuse and neglect prevention; refugee resettlement services; and other children and family services.
CFS includes twenty full and part-time staff at the Central Office-State Capitol in Bismarck, with several staff out-stationed in other locations in ND.

County Social Service Agencies:

There are county social services agencies in all 53 counties of the state. Recently, the first multi-governmental unit was formed to provide governmental oversight for a consolidation of four counties (Dakota Central). These agencies are governed by local **County Social Service Boards** (CSSBs) for each county (except Dakota Central) that provide oversight for the delivery of human services, including child welfare services. The CSSB delivery system is **locally-administered, and state- supervised**. County social service staff is employed by the county and they operate their human service programs in accordance with state policy, direction, law, regulation, and contracts. County staff conduct the child abuse and neglect assessments and provide case management services for in-home, Wraparound, and foster care cases. In addition, they work closely with the privatized special needs adoptions program (AASK-Adults Adoption Special Kids) when adoption is part of the concurrent plan.

Regional Human Service Centers:

In 1982, to better serve the citizens of this rural state, the community mental health centers were merged with the area social service centers. This action created the regional human service centers and developed a one-stop system of care. The eight

regional human service centers, listed below with their locations, provide public mental health programs to service areas ranging from three to ten counties.

Northwest Human Service Center Williston- Region I
North Central Human Service Center Minot- Region II
Lake Region Human Service Center Devils Lake- Region III
Northeast Human Service Center Grand Forks- Region IV
Southeast Human Service Center Fargo- Region V
South Central Human Service Center Jamestown- Region VI
West Central Human Service Center Bismarck- Region VII
Badlands Human Service Center Dickinson- Region VIII

Consumers are served in the community through a variety of rehabilitation services including: crisis stabilization and resolution; inpatient services; psychiatric/medical management including medication management and other health services; social services; residential services and supports; vocational and educational services and supported employment; and social and leisure activities. Services at the regional human service centers are provided to all consumers regardless of the consumer's race, color, religion, national origin, sex, age, political beliefs, or disability. All services are provided to Native Americans living on or off the reservations.

Regional Supervisors provide a link for CFS in the practice field as they provide administrative supervision to county social services. Regional Supervisors are housed at the regional HSC. Most Regional Supervisors have assistants, so there are two or more in most regions (exceptions are Fargo and Bismarck with four and Williston with one).

Tribal Social Services/Tribal Child Welfare Services:

Tribal Social Services, located at each of the four reservations and one federal area in North Dakota, provide child abuse and neglect assessments, follow-up services and foster care for their reservation population. Each of the four reservations have signed IV-E agreements with the ND DHS. These agreements enable the tribes to claim IV-E dollars and the required state match for IV-E eligible tribal children when foster care placement is necessary. Non IV-E eligible children are paid with Federal 638 monies. In addition, each reservation is able to claim IV-E administrative expenses through a process facilitated by CFS requiring quarterly time studies of staff.

The Division of Juvenile Services (DJS):

DJS, through the ND Department of Corrections, provides community case management and institutional care at the Youth Correction Center in Mandan. Youth in the custody of DJS (through the ND Juvenile Court) who require foster care placement and treatment services are able to access family foster care, therapeutic foster care, and residential foster care to meet their treatment needs. Funding for these placements is facilitated through the foster care system with IV-E, county, state and other federal dollars as deemed appropriate through eligibility determination within county social services.

II. Child welfare in ND embraces an inclusive team approach to assist children and families. The following concepts and groups drive child welfare practice in the state:

1. **Wraparound Case Management**: Wraparound is a process not a program. It is a method of meeting the needs of families through the coordination and identification of natural supports and formal services. This process is **team driven**, focuses on **least restrictive method of care** and uses the **family's strengths, preferences and choices** in the process whenever possible. It is a continuum of intensity, which is **driven by family** needs, complexity, and level of risk.

2. **Child and Family Teams (CFT)/Foster Care Child and Family Teams (FCCFT)/Permanency Planning Teams:** The CFT is essential to the work of the Wraparound process. In ND the permanency planning teams are called Foster Care Child and Family Teams (FCCFT). These teams use the Wraparound Case Management process to facilitate permanency for a child.

3. **Child Protection Teams:** Local multi-disciplinary Child Protection Teams (CPT) are available to every county social service agency in the state; members of the team (professional and lay) come from the local communities in the county. Members of the CPT review child abuse and neglect reports and assessments and assist in decision-making on these cases.

4. **Citizen Review Committee:** This recently formed group of citizens from throughout the state meets to review cases and discuss and consult on child abuse and neglect policy and practice. This committee also includes members of the long-standing CPS Task Force.

III. North Dakota's Program Improvement Plan in response to the 2001 CFSR:

The Program Improvement Plan for the 2001 federal CFSR included major systemic change with the adoption and implementation of **Wraparound case management** for the child welfare and mental health systems. In cases/sites where this model was used, counties were able to "pass" the ND CFSR QA process without an error.

North Dakota also **adopted the federal Child and Family Services Review process** as one of our state quality assurance processes. Frontline staff from the HSC, counties, DJS, tribes, and private provider agencies participated as reviewers in this process. They have the opportunity to learn firsthand the quality assurance measures that are woven into the federal and state standards.

Finally, CFS **continues to build on its strong history of collaboration** with the courts, tribes, county social services and the non-profit providers in the state.

IV. North Dakota's Data Profile Summary

North Dakota was the only state in the nation to pass nine of the fourteen measures, including all seven of the systemic factors, during the first round of the CFSR in 2001. Since then, the federal CFSR process has been embraced in North Dakota as one of our state quality assurance processes. In this review process our overall score **climbed from 83% in 2003 to 95.5% in 2006.**

Currently, North Dakota is **passing Composite Two**: Timeliness of Adoptions with a composite score of 113.4 (National Standard: 106.4) and **Composite Three**: Achieving Permanency for Children in Foster Care for Long Periods of Time with a composite score of 132.8 (National Standard: 121.7).

North Dakota **did not meet the National Standards for Composite Score One**: Timeliness and Permanency of Reunifications with a composite score of 106.1 (National Standard: 122.6) **or Composite Four**: Placement Stability while in Foster Care with a composite score of 93.3 (National Standard: 101.5). The national data for North Dakota suggests that items not meeting the national median range from .9% to 3.3% below the standard in these areas. This represents a needed adjustment of approximately one child per region per quarter (1.25 child x 8 regions x 4 quarter = 40 children) to meet the national median. (See Appendix D for the North Dakota Child and Family Services Review Data Profile)

V. Issues for North Dakota:

1. **Caseload Standards: Frontline Social Workers and Supervisors**
   Currently North Dakota struggles with minimum and maximum caseloads for workers across the state. In the most rural areas of the state, caseworkers may experience low caseloads which provide challenges to maintaining skills and program knowledge. Yet, they have huge distances to travel. In the urban counties, caseworkers express concerns about high numbers of cases and the growing complexity of cases. Finally, the growing demands of both paper work and data entry/computer system requirements are concerns of child welfare staff.

2. **Development of a "user friendly" and functional data system**
   North Dakota has recently conducted a business analysis to prepare plans to build a Child Welfare Data System. The vision for this system would allow front end users to complete their work in one unified and comprehensive system. This new system would reduce or eliminate duplicate entries that are currently required; allow access to case-related data across programs; populate multiple forms that are required of the front line staff; and generate the necessary data required by managers in the field.

3. **Supervision: Availability of trained child welfare supervisors to all frontline social workers**
   Due to the rural nature of North Dakota, some county offices have one licensed social worker who is supervised by a county director without a background in child welfare or social work. Progress is being made to provide all frontline workers with casework supervisors who have social work licenses and have specialized training, including the four-week Child Welfare Certification Training.

4. **Disproportionality: Native American children in foster care**
   Although only 7% (10,145) of the child population in ND is Native American, **Native American children accounted for 32% of the current foster care population** in North Dakota (419 children of the 1,312 foster care child total). Of the Native American children in foster care (419), 20% were in tribal custody; the remainder of Native American children in care are in the custody of county and state agencies. Native American children are also over-represented as victims of Child Abuse and Neglect in the state (18% of all victims).

5. **Continued development of prevention-based services and home-based interventions so families can receive services at the earliest point of need**
   - Intensive in-home family therapy

- Evidenced-based primary prevention services
- Parent Resource Centers
- Enhancement of Healthy Families program
- Parent Aide Services
- Safety/Permanency funds
- Child care and respite
- Family-find and relative search tools
- Family Group Decision Making (FGDM)
- Financial supports for kin that are in parity with supports to foster parents

6. **Recruitment and Retention of Foster Care and Kinship Providers**
   While regional and statewide recruitment efforts continue, ND remains in need of additional family-based placement resources for children. In addition to recruiting new resources, we are challenged to find ways to retain our experienced family foster care providers in the state.
7. **Base Level Funding for Child Welfare Services**
   The state and counties are currently **determining the impact of the loss of targeted case management** dollars to the child welfare system. This loss will have a direct impact on the ability of the state to continue to deliver services at our current level.
8. **Workforce challenges**
   ND, as many other states, is facing a workforce challenge in both rural and urban areas. Recruiting and retaining qualified child welfare staff and administrators has become a significant issue in the past five years. Creative solutions and additional resources are needed to address this issue so that ND can attract and maintain a cadre of experienced and skilled child welfare social workers.

Safety

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

Child Protection Overview and Policy

Reports of suspected child abuse and neglect (CA/N) are received and assessed by county social service offices in each county. The jurisdiction for assessments is considered to be the county where the child is physically present, regardless of the child's county of residence. The county child welfare personnel are employees of the county and operate child welfare programs in accordance with state policy, law, regulation, and contracts.

Upon the receipt of a report of suspected child abuse or neglect, there is a policy requirement that defines and details the assessment process. This includes:

1. An initial assessment of **child safety** based on information contained within the report and contact with the reporter or other collateral contact;
2. A records check for any record of previous involvement with the agency (This record check is the standard for most of the time during the period under review for initiation of the assessment of a report); and
3. Initiation of face-to-face contact with the child victim (the new standard in place since December 1st, 2007-so this would be in place for a portion of the period under review).

Each Human Service Center (HSC) has a Regional Supervisor that is the liaison between the counties and Children and Family Services (CFS) programs, including Child Protection Services (CPS). Regional Supervisors provide direction and program supervision of child welfare services provided by the county social service boards; these representatives also chair the Child Protection Teams for each county. All counties have a local Child Protection Team that includes local appointed officials. Some of the more rural counties combine and have Multi-county Child Protection Teams; one area has multiple counties that form a Regional Child Protection Team. Regional Supervisors hold the responsibility for making the case decision of "Services Required" or "No Services Required". In this process they consider Child Protection Teams comments and/or discussion on the case and the recommendations of the social worker completing the assessment. The social worker or supervisor also performs an analysis of the report and determines:

- Whether the report meets criteria for an Administrative Assessment. Because North Dakota (ND) law provides that ALL reports **must** be accepted, an administrative process is utilized to assess reports that do not meet the criteria for a "full" assessment. (i.e. reports that concern an individual over the age of 18; concerns that do not meet the criteria for abuse or neglect; concerns that have been addressed in a prior assessment, etc.);

- Whether the child is physically present in the county receiving the report, or if the report concerns a child in a tribal jurisdiction. If the child is not present in the receiving county, the report is considered an administrative referral and is sent to the county, state, or tribal jurisdiction as appropriate;
- Whether the report meets the criteria for a "full assessment". When the report alleges abuse or neglect by someone who is not a "person responsible for the child's welfare", the report is referred to law enforcement (if the concerns are criminal in nature). If the concerns in the report clearly fall outside the child protection statutes, the reporter is directed to other community services; and
- Whether the report should be referred to a case manager for assessment. When a report of suspected child abuse or neglect is received while a family is receiving case management services through the county, a case consultation is held. Policy requires that the report be reviewed by the Regional Supervisor, the social worker providing Wraparound case management, the social worker's supervisor, the social worker who completed the most recent CPS assessment with this family, and the social worker's supervisor. This team decides if the concerns will be assessed by the social worker providing Wraparound case management services or if a new full CPS assessment is necessary. If the concerns are of a criminal nature (sexual abuse or serious physical abuse), or if the family has revealed information indicating a child may have been a victim of a crime, a referral is made to law enforcement for a joint assessment/ investigation by a social worker who does CPS assessments.

ND currently uses a **three-tiered category system** to prioritize the initiation of an assessment (Categories A, B, and C).

Category A includes sexual abuse and serious physical abuse and requires contact with law enforcement within 24 hours of initiation of the assessment. New policy guidance (implemented 12-1-07) requires face-to-face contact with suspected victims within 24 hours for reports in Category A. Assessments are coordinated with law enforcement for all reports in Category A. Law enforcement takes the lead in any potential criminal investigation and the county social service social worker conducts a parallel CPS assessment. Formal, local protocols for this coordination are encouraged.

Category B includes less serious physical abuse and may warrant contact and coordination with law enforcement (if the concerns are criminal in nature). Initiation of the assessment must be within 24 hours. New policy guidance (implemented 12-1-07) requires face-to-face contact with suspected victims within three calendar days for reports in Category B.

Category C includes all other reports; the assessment must be initiated within 72 hours. New policy guidance (implemented 12-1-07) requires face-to-face contact with suspected victims within 14 calendar days for reports in Category C.

If a child and/or family cannot be located in order to make face-to-face contact, documentation is required to explain and detail the process used to locate the family and the plans of the agency to address the CPS report.

Reports of suspected CA/N in **family foster care** are received and assessed in the same manner as in familial homes. Reports of suspected CA/N in **residential care** are discussed in Item 2. Reports involving tribal children who do not live on the reservation are received and assessed in the same manner as in other familial homes. Reports involving tribal children living in **reservation communities** are forwarded to tribal child welfare authorities on the appropriate reservation.

Full assessments, conducted by county social service social workers, are to be completed within 62 days. This time frame includes completing all required written documentation for transmission to the regional office where the data, including information that is required in the CPS Index, is entered. There is provision in policy for extensions of this timeline by written request to the Regional Supervisor. The extension request must contain specific information on the social worker's assessment of the child(ren)'s safety and specific steps that have been put in place to assure the child's safety. Anecdotally, delays related to scheduling joint interviews with law enforcement contribute significantly to requests for deadline extensions, as do children traveling between parental homes for custodial visitation. There is no formal data source to track the number and types of extensions.

Social workers also have the ability to **terminate an assessment in progress** when the information obtained during the assessment leads the social worker to believe the concern falls outside the definitions in the law. Terminating an assessment in progress requires agreement between the social worker, supervisor, and Regional Supervisor. If there is not consensus, the Regional Supervisor has responsibility for the final decision.

When concluded, an assessment is reviewed by the **Multidisciplinary Child Protection Team**. The makeup of a multidisciplinary team will vary among communities given the willingness of professionals or volunteers to serve in such a capacity. These teams operate in an advisory capacity to the county and the Regional Supervisors. Some larger counties review assessments using an internal Child Protection Team. These internal teams are usually made up of the social workers who complete assessments and their supervisor. Any decision of “Services Required” made by an internal team must be affirmed by the Regional Supervisor prior to notifying the subject of the decision.

A decision is made whether **“services are required”** for the protection and treatment of an abused or neglected child when the report is completed. The outcome decision of the CPS assessment is made with the assistance of a local Multi-disciplinary Child Protection Team in most instances. The CPS social worker and CPS supervisor participate in the decision-making, but the Regional Supervisor is the person with responsibility for the decision.

There is a separate process in place for reports of **suspected CA/N for children placed in residential care. Institutional child abuse or neglect** is separately defined in statute and involves situations where an institution is the entity responsible for a child's welfare. Reports of suspected CA/N, which occur in licensed Residential Child Care Facilities (RCCF) and Psychiatric Residential Treatment Facilities (PRTFs), as well as other institutions as prescribed in statute are reported and assessed at the regional level. Regional Supervisors are responsible for receiving the reports and conducting the assessments with support and direction from CFS. In Institutional CA/N cases, the facility is considered the "subject" of the report, rather than an individual employed at the facility. At the conclusion of the assessment, the case is reviewed by the **State Child Protection Team (SCPT).** The multidisciplinary SCPT is established in statute and charged with the responsibility of making a determination whether child abuse or neglect is "indicated" in every case of alleged institutional child abuse or neglect. Institutional CPS uses the terms **"Indicated"** to denote a decision that a child is abused or neglected by a facility, as defined in statute and **"Not Indicated"** to denote a decision that a child is not abused or neglected by a facility, as defined in statute. The SCPT may also make recommendations to facilities for changes in policy or practice. Recommendations that are not followed, and which constitute violations of the terms of licensure, are referred to foster care licensing personnel in CFS for review.

For the 12-month period ending 3/31/07, there were 77 total reports of **institutional child abuse or neglect** (including reports concerning residential schools, Youth Correctional Center, State Hospital, Developmental Disabilities group homes, etc.). Of that total, 76.6% (N=59) involved group home or residential facilities. Of the 59 reports involving group homes or residential facilities, ten reports (10.98% of 77 total reports), involving 29 victims, resulted in determinations of "Indicated".

Although the number of reports appears to have increased significantly over the past 4 years (72 and 69 reports for CYs 06 and 07 respectively vs. 44 and 48 reports in CYs 04 and 05) much of this increase can be accounted for by improved reporting and data management practices along with an in-depth review at one facility, which generated a significant number of reports over portions of 06 and 07.

Practice

See Appendix C for a chart representing the CPS Decision-making Process.

Policies outlining the three-tiered category system have been in place for a number of years and CPS social workers in the field are familiar with the requirements for initiation of an assessment in each of the categories and have been trained in their use. The use of the category system is well integrated into the Children and Family Services Training Center (CFSTC) curriculum for child welfare social workers and CPS social workers must begin this training within six months of their employment.

Face-to face contact with the victim is a recent addition to CPS policy (12/01/07), recognizing the need for more definition to guide and enforce timelines for face-to-face contact with suspected victims related to an assessment of the child's safety. This new policy was integrated into the Category System currently in practice to assist the social workers to incorporate the new policy into existing practice. Early indications of policy implementation reveal challenges related to caseload size, and geographical/rural challenges in meeting the required time frames.

In the CPS Program, formal reviews of CA/N assessments conducted by county social service agencies are completed by the Regional Supervisors annually.

For **Quality Assurance (QA)** purposes, five completed CPS cases from each county in the region are reviewed. The child protection law, administrative rules, policies, and procedures provide the framework for the case reviews. A standardized review form provides the elements of the review. The Regional Supervisor prepares a written summary of the case reviews, outlining the strengths of the casework and documentation. The written summary notes areas in need of improvement with a request to the county for a written correction plan. The county is asked to provide the written response plan to the Regional Supervisor. Copies of the Regional Supervisor's written summary along with the correction plan are sent to the state CPS Administrator for review. If a corrective action plan is put into place as a result of the QA process, the Regional Supervisor monitors that plan. If any assistance is needed in assessing progress in regard to the plan or practice issues, the Regional Supervisor requests assistance from the program administrator or the leadership in CFS.

In addition, QA of safety is accomplished through the county and regional multi-disciplinary Child Protection Teams. The results of these reviews can indicate some procedural gaps in the assessment process that are addressed on a case-by-case basis within the county.

Because the face-to-face contact policy has just recently gone into effect, there are not yet any QA reviews specifically looking at this timeliness standard. The QA reviews in 1st quarter 2008 or 2009 will be the first "annual" QA review to address this particular criterion. Currently, "timeliness issues" have addressed the initiation of the assessment, an area where there have been few case notations as the standard is quite liberal for initiating assessments. Typically, the annual QA review generates comments regarding the language of letters to subjects informing them of decisions and notions that mandated reporters did not receive feedback from the social worker on the status of the case or the decision.

There are **two additional processes** that add to the ability of ND to monitor QA in CPS, the formal and informal appeal process.

Upon completion of an assessment and a decision on whether services are required for the protection and treatment of an abused or neglected child; the person responsible for the health and welfare of a child, (the subject), has a right to **appeal the decision**. This is a formal appeal process involving the Office of Administrative Hearings (OAH).

In addition to the formal appeal process the "subject" of the assessment (person suspected of abusing or neglecting a child) may request a "grievance meeting" if there is concern about the conduct of the assessment. This meeting is held at the county level.

A “subject” becomes “eligible” to appeal a decision or to file a grievance upon the notification of the assessment decision. Juvenile Court actions taken to protect a child proceed independently of appeal or grievance filings. The appeals process typically does not proceed if there is a pending action in the criminal courts, until after there is a conviction or a dismissal. Services are offered to the family at or shortly after, the time the assessment decision is made. However, families may choose not to participate until after the appeal or grievance is heard, unless the Juvenile Court has ordered services in the interim.

If a family chooses not to participate in “services that are required” and there is no court mandate to participate, a service gap may occur. If there is an attendant safety issue, and the States Attorney has declined taking a case forward into Juvenile Court, or if the Juvenile Court will not order services or find the child “deprived”, the agency has no recourse except to continue to make services available to the child and/or family.

County child protection staff can be frustrated when States Attorneys refuse to proceed. In ND, States Attorneys do not represent the county agencies or staff. States Attorneys are independent of agency representation as they represent the “citizens of the county”. This results in situations where staff and Child Protection Team recommendations to proceed to court with a case to secure the necessary protections for a child are not taken, and the child may remain unprotected. While this is not a frequent occurrence in our system, it does happen and creates a very distinct and potentially dramatic service gap.

These situations can erode working relationships on a local level. Agencies really have no recourse when this occurs as they don’t have the mechanism or the funding to hire “their own attorney” when this scenario occurs. This creates significant case-related and systemic stress to agency directors, supervisors, front-line staff and Child Protection Team members.

Caseload standards have been a part of the delivery system for CPS in ND for many years. Adherence to the caseload standard is required by policy. Maintenance of the caseload standard is part of the QA process. The CPS Administrator and each Regional Supervisor review monthly “Cases Pending” reports. These reports detail how many cases each CPS social worker has open and allow for the analysis of whether caseload standards are being met or exceeded. If social workers exceed the standards, the CPS Administrator notes this and requests the Regional Supervisor to address this with the county director and supervisor. Because monthly reviews are done at these two levels, progress and change can be monitored in this process to address caseload issues. Frequently, caseload issues are apparent as a result of staff changes and staff shortages in CPS units. This process has proven to be an excellent management tool for CFS, region and county staff. Also, the CPS data system does give

access to weekly updates on caseload numbers and “Cases Pending”, which is a useful tracking tool for staff.

In 1996, the ND CPS program developed a working **CPS Task Force**, which meets quarterly to discuss quality and to propose methods to improve the delivery of CPS. The Task Force is made up of representatives from each region of the state including county social service staff (frontline, supervisory, and administrative staff); Regional Supervisors; two CFS central office members; CFSTC; and the Executive Director of Prevent Child Abuse North Dakota. This group also meets jointly with the Citizen Review Committee to address identified systemic issues.

Changes in performance and practice since 2001

Please refer to information in above paragraphs regarding the implementation of the recent face-to-face contact policy. This new policy was a significant change in the CPS practice realm.

Changes in North Dakota’s **performance** since the previous Statewide Assessment are reflected in the data listed below. ND has shown **continuous improvement** in the timeliness of initiating assessments in accordance with state policy from Performance Improvement Plan (PIP) implementation to present.

During the past four years, ND has monitored Item 1, “Timeliness of initiating assessments of reports of child maltreatment” through the regional ND CFSR QA process, which replicates the federal CFSR. In 2001, the federal CFSR rating was 92%. In 2003, the ND CFSR QA process rated this item at 86%. In 2004, at 88%. In 2005, at 99%. In 2006, the ND CFSR QA process rated this item at 98%. The **rating fluctuations** in 2003 and 2004 were due in part to changes translating state and federal requirements. This item shows an **increase of 6%** and is well supported by interviews with families, schools and other community stakeholders.

Safety data profile elements XIII and IX, concerning response time, are impacted by the limited quality and quantity of data available from the state’s current CPS data system. While all reports (administrative assessments, administrative referrals, assessments terminated in progress and full assessments) are transmitted to the regional office and entered into the CPS Data System, response time is reported as “days”. The data system reports response times that are less than one day as one (1) day.

ND is currently unable to track statewide data for face-to-face contact with suspected victims, as the current “mainframe” data system cannot accommodate these additional data elements.

The ND CFSR QA process records only whether the assessment has been initiated according to policy. With the implementation of the face-to-face contact policy, (12-1-07) the ND CFSR QA process will be monitoring policy compliance using the process already in place during the next round of reviews.

Factors affecting the rate of "substantiated" versus "unsubstantiated" reports

ND terminology does not include the terms **"substantiated"** and **"unsubstantiated"**. ND law (NDCC 50-25.1-05.1) requires: "[U]pon the completion of the assessment of the initial report of child abuse or neglect, a decision must be made whether services are required for the protection and treatment of an abused or neglected child."

ND uses the terms **"Services Required"** to denote a decision that a child has been found to be abused or neglected, as defined in statute. **"No Services Required"** denotes a decision that a child has been found not to be abused or neglected, as defined in law. As a sub-category of the "No Services Required", policy allows a decision of "No Services Required-Services Recommended". This sub-category denotes family service needs that are identified and recommendations/referrals for the family members to community (secondary prevention) services designed to reduce any risk of future maltreatment, even though there is no current maltreatment identified.

CPS assessments with decisions of "Services Required" are referred to the Juvenile Court. **CPS assessments with decisions of "Services Required" must also be referred for Wraparound case management services.** CPS assessments with decisions of "No Services Required, Services Recommended" indicate that services should offered through the agency (such as Wraparound case management, Parent Aide Services, etc.) based on available resources, including referrals to other community resources. Participation in services is voluntary, since the "No Services Required" decision reflects that a child is not an abused or neglected child as defined by law. See "Barriers" in regard to this issue for additional information.

One factor affecting the rate of "Services Required" decisions versus "No Services Required" decisions is the use of local multidisciplinary Child Protection Teams to review assessments of suspected CA/N. Nearly every county has a multidisciplinary team that serves this function and most teams review 100% of the CPS assessments in the county. Notable exceptions are Region VIII, which has a regional Team (100% review). Cass County and Burleigh/Morton Counties have internal teams in addition to the multidisciplinary team.

Another consideration affecting the rate of "Services Required" decision versus "No Services Required" reports is **new legislation enacted in 2007.** The ND Legislature enacted a new definition of "abused child", which took effect on August 1, 2007. We hypothesize that the new definition will allow for assessment decisions of "Services Required" (North Dakota's equivalent of "substantiated") at a higher rate than the previous definition and may affect the rate of Services Required (substantiated) versus No Services Required (unsubstantiated) decisions. Data to support this hypothesis is not yet available; data should be available for comparative analysis by October 1, 2008.

Current ND law is also a factor affecting the disposition of incoming reports. The law mandates that the department "immediately shall initiate an assessment, or

cause an assessment, of any report (emphasis added) of CA/N…" (NDCC 50-25.1-05). Thus, **all reports of suspected CA/N must be "accepted".** Since an assessment of any report must be made, ND is unable to engage in a process utilized by other states, commonly known as "screening". An analysis of the report takes place, following intake, to determine the "disposition" of the report.

To accommodate this process, ND has initiated a policy for **"Administrative Assessments"** to address the "triage" of incoming reports of suspected CA/N. The "administrative assessment" gives an opportunity to use an informal "alternative response" for reports received when families are already being served by county child welfare programs (Wraparound case management services) and treatment services through regional HSCs (mental health services). Conditions for an administrative assessment are delineated in policy and include reports that clearly fall outside of child protection law; reports that contain no credible or causal reason to suspect a child has been abused or neglected; reports that contain insufficient information to identify or locate a child; reports where there is reason to believe the reporter is making a false report; reports in which the concerns have already been addressed in a prior assessment; and reports concerning a child who is receiving services through a Human Service Center (HSC) or county social service agency.

Administrative assessments are monitored by the Regional Supervisors. By policy, the decision to administratively assess a report of suspected CA/N must be made within five working days of the receipt of the report by the county. Administrative assessments are entered into the CPS data system.

Promising Approaches/Strengths

One promising approach in ND is the use of the **Safety/Strengths/Risk Assessment (SSRA) form**, which uses 21 standard factors to guide the social worker's assessment and documentation of child safety, family strengths, and the risk of future maltreatment. A guidebook, "Child Safety Concerns, Family Strengths and Risks of Future Maltreatment" was developed to assist the social worker in accurately and consistently assessing each of the factors. The SSRA has been cross-referenced to the ten Life Domains used in the Single Plan of Care (SPOC) documentation for the Wraparound case management process to assist in the transition from CPS assessment to service delivery.

In response to feedback received from stakeholders during the ND CFSR QA process, there are increased efforts to inform our community partners of the results of an assessment, particularly partners who are mandated reporters of CA/N. A policy requires **informing mandated reporters** of the assessment decision and recommendations following an assessment. The Assessment Report template was modified to assist in prompting and documenting that this contact was made. The CPS annual QA review also indicates whether this occurred. Anecdotal evidence has been provided during meetings with Stakeholders, which indicates success has been achieved with this practice.

Barriers

One challenge faced by the state includes an **antiquated CPS data system**, which limits the ability to monitor timeliness of initiation of assessments and face-to-face contacts with suspected child victims. The Child Abuse and Neglect Data System is not connected to the SPOC system; therefore, it is not possible to 'track' families and services from the CPS process and assessment decision to service delivery. ND is currently conducting an analysis to build a Child Welfare Data System that would allow front-end users to complete their work in one comprehensive system. This new system would reduce or eliminate duplicate entries that are currently required, would fill multiple forms that are required of the front line staff and would generate the necessary data required by managers in the field, across programs in child welfare.

ND also faces challenges with **implementing face-to-face victim contact policies**, needing to balance the demands of growing caseloads in urban areas with staff shortages and geographic challenges faced by social workers in rural areas. To assist county social workers to meet the standard for face-to-face contact with suspected child victims, the new policy incorporates the ability to rely on "community partners". This is defined as professionals who have access to the legal process to insure the immediate safety of the child if immediate action (removal) is necessary. The Child Welfare Social Worker, Law Enforcement Officer, Medical Personnel, Juvenile Court staff, or Military Family Advocacy staff may make the first face-to-face contact with the child. If the county social service agency relies on the face-to-face contact(s) made by non-child welfare professionals, this must be documented in the Log of Contacts. If county social services staff is already in the home working with the family (Wraparound case manager), these staff can make the required face-to-face contact to meet the timeline standards, as they are in a position to assess, evaluate and take action on an immediate safety concern.

Working with **tribal entities** is expected to become increasingly challenging as resources diminish and jurisdictional issues move to the forefront. One reservation in the state has indicated that, soon, the tribal social service agency will no longer assess reports involving children or parents who are not enrolled or enrollable tribal members living on reservation lands. This may require additional state-sponsored CPS agencies to step forward to address child safety and risk in these situations. This remains an issue that will need additional attention and work, from both a local and a statewide perspective. Clearly, significant legal and fiscal challenges will be foremost in addressing this issue.

At present, when a county agency receives a report of CA/N that involves a **Native American child**, the county proceeds with the standard CPS process, involving the tribe and tribal community members on a case-by-case basis when family requests involvement, or when it is indicated as per the facts of the case. When an assessment has begun and the child and/or family relocate to a reservation area, the case is transferred to the tribal child welfare agency. Because county social workers have no jurisdiction on a reservation (or no access to legal venues to assure protection), when they do become involved in

child protection cases across the boundaries, coordination and collaboration is essential to assuring that children are being served and protected. Tribal child welfare agencies can be challenged when these situations arise because of the lack of resources to address the protection issues.

Item 2: Repeat maltreatment

Policy and Practice

The policy and process for the Administrative Assessment of reports was revised and expanded to address practice issues related to repeat maltreatment. The policy allows a new report, received while the family is receiving case management services, to be referred to the social worker providing Wraparound case management services. The intent of this policy is to allow the social worker serving as the Wraparound case manager to assess additional child abuse or neglect concerns (received while the family is participating in wraparound case management) and incorporate additional services or recommendations responsive to the new or emergent concern to the current service plan. This process eliminates multiple CPS assessment processes and multiple social workers being simultaneously involved with a family, while assuring child safety is addressed and service needs are considered. The process is recorded in the CPS data system as a new report that was “administratively referred”.

The process of assigning a subsequent report of suspected maltreatment to the case manager providing services to the family has been monitored through discussion and feedback from members of the CPS Task Force and quarterly meetings with the Regional Supervisors as well as through the ND CFSR QA process. Information received through these processes indicates that mechanisms for assuring appropriate referrals of subsequent reports are adequate. CPS and Wraparound case managers and supervisors, as well as the Regional Supervisors jointly review reports referred to the Wraparound case manager. Reports that require extensive assessment, specialized skills (such as forensic interviewing), or reports of a serious or criminal nature are not considered to be appropriate for a Wraparound case management referral. Additionally, many county social service agencies have integrated program units for CPS assessment and Wraparound case management. In smaller counties, the assessment and case management may be provided by the same social worker. The Regional Supervisor provides “check and balance”, assuring appropriate referrals.

We hypothesize that the Administrative Assessment policy enhancement has impacted data on repeat maltreatment. We currently meet (and exceed) the national standard. Under this newly enhanced policy, repeat maltreatment may be administratively assessed by CPS and referred to the existing case manager to address. Administratively assessing a case means that a decision would not

be made on whether services are required (substantiation), but rather, we handle these cases/situations similarly to an alternative response system used in other states.

Changes in performance since 2001

A process was initiated for an in-depth review of cases in which four or more reports have been received, using a form created specifically for this purpose. Data for repeat maltreatment is available on the Child Abuse and Neglect Data System.

ND exceeds the federal standard for repeat maltreatment in both fiscal year (FY) 2006 and the 12-month period ending 3/31/07. During the past four years ND has monitored the stability of Item 2, "Repeat maltreatment" through ND CFSR QA process. In 2001, ND was rated in the federal CFSR at 85%. In 2003, the ND CFSR QA process rated at 88%. In 2004, at 88%. In 2005, at 91%. In 2006, ND CFSR QA process rated this item at 98%. **Continued improvement** is noted with a **13% increase**. Stakeholders' comments, interviews with families, and case file reviews in the ND CFSR QA process support this conclusion.

(Please reference discussion of Administrative Assessments in Items 1 and 2 above.)

Casework practices and resource issues

As part of the PIP implementation, North Dakota State University (NDSU) was engaged to examine assessed cases of child maltreatment between July 10, 2002, and January 1, 2004, with "Services Required" decisions.

At the conclusion of the study, a profile of the assessed families emerged. The study revealed the following profile:

> *"Repeat subjects, when compared to non-repeat subjects, have more children, are more likely to receive public assistance, have more health problems, have inadequate housing, experience disruption due to the death or absence of a family member, and have more overall risk factors. Overall, as a group, they are less likely to be represented in the intermediate physical abuse, drugs present at birth, and sexual abuse categories, and more likely to be represented in the intermediate neglect category. Looking at specific types of abuse, the "Repeat" group was less likely to have minor cuts, bruises, and welts, excessive corporal punishment, alcohol present at birth, and sexual fondling than the Control Group, but more likely to have inadequate health care and educational neglect. Their cases are less likely to have law enforcement involvement, and less likely to have criminal charges filed. In general, these differences paint a picture of a group of families under great stress due to lack of resources—monetary, physical, social, and health. Their cases receive less outside involvement, perhaps due to their falling into the neglect category rather than the abuse category."*

In our analysis of the study, it was concluded that the needs of these "Repeat Families" (e.g. health problems, inadequate housing, family disruption, educational

neglect and “other neglect” risk factors) could only be identified, and at best partially addressed in the CPS assessment process, since a CPS assessment is a time-limited (62 days) process. Summarizing the conclusion, the prevention of repeat maltreatment is best addressed in the Wraparound case management process. It is clear Wraparound case management provides a more comprehensive assessment of the family’s strengths, needs, risks and resources. Wraparound case management leverages the diverse benefits of the child and family team (CFT) and brings to bear both formal and informal supports to reduce and/or eliminate the risk of future maltreatment. This process also ensures the safety, permanency and well-being of children and families are addressed. (Reference Item 3).

Barriers

The current **CPS data system**, used by the state for tracking and analyzing repeat maltreatment, has been in place since the 1970s.The system is limited in scope, which hinders the ability to monitor service delivery to families. The Child Abuse and Neglect Data System is not connected to the SPOC system or the Foster Care Data System. Therefore, it is not possible to ‘track’ families and services from CPS decision to service delivery. Currently, we are not able to separate how many of the “repeat reports” are addressed by the Wraparound case manager versus the number that are addressed by HSC therapists, due to data system limitations. We have determined that a change to the current data collection form may enhance the capacity to separate the reports referred to Wraparound case management from reports referred to HSC therapists. This change has been requested, but due to current ND Department of Human Services (DHS) data migration issues, the request has been delayed for an undetermined length of time.

Institutional CPS data currently resides in a stand-alone Microsoft Access database and is not “connected” to the CPS database, to the Foster Care database-Comprehensive Child Welfare Information and Payment System (CCWIPS), or to the SPOC System. Therefore, it is not possible to “track” situations of institutional abuse or neglect across programs. Currently, Institutional CPS data does not differentiate reported children based on the identity of the legal custodian. While there is a reasonable certainty that the data represents children currently in a foster care placement (county or juvenile justice), it is possible that children who are placed privately (parental placement without relinquishment of custody) could also be included.

Item 3: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care

Policy

Wraparound case management is the model of practice established in policy for the child welfare and other system partners to address child safety and to prevent removal or re-entry in foster care. Wraparound is a process, it is not a program. It is responsive to the individual strengths and needs of the child and family. People who know the family the best can lend support and guidance to the family are included in the process. This model includes a plan written to facilitate change with identified supports, strengths, needs, risks, goals and tasks specific to that family. The **philosophy of this model is that the family is the expert for their own family**; the family has their own unique culture, values, morals, beliefs and traditions. The value is to respect the family. Wraparound policy supports the anticipated outcome that the child will be protected, the child will remain in their home, and the likelihood that removal and/or re-entry into the foster care system will be reduced. The Wraparound process examines the safety, permanency and well-being of all family members.

In regard to child placement, ND Foster Care policy requires that whenever a child is removed from their home, a judicial determination of reasonable efforts to prevent placement must be made. Reasonable efforts information is required in the court's removal order. The agency must also organize and maintain its documentation of such efforts in the permanency plan/SPOC document.

Practice

Services to families and children in their home are provided through an **array of family preservation services** which include: parent aide, intensive-in home, prime time child care, Safety Permanency funds, respite care, intensive case management (Wraparound), and the Family Group Decision-Making (FGDM) process.

It is important to note that the eight HSCs also provide core services to assist families and children at risk of removal or to prevent removal from their home. Adolescents and children are also served in the community through a variety of rehabilitation services including:

*crisis stabilization and resolution; inpatient services; psychiatric/medical management including medication management and other health services; social services; residential services and supports; vocational and educational services and supported employment; social and leisure activities; and evidence-based practice of Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS**).***

Changes in performance and practice since 2001

Since the PIP, ND has implemented Wraparound as the case management model of practice in child welfare. The implementation of this process has been on-going; the degree to which Wraparound has been embraced and practiced varies from county to county. The Wraparound process is available for both in-home and out-of-home cases. All counties utilize the Wraparound process, however, the challenge is the degree to which the fidelity of the case management model is practiced. All caseworkers in each county have been trained, certified and are re-certified every two years in the Wraparound process and development of the SPOC.

During the past four years, ND has monitored Item 3, "Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care" through our ND CFSR QA process. In 2001, the federal CFSR rated this item at 83%. In 2003, the ND CFSR QA process rated this item at 75%. In 2004, at 94%. In 2005, at 100%. In 2006, the ND CFSR QA process rated this item at 97%. Throughout the four years of the ND CFSR QA process, we have seen an **improvement of 14%.** This improvement is supported by Stakeholders' interviews and case file reviews.

ND CFSR QA process team leaders noted families and youth were more involved in their treatment planning, and children were less likely to be removed in both in-home and foster care cases where the Wraparound process was utilized.

Casework practices and resource issues

Wraparound is an intensive case management model of practice and requires the caseworker to meet with the family on a regular and consistent basis. Caseload standards for Wraparound are 8-15 cases.

(Please reference "Barriers" section, which follows.)

Even though ND has a wide array of follow-up services, they are not always available or accessible in every region or county. Each HSC has varied and limited outreach services to communities during regular and off-hours (evenings and weekends) to address the needs of families and children.

Key Collaborators

Key Stakeholders include, but are not limited to: private and non-profit child serving agencies, HSCs, county social service agencies, education, juvenile justice, and tribal communities. PATH ND, Inc. also provides in-home family support, respite, and reunification services. The Village Family Service Center provides intensive in-home family services and FGDM services. The University of North Dakota (UND) Children and Family Services Training Center (CFSTC) provides training of foster and adoptive parents, child welfare social workers and system partners.

The following partners and their services/programs/resources are crucial to child welfare service delivery: MH and Substance Abuse Division for collaboration and

implementation of the Wraparound process across systems; Prevent Child Abuse ND for coordination and implementation of CA/N prevention activities; ND Department of Health for the New Parent Newsletter for the prevention of CA/N; Child Advocacy Centers to assist in the assessments of child physical and sexual abuse; NDSU for Parent and Family Resource Centers offering parenting education and parent mutual self-help groups for CA/N prevention; the Dakota Fatherhood Initiative and Family Life Education Project; ND Head Start and Early Head Start Programs; Neuropsychiatric Research Institute (NRI) for SPARCS and Domestic Violence (DV) programs and organizations across the state, such as ND Council on Abused Women's Services (CAWS).

Promising Approaches/Strengths

ND has **many strengths** in addressing this item: a dedicated workforce; policies and procedures to protect children; strengths-based planning process; family preservation services; excellent relationships and collaborative efforts with external agencies/stakeholders (including tribal communities); expertise and knowledge base in CFS and the practice field; and positive and improved court relationships (detailed in state CFSR Stakeholder comments). ND does have **DV** advocacy and protection services (through local DV programs) and groups and/or individual counseling for both victims and abusers through the HSCs.

Continuation of the ND CFSR QA process throughout the state is part of the CFS strategic plan. This QA process gives a good overview or practice strengths and local challenges across child welfare program cases.

Evidence-based practices (EBPs) for traumatized, abused adolescents and children have been implemented. Training on SPARCS, an EBP, occurred this past summer. The training was sponsored and conducted by the NRI along with the UND School of Medicine and Health Sciences. A group of clinicians from the HSCs participated in the training. This EBP is offered for in-home and out-of-home placements. Facilities have begun to use this practice for youth in care. In January 2008, training on Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) will occur for the same clinicians trained earlier with an additional with six months of follow up supervision. CFS provided funding to support this initiative. CFS will continue to support, analyze and identify child welfare related EBPs for applicability across and between programs in FY 2008.

Family Group Decision-Making Process: The FGDM process includes a strength-based approach that brings together family members, friends, service providers, and others for the purpose of creating a care and protection plan. This plan addresses maintaining a child at risk of removal from the home and in the home, and assists in establishing the permanency and/or reunification of children. The FGDM is partially funded through a contract with the Village Family Service Center and the DHS as well as funding from the Bush Foundation. The Bush Foundation has made a commitment to fund FGDM through the end of the biennium. The Village Family Service Center has held statewide public forums

and has had 133 contacts with county social service agencies and other stakeholders to discuss the philosophy and referral process to FGDM.

FGDM continues to be facilitated on a statewide basis, with five full-time facilitators and five full-time case aides and an overall Clinical Supervisor through the Village Family Service Center. Although FGDM is a separate process, it compliments the Wraparound process and vice versa, as they have a common philosophy of involvement of family and natural supports to develop case plans. Cases are referred to FGDM from county social services, tribes, Division of Juvenile Services (DJS), self-referrals, and other community partners/private providers. FGDM is offered statewide to all families and youth, including all four tribal reservations.

The Village Family Service Center has submitted a new grant application to the Bush Foundation for continued funding. CFS has also made a commitment to request funding in the next legislative session(2009).

Mental Health Screening Toolkit: CFS completed work on the development of mental/behavioral health screening tool as a result of the ND PIP. Training was delivered to all system partners. The tools chosen are both evidence-based tools that screen for emotional/social/behavioral risks of children/youth. The Mental Health (MH) Screening Tool Kit is currently available to HSC personnel, county social services and other system partners through CFSTC.

The use of the MH Screening Tool Kit varies from region to region. A meeting was held in December 2007 with the originators of the MH Screening Tool Kit to discuss continued application and implementation. Currently, we have no data on the effectiveness. However, the availability of the tool kit for county social services is a beginning point to explore the MH needs of the children both in care and receiving in-home services. A tool has also been developed to explore the MH needs through a questionnaire of prior MH services the family or child has received.

Barriers

Barriers to this item include: workforce shortages, retention and recruitment both of staff and foster homes, availability of transportation, travel and the rural nature of the state. Safety/Permanency funds are utilized for transportation needs. ND does have limited substance abuse services for youth; however, the HSCs do offer treatment groups and individual counseling.

Item 4: Risk assessment and safety management

Policy

The Strengths Discovery, part of the Wraparound process, assesses the safety of children under the risks and needs evaluation completed by the case

manager. Please see narrative under “Casework practices and resource issues” for evaluative data. See Item 3 for description and policy implications of the Wraparound case management model of practice in child welfare.

Policy states that the CFT/FCCFT must meet at least quarterly to review the child’s situation and progress toward safety, permanency, and well-being.

Policy for the Wraparound process, which addresses ten Life Domains, includes assessing both safety and well-being for children remaining in their home. The Strengths Discovery is the tool used to assess the strengths, safety/risks, and needs of the family.

CPS Policy addresses assessments when a family foster home is involved in the CA/N report. (See Item 1 under “Child Protection Overview and Policy” section.) Also, there is a separate Institutional CA/N Policy manual, and a State Child Protection Team (SCPT) to address situations of institutional CA/N for children placed in foster care congregate settings. (Reference Item 1 for additional information).

Also, refer to Item 3 under “***Practice***” for related information.

Changes in performance and practice since 2001

Since the PIP, ND has implemented Wraparound as the case management model of practice. During this time over 500 individuals have been trained and certified in the Wraparound process. The implementation of this process has been on-going; the degree to which Wraparound has been embraced and utilized varies from county to county. The development of safety plans as part of the SPOC assures the caseworker and the family are addressing the potential safety concerns and risk of harm to children and other family members. The assessment of risk and safety for the child and family members is achieved by completing the Strengths Discovery. The SSRA completed by the CPS social worker is used as a foundation for evaluation of ongoing safety and risk concerns. Risk and safety of family members is re-evaluated during the life of the case for both in-home services and for children placed in out-of-home. This includes review and discussion of the safety plan. The formal setting to assess risk and safety is to review the **safety plan,** at least on a quarterly basis, during the CFT Meeting (CFTM).

Child visitation can be monitored in a variety of ways and settings. Some children in foster care have visitation through private resources in the community. The visits can be monitored utilizing audio or visual technology or through the presence of a staff person at the visit whenever there are safety concerns.

During the past four years, ND has monitored Item 4, “Risk assessment and safety management” through the ND CFSR QA process. In 2001, the federal CFSR rated this item at 78%. In 2003, the ND CFSR QA process rated this item at 81%. In 2004, at 93%. In 2005, at 100%. In 2006, the ND CFSR QA process rated this Item at 98%. A **20% improvement** is noted in this item and has been well supported by interviews with families and Stakeholders.

Casework practice and resource issues

The development of safety plans as part of the SPOC assures that the caseworker and family are assessing the potential safety concerns and risk of harm to children and other family members.

It is recommended that the supervisor conduct a formal SPOC review at the completion of each 90-day period. The supervisor may review the Level of Service Determination form with the case manager along with input from the Child and Family Team (CFT) to establish a need for continued services. Consultation will focus on the effectiveness of services and the reduction of risk. Current assessed risk factors are compared to those existing at the beginning of the Wraparound process. Case progress is discussed and case-closing criteria are used in making a decision on whether the case can be closed. If a decision is made to close the case, discussion with the CFT should occur.

ND recognizes there is a need for continued efforts to insure that each case manager has an **available and trained child welfare supervisor**. In most cases, the statewide process for case closure is for the CFT to review risk and safety, connections with community resources, and services appropriate for the child to be successful. This process is for all children, whether they are aging out of care, foster care youth reunifying with their family or children residing in their own home.

The North Dakota Child Fatality Review Panel (NDCFRP) is a component of the assessment of risk and management of safety. By law, the panel meets at least semi-annually to review the deaths of minors. CFS is the administrative agency for the NDCFRP, coordinating and providing administrative support as well as producing the annual statistical report. The Administrator for Child Protection is the presiding officer for the NDCFRP; the Administrator for Child Maltreatment Prevention provides panel coordination.

The one **child fatality identified in the National Child Abuse and Neglect Data System (NCANDS) data** was reviewed by the NDCFRP. A CPS Assessment was conducted in response to the report of suspected CA/N received as a result of the death. There had been no previous child welfare involvement prior to the child's death. The child's sibling was taken into protective custody during the initial criminal investigation conducted by local law enforcement. The sibling was placed with maternal grandparents and visits with the mother were supervised. The father was criminally charged in the child's death. Custody of the sibling was returned to the mother. County social services provided case management services and referrals for additional services.

It was revealed in the review that both an emergency room physician and a chiropractor saw the child in the days preceding her death, neither identified the child's rib fractures. The Child Fatality Review Panel (CFRP) recommended training for medical professionals (emergency room physicians and chiropractors) who treat children on reading pediatric x-rays. The State Health Officer was made aware of the recommendation. The NDCFRP determined this to have been a preventable death.

Key Collaborators

Key stakeholders/collaborators in regard to this item are as follows; Child Advocacy Centers, Prevent Child Abuse ND, law enforcement, NDSU Extension Service (CBCAP state grantee), CFSTC, Citizen Review Committee, NDCFRP, Right Tracks Program, Health Tracks/Early Periodic Screening Diagnosis and Treatment (EPSDT), HSCs and other child serving agencies.

Promising Approaches/Strengths

Strengths ND has demonstrated in this item are as follows: uniformity in the **assessment tools** used by both CPS social workers and case managers (SSRA, Strengths Discovery and the Safety Plan); specific training for case managers and other providers in regard to assessment of safety/risk; reducing seclusion and restraint in facilities; and safety plan development.

MH Screening Toolkit: CFS completed work on the development of mental/behavioral health screening tool training with system partners. The MH screening tools that were chosen are the Pediatric Symptom Checklist (PSC) and the Ages and Stages Questionnaire-Social/Emotional (ASQSE). These are evidenced-based tools that screen for emotional/social/behavioral risks of children/youth. **Health Track/EPSDT screenings** can utilize both of these tools. For FY 2006, there were 44,868 children age 0-21 that were eligible for a Health Tracks/EPSDT Screening. Thirteen thousand, one hundred and sixty-one (13,161) children have had at least one or more Health Tracks/EPSDT screenings. Healthy Steps, **ND State Children's Health Insurance Program (SCHIP),** currently serves 3,836 children.

Wraparound and the Strengths Discovery: The Strengths Discovery uses life domains as its framework. These domains focus on functions and provide direction to interventions and practice. If the case is a referral from a child protection assessment, the life domain used must be related to the safety/risk factor identified in the SSRA.

CFT: The CFT consists of the child, family and those persons most pertinent in the life of the child and family, as determined by the family in most instances. The CFT meets to identify family strengths, needs, risks and resources to reduce and/or eliminate the risk of removal from the home, reunification, emotional and educational needs, CA/N and ensure the safety, permanency and well-being of children and families.

One of the promising practices in this area is the establishment of a **"critical incident" policy** to clarify situations which should/must be reported and the roles of those involved as situations cross programmatic lines. CFS is in the process of establishing policy that will define an identified response and provide guidance on informing necessary parties involved in case action and resolution.

Barriers

Currently, the computerized data collection systems of both CPS and Wraparound case management are unable to "share" information electronically. This affects the ability to gather information expeditiously and follow cases from

CPS decision to/through service delivery. Again, it is important to note that implementation of Wraparound and the use of the SPOC varies from county to county depending on resources and individual agency culture.

Item 5: Foster Care re-entries

Policy

Policy requires periodic Permanency Planning/Foster Care Child and Family Team (**FCCFT**) reviews at three-month intervals for all children in foster care under the custody of the state, county or DJS. The focus of the FCCFT is to develop a case plan with the family and monitor progress throughout placement. This must be documented in CCWIPS, and SPOC. It is anticipated this emphasis on planning and provision of services to foster children and families will result in shortened stays in foster care and diminished recidivism. The periodic permanency-planning requirement does not substitute for weekly or monthly reviews of the case by the case manager and supervisor.

Practice

Every child entering foster care must have an initial FCCFT meeting within 30 days. The FCCFT members must approve changes to the plan when a situation arises where the plan must change. In an emergency, the team meeting is held as soon as possible. (Timeliness of permanency planning or changes to an established plan should not be a practice impediment as there are alternative methods to complete a FCCFT meeting). The **family chooses the FCCFT members,** but teams must have these designated members:

- Regional Supervisor;
- County social service board director or designee; and
- Custodian/designee.

Recommended permanent members may include, but are not limited to:

- A treatment or therapy person;
- Juvenile court supervisor or other court representative;
- Tribal government personnel (where appropriate); and/or
- Case manager (includes therapeutic foster care or DJS representative).

Required members of the committee/team on a case specific basis must include the parent, foster parents, foster child (when appropriate) and custodian. Adequate advance notice of committee/team meetings are to be provided to all participants. Other members of the committee/team could include identified community members having an appropriate interest in the child or family (e.g. school personnel, county or city health nurse).

Regional Supervisors have received training on the required process, membership of FCCFT meeting, and invitations. They in turn, provide training to county front-line staff.

Changes in performance and practice since 2001

During the past four years, ND has monitored Item 5, "Foster Care re-entries" though our ND CFSR QA process. In 2001, the federal CFSR rated this item at 84%. In 2003, the ND CFSR QA process rated this item at 83%. In 2004, at 82%. In 2005, at 99%. In 2006, the ND CFSR QA process rated this item at 83%. This item rating shows a slight decrease from the 2001 to the 2006 review. There was one **spike in 2005 and a decrease of 1% in 2006**. The preliminary data for 2007 shows an improvement that appears to be meeting the national standards. Our **recidivism rate was at 10% in 2005; data is not complete for 2006**.

In 2005, of the 1082 children placed in foster care, 90% remained in a single placement. One hundred four (104) children or **10% had more than one placement**. In ND, "recidivism" means the child left foster care and returned within one year of discharge. Trends indicate that recidivism is affected by ND's rural nature as it relates to providing consistent and frequent outreach services to family (resource issues). Reunification is the predominant case plan goal and discharge reason for children in foster care. Since our PIP, 85% of the youth with this goal were returned home to their parents or primary caregiver within one year and had two or less placements.

Casework practices and resource issues

Individual residential facilities are implementing follow-up services to families for youth discharged from their programs. PATH (Professional Association of Treatment Homes), which provides therapeutic foster care, has implemented a family support program that includes mentoring and respite care aimed at reducing re-entries. Partnerships Program (Children's MH) provides intensive support for families with children experiencing Serious Emotional Disturbances (SED). The Partnerships program is the public Children's MH system through the HSCs. The Wraparound process and SPOC are utilized to assist with coordination of follow-up services and development of the discharge plan.

Promising Approaches/Strengths

Consistent use of the Wraparound process positively affects foster care re-entries as demonstrated by improved ND CFSR QA process ratings on foster care re-entries.

Barriers

Transportation services in rural areas greatly affect the ability to access services for MH and substance abuse treatment, visitation by caseworkers, and visitations between children and parents working toward the goal of reunification. A variety of problem-solving plans have been initiated by individual county social service agencies to meet transportation needs. Safety/Permanency funds are used to assist with fuel for cars, minor car repairs, etc. Agency staff provides transportation to services and visitations whenever possible.

In addition, in at least one county there are issues faced by the county child welfare agency in bridging the gap of language as it relates to refugee families who may enter the foster care system. Through Office of Refugee Resettlement

federal funding, agencies are addressing interpreter needs to assist families in using services.

Item 6: Stability of foster care placement

Policy

In ND, stability and permanency is based on the concept that every child is entitled to a permanent home where the child's well-being and safety are the paramount concern. This is most often the home of the child's parents. It is policy that reasonable efforts must be made to assure the child's health and safety in that home prior to removal, or to return a child to that home. If returning the child to their home is not appropriate, reasonable and timely efforts are required to place the child with a fit and willing relative, in an adoptive home, with a legal guardian, or in another appropriate permanent placement, which avoids the unnecessary movement of the child between caretakers.

Most importantly, every effort must be made to prevent the placement as well as developing and maintaining safe, adequate plans once the child is in care. The decision to place a child outside their home is a monumental one which should be made only with the greatest care and deliberation, taking into consideration the child's safety.

Policy on Permanency Planning and the Wraparound process was updated in February 2007. Throughout the policy manual chapter there is a focus on making the home stable and minimizing placement changes. **In 2005, 90% of the children placed into foster care remained in their original placement**, which is attributed to the implementation of the Wraparound process and involvement of the family in the development of their plan. Of all children in care with the goal of reunification, **85% were reunified with primary caregivers within one year and with two or fewer placements.**

Practice

Assessments of the needs of the youth and the level of care required have improved during the past four years. Case managers are doing more efficient searches for placements that will meet the needs of the child. Whenever possible, pre-placement visits are made to help facilitate a "match" between the foster family (and/or facility) and the youth in an attempt to provide a stable placement. Youth who are in their late teens and have a record of sex offending behaviors appear to be the most difficult to place and the most difficult to maintain in a stable placement. In ND, custodians can place a child into an emergency placement such as emergency shelter care or therapeutic foster care. Data supplied by a therapeutic foster care provider indicates that the therapeutic foster home identified for emergency placement often becomes the formal and stable foster care placement for the youth.

Great efforts are placed on stability of placement as evidenced in our QA results and noted below.

Changes in performance and practice since 2001

Relative placements have increased by 140% in the last six years according to CCWIPS data. Relative care and sibling placements are impacting placement stability in a positive manner. The use of Kevin Campbell's training on locating family has been incorporated into the FCCFT meeting protocols, and the reviews of this item within the ND CFSR QA process have documented and supported this trend.

In the past four years, ND has monitored Item, "Stability of foster care placement" though our ND CFSR QA process. In 2001, the federal CFSR rated this item at 96%. In 2003, the ND CFSR QA process rated this item at 92%. In 2004, at 97%. In 2005, at 99%. In 2006, the ND CFSR QA process rated this item at 100%. There has been a **4% improvement** in foster care placement stability rates from 2001 to 2006 which demonstrates positive change in this item. Changes in a child's foster care placement are monitored by custodians and Regional Supervisors during case management and at the FCCFT meeting by exploring the reason for change according to the level of care and needs identified for the youth.

QA results are consistent with improvements noted in most of our national composite data profile components (October 2007). However, we do not meet national standards in this composite area. **Factors and challenges affecting the national standard in Composite 4** relate in part to the difficulty of care presented by youth who are involved with methamphetamines or other drugs. They may be adjudicated delinquent/deprived and remain in care longer or require a move to a more secure setting. North Dakota's largest group by age in foster care is the 15 – 17, who make up 33% of the total group in care.

On April 30, 2007 a **research project** was completed by the Institute of Behavioral Health Research at Minot State University (MSU) assessing the level of care "need" for foster children. Our hypothesis was that youth were not being placed in or moved to appropriate levels of care. The study included foster care children from three ND counties (Ward, Burleigh, and Grand Forks) and those youth under the care of DJS.

Two instruments were used to assess whether children were in the level of care necessary to meet their needs. The two instruments were the Youth Outcome Questionnaire (YOQ), and the Child Placement Survey. The YOQ is a clinical treatment outcome instrument used to assess progress during treatment. A score at or below 46 indicates that a child is functioning similarly to children in the general community. Children in the study with a score higher than 46 would have symptom severity similar to children in treatment. The Child Placement Survey was also used to survey the perception of case managers, treatment centers, foster parents and parents regarding the child's appropriate level of care and if a move is appropriate.

Using estimates from this study, if the sample is representative of the entire population of ND foster care children, it appears the prevalence rate of children being kept at higher or lower levels of care than necessary, given their treatment needs, is at least 6.4%. With an average of 1200 to 1400 children in care at any given time, the percentage indicates that 77 to 90 children are potentially at "less than appropriate" or optimal levels of care.

The outcome data from the YOQ shows an average score of 42.7 for 141 youth. Youth in the following settings with corresponding scores:

Residential Treatment Facility	***39.5***
Residential Child Care Facility	***44.3***
Group Homes	***44.6***
Therapeutic Foster Care	***48.1***
Family Foster Care	***36.9***

Key Collaborators

There is strong collaboration on this item is with county social services, treatment staff, foster parents, residential facilities, courts, parents and youth.

Strengths

Strengths include:

- An increased use of the FCCFT and Wraparound process with stronger collaboration with partner agencies and parents;
- Evidence of improvement in pre-placement assessment and documentation of efforts; and
- The CFS statistical bulletin for 2005 - 2006 indicates 85% of youth who had a goal of reunification were returned home with two or fewer placements.

Barriers

Barriers to proper placement as evidenced in the study described above related to:

- Systematic and practice issues, resource issues;
- Systemic and consistent methodology to analyze pertinent factors at the initial placement;
- Ongoing movement between placement levels to meet the child's needs;
- Communication issues between all FCCFT members in placement planning; and
- Placement resource options.

The results indicate a significant number of children being placed at a level of care not consistent with the severity of their symptoms. This study was the first to analyze the needs of children in care and to insure proper placement. The next step is to address the issues of communication, developing a standardized method of decision making about placement, and a process to increase the number of family and therapeutic foster homes resources.

Item 7: Permanency goal for child

Policy

Policy (624-05-15-115) requires the FCCFT meeting be held within 30 days of the child's placement into foster care.

Additionally, FCCFT meetings are required to be held, at a minimum, quarterly and include the parents, child(ren) as appropriate, custodian, other natural and formal supports and the Regional Supervisor. The Regional Supervisor is responsible to facilitate and insure that the SPOC, including the Signature Sheet and other required documentation, is reviewed during the meeting. **The permanency goal is reviewed at every FCCFT** meeting to assure that the permanency goal is appropriate for the child. Policy requires a case plan be developed within 30 days of the child's entry into foster care, to include the permanency goal.

Under federal and state law, reasonable efforts to reunify the child and family must be made initially upon removal and documented throughout a child's placement in foster care. In making reasonable efforts, the child's health, safety, and well-being shall be the paramount concerns. The FCCFT plan includes the services and supports designed to assist the family with reunification of the child. These services and supports are to alleviate the issues causing the need for placement and must be provided in a manner to address individualized needs in a culturally sensitive manner. **Concurrent goals may be established** if appropriate; however, concurrent plans are not required.

Whenever placement occurs, custodians must make reasonable efforts to initiate and finalize the case plan goal for the child. The order of preference for placement when goal planning is:

- Reunification with parent
- Placement with a relative
- Adoption
- Adoptive placement
- Legal guardianship established
- A Planned Permanent Living Arrangement (or APPLA)

If a child is **Native American** with the goal of adoption, the order of placement preference in accordance with the Indian Child Welfare Act (ICWA) is:

- A member of the child's extended family;
- A member of the child's Tribe; or
- A member of another Native American family.

ICWA order of preference for adoption does not allow for placement in a non-Indian home unless the tribe has established a different order of preference or

"good cause" to place outside the order of preference has been determined by a court.

The permanency goal and discharge reason for **reunification** is the predominant goal used in practice in ND. In 2005, 76% of children in care returned to their parents or primary caregiver within one year. In 2006, 71% of children in care were reunified within one year, based on data from the CFS 2005-2006 Statistical Bulletin.

Of the total reunified population (85% in 2005 and 83% in 2006) data indicates there were two or fewer placements.

Practice

Practice to achieve Item 7 is supported through FCCFT meetings by using the Wraparound process. Permanency goals are listed on the SPOC under "Agency's View of the Situation". The permanency goals are found in the "Life Domains" section where specific strengths, needs, risks, goals and tasks are updated. Progress is noted during each FCCFT meeting in the SPOC or team meeting notes report section.

(Reference "Changes in performance and practice since 2001" of this item for evaluative data).

The plan is reviewed as needed according to changes in the case situation, but at least quarterly. Policy indicates the case manager has 15 working days to enter the SPOC in the computer system, but this does not prevent the family from beginning to work on the changes identified in their individualized plan. In most cases the court is not involved in approving changes to the plan.

Changes in performance and practice since 2001

ND Permanency Efforts for Adolescent Foster Youth:

Since the previous Statewide Assessment, ND has made efforts to place more emphasis on permanency efforts for older youth and to involve youth in all aspects of the child welfare system, including their own life planning. Permanent connections to supportive adults are stressed as part of the discharge planning process for all children in care. Because the majority of youth who age out of foster care will reconnect with their biological family after their 18th birthday, ND partners with FGDM providers to assist the youth and family with making the reconnection as successful as possible.

In 2005, 18% of youth in care in ND were over 18 years of age. This continues to be monitored and is impacted by youth making use of Education Training Vouchers and attending college.

During the past four years, ND has been monitoring Item, "Permanency goal for child" through the ND **CFSR QA** process. In 2001, the federal CFSR rated this item at 92%. In 2003, the ND CFSR QA process rated this item at 92%. In 2004, at 97%. In 2005, at 99%. In 2006, the ND CFSR QA process rated this item at 100%. This is **an overall improvement of 8%.**

Relative placement trends have increased substantially since 2001 allowing for new possibilities for family connections and permanency for children in care. The following table indicates the trend in relative placements from 2000 through 2006:

	Relative Placement 2000-2006 (FFY)						
Year-	***2000***	***2001***	***2002***	***2003***	***2004***	***2005***	***2006***
Youth in Relative Placement-	***237***	*240*	*276*	*328*	*383*	*507*	***569***

Total change +140%

Casework practices and resource issues since 2001

ND does not use long-term foster care as a permanency goal. Concurrent planning is used statewide on a case-by-case basis. Policy (624-05-15-115) requires the development of a plan, and all plans must have established goals, either single or concurrent, with specific deadlines and a specific time frame established to reach those goals. A concurrent goal is established at the FCCFT meeting. Case managers are encouraged, by policy, to establish a concurrent plan when it appears the youth will not return to the removal home and the concurrent plan will facilitate earlier permanency for the child. The use of concurrent planning has increased since the 2001 Self Assessment.

The role of the courts in determining the permanency goal is to review the goal and the process used to achieve that goal, rather than to "determine the goal."

State and federal law requires the agency to obtain a judicial determination the agency made reasonable efforts to finalize the permanency plan (whether the plan is reunification, adoption, legal, guardianship, placement with a fit and willing relative, or placement in another planned permanent living arrangement) in a Permanency Hearing. By law, these hearings must occur within 12 months of the date the child is considered to have entered foster care, and at least once every 12 months thereafter while the child remains in care. This requirement applies to all children placed in a foster care setting.

In addition, state law requires the court to conduct a Permanency Hearing within 30 days after a determination that reasonable efforts are not required because:

- A parent has subjected the child to aggravated circumstances; or
- The parental rights of the parent have been involuntarily terminated.

The judge at a Permanency Hearing reviews the plan for the child and determines, if applicable, the following:

- When the child will be returned to the parent;
- When the child will be placed with a relative;
- When the child will be placed with a legal guardian;
- If there will be a petition for termination of parental rights (TPR);
- When the child will be placed for adoption; and/or
- When the child will be placed in another planned living arrangement.

During the Permanency Hearing, placement options both in-state and out-of-state are to be considered. Also, while the court may review the details on "when the child will be placed for adoption", the court doesn't "determine" when the child will be placed for adoption.

Over the past four years **significant improvement** has been noted across the state in the relationship between the child welfare system and the courts both locally and at the highest levels. These improved relationships have allowed agencies to work toward the goals identified and provide for better outcomes for families. The willingness of the Chief Justice of the ND Supreme Court and the Director of CFS to collaborate on child welfare/legal issues has paved the way to help improve relationships and focus all partners on common outcomes. The Assistant State Trial Court Administrator has served as a member of the ND CFSR QA process Review Team for the last three years. His involvement in the ND CFSR QA process and Post-CFSR meetings has been valuable in educating partners and bringing focus to what is in the best interest of the child. Additional members of the judiciary have recently joined the ND CFSR QA process Review Team.

CFS has continued to collaborate with partners in the court and legal systems on training issues related to achieving permanency for children. Training has been held for judges (Judicial Conference in 2006) and in regional forums (fall of 2007), where issues of child permanency the role of the legal process in securing permanency, recognition of timelines and reducing barriers were discussed. While the content information presented at sessions like these is well-received and participants indicate-helpful, they always comment that the opportunity to hear, learn, and problem solve together presents a richer opportunity to apply knowledge to practice. Thus, the majority of our collaborative work on training is now dedicated to presenting multi-disciplinary applied-learning opportunities for those working with child welfare populations.

Key Collaborators

Adults Adopting Special Kids (AASK) is a key collaborator in providing adoption services for children in foster care and the families who adopt them. Courts, tribes, county social services, DJS, foster parents, Guardians ad Litem (GAL), and service providers are key to successful outcomes of permanency for foster youth.

Progress has been made in addressing collaboration for youth aging out of the foster care system. Tribes, DJS, RCCF and PRTF providers, county social services, and private agencies work together to enhance Independent Living (IL) programming. We have also increased our collaborative efforts with the National Resource Centers for Permanency Planning, Organizational Improvement, and Youth Development. We have also built a working relationship with the Foster Club All-Stars.

Promising Approaches/Strengths

Strengths include: the **FCCFT meeting process**, with inclusion of the family, youth, and other significant individuals in the lives of the child and family. Relative placements and Temporary Assistance for Needy Families (TANF) Kinship Care has allowed for additional options for permanency for children in care. As of October 2007, 55 children are in the TANF Kinship care program with 37 families being served.

US Search was used in ND in a pilot project at Ward County Social Services during 2005-2006 to locate any possible maternal or paternal relatives of children in care. During this time, this practice tool and philosophy was made available statewide to enhance the practice of searching for relatives of children in care. ND currently averages 360 searches each year using this tool, which has provided about 5,400 possible contacts in these searches to make family connections or placements. As indicated by our CFS Data Snapshot, **relative care** is up by 140% in the last six years. Additionally we have increased our **pre-adoption placements** by 63%. A **challenge** identified is finding **Native American foster homes** across the state. Special projects have been initiated to research and find solutions to address this issue (additional information is provided in Systemic Factors-Recruitment).

CFS supports **youth involvement** in their personal planning efforts, as well as involvement in the system as a whole. Since the previous Statewide Assessment, under the guidance of the National Resource Center for Youth Development, CFS has implemented Statewide and Regional **Youth Advocacy Boards**. CFS has also secured funding from Annie E. Casey Foundation to support this work.

In state fiscal year (SFY) 2007, 91 adoption studies and 126 youth were placed for adoption, including three tribal youth through the collaborative efforts of CFS and the **Special Needs Adoption Program**, AASK.

Barriers

Barriers can include the reluctance of some agencies and workers to embrace the Wraparound process and the inclusion of youth and families in that process. To address this barrier, CFS has provided statewide technical assistance through face-to-face meetings at counties, phone consultation on specific cases and policy development. Full implementation of any new model can take a number of years; however, a majority of counties have institutionalized the Wraparound process to date. Other counties have declined the opportunity to follow the policy mandate to use this process and the accompanying tools. CFS will continue to provide support and assistance to every county in implementing this process. CFS is also moving forward to develop a new front-end data system to address concerns from the field (i.e. duplication of efforts and paperwork), which includes SPOC. It is anticipated that this will have a positive impact on model fidelity across the state.

Currently, the state has 720 licensed foster family homes, which includes 291 therapeutic homes and 37 tribal affidavit homes. Fifteen children are placed outside the state, at the current time. Additional resources for placements continue to be a need and recruitment continues.

Barriers for youth in care include the reluctance of some child welfare staff to accept youth as partners and to allow their full participation in building individualized plans. In addition, a belief exists that older youth are not adoptable, are not interested in adoption, or that they do not need a "family". Due to these long held beliefs, some youth may have not been asked to explore adoption possibilities. Within the legal/court systems there may be a reluctance to pursue TPR for older youth believing the youth have no interest in this option or that there may be no resources available to them for adoption.

Item 8: Reunification, guardianship, or permanent placement with relatives

Policy

Policy, following federal and state law, requires that reasonable efforts to reunify the child and family must be made upon removal and documented throughout a child's placement. In making reasonable efforts, the child's health, safety, and well-being is the paramount concern. Wraparound case management is used to assess the needs and strengths of the child and family. These services and assessments are provided initially and are on-going throughout the life of the case. FCCFT meetings are an integral part of the ongoing assessment of the family's strengths and competencies. Reunification is a goal that is developed at the FCCFT meeting, which includes the family, custodian, Regional Supervisors and other selected supports for the family.

Trial home visits are used in cases designated appropriate. In many of these situations the child and family members have follow-up services provided or arranged through the HSC or a service provider during the trial home visit and/or reunification process.

The following **data** reflects the **permanency goals** for all children who were in the ND foster care system at the end of FY 2005 and 2006:

Reunification Goal	
2005	**2006**
54%	53%
Adoption Goal	
2005	**2006**
25%	23%
APPLA Goal	
2005	**2006**
11%	11%
Relative Placement Goal	
2005	**2006**
5%	4%
Goal Not Established	
2005	**2006**
0%	4%
Emancipate at 18 (Goal)	
2005	**2006**
3%	3%

Analysis of placement settings between 2000 and 2006, shows an increase of 140% in the use of relative placements. Consequently, there was a **decrease** in **family foster care** of 12.9%; and a **decrease** in **residential placement** by 24%. Several factors can be noted leading to the improvement in the use of relatives as placement resources:

- The development, implementation, training, and certification of staff statewide regarding the Wraparound process;
- Implementing the ND CFSR QA process and Post-CFSR processes that includes county, tribal, DJS, and state staff as reviewers;

- Providing statewide training and updating policy related to relative search;
- Providing additional supports for relatives seeking involvement in the lives of their kin; and
- The experiences and lessons learned by the Ward County Social Services Family Find Pilot Project. (Please reference Item 7, "Promising Approaches/Strengths")

Changes in performance and practice since 2001

During the past four years, ND has monitored Item 8, "Reunification, guardianship, or permanent placement with relatives" through the ND CFSR QA process. In 2001, the federal CFSR rated this item at 83%. In 2003, the ND CFSR QA process rated this item at 93%. In 2004, at 90%. In 2005, at 100%. In 2006, the ND CFSR QA process rated this item at 97%. This item has **improved by 14%.** Preliminary data for 2007 shows additional improvement across the state with no significant regional differences noted.

ND has fluctuated on **Composite I** over the past few years. ND CFSR QA process related to the 23 items shows a continued improvement, and composites indicate near substantial conformity. Some of the factors that may be affecting the outcome have been noted earlier. In general, these relate to the lack of consistent service availability in all regions of the state. Through Stakeholder comments, this has been noted specifically for drug and alcohol treatment and aftercare, and treatment for sex offenders (both youth and adults). Also of note is the inconsistency in use of early and ongoing processes for diligent relative search.

Casework practice and resource issues

Across ND there have been 1,080 searches completed in the past three years. These searches have identified 16,200 potential contacts. These contacts are used to locate extended family and to assess family members as possible resources for connection, family support, or placement if appropriate.

Key Collaborators

Key collaborators on this item are partners in the court and legal system, county social services, DJS, tribes, extended family, service providers and AASK.

Promising Approaches/Strengths

- Special training sessions on relative searches, facilitated by Kevin Campbell, have been offered by CFS in two statewide trainings for child welfare workers, an additional one-day training for adoption workers, a two-day training for Ward County Social Services, a two-day training for Burleigh County Social Services, and a session at the ND Judicial Conference.
- Ability to access the Federal Parent Locator Service (FPLS) through Child Support Enforcement to locate absent parent(s).
- Continued monitoring of this item through the annual ND CFSR QA process on random samples of cases in each HSC region.

- Enhanced funding appropriated by the 2007 Legislature to provide additional subsidized guardianships.
- Additional temporary staff added to assist with criminal history background requests resulting from Adam Walsh Act state and federal legislation.

Barriers

Caseload size and the availability of appropriate treatment and placement resources for youth are identified as barriers for most counties. This is especially true in rural areas of the state where there are limitations in accessing drug and alcohol treatment and sexual abuse treatment for youth.

Item 9: Adoption

Policy

Policy (624-05-15-115-15) requires the agency make, and document in the case plan, reasonable efforts to finalize a child's permanent placement (adoption, placement with a relative or legal guardian, or some other appropriate planned permanent living arrangement). The agency must document evidence of efforts to recruit, locate, train, approve, or license an alternate placement. This policy provides guidance when selecting adoption as a goal for a child in foster care. This includes guidance on when to select the goal, how to implement and develop the goal and preparing a case for termination of parental rights and adoption.

Practice, Strengths, Key Collaborators, and Barriers

ND provides adoption services to children in foster care and the families who adopt them **through a contract with private providers**. Since July 1, 2005, CFS has contracted with Catholic Charities ND, who is collaborating with PATH ND, to provide these services through the **AASK** Program. The most recent contract is outcome-based where CFS pays for specific service points (**pay points**), including the point of placement and finalization. Additionally, CFS makes payments for those children who require specialized recruitment efforts (the "degree of difficulty" pay point) and for timeliness in facilitating the adoption process.

Regarding the "timeliness" pay point, the 2008 agency "outcome target" (current contract year) for the program is based on the program meeting the national timeliness standard in 55% of the cases. Since the 2001 Self Assessment, AASK has added an additional program supervisor position, as well as three adoption workers, bringing the total professional positions within the program to 15 staff. This includes a program director, two supervisors and **12 adoption workers**. There are now adoption workers in seven locations – Fargo, Grand Forks, Devils Lake, Belcourt, Minot, Bismarck and Dickinson.

General **recruitment efforts** within the state have a greater focus on adoption than previous efforts. Regional recruitment/retention teams have a shared focus on adoptive family recruitment in addition to the foster care recruitment; their traditional focus. The Fargo Foster Parent Association has formally become the Fargo Foster/Adopt Parent Association, recognizing the importance of involving adoptive parents in local recruitment and support efforts. Likewise, the ND Foster Parent Association has now become the ND Foster/Adopt Parents Association.

There is **increased availability of support groups** for adoptive parents in local areas. The AASK collaborative has affiliated with the PATH REACH Program, a federally funded adoption opportunities grant program focusing on adoption recruitment in ND, Minnesota, and Wisconsin. The REACH program has funded a part-time adoption specialist position at Turtle Mountain Tribe (Belcourt), provided funding for relative searches, client assistance funding (used to meet program fees for native families) and funding for additional adoption work to be done on the Spirit Lake Reservation. Through the grant, there has been effort to improve recruitment materials directed at increasing the pool of Native American foster and adoptive families.

Child specific recruitment efforts now include the use of a national recruitment website and a web-based link between that site and the DHS website. The AASK program received funding in July 2006 from the Dave Thomas Foundation for Adoption, Wendy's Wonderful Kids (WWK) program, to fund an adoption recruitment worker for those children who do not have an identified adoptive resource.

CFS and local child-placing agencies have used the opportunities of national Adoption Day and Adoption Awareness Month to raise awareness of the need for more adoptive families through yearly celebrations of these events.

The AASK program has prioritized the need for efficiency in providing adoption services by focusing staff meetings around discussion and updates on waiting children, waiting families and barriers present in the individual cases.

Since concurrent planning is being used statewide on a case-by-case basis, adoption services can be provided early in the life of a case. AASK adoption staff can become involved in the permanency planning for a child earlier in the process and as soon as adoption becomes a consideration, by invitation of the county case manager. Policy requires that a referral be made to the adoption program no later than when the petition for TPR has been filed, but is encouraged as early as when adoption is being considered (624-05-115-15-10). Adoption staff assists the local team by bringing issues to the table such as ICWA, ICPC, and relative search. Adoption staff may meet with birth family and relatives regarding adoption to facilitate possible voluntary cooperation in relinquishment by the birth parents. Since the 2001 Self Assessment, the process for **referrals** to the AASK program has changed. AASK is now accepting referrals from county social services with limited information, to facilitate early involvement in the process. Detailed referral information is still required, but can be forwarded to AASK as it becomes available.

In 2004, AASK implemented the Parents Resource for Information Development and Education (PRIDE) model of assessment for adoptive families. This model of assessing families is based upon the PRIDE competencies, focusing on the family's ability to meet the long term needs of children in foster care. The Foster/Adopt PRIDE competency categories are;

1. The ability to protect and nurture children;
2. Meeting children's developmental needs and addressing developmental delays;
3. Supporting relationships between a child and their family;
4. Connecting children to safe, nurturing relationships intended to last a lifetime; and
5. Working as a member of a professional team.

Since foster and adoptive parents are trained together in the PRIDE model, this combined training brings the adoption program and foster care licensing closer in order to better streamline the assessment process for both programs. There are various efforts to streamline the paperwork process for adoptive families in order to facilitate a more timely assessment process. Adoption and foster care studies are accomplished in separate venues; foster care licensing is conducted by a public agency and adoption assessment is accomplished by the private licensed child placing agencies under contract to CFS (the AASK program). Planned implementation of efforts to streamline the foster care and adoption process (each agency building on the work of a prior agency in their assessment), is scheduled for 2008. Joint training; and now assessment of families, in the PRIDE model has allowed for this streamlined process.

There have been efforts within the last two years to increase efficiency in the **Adoption Assistance Program**, including the standardized use of a tool to evaluate the needs of the child and associate a payment structure (both in foster care and adoption assistance). In addition, training for subsidy workers, development of a subsidy brochure and the updating of subsidy manuals has occurred. The paperwork process for the designation of special needs, adoptive placement, and adoption finalization has been updated and forms are available on the DHS e-form web-site for easy access for adoption workers. Adoption subsidy negotiations are done at the county level, with final approval at the state level. Some disparity does exist in negotiated amounts from one part of the state to another. This is being addressed by standardizing of the evaluation of the special needs of the child.

Post-adoption services provided to families who adopt children from foster care include adoption assistance for those children who are determined to have special needs (virtually all children adopted from foster care). Also, post-finalization exchange of information between birth and adoptive families through the agency as agreed upon between the parties, adoption search services, information and referral to post adoption service providers and supports (provided by adoption workers) are provided. Local recruitment/ retention coalitions facilitate support groups in their areas. Adoptive families may also receive family preservation services through established programs in the counties, HSCs and private providers under contract with CFS, accessing them

as any other family that needs these services. Until recently, funding for post-adoption services specifically available to adoptive families was limited. However, recently, limited funding has been allocated to develop a pilot project in the Fargo area (see additional information later in this item).

Recent focus has been cast on **barriers to adopting children from foster care** through an **operational audit** by the ND State Auditors office. Although this study is ongoing and a final audit report and recommendations are not yet available, an initial report based on findings from focus groups conducted with prospective adoptive parents and adoption and foster care workers in the state by national consultant Jeff Katz has indicated:

> *"Every child welfare agency that performs adoptions has **two** very **contradictory responsibilities**. First, they must recruit as many prospective adopters as possible. But they also must screen out those who cannot or should not adopt - for reasons ranging from felony convictions to unresolved fertility issues. The critical factor in balancing recruiting and screening is when and how the screening starts. Successful states recruit first and screen later. Less successful states place the emphasis on screening. ND appears to strike the appropriate balance. The training and home study process appears to be designed to prepare families to be foster parents or to adopt. The system welcomes all candidates to enter the process, makes the standards clear, and screens for criminal background later in the process. During the process parents are challenged to decide whether they have the skills and temperament to be successful. It is a natural, and positive outcome, when prospective parents make the difficult decision that this is not right for them.*
>
> *According to both workers and participants, there appears to be very little attrition as prospective parents move from initial call through training and placement. Not all attrition of parents is bad and it appears that attrition in ND happens for the right reason- that prospective parents decide that adoption (or foster care) is not right for them. What is most important is that all prospective parents leave the process feeling that they have been treated fairly.*
>
> *One of the most striking results of our focus groups was the overwhelmingly positive feeling prospective parents had about the agencies they worked with and with their adoption workers. Workers in ND appear to view every family as a valuable resource and go the extra mile to ensure that every family feels welcomed. This is the single most important attribute that any adoption system can have.*
>
> *Still, North Dakota's adoption program does have some problems, most of which are related to the unique climate and geography of the state. A prospective parent in Minot may have to wait for a year or more to enter the PRIDE training program. Training groups may not have the number of people required to build a supportive group environment. There are no easy answers to these kinds of questions. ND appears to do the best it*

can to adapt its adoption services to the characteristics of the state and its people.

There are two areas in which ND can, and should, focus its improvement efforts. First, the level of paperwork required of adoptive parents needs to be reduced. The technology is readily available to address this issue in a relatively inexpensive way. Foster care and adoption programs can share data, forms be computerized-families can either fill out forms on line or paper forms can be "pre-filled" with data already collected.

The second area for improvement is more complex, but much more important. The state needs to provide more support for families after they adopt a child from foster care. Every child adopted from foster care has, by definition, suffered incomprehensible loss. It is magical thinking to believe that adoption, by itself, can fix a broken child. Even children adopted by the best prepared, most loving, family will probably need services to address the losses and trauma of their early childhood. ND needs to commit itself to providing those services to children and families. This includes ensuring that adoption subsidy payments are uniform throughout the state, that services are available for children in need of intensive psychological treatment or hospitalization, and that families can access services for their adopted children without relinquishing custody to the state. Finally, ND must eliminate the practice of requiring families to pay child support when their adopted children require residential treatment. This requirement, with enforcement by the state's child support enforcement program, is a clear disincentive to parents wanting to adopt North Dakota's most vulnerable children and represents the greatest barrier to the adoption of children from foster care." (From "Adoption in ND: Report to the State Auditor"; Jeff Katz MSW, MPA; July 23, 2007; Executive Summary)

With regard to the recommendations of the study, efforts are now being made by AASK and others to **streamline the study process** for the purposes of foster care and adoption. Additionally, AASK is reviewing its paperwork requirements with a view to eliminate duplication and to make the process "user friendly" for families. This latest effort of a combined foster/adopt study is being met by positive responses from families and Stakeholders.

Regarding **post-adoption services**, CFS has received funding through the state legislature for the current fiscal biennium (2007-09) for post-adoption services. Although limited, this will provide funding for a pilot project for post-adoption service provision in the Fargo area through AASK. Case managers will provide post-finalization follow-up visits to families. Flexible funding is available for families served in the pilot project. Funding for support groups, training, and website development will benefit <u>all</u> families in the state. In addition, 63 scholarships to two Post-Adopt Family Camps sponsored by the REACH program were funded through the pilot program.

Information regarding the State's Voluntary Treatment Program (a program which

funds treatment for children with mental health concerns) has been made available to families receiving adoption subsidy support and to AASK adoption workers who interact with families seeking services for their children. This program allows families to access mental health services, including residential services, without relinquishing custody of their child to the state.

At the present time, efforts are underway to rewrite policy regarding the referral of families receiving subsidies to Child Support when their adopted children are placed in out-of-home care. This will be accomplished in 2008. New policy will clarify that those parents whose adopted children are placed in out-of-home care will not be referred to Child Support Enforcement to address financial costs. This option will only apply to those families who both adopt through a child welfare agency and receive an adoption subsidy.

Changes in performance and practice since 2001

During the past four years, ND has monitored Item 9, "Adoption", through the ND CFSR QA process. In 2001, the federal CFSR rated this item at 92%. In 2003, the ND CFSR QA process rated this item at 50%. In 2004, at 100%. In 2005, at 100%. In 2006, the ND CFSR QA process rated this item at 100%. This item has been consistently strong, has **improved by 8%** and **meets all national standards**. The rating in 2003 was the result of a low number of adoption cases in the random sample and two errors.

Barriers

Barriers to the provision of efficient adoption services in ND include:

- The individual assessment processes for foster care and adoption, facilitated by the public (foster care) and private (adoption) agencies. This is a barrier that has long been noted by system partners and has been difficult to address. As noted previously in this item, however, efforts are underway and a commitment has been made to streamline the assessment processes between the public agencies and private contract agency; and
- The provision of post-adoption services as noted earlier in this item in the report of Jeff Katz. The report recommendations are being addressed and limited funding for a pilot project to provide post-adoption services has been secured.

Item 10: Other planned permanent living arrangement

Policy

Policy states that if the custodian concludes, after considering reunification, adoption, legal guardianship, or permanent placement with a fit and willing relative, the most appropriate permanency plan for the child is placement in another **planned permanent living arrangement**, the custodian must document to the court the compelling reason for the alternate plan. APPLA

should be selected as a permanency goal only after reunification, adoption, legal guardianship, and relative placement have been ruled out. APPLA either will involve a permanent adult caregiver of the child or an adult "parent figure" who is willing to commit to a permanent role in the child's life. APPLA is intended to be planned and permanent. 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.

The child's case plan/SPOC along with the "Compelling Reasons" form/document must be available to the court for review at every Permanency Hearing, when APPLA is the plan for a child.

The quarterly FCCFT reviews every child in foster care, including those with APPLA. This ensures placements are reviewed and the case plans/SPOC is kept up-to-date for the Permanency Hearing. At every quarterly review, the team must query whether a different permanency option should be considered or desired.

Practice

Please see Item 7 for additional information relating to ND permanency efforts for adolescent foster youth.

In 2006, 60 foster youth with a permanency goal of APPLA were discharged from care for the following reasons:

- Reunification – 12
- Agency transfer (to or from Juvenile Justice) - 20
- Emancipation (aged out of care) - 23
- Living with relative – 2
- Runaway – 3

Eleven percent (11%) of the foster youth who were in care at the end of FY 2006 had a permanency goal of APPLA.

The largest age group of children in foster care in ND is age 15–17. In 2006, 2.5% of all ND children, ages 15–17, were in foster care. In 2006, 33% (or 667) of the 2,047 children in foster care were between the ages of 15–17.

The SPOC includes focus on building relationships between the child and those adults who will be his or her network of support. Most importantly, the plan needs to focus on the caregiver's continuing familial relationship with the child after the youth is discharged from foster care. All youth in foster care, age16 and older, are required to have their needs relating to **IL** assessed and addressed. ND accomplishes this through the Ansel Casey Life Skills Assessment, Chafee Assessments, and the SPOC Strengths and Needs Assessment.

Changes in performance and practice since 2001

See Item 7 for additional information regarding changes in performance and practice regarding adolescent foster youth.

To gather youth input on experiences in foster care, CFS facilitates **Youth Stakeholder Groups** in each ND CFSR QA process. Through the Youth

Stakeholder meetings, CFS has been able to gain valuable input on the foster care program. This information is used to formulate changes in policy and practice.

During the past four years, ND has monitored Item 10, "Other planned permanent living arrangements" through the ND CFSR QA process. In 2001, the federal CFSR rated this item at 86%. In 2003, the ND CFSR QA rated this item at 100%. In 2004, at 86%. In 2005, at 100%. In 2006, the ND CFSR QA process rated this item at 94%. As in Item 9, the **low number of cases in the random sample affects this item rating**. However, this item has **improved by 8%** and **continues to meet national standards**.

Casework practices and resource issues

Because IL is one of the most significant services provided to youth with APPLA plans the core foundation of practice in this area is facilitated by the eight regional IL Programs. The Regional IL Coordinators take the lead on IL planning efforts for all youth in the program. Since program restructuring, several group and residential facilities have taken the initiative to teach life skills within their agency, building on our comprehensive statewide IL program efforts. The Regional IL Coordinators and the facility IL workers coordinate their IL efforts for each of the appropriate youth placed within the facility. This collaboration has enhanced the program and benefited youth in the program.

Key Collaborators

Collaborators in providing services to youth in this area have increased in number and involvement. Currently, the National Resource Center for Youth Development, Job Service North Dakota, group and residential facilities, the educational system, and foster parents are involved with youth in delivering these services.

Promising Approaches/Strengths

Youth involvement is a strength that ND has demonstrated since the previous Statewide Assessment. Examples are as follows:

- "Youth Stakeholder Meetings" have been implemented as part of the ND CFSR QA process;
- Several youth have participated as member of the ND CFSR QA process Review Team during Stakeholder meetings;
- Youth testified on several pieces of legislation during the 2007 Legislative Session;
- Youth have participated in "youth panel presentations" at CFS conferences during the past two years;
- CFS has formed State and Regional Youth Advisory Boards;
- A "Youth Track" has been added to the annual CFS Conference;
- ND youth were represented at the 2006 National Permanency Convening;
- The ND Youth Advisory Board was awarded a $25,000 Annie E. Casey Foundation Network Fellows grant to implement a Youth Web Site; and

- Youth serve on the recently formed ND Foster Care/Adoption Task Force.

Since the previous Statewide Assessment the **Education and Training Voucher** Program has been implemented. In FY 2006, 55 Education and Training Vouchers were issued to eligible youth between age 18-23.

In 2006, 450 current and former foster youth were served through the IL Program. As a result of an attempt to expand foster parent and facility IL staff involvement in programming for foster youth, approximately 170 youth between the ages of 18 and 23 were served. This is a significant increase since the previous Statewide Assessment. In addition, CFSTC's **curriculum** for social workers and foster parents has been expanded to better address this component.

Since the previous Statewide Assessment, several **State Legislators** have discussed and expressed an interest in drafting a legislative study resolution to address expansion of opportunities available to youth aging out or transitioning from foster care.

Barriers

- One of the challenges in practice with child welfare, legal, and court staff can be a pre-existing belief that older youth are not adoptable or that youth do not want a permanent family or opportunity to be adopted. These beliefs may lead to a reluctance to discuss adoption with older youth and an accompanying reluctance to pursue TPR or be creative in leveraging permanency opportunities for youth.
- The federal initiative, "Shared Vision for Youth" has not been implemented in our state. This remains on the agenda for future consideration.
- Analysis shows a low number of former ND foster youth accessing Medicaid. This indicates a possible challenge and opportunity to examine the current system and the ability to provide coverage to these youth.

Item 11: Proximity of foster care placement

Policy

Policy (624-05-15-40) and federal law require children be placed in the least restrictive environment and in close proximity to the family home. Policy (624-05-15-50-20) includes a detailed description of activity required in conducting a comprehensive relative search as early as possible after opening a case.

Practice

Efforts are made by the custodian and the FFCFT to identify and locate placement options in close proximity to family. This effort takes into account the needs and safety of the child. If placement cannot be made in close proximity, special efforts are made to maintain contact with and provide visits between the

foster child, parents and siblings whenever possible. Efforts often include providing financial assistance, phone calls, interactive video, and transportation for the family members, parents and/or the foster child to maintain connections. Documentation found in the SPOC and/or narrative section of the case file documents efforts to place within close proximity and plans and activities provided to maintain connections.

Changes in performance and practice since 2001

Since the previous Self Assessment, ND has implemented policy that requires agencies to implement relative searches as early as possible after opening the foster care case, but no later than when determination has been made that the child cannot safely return home. Prior to placement, or shortly thereafter, a relative search is conducted for possible placement or to maintain family connections. The searches may include "US Search" or a combination of other methods or tools available to identify family members. Documentation of the search process and outcomes of the search is required.

Primary changes in practice in this area began in 2003 during implementation of the ND PIP. The ND data snapshot shows a 140% increase in relative placements and a 35% decrease in residential placements since the initiation of the PIP.

During the past four years, ND has monitored Item 11, "Proximity of foster care placement" through the ND CFSR QA process. In 2001, the federal CFSR rated this item at 100%. From 2003 through 2006, the ND CFSR QA process rated this item at 100%. This **item has maintained a high rating**, and preliminary data for 2007 also indicates a rating above national standards. CFS has focused on clarifying policy and encouraging custodians to place siblings together whenever possible and appropriate.

When children are placed out-of-state or long distances from family due to their service needs, agencies provide transportation, and/or encourage the use of telephone calls and interactive video conferencing to maintain family connections.

Key Collaborators

Parents and youth are the primary collaborators, as well as foster parents, tribes, courts and treatment resources in supporting close proximity and least restrictive placements.

Strengths

- The use of relative search tools;
- FCCFT meetings;
- Application of a stronger assessment process in identifying placements that meet the needs of the youth and family;
- Improved collaboration with partner agencies; and
- Including youth as active participants throughout the life of their case plan.

Barriers

- The rural and geographic nature of ND makes placement in close proximity difficult due to limited foster care resources;
- Youth experiencing issues such as chemical abuse or sexual offending behaviors may have to be placed outside of their county of residence because of limited service in rural counties or regions; and
- Case workers in rural counties may not have consistent or frequent experience dealing with chronic cases.

Item 12: Placement with Siblings

Policy

Policy (624-05-15-45) states that special consideration must be given to meeting the needs of siblings in placement, with emphasis on placing the entire sibling group in the same home whenever possible. When it is not possible to place siblings together, or if there is only one child in care, visitation between family members and the foster child must be determined and documented in the SPOC. Visitation must be appropriate and sufficient to meet the needs and provide for the safety of the foster child(ren). Face-to-face contact is recommended. However, letters, phone calls, or interactive video are allowed.

The custodian must consider statutory requirements (N.D.C.C. 50-11-00.1) which state that a family foster home may have "…no more than four children, unless all children in care are related to each other by blood or marriage, in which case such limitation does not apply." This does not include the foster parent's biological or adopted children. Special consideration is given to therapeutic foster homes to provide placements for sibling groups with a special rate.

Practice

At the time of placement, consideration must be given to keeping all siblings together if appropriate and safe. This policy is monitored in practice by the FCCFT discussed at team meetings, and documented in CCWIPS/SPOC. Additionally, special searches are conducted statewide in an effors to meet the needs of the children, their families and siblings.

Changes in performance and practice since 2001

During the past four years, ND has monitored Item 12, "Placement with siblings" through the ND CFSR QA process. In 2001, the federal CFSR rated this item at 90%. From 2003 through 2005, the ND CFSR QA process rated this item at 100%. In 2006, it was rated at 97%. This item is **impacted by the random sample** of cases where there are no siblings in placement and DJS cases where only the offender is placed in care. In the ND CFSR QA process these cases

show up as “not applicable”. The ratings, however, show a **continued improvement,** including the preliminary 2007 data.

Casework practices and resource issues

ND lacks available foster homes statewide, most specifically, Native American foster homes. For example, there are over 600 Native American families residing in two adjacent counties (Burleigh/Morton), and there is one licensed Native American foster home. A special recruitment project was established in the last several years to increase the number of Native American foster homes. No new homes have been licensed but there is a substantial increase in the number of inquiries to build upon. CFS continues to work on this project to increase recruitment in pursuit of additional placement resources.

Key Collaborators

Parents, youth, treatment staff, tribes and foster care providers are key collaborators when looking at placement of siblings. The FCCFT members are critical to providing input and resource options for the case manager.

Strengths

- Increasing use of the Wraparound process by custodians;
- Using the formal and informal supports identified by the family;
- More consistent use of the FCCFT meetings;
- More involvement of youth; and
- Stronger collaboration efforts.

Barriers

- Rural counties have limited numbers of foster homes with open beds to meet the needs of children requiring placement;
- Casework practice is not consistent statewide in regard placing siblings together; and
- Staffing issues and caseload size seem to be major barriers in conducting a full search for foster homes who will take sibling groups; this barrier has also been identified in Stakeholders comments.

Item 13: Visiting with parents and siblings in foster care

Policy

Policy (624-05-15-50) requires a case plan for all children in foster care. The plan must include a **written plan for visitation** with parents and siblings in foster care. Quality visits are recognized as essential to reach the identified goal and address child safety concerns. The importance of maintaining connection through visits makes it crucial to document and review these visits through SPOC and FCCFT meetings. Frequency of visits is determined at the FCCFT meeting with the involvement of the family.

Visits may occur in a visitation center, social service office, foster care facility or in the family home. The need for supervision of visits is determined on a case-by-case basis considering safety and well-being of the child. Parents who are incarcerated may have visits if appropriate and available/allowed. When these visits occur, the custodian provides or arranges for transportation and lodging.

To assist parents to visit, reimbursement for travel associated with the visit (parent(s) and/or siblings) is an allowable expense through Title IV-E foster care. In instances where the parents determine they are unable to pay their transportation related expenses and request assistance, they can apply to county social services for transportation reimbursement. The custodian and Regional Supervisor monitor this policy to insure that visits occur. In addition, custodians may provide the transportation for either the parents and/or children.

Practice

In practice, the custodian provides for visit of children in care with their parents and siblings. Such visits may include long-distance travel to visit parent(s) who are incarcerated 300 to 400 miles away. Counties have been creative in finding ways and means to support and facilitate family connections over long distances.

Supervised visits may occur in the county social service office or at visitation centers, which have been established in urban locations in the state. Visitation centers typically provide staff for supervision and observation and/or videotaping, if necessary.

Phone calls, mail, and video conferencing are used to supplement regular, scheduled visits. The plan for visitation is monitored through the ND CFSR QA process and in discussion at FCCFT meetings. The frequency and quality of visits has been monitored through the ND CFSR QA process. Efforts to document the content of the visits is noted as improving during the 2007 review.

Changes in performance and practice since 2001

During the past four years, ND has monitored Item 13, “Visiting with parents and siblings in foster care” through the ND CFSR QA process. In 2001, the federal CFSR rated this item at 91%. In 2003, the ND CFSR QA process rated this item at 100%. In 2004, at 88%. In 2005, at 99%. In 2006, the ND CFSR QA process rated this item at 96%. We have seen a **5% improvement** since the federal review in 2001. However, **AFCARS data shows a decrease in the number of cases meeting the national standard**. One of the barriers to meeting this standard is the **lack of documentation of visits**. In compiling information gathered from youth and parents in the ND CFSR QA process, both groups report that visits are occurring.

Key Collaborators

Collaborators related to this item include:

- Parents and youth
- Visitation Centers
- Courts

- Treatment staff
- Tribes

Promising Approaches/Strengths

In one rural area, a regional van service was implemented to assist families with transportation to the largest community service center to access services, including the visitation center. Social workers and county agencies have learned to be creative and resourceful in accessing visitation opportunities. They have shown their resourcefulness by sharing resources between and among county agencies and with other public and private providers, including use of technology like web cams and interactive video.

Additional strengths include:

- Willingness of custodians and foster parents to provide transportation;
- The majority of goals relating to reunification;
- Actual reunification of 85% of youth in foster care; and
- Availability of Safety/Permanency funds in regions to assist with travel costs.

Barriers

Practice challenges noted, and anecdotal information indicate the following barriers to providing visitation between foster youth and family members:

- Transportation;
- Ruralness (distance);
- Available staff time; and
- Resource availability to cover all costs.

Only four cities in ND have “public” transportation. Custodial staff often transport parents or siblings (not in placement) long distances to visit to promote connections and to facilitate reunification.

Item 14: Preserving Connections

Policy and Practice

See Item 3 for descriptive information and policy implications of the Wraparound case management model of practice in child welfare.

Wraparound requires the caseworker to meet with the family on a regular and consistent basis to preserve connections for children in foster care. Connections such as neighborhoods, community, faith, family, tribe, culture, school and friends are assessed by identifying child’s needs during the Strengths Discovery process.

Services to families and children in their home and while in foster care are provided through an array of family preservation services focused on both maintaining and building connections. Included in these services are: parent aide, intensive-in home, prime time child care, Safety/Permanency funds, respite care, intensive case management services (Wraparound), and the FGDM process. The FCCFT membership also promotes the involvement of significant people in the child and family's life to foster and preserve connections to home, school and community. The Wraparound process ensures that all avenues are explored to maintain connections. If at all possible, the best practice is for the child in foster care to remain in their community to maintain connections with home, school and community. Culturally competent case management addresses connections with the child's heritage and past, including connections with tribal communities and activities. Case specific and individualized planning means the case manager or foster parent will transport a child back to their community for medical care, dental care and involvement with community friends and family. Access to communication such as visits, telephone calls, interactive video conferencing, and mail are other avenues for youth in care to maintain connections.

Changes in performance and practice since 2001

During the past four years, ND has been monitoring Item 14, "Preserving connections" through the ND CFSR QA process. In 2001, the federal CFSR rated this item at 92%. In 2003, the ND CFSR QA process rated this item at 92%. In 2004, at 90%. In 2005, at 99%. In 2006, the ND CFSR QA process rated this item at 91%. This **item has fluctuated** over the past five years. Formal case file documentation of concerted efforts to preserve connections has not been consistently available to review during this period, as evidenced in the case review ratings.

Resource issues that affect this item include the presence of a sufficient number of available homes within the child's community, availability of homes that are licensed for more than one child (which can contribute to siblings not being separated), the rural nature of ND (travel, time, resources), transient parents which frustrate maintaining connections, and maintaining connections with parents who are incarcerated.

Processes, practices, and policies to ensure compliance with ICWA

If a child is identified as having potential Native American heritage, the Tribe(s) is identified, and contact is made with a ICWA worker to determine whether the child is enrolled or enrollable. In court hearings there is further clarification sought about whether ICWA applies (at the earliest opportunity) and appropriate Tribes are notified.

Custodians often place Native American youth in non-Native American homes because there are no or few native care providers available as foster parents. Tribes are notified and special efforts are made to help insure there is continuity and connection to the child's family and Tribe. Native American children in care are encouraged to participate in cultural or familial activities, which are

documented in the child's file. Residential facilities and family foster homes caring for native children are supported and encouraged to facilitate involvement in Native American cultural activities.

Key Collaborators

Collaborators are: family and extended family, tribes, service providers, county social service agencies, HSCs, courts, community members, faith-based entities, and schools.

Promising Approaches/Strengths

ND has a number of strengths related to this item including the following: the use of "US Search" to locate relatives, the Wraparound process, FGDM Process, family preservation services (parent aide, respite, Safety/Permanency funds, intensive in-home services), policies that encourage relative placements, the increasing use of relative care, availability of the TANF Kinship Care program, and the commitment of case workers to maintain connections with children in foster care.

See Item 3 for description and policy implications of the Wraparound case management model of practice in child welfare.

Barriers

Barriers related to this item are: rural nature of ND which impacts distance, time, and travel; high caseloads and challenges for staff time; multiple children removed from their home and placed apart due to lack of foster homes for sibling groups; parents who are incarcerated; parents who can not be located; and the disportionate number of Native American children in foster care.

Item 15: Relative Placement

Policy and Practice

Policy and state law require that children must always be placed in the **least restrictive environment**; therefore, first consideration in child placement should be a relative home. Federal law requires the state to consider giving preference to an adult relative over a non-related caregiver when determining a placement for a child, provided that the relative caregiver meets all relevant state child protection standards.

Policy (624-05-15-50-25) describes in detail the steps to be taken to locate relatives using "US Search", assessing the home, developing a SPOC including a safety plan, and follow-up scheduling. Searches for relatives are to be initiated as early as possible, but no later than when a determination has been made that the child cannot return home. Searches include requests to locate absent parents (custodial and non-custodial) and all relatives (paternal and maternal). In adoption cases, the relative search documentation is essential to determining

placement opportunities, which must include a thorough review of available placement options. Overall, ND has made **great efforts over the past three years related to relative search**. However, isolated case situations where this practice has not been used have been identified through the ND CFSR QA process.

Changes in performance and practice since 2001

During the past four years, ND has monitored Item15, "Relative Placement" through the ND CFSR QA process. In 2001, the federal CFSR rated this item at 91%. In 2003, the ND CFSR QA process rated this item at 85%. In 2004, at 88%. In 2005, at 100%. In 2006, the ND CFSR QA process rated this item at 94%. The CFS Data Snapshot (Appendix B) shows an overall **increase of 140% in relative/family placements since 2003**. However, the ND CFSR QA process shows an **improvement of 3%** over four years. 2007 preliminary data shows a slight decrease. The analysis is not complete, but appears to be impacted by the number of "not applicable" cases in the random sample.

Promising Approaches/Strengths

The Child Support Enforcement (FPLS) is available to ND DHS (CFS) or its designee (Regional Supervisors). Information can be accessed for the purpose of locating or facilitating the discovery of an individual who has or may have parental rights in order to make more informed and timely decisions about a child's permanency.

Please see Item 3 for description and policy implications of the Wraparound case management model of practice in child welfare as it impacts this area of practice.

Reference Item 8 for description of the relative search process.

Barriers

Please see Item 14 related to Barriers.

Item 16: Relationship of child in care with parents

Policy

Policy (641-05) details the Wraparound case management model of practice in child welfare. As noted in the ND CFSR QA process, whenever the SPOC/Wraparound process was used, all items met federal standards.

See Item 3 for related Wraparound policy information.

Practice

The implementation of the Wraparound process for all foster care cases has demonstrated improvement when measured in reviews during the ND CFSR QA process. All cases reviewed by CFS for inclusion in the PIP reports met the

required criteria under Item 16. North Dakota's data shows that 85% of all children with a goal of reunification were reunified with their parents or primary caregiver within one year of placement. This was accomplished with two or fewer foster care placements.

Changes in performance and practice since 2001

During the past four years, ND has monitored Item 16, "Relationship of child in care with parents" through the ND CFSR QA process. In 2001, the federal review rated this item at 87%. In 2003, the ND CFSR QA process rated this item at 90%. In 2004, at 89%. In 2005, at 98%. In 2006, the ND CFSR QA process rated this item at 92%. From 2001 to 2006 North Dakota's rating for Item 16 **increased by 5%.** This item, although improving, will need to be monitored closely to assess North Dakota's standing in relation to the national standard.

Casework practice and resource issues

If the fidelity of the Wraparound process and development of the SPOC is maintained, the non-custodial parent will be included in the process. If the agency does not maintain the fidelity of the Wraparound process this may impact parental involvement (custodial or non-custodial). When parents are not included in the process, the child-parent relationship will be diminished and involvement in treatment planning can affect the outcome (e.g. continued placement in foster care vs. earlier reunification).

The lack of **trained and available child welfare supervisors** has a direct impact on the quality of case management practice. This impact includes the case manager's ability to staff a case, monitor the effectiveness of interventions/strategies offered to families for positive outcomes, use role modeling, be a mentor for the case manager, and encourages the use of critical thinking skills to determine the appropriate course of action. Case managers who do not have available supervision in our system typically access their Regional Supervisor or peers for this supervision and/or consultation.

A statewide Child Welfare County Supervisors committee meets quarterly and provides the opportunity to discuss common issues faced by agencies, best practice issues, and the child welfare systemic issues.

Key Collaborators

Key collaborators with the agency on this item are: FCCFT members, parents, youth, foster parents, extended family members, providers (DV agencies, visitation centers), HSCs, community services and supports, and neighbors and friends (significant individuals in the lives of the parents and child).

Promising Approaches/Strengths

Cases reviewed during the ND CFSR QA process show increasing involvement of parents and family members with activities of the child in foster care. There is increased activity by caseworkers in developing and offering opportunities for involvement in activities. These activities include attending the child's school conferences, medical appointments, therapy appointments, extra-curricular

activities, Individual Education Plan (IEP) meetings, court hearings and participating in spiritual activities. If developmentally appropriate, the case manager takes the child to visit a parent who is incarcerated, unless the CFT determines that a visit will not be in the best interest of the child.

Please reference Item 7 for additional information. Reference Item 3 for description and policy implications of the Wraparound case management model of practice in child welfare.

Barriers

Barriers to promoting or helping to maintain the parent-child relationship can be: locating the parent(s) and inaccessibility of the parent (such as incarceration in another state). There may be situations where visitation is therapeutically contraindicated. Perhaps the most distinct barriers in practice are limited dollars for Safety/Permanency funds; lack of transportation aides; high caseloads for case managers; and parents unwilling or unmotivated to work with the agency. Lack of funding for supervised visitation (centers and personnel) is also a barrier in both urban and rural settings.

Well-being

Item 17: Needs and services of child, parents, and foster parents

Policy

Policy (624-05-15-50) requires a case plan that assures the child receives safe and proper care and that: services are provided to the parents, child, foster parents in order to improve conditions in the parents' home; facilitates return of the child to their own home or the permanent placement of the child; addresses the needs of the child while in foster care; and addresses visitations between the parents, siblings, and foster child.

See Item 3 for description and policy implications of the **Wraparound case management model of practice** in child welfare. The Wraparound process allows the case manager to complete a comprehensive Strengths Discovery with all individuals involved in the life of the child, to include exploration of the needs and appropriate referral to services and supports for positive outcomes. Following the PIP, the ND CFSR QA process revealed that needs, services, and strengths were more frequently addressed in cases and counties where the Wraparound process was fully implemented. In this model, **a comprehensive assessment process is ongoing throughout the life of the case**. The CFT members include significant individuals in the life of the child: the child, birth parents, foster parents and natural and formal supports.

CFS, along with other system partners, developed the MH Screening Toolkit to assist in assessing the MH needs of all children in the child welfare system for both in-home and out-of-home care. If a need is identified in the assessment process, the case manager will follow up with the necessary and appropriate referrals to address the identified need.

IL policy states that all foster youth, age 16 and older are required to have their needs relating to IL assessed and addressed through the FCCFT as well as through the development of an IL Plan. Youth, age 16 and older, who have been identified as "likely to age out of foster care" are referred to the Regional IL Coordinator who assesses their needs and develops an IL Plan. The Regional IL Coordinator joins the FCCFT, and the IL Plan is either attached to or integrated into the SPOC.

Practice

The **FCCFT** consists of the child, family and those persons most pertinent in the life of the child and family, as determined by the family in most instances. The FCCFT meets to identify and assess the family and foster parent's strengths,

needs, risks and resources to reduce and/or eliminate the conditions that created the safety and risk removal from the home; address reunification; and identify and address emotional and educational needs, CA/N, and ensure the safety, permanency and well-being of children and families. This is a practice component of the Wraparound process which occurs quarterly during the FCCFT meeting to identify and provide services for a child and family member using a holistic approach. Service access varies depending on the community in which a family resides. Rural areas can be more isolated in regard to available resources and may not offer the array of services that can be accessed in more urban areas. HSCs are available to provide services, and in some regions outreach services are provided to outlying areas.

The **SPOC** is the computerized treatment/service plan that supports the Wraparound process. The SPOC is needs driven rather than services driven. The **SPOC** is based on **team expectations** and **needs identified** by the family. It is strength-based, comprehensive, flexible, culturally competent, measured by outcomes and written in the family's language. A SPOC is developed to work toward change through the use of identified community-based supports, strengths, needs, risks, goals, and tasks specific for the family with use of formal and natural supports or resources. The SPOC is reviewed formally every 90 days; however, any team member can call a meeting if the need arises.

The "Partnerships Project" or Care Coordination (Children's MH) developed a quality assurance tool in the MH field for families receiving care coordination services. This tool contains questions to measure the fidelity of the Wraparound process, which includes the philosophy, values and guiding principles. The guiding principles are: **team-centered, family-focused, child-centered, community based, multi-system, culturally competent, least restrictive and intrusive and strength-based services**. The queries on the QA tool indicated above were incorporated into the ND CFSR QA process Review Instrument in 2006 under items that correspond to the Ten Life Domains to assist in measuring consistent application of the Wraparound process.

The **AASK adoption worker** becomes the child's case manager after adoptive placement and continues facilitating the FCCFT meetings every three months throughout the adoptive placement period and until the adoption is finalized. AASK adoption workers are trained in using the SPOC document to assess service needs for children in adoptive placement and AASK adoption workers are trained and certified in the Wraparound process. The workers assist the prospective foster/adopt parents in identifying areas of need and making referrals to appropriate services.

Changes in performance and practice since 2001

During the past four years, ND has monitored Item 17, "Needs and services of child, parents, and foster parents" through the ND CFSR QA process. In 2001, the federal CFSR rated this item at 73%. In 2003, the ND CFSR QA process rated this item at 76%. In 2004, at 81%. In 2005, at 92%. In 2006, the ND CFSR QA process rated this item at 94%. There was an overall **improvement of 21%**

in Item 17. However, our preliminary 2007 findings show that the level, or improvement achieved, has declined. Incomplete documentation and inconsistent use of the Wraparound process plays an important role in this outcome/result.

Reference Item 14.

Casework practices and resource issues

ND recognizes there is a need for continued efforts to insure that each case manager has an available and trained child welfare supervisor.

Reference Item 14.

Reference Items 7 and 10.

Key Collaborators

Key Collaborators for this item and are referenced from the statewide Stakeholders Self Assessment Meeting #1, July 31, 2007. In preparation for the Self Assessment, CFS convened a broad range of partners to the state's child welfare system for two one-day sessions in July and August of 2007. During the first full day session Stakeholders had opportunities for input including discussion of their perceptions of strengths and challenges/barriers of the system. Members of the Stakeholders group included: Tribes, county social service agencies, court personnel, private providers, youth, foster parents, HSCs, early education and child care, child support, NDSU Extension Service (CBCAP state grantee), Job Service North Dakota, legislators, GALs, TANF, CFSTC, MH and Substance Abuse Division, DJS, residential treatment providers and CFS staff.

Promising Approaches/Strengths

From statewide Stakeholder comments in the above referenced meeting, themes that emerged as strengths included: committed child welfare staff; the Wraparound process; evidence-based interventions; collaboration with system partners (including youth, family); family preservation services; foster parent involvement in case planning/education; and availability of and supports for kinship care.

Barriers

Themes that emerged as needs or barriers from the statewide Stakeholders meeting # 1 include: lack of and demand for resources/services (specifically in the frontier areas); systems expectations of case managers (paperwork vs. direct service); and the complexity inherent in serving families and children.

Since the previous statewide Assessment, the following services and supports relating to **older adolescents** have been identified as **barriers for ND youth in care**:

- Additional need for case management services for 18–21 year olds;
- The need to develop a spectrum of transitional living arrangements available to foster youth up to age 21;

- Inadequate services to address the MH and developmental needs of youth who age out of foster care;
- Inadequate services and supports to address the needs of sex offenders or sexually reactive youth who have aged out of the foster care system;
- Lack of affordable housing;
- Need for connections to supportive adults,(e.g. Mentoring Programs);
- Residential resources for college students when dorms close for holidays and breaks, as they do not have a family to go home to; and
- Development of a Liability Waiver to allow foster youth to obtain a Driver's License while still in care.

Please reference Item 14 for additional information.

Item 18: Child and family involvement in case planning

Policy

Policy (624-05-15-75 and 641-05) requires the FCCFT meeting facilitator to **invite parents and children to FCCFT meetings** and encourage them to participate in the case planning process.

The FCCFT meetings review the case goals and tasks (SPOC) at least every 90 days with the family and youth to support their participation in reaching successful outcomes. If the child is in foster care, the initial SPOC must be developed within 30 days of placement.

Practice

Under policy (624-05-15-75) and by practice the Regional Supervisor serves as the chairperson and the county supervisor/staff as vice-chairperson of the FCCFT meeting. The primary focus of the FCCFT meeting is to involve the youth, parents, foster parents or other formal or informal supports in the development of the case plan. The parents or legal guardian(s), foster parents and youth are required members of the FCCFT.

As a measure of practice in ND, **comments** on Item 18 from the **2005** ND CFSR QA process indicate the following:

- "The caseworker invited the parents to the permanency planning meetings and involved them in the case planning process. They were notified of court proceedings and of their rights. The caseworker had individual contact with the parents and the child on a regular basis to discuss case planning. There was no SPOC completed on this case."
- "There was extensive team planning and all team members and family were involved with the planning. Recommendations and plans were shared with team members and family."

- "The father did not want contact with the child while in prison, but has become involved since his release. The mother was involved sporadically, agrees with the plan, and has been involved with the case planning."
- "The child and parents were involved in the case planning through their involvement in Perm Plan/SPOC team meetings and contact with the caseworker. The Strengths Discovery included information from more than one domain. The strengths were listed in a functional nature and used in the case planning. The child could be served in the least restrictive environment. There was not a team membership list in the file or SPOC signature sheet, but there was in Perm Plan document."
- "Family members were involved in: determining their strengths and needs, the services needed, setting goals and determining progress toward meeting those goals."
- "The caseworker met with them at least one time per month during the summer and least two times per month during the school year. They (family) were part of developing the treatment service plan."
- "The child and parent were actively involved in the case planning activities relevant to the current case plan, had input to the SPOC, and identified their needs and willingness to participate in services. The Strengths Discovery included information completed in various domains, and the child was, and continues to be, served in the least restrictive setting being in the home with various services being provided to address the identified needs."

When **AASK assumes case management after adoptive placement,** both the child and family have case plans that are reviewed at three, six, and nine-month intervals, as long as the case remains open. Families and children (when developmentally appropriate) sign and receive a copy of their case plan. AASK follows the state policy of face-to-face visits with the child at a minimum of at least once per month during the placement period. Circumstances of the specific case may require more frequent face-to-face contact.

Changes in performance and practice since 2001

Since our previous Self Assessment, Regional IL Coordinators were trained to encourage youth to be present at all FCCFT meetings and participate in the planning process. Also, ND has implemented regional Youth Stakeholder meetings in all regions of the state as part of the ND CFSR QA process. Youth in attendance are asked to voice their experiences by identifying strengths and challenges of the foster care system. The youths' responses are taken into consideration for policy, programming and procedural changes.

During the past four years, ND has monitored Item 18, "Child and family involvement in case planning" through the ND CFSR QA process. In 2001, the federal CFSR rated this item at 81%. In 2003, ND CFSR QA process rated this item at 86%. In 2004, at 90%. In 2005, at 100%. In 2006, the ND CFSR QA process rated this item at 94%. From 2001 to 2006 there was an overall

improvement of 13%. Reviewers note there are isolated cases in which best practice is not being followed and comprehensive documentation is incomplete.

Casework practices and resource issues

In a **separate review process in 2003,** 119 foster care cases were selected randomly and reviewed by CFS to verify invitations to and attendance at FCCFT meetings. Of those individuals who are required to receive invitations to the meeting, 98% were actually invited. When individuals failed to attend the meeting, documentation was found to support that those not attending received necessary information. Documentation was also found in the case record indicating that parents who were not in physical attendance participated via phone or received follow-up information from the case manager.

Reference Item 3 for description and policy implications of the Wraparound case management model of practice in child welfare.

Key Collaborators

For **Key Collaborators** reference Item 17.

In the statewide Stakeholders Self Assessment meeting # 1 (July 31st, 2007), themes and comments that emerged as **strengths** include: CFT that includes all system partners; Head Start and child care personnel involvement; collaborative efforts among stakeholders; youth involvement in case planning with custodians; and the Wraparound process.

In addition, CFS has received comments from families and children through the ND CFSR QA process indicating involvement in case planning. From these reviews it is clear custodians are making concerted efforts to assure parent, child and support system involvement in case plan development. Telephone and video conferencing are being used if the parents or the child is unable to attend in person.

Further collaborative efforts include the joint efforts between CFS and other system partners to examine and provide strategies for children's mental health through the ND Children's Social, Emotional, Development Alliance (SEDA). The partners include: CA/N, Juvenile Justice, MH, Public Health, Child Care, Head Start/Early Head Start, Developmental Disabilities, Substance Abuse, Tribes, GAL, and Child Welfare. CFS, along with the Child Support Division, TANF, Medicaid, and Job Service North Dakota, have developed a collaboration training curriculum, "Better Outcomes through Collaboration", that will be implemented in all regions of the state.

Promising Approaches/Strengths

The Wraparound process, FGDM process and intensive in-home services are all approaches encouraging the involvement of the child and family in their own planning.

Barriers

Barriers to this item are as follows: not inviting parents or youth (as appropriate) to the CFTM; not maintaining the fidelity of the Wraparound process; lack of training opportunities to the field that support the theory of the interconnectedness of positive outcomes to family/child involvement; availability of child welfare casework supervision to the field; and not providing documentation of concerted efforts to locate and engage with parent(s) and families in case files.

Item 19: Caseworker visits with child

Policy

Policy (624-05-50-30) requires **face-to-face caseworker visits every 30 days** with children in family foster care as well as in residential care within the state. These visits are required at least quarterly for out-of-state placement. Face-to-face visits are a critical component of the continuum of care to ensure safety, permanency and well-being of children. Whenever possible, best practice dictates visitation should occur between the child and the child's assigned case manager. A casework staff member of the custodial agency may complete the visit, if necessary. These face-to-face visits focus on the child's safety needs, case plan, issues and conditions needed to address successful reunification or permanency and to assure the well-being of the youth and his/her family. Using video conferencing or similar interactive systems will meet the requirements of the "face-to-face" visit. However, as per policy, this method of visitation should be used infrequently. This policy also applies to children placed in therapeutic foster care. Visits must be made by a caseworker from the custodial agency in this situation. Visitation is an issue reviewed at the FCCFT meeting when the plan is created and during subsequent meetings.

The ND CFSR QA process monitors the quality and frequency of the visitation between the caseworker and child to determine if planning, goals, tasks, and outcomes are reviewed with the child. This review includes both the frequency and quality of the visit.

The AASK program follows state policy requiring at least one face-to-face visits during the adoptive placement period. More frequent visits may occur when the specific situation dictates.

Practice

Custodial case managers document visits by other case managers from the agency in the "narrative" section of the file. Documentation identifies issues and progress related to the case plan and goal(s). Special attention is given to the quality of the visits as related to the case plan.

Case managers are required to enter the following codes in CCWIPS following each visit with the child to document visitation:

FF = face-to-face contact not in child's residence
FR= face-to-face contact in child's residence

CCWIPS data allows CFS to generate a report to review case manager child visitation practices.

Changes in performance and practice since 2001

During the past four years, ND has monitored Item 19, "Caseworker visits with child" through the ND CFSR QA process. In 2001, the federal CFSR rated this item at 78%. In 2003, the ND CFSR QA process rated this item at 79%. In 2004, at 91%. In 2005, at 94%. In 2006, the ND CFSR QA process rated this item at 91%. An **improvement of 13%** was noted between 2001 and 2006. However, preliminary **2007 findings show some decline** in the level of previous improvement.

Casework practices and resource issues

The Wraparound process used in both foster care and in-home cases has a distinct impact on casework practice in this item area. The social worker/case manager is required to have face-to-face contact with the child, foster child, parent and foster parent as part of this process at least every 30 days for foster care cases and 90 days for in-home cases. Caseworkers may utilize technology such as video conferencing to facilitate this contact and maintain connections with children and youth who are in placement at some distance. However, some child welfare agencies may not have this resource available. In addition, travel resources and staff costs for travel (time and method) may be a strain to child welfare agency budgets and caseloads.

Key Collaborators

For **Key Collaborators** reference Item 17.

Statewide Stakeholders Self Assessment Meeting #1 (July 31, 2007) comments and themes that emerged as **strengths** include: array of services; FGDM; resources for relative placements and TANF Kinship Care program; expanded outreach services; and case worker and youth involvement in case planning and visitation.

Promising Approaches/Strengths (additional) include

- The new policy on face-to-face contact between caseworker and the child, the parents and siblings, will be monitored closely. We hypothesize that improved practice in this area will have significant positive impact on the child welfare outcomes.
- Please reference Item 18.

Barriers

Please see Item 14 in addition to the barriers referenced above in "Casework Practices" section.

Item 20: Worker visits with parents

Policy

Policy (624-05-15-50-30) states the case manager supervising the placement of a child in foster care must have **regular contacts with the foster child, foster child's parent(s), and foster parents,** and must coordinate services (including periodic medical examinations) from other providers for the foster child. The frequency of case manager's visits with the parent(s) must be sufficient to meet the needs of the family and promote achievement of the case goal.

Visitation with parents is recorded in the SPOC and/or the activity log. The goal of the visitation plan is to strengthen the parent-child relationship, engage and build a relationship with the parent(s), and assess readiness for and services required to facilitate reunification, when possible.

The Wraparound process is the case management model of practice for child welfare system.

Practice

Please reference Item 19.

Changes in performance and practice since 2001

During the past four years, ND has monitored Item 20, "Worker visits with parents" through the ND CFSR QA process. In 2001, the federal CFSR rated this item at 82%. In 2003, the ND CFSR QA process rated this item at 76%. In 2004, at 86%. In 2005, at 94%. In 2006 the ND CFSR QA process rated this item at 87%. **This item has fluctuated over the past few years.** There was a **5% improvement** from 2001 to 2006. Preliminary 2007 findings show **a decline** in the level of improvement.

Please reference Item 19.

Casework practices and resource issues

AASK Adoption Workers are not case managers for birth families. They will meet with birth parents and relatives at the request of the FCCFT to discuss the process of adoption and the continuum of openness in adoption. This generally occurs during the concurrent planning process. The discussion may facilitate the birth parent voluntarily relinquishing parental rights when they feel they are not able to resume the care of their child. The resource of the AASK adoption worker to fill this key role may be under-utilized by county social services.

Please reference Items 18 and 19.

Key Collaborators

For Key Collaborators reference Item 17**.**

In the statewide Stakeholders Self Assessment Meeting #1 (July 31, 2007), the themes that emerged as **strengths** included: the service array including intensive in-home; DV services; FGDM; expansion of outreach services from the human service centers; relative search efforts; and the TANF Kinship Care Program.

Promising Approaches/Strengths:

- Please reference this section on Item 19.
- Please reference Item 14; Wraparound process, FGDM, and intensive in-home services.

Barriers

Please reference Item 14.

Item 21: Educational needs of the child

Policy

Policy (624-05-15-50) and Title IV-E specify requirements for a foster care case plan. The plan must include the most recent information available pertaining to a **child's health and education records**, including:

- Names and address of child's health and educational providers;
- Child's grade level performance;
- Child's school record;
- Assurances that the child's placement in foster care takes into account proximity to the school in which the child is enrolled at the time of placement;
- Record of child's immunizations;
- Child's known medical problems;
- Child's current medications; and
- Any other relevant health and education information concerning the child determined to be appropriate by the agency.

Practice

The Wraparound process identifies the Education Life Domain to assess needs and services, and to inform the development of the SPOC to address these needs and strengths.

Wherever appropriate, education partners are invited to be part of the FCCFT meeting. Their input and support are critical to ensuring educational needs are addressed. In some counties, education representatives are permanent members of the FCCFT meetings. In most counties the case manager and/or the foster parents will sit in on the IEP meeting, providing input and collaborating on the child's plan.

All children in care attend a public school, an accredited on-campus school (residential placement) or, if appropriate, a private school. School records are maintained in the child's case file.

ND received the **System of Care Initiative Grant** in 1994 that included three major cities. System of Care funds were provided to the HSCs, schools, DJS, and counties for out-posted care coordinators. This initiative was called the **ND Partnerships Project**. The **Wraparound process** was the model of practice for this project. ND was able to sustain the System of Care Initiative and implement this model of practice statewide.

Changes in performance and practice since 2001

During the past four years, ND has monitored Item 21, "Educational needs of the child" through the CFSR QA process. In 2001, the federal CFSR rated this item at 91%. In 2003, the ND CFSR QA process rated this item at 92%. In 2004, at 96%. In 2005, at 99%. In 2006, the ND CFSR QA process rated this item at 98%. An **improvement of 7%** was shown between 2001-2006. There have been some concerns expressed by Stakeholders and QA process review team members related to the lack of documentation of school records in the case files and the timely provision of school records to foster parents (to assist the foster parents in facilitating the process to meet the child's education needs). This issue has been improving as noted through case file reviews and foster parent comments.

Educational needs and documentation in case files are reviewed on all applicable cases in the ND CFSR QA process.

Practice

Please reference Item 14.

Key Collaborators

For Key Collaborators reference Item 17.

The Early Childhood Comprehensive Systems Grant in the ND Department of Health is guided by the Healthy ND Early Childhood Alliance. Work is progressing in five sub-committee areas: Early Care and Education, Parent Education, Family Support, MH and Social/Emotional Development, Access to Health Insurance and Medical Home. The Early Childhood Services (ECS) Administrator (a member of CFS) co-chairs the first sub-committee which is responsibility for the Early Learning Guidelines. The Early Learning Guidelines, required by the Child Care Development Fund Block Grant (CCDF BG) are being reformatted into several separate documents by the ECS and the Head Start State Collaboration Office Administrator (also member of the CFS). The "Ages Three through Five" portion is slated to be ready for final approval in Spring, 2008.

Department of Public Instruction's Emotionally Disturbed (ED) Guidance Task Force facilitated training on ED Guidelines statewide, in three locations, in 2007.

Promising Approaches/Strengths

- Wraparound process, FGDM, intensive in-home services, and the ND CFSR QA process as a monitoring vehicle.

At the statewide Stakeholders Self Assessment Meeting #1 (July 31, 2007), themes that emerged as **strengths** include: regional Stakeholders stated they are included in the FCCFT meetings and are able to provide input; county staff and foster parents attend IEP meetings; strong efforts to work with the educational goals of the child; collaborative efforts among system partners; and communication between system partners for positive outcomes in regard to safety, permanency and well-being.

Barriers

Custodians are currently concerned that even when they have court determined care, custody and control of a child they will not be allowed to make educational decisions for a foster child. The Department of Public Instruction, Special Education Services, has provided a copy of 34 Code of Federal Regulations (CFR) 300.30 which does not allow the state, or an agency of the state, to act as a "parent" and/or make educational decisions for a child in foster care. Additionally, 34 CFR 300.519 states that a school can appoint a surrogate parent if the child is a ward of the state. The federal rule and the issues surrounding it have been referred to the Legal Division of the DHS for review and consultation.

Youth stakeholders report difficulties within the educational system regarding credits earned and their ability to transfer, causing difficulty in meeting graduation requirements. The comments of the youth have been discussed within CFS and with educational providers. Department of Public Instruction administration will need to be included in discussions to further address this issue.

Education and system partners expressed concerns in Stakeholder meetings that foster youth are being discharged from foster care placement, and/or transferred from school to school, in the middle of the semester. Preference from these partners is to wait until the end of the semester, or the end of the school year to change a placement and make an educational transition. This preference, in some cases, is contrary to the case plan goals as identified by the FCCFT.

Item 22: Physical health of the child

Policy

Policies for Foster Care and Wraparound case management insure physical health and medical needs of children are identified in assessments and case planning activities.

All youth are required to have a current **Health Tracks/EPSDT screening** within 30 days of entry into family foster care. For payment purposes youth being

placed into **residential, group and/or institutional care** must have a current Health Tracks/EPSDT screening before or on the day of placement. (Health Tracks is a preventive health program that is free for children age 0 to 21 who are eligible for Medicaid). Health Tracks funds screenings, diagnosis, and treatment services to assist in the prevention and intervention of emotional/health concerns. Health Tracks/EPSDT also funds orthodontics, glasses, hearing aids, vaccinations, counseling, and other health services. Health Tracks/EPSDT staff assist families with scheduling appointments for services as well as assisting with transportation to the services. All children in foster care automatically qualify for Medical Assistance.

Children in foster care receive annual medical physicals. Not all children receiving in-home services qualify for Medical Assistance, but they may qualify for the SCHIPS or private insurance. If the child does not qualify for any program, Safety/Permanency funds can be accessed to cover health expenses.

Following an assessment or screening, all identified health and dental concerns must be addressed and documented in the case file. Foster parents, as part of the FCCFT, are actively involved in facilitating the receipt of medical and dental care for children.

By policy, the case file must contain the most recent information available pertaining to the child's health. This information must be reviewed and updated for the child at the time of each placement. In addition, policy requires the foster parent or foster care provider be provided with health/medical information for the child.

Practice

Since the previous Self Assessment, the CFS Plan requires documentation of consultation with physicians regarding the health of foster children. Part of assuring the overall health and well-being of children in their homes or in foster care is accomplished through the Wraparound process during the CFTM. This includes the assessment of the child's physical and emotional health not only through the Health Tracks/EPSDT screening but also through the comprehensive strengths and needs assessment including the Physical Health and Emotional/Behavioral Life Domains.

The case manager is responsible for monitoring the physical and emotional health of the foster child and assists the parents and/or foster family in coordinating appropriate referrals to medical professionals such as dentists, physicians, optometrists, psychiatrists and psychologists. The SPOC treatment plan allows the case manager to add medical professionals as team members (to be involved and/or consulted to insure the physical and emotional well-being of the foster youth and/or in-home youth are met). The SPOC also allows the case manager to document the child's current medications, allergies, diagnoses, emergency contacts and physician(s).

During the period of adoptive placement, adoption workers continue to assess the child's physical and MH needs and encourage adoptive parents to access

appropriate services for those identified needs. They may assist the adoptive parents by facilitating appropriate referrals to services. However, the adoptive parent, in preparation for their role after finalization, becomes the lead in seeking and identifying providers to meet the child's need. The adoption worker continues to monitor the child's needs to assure they are being met until the adoption is finalized. Identified needs may become a factor in the negotiation of adoption subsidy support provided to the family during this period and after finalization.

Changes in performance and practice since 2001

During the past four years, ND has monitored Item 22, "Physical health of the child" through the ND CFSR QA process. In 2001, the federal CFSR rated this item at 91%. In 2003, the ND CFSR QA process rated this item at 80%. In 2004, at 87%. In 2005, at 99%. In 2006, the ND CFSR QA process rated this item at 100%. This is an **improvement of 8%** between 2001-2006.

In calendar year 2006, 50.3% (or 381of 757) of the children removed from their homes had a Health Tracks/EPSDT screening after the date of removal. There were 884 children removed from their homes during calendar year 2006. Those youth in care for less than 30 days (n=127) were eliminated since a FCCFT/permanency plan- is not required.

Practice

Health Tracks/EPSDT utilizes the Pediatric Symptom Checklist to assess for emotional/developmental and behavioral risk factors. Health Tracks/EPSDT, Developmental Disabilities, Head Start, Child Welfare and MH have initiated a work group to examine early prevention, intervention, screening and systemic points of entry for children and families. The work group is called the Children's Screening Coordination Committee.

The Governor signed Senate Bill 2326 into law on April 17, 2007. The "Medicaid buy-in" bill relates to medical assistance and other health coverage for families of children with disabilities and provides an appropriation. ND was the first state in the nation to pass this provision into law. The law allows for families 200% above the poverty level to purchase Medical Assistance coverage.

Access to dental care continues to be an issue in ND. According to the UND Center for Rural Health, 16 of the state's 53 counties are designated as Dental Health Professional Shortage Areas. ND is characterized by **a chronic shortage of health professionals in rural areas**.

The Center for Rural Health also noted that only 7-25% of dentists in ND accept any and all Medicaid patients that present for treatment. Rural dentists accept more Medicaid patients than do urban dentists. HSC staff work closely with consumers to assist them with accessing dental care. At times, case managers transport consumers hundreds of miles to access dental care from a provider who accepts Medicaid patients.

In an attempt to address this issue, the **Dakota Medical Foundation** created the **Dental Care Access Program** (DCAP). DCAP is working to increase access to oral health care for the uninsured and underinsured in ND communities.

Key Collaborators

Comment themes from the statewide Stakeholders Self Assessment Meeting # 1 (July 31st, 2007) that emerged as **needs** include: resources to meet the unique needs of children and families in ND, especially access to medical care in our rural areas; poverty/economic hardships; insurance coverage for medical costs; and limited early intervention/early prevention services. Child Advocacy Centers are seen as a need since they are not immediately available in all regions. However, the Centers are viewed as **strengths** within the child welfare system in the communities where they have been established.

Promising Approaches/Strengths

Numerous strengths and alliances to address health needs have been indicated throughout this item narrative. In addition, **strengths** ND has demonstrated in addressing this item include: workforce dedicated to insure that physical health of the child is assessed and addressed through the Wraparound Process Model. Also, during the 2007 legislative session a biennial appropriation of $500,000 was put into place for accredited Child Advocacy Centers in ND.

Barriers

Please see Stakeholder themes above and Key Collaborators.

Item 23: Mental/behavioral health of the child

Policy

Policy requires mental/behavioral health needs of children be identified in assessments and case planning activities. Policy related to high risk youth with suicide indication and the corresponding development of a safety plan was recently developed.

MH needs are also a specific area of assessment on the CA/N SSRA when a CA/N Assessment is completed.

Please reference Item 22.

Practice

The ND Children's MH Administrator is physically located in CFS and acts as a liaison between the CFS and MHSA Divisions. The Administrator is part of the CFS Management team and collaborates with CFS program staff. This organizational arrangement affords a positive working relationship between the two divisions to address the MH needs of the child welfare population in response to both case-specific and systemic issues.

Promising Approaches/Strengths

The Adult and Children's MH Administrators held a statewide polycom meeting in September 2007. Participants came from many disciplines, including but not limited to: child welfare; county social services, human services; Regional Supervisors, addiction services, Partnerships, juvenile justice; DJS, CFSTC, IL program specialists and DHS program administrators.

Information was gathered that identified the current **strengths and gaps** in services within the child welfare, MH and other partner systems as reflected below:

Strengths *of the MH System of Care-Children and Adult*

- **North Dakota State Hospital (NDSH):** Collaboration among systems;
- **Partnerships:** CFTs members willing to join and participate to discuss services;
- **IL Coordinators:** Creative in assisting the youth/young adult maneuver through systems. It is helpful to have someone assist youth in this process as IL coordinators advocate on behalf of the youth or young adult. Youth need and receive the one-on-one support;
- **Psychiatric Residential Treatment Facilities**: Parents have the ability to voluntarily place their child for treatment without relinquishing custody; and
- **Strong collaboration of partner agencies to address safety plans.**

Needs/Gaps *of the MH System of Care-Children and Adult*

- **Specialized Needs/Out-of-State Placements:** "Why are we sending youth out-of-state for care?" Youth are referred to out-of-state placement because the resources to meet their needs cannot be identified in ND. For example, youth with Asperger's or other autism spectrum disorders may be referred and placed out-of-state when in-state facilities are found unable to meet the specific needs. Youth with IQ's of 72-75 with PDD, FAS/FAE, ADHD or co-occurring substance abuse/MH diagnosis are placed into facilities in other states.
- **Legal/Court/DJS perspective:** For those youth with criminal charges, treatment placements to match their needs may be difficult to locate. For youth with sex offending charges, three placement denials in state are required prior to placement out-of-state. If a youth commits a crime in an out-of-state facility and is not charged in that state, it is difficult to determine consequences as they return to the state.
- **Supports and Resources:** Housing resources are limited or non-existent. Youth may not meet all the system's eligibility requirements. Youth aging out of foster care may not have appropriate family to live with or have not had family or community connections, transportation, guardians, case aide services, or mentors.
- **Professional Health Care Shortage Areas:** Shortages of appropriate MH professionals, psychiatrists, and psychologists make finding providers to meet the needs of the youth and young adults difficult. Youth in some regions do not have specialized treatment available within their region to

meet their needs. For example, ND CFSR QA process Stakeholder comments since 2003 have identified that treatment for alcohol and drug abuse and sexual offending behaviors for adolescents are not consistently available across the state.

- **Transitional Housing:** There is need for a facility to house young adults with assistance until more permanent housing arrangements close to treatment can be identified. In Fargo there is a six-to-nine month delay in obtaining appropriate living environments for youth transitioning into adulthood.

Since the previous Self Assessment, a **MH Screening Tool Kit** was developed by CFS and other system partners. Training materials/videos were made available to all system partners. A state form known as "Preliminary Questions" for Social/Emotional/Developmental Screening was developed and implemented. The purpose is to assist staff from various systems to gather information to determine whether the family has had prior MH screening(s) or involvement in MH services. If an identified need is determined through the process of the assessment, the case manager follows-up with necessary and appropriate referrals to address the identified need.

The Children's MH Administrator and the CPS Administrator collaborated with Dr. Steve Wonderlich, and a group of multi-disciplinary collaborators, on a Substance Abuse and Mental Health Services Administration (SAMHSA) Request for Proposal (RFP) in an effort to address the expansion of **child welfare evidence-based strategies and therapeutic interventions** throughout the state and in tribal communities. Unfortunately, ND did not receive a grant award.

In the Children's MH System of Care, children, youth and families have access to Wraparound case management (promising practice) and therapeutic foster care. CFS will be initiating two EBPs for children and families; SPARCS and Trauma Focused Cognitive Behavioral Therapy. The training is sponsored and conducted by the NRI, along with the UND School of Medicine and Health Sciences in collaboration with Dr. Steve Wonderlich. The project continues to show promising results using EBP in addressing childhood trauma. Despite a tight budget, therapists across the state (public and private) have received training and supervision in using this EBP to provide therapy to children. Sixteen clinicians from the eight regional HSCs were trained and received six months of follow up supervision.

Changes in performance and practice since 2001

During the past four years, ND has monitored Item 23, "Mental/Behavioral health of the child" through the ND CFSR QA process. In 2001, the federal CFSR rated this item at 80%. In 2003, the ND CFSR QA process rated this item at 63%. In 2004, at 89%. In 2005, at 94%. In 2006, the ND CFSR QA process rated this item at 95%. From 2001 to 2006 **an improvement of 15%** is documented. This item rating improved because of increased awareness of children's MH needs and access to and use of the Wraparound model and the MH Screening Toolkit.

Key Collaborators

At the statewide Stakeholders Self Assessment Meeting #1 (July 31, 2007) the comments and themes that emerged as **strengths** include: work ethic of the child welfare workforce; an array of service and funding resources; Wraparound process; EBPs; assessment of family and children's MH needs; expanded outreach services; intensive in-home services; and residential treatment facilities.

The themes that emerged as **unmet needs** include: lack of resources in some regions of the state; lack of prevention services; waiting lists for service; need for cross systems training; complex family needs; and workforce challenges.

Additionally, the following were highlighted as needs:

- Needs of transitioning aged youth from the child welfare system;
- Eighty percent (80%) of the counties in ND are designated as health professional shortage areas; and
- Lack of child psychiatrists and psychologists at the HSCs.

During 2007, the Adult and Children's MH Administrators conducted statewide on-site meetings at all eight regional HSCs. Common themes emerged regarding the needs of children, adolescents, and young adults in the MH system of care: **Strengths-** collaboration, partnerships, workforce dedication, resources, earlier transitioning of youth and independence of youth turning 18. **Unmet needs-** service/resources, training of professional personnel, dual diagnosed youth- lack of appropriate services and knowledge of SED/Developmental Disabilities (DD) and SED/Chemical Dependence (CD), workforce shortages, and the need for services on reservations.

Promising Approaches/Strengths

Please see the variety of Stakeholder comments opportunities, and themes listed in above paragraphs. Additional information includes:

- The funding for the **Out-of-Home Voluntary Treatment Program** for Children with SED was increased to approximately $680,000 for the 2007-2009 biennium through the last legislative session;
- The Children's MH Administrator is housed in and participates with CFS, which promotes close collaborative efforts between Child Welfare and MH; and
- **MH services are funded by Medicaid**, general and local funds.

Wraparound, FGDM, MH Screening Toolkit, SPARCS and TF-CBT interventions, and the ND CFSR QA process are all indicated as promising approaches in ND.

Barriers

Please reference Item 14.

Systemic Factors

Item 24: Statewide Information System

Background Information-Three Information Systems

ND has the CCWIPS that provides case management information and tracks children throughout foster care. The system collects extensive information on each child in foster care including, but not limited to: (1) the **demographics** related to the child in care; (2) the **location and type** of foster placement; (3) **changes** in foster care placements; (4) **case goals** for the child; and (5) **time in care** to achieve case goals. The system does not collect information on in-home cases, CA/N reports, or assessments. There is a separate system for these programs/cases. Consequently, CCWIPS cannot search for prior CA/N reports within or across counties.

The CCWIPS generates the required **AFCARS data** for children in foster care and children who have been adopted. The system was implemented statewide on September 1, 1995; the **payment** system was implemented statewide on September 1, 1999. **Quarterly reports** that identify due dates for court orders, permanency plans, and foster home licensing reviews are generated by CCWIPS. The **case manager has access** to the system to record and review vital information regarding the child. In addition, Regional Supervisors, eligibility workers, and case workers from DJS can access information on the system.

ND CFSR QA process Stakeholders commenting on this system at both regional and statewide meetings suggested there are agency staff at regional and county levels who do not view CCWIPS as an effective management tool and do not use reports generated by the system for management purposes. However, other Stakeholders suggested this may be due to the fact that some county and state staff are not accustomed to managing with data and do not use what is available from the system as a management tool.

CCWIPS training is held on a quarterly basis for new case managers or others who request a “refresher”. Content of the training includes: registering a foster care case and entering court orders, placements, and treatment plans. Also included in the training is a brief overview of the eligibility requirements for foster care payments.

“Front End System” Development

The development of the comprehensive Child Welfare Statewide Information System will provide data on outcomes related to and across all child welfare programs. This information system is known as the **“Front-End System”.** It is anticipated the Front-End System will be operational within the next two years. The purpose of this project is to develop a new front-end web-based application for county and regional child welfare staff, based on a “best practice” business flow process in a typical child welfare case.

Currently CFS works with **individual applications** to document and track in-home services, family preservation, CA/N, foster care, and adoption activities. These current **CFS information systems are made up of multiple, disparate applications and databases.** Information for family preservation services, CA/N, foster care and adoption activities are currently linked, to different degrees, by the SPOC, CA/N Index and the CCWIPS.

A further complication is that each county and region currently has its own business flow process and may use only portions of existing child welfare applications and data systems, if they use these systems at all. Many counties and regional offices use paper methods or have adopted shadow systems meant to replace the use of these three state information systems.

Stakeholders also identified the following as **barriers in this area**:

- The lack of connection and common entry points between the system applications create problems with duplicate entry and workflow efficiencies for social workers and front line staff;
- Scattered case information across systems complicates decision-making for a child and family;
- Partners and families have expressed the desire for an abbreviated case plan document;
- Basic program management decisions are often complicated by a system which has no one consistent system of record from which data can be extracted; and
- Application use and workflow are not consistent across systems, agencies, or users.

Also, the federal requirement to develop and implement the National Youth in Transition Data Base is an information technology and funding issue that will need to be addressed by CFS. The type of information system and the cost of such a system are questions that remain and need consideration. Currently, the IL program has collected data over a period of years that is in need of analysis.

Item 25: Written Case Plan

Policy

Policy requires a **written case plan for each child in foster care.** This plan is developed jointly with the child and parent(s) within 30 days of a foster care placement.

A point-in-time review in November 2003 conducted by CFS showed that of 161 case records reviewed, 91% documented parent and child involvement in the development of a case plan. This review also included identification of parents and youth **invited to the FCCFT meeting and attendance**, correlated with reasons why a parent or youth did not attend. In addition, during **Stakeholder** interviews at the ND CFSR QA process, comments expressed indicated that

workers have clear expectations that families should be engaged in developing case plans. When concurrent planning is used on a case-by-case basis, parents are given opportunities to be involved in developing the concurrent plans. In addition to parent and child involvement, the FCCFT is also involved in developing the case plan. The initial plan and updates are maintained on CCWIPS and the SPOC.

In-home cases must have a **Strengths Discovery** completed with an initial CFTM within 45 days of case assignment, according to policy. All team members present at the CFTM sign the signature page as participants and indicate whether they agree or disagree with their individualized, unique treatment plan. This discourages a "boiler" plate approach to practice in the development of the treatment plan (SPOC). (Please see Item 4 for description of the statewide implementation of Wraparound and the SPOC.) (Reference Item 3 for the implementation of statewide CFTM's.) If the parent is not present at the CFTM for in-home cases, policy dictates the meeting be rescheduled.

If the child is in foster care, a **FCCFT meeting** must be held within 30 days of placement. The meeting addresses the permanency issues, goals and tasks of the child and team members present; new goals or tasks will not be assigned to the parent(s). Potential barriers for parental involvement may include: whereabouts unknown; attorney advice not to engage with agency; and parental circumstances which make parental engagement not in the best interests of the child. ND policies on locating absent parents and other relatives require agencies to conduct relative searches as early as possible in the timeline of the case.

IL Policy requires an **IL plan** be developed for each foster and former foster child, when appropriate, or at age 16. The IL Coordinator has responsibility to assure that the IL Plan is developed with the involvement and assistance of the youth, with assistance of the CFT. The IL Plan becomes a part of the foster child's SPOC. The participation of the foster youth in the development of this plan is required; the signature of the youth is evidence of the youth's input. QA for IL Plans is part of the ND CFSR QA process. Comments from this process indicate both parents and youth have experienced a positive relationship during their involvement in the development of case plans. Over the past two years there has been an increase in positive comments from youth and families on this issue.

(Reference Item 18 for testimonial statements during families from the 2005 ND CFSR QA process in regard to their involvement and satisfaction with case planning.)

Practice

The **CFTM facilitator** is required to **invite** parents and children to attend the CFTM and **encourage** them to participate in the case planning process. The facilitator is an individual from either a private or public agency that has been certified in the Wraparound process. The facilitator is responsible for **monitoring the outcomes** of the plan (SPOC). In addition to encouraging participation, the CFTM facilitator also insures that case goals and tasks are reviewed at least every 90 days and supports participation that can lead to successful outcomes.

The FCCFT meetings are required statewide as outlined in state policy. Concerted efforts are made by the custodian to include both parents and the child if appropriate, in the FCCFT meetings. These are monitored at least quarterly by the Regional Supervisor. File documentation must include agency efforts to invite and involve both parents or reasons that parents would not be or are not included in case planning. Additionally, efforts of the agency to include parents, youth, and children in case planning are reviewed during the ND CFSR QA process.

ND's entire foster care system emphasizes the importance of child and youth involvement in case planning (where appropriate), as well as involvement in all aspects of the system. ND has made significant progress in this area in the past year. Through various stakeholder meetings and other avenues for youth participation, youth have expressed their desire to be major players in decisions related to their case plans. Youth receive written information to assist them in preparation for their involvement in the case planning process.

Changes in performance and practice since 2001

Over the two-year PIP period, and more specifically up to Quarter Five and thereafter, CFS experienced a significant change in methodology which had an impact on the Wraparound Process Benchmarks and implementation plan. An emphasis was placed on quantitative data in the first four quarters. In Quarter Five more qualitative data was used, which gave a better snapshot of the implementation progress and assurances that case quality was conforming to programmatic standards and newly created policy. CFS emerged with a new plan for implementation, based on a fuller understanding of a method to measure practice change.

During this two-year process, every frontline social worker and their supervisor in the county system received training using the Wraparound process and the accompanying SPOC database. All counties signed a Memorandum of Understanding (MOU) requiring the use of Wraparound and SPOC (allowing them to draw Medicaid Targeted Case Management dollars). The number of cases that were entered on the SPOC system increased by 278% during the last year of the two-year cycle (2003–2005), from 312 to 866 cases.

Rating SPOC questions/items on the ND CFSR QA process review instrument began in October 2005. Conclusions were informed by reviewing the outcome ratings and the qualitative feedback from parents, stakeholders, case managers. Review of documentation in the case files was used to measure support for the Wraparound process and SPOC. In the next step, the ND CFSR QA process Review Team provided feedback to CFS regarding the ratings and implementation efforts for internal planning and implementation/monitoring/PIP discussions.

An additional step in implementation of the Wraparound process has been the re-visioning and re-naming of a foster care practice standard. "Permanency Planning" meetings are now referred to as FCCFT meetings and follow the protocol of the Wraparound process by including natural, informal, and formal

community supports in the planning process when a child is in foster care or in the custody of a county agency.

It is clear that the Wraparound process and SPOC has taken child welfare practice to a new level in the state. The Wraparound process has produced evidence of enhanced client engagement and involvement, as well as recognition and involvement of community partners. Informal and culturally competent systems of care and support are evident based on reviews by the ND CFSR QA process. It became apparent with each ND CFSR QA process after October 2005, that if the Wraparound process was utilized according to policy, few if any items were found in need of improvement.

***Measures of effectiveness* ND CFSR QA process and SPOC:**

- 11% of the total SPOC cases were reviewed for QA;
- 25% of open SPOC cases were reviewed during August-September of 2005 using best practice guidelines;
- In 2005, two out of the eight cases examined in each region were reviewed for both the use of the Wraparound process and case QA;
- Additions and revisions were made to the ND CFSR QA process and Case Rating Summary Sheet to reflect the Wraparound/SPOC case requirements in 100% of the cases reviewed in 2005 and 2006;
- All of the Wraparound/SPOC cases reviewed in those two years were error free, while the non-Wraparound/SPOC cases had 22 errors in 2004 and six errors in 2005. This is consistent with anecdotal information expressed by program staff and ND CFSR QA process Review Team members; and
- One reviewer noted from the client statements in the file: “family members involved with the team meetings; time and place has been convenient; child and mother understood the goals and felt part of planning; preferences and culture were listened to and taken into account when the plan was developed; the family was an active participant in carrying out the plan; family felt they used their strengths in accomplishing goals; and the team remained strength and solution-focused”.

The ND CFSR QA process was completed in all eight regions of the state during 2003-2007. Case plans were reviewed in all cases, including the review of SPOC, beginning in 2005.

Methods and supports for engaging both parents and age-appropriate children in case planning

Family participation and engagement in the case planning process is crucial to positive outcomes for children and families. The first task of engagement is forming a relationship with family members. Most individuals will more readily discuss information about themselves and their backgrounds as rapport is established and a relationship is formed.

In an initial meeting with the family, a case manager describes the Wraparound process; begins the family assessment with the use of the Strengths Discovery;

clarifies roles; gains an understanding of the family's perception of the reason for referral; and identifies the family's functional strengths and needs. This allows a case manager the opportunity to fully engage with the family in the case planning process.

CFS has adopted the following **values** as the philosophical base for the service delivery system across child welfare programs.

1. Unconditional commitment to working with families and children;
2. Families are full and active partners and colleagues in the process ("Voice and Choice");
3. Services are culturally responsive;
4. The process is team driven;
5. Services focus on strengths and competencies of families, not on deficiencies and problems;
6. Service plans are outcome-based;
7. Services and plans are individualized to meet the needs of children and families;
8. Resources and supports, both in and outside the family, are utilized for solutions; and
9. People are the greatest resource to one another.

Once the family's needs are identified during the family assessment and Strengths Discovery, a **written plan** is developed and recorded in the SPOC. The plan documents the team's decision on goals, tasks, and assignments to meet the family's needs and can be modified to reflect the changing needs of the family.

The planning process has four purposes: **provide structure and direction; document team planning; provide a method of evaluating progress and outcomes; and document ASFA compliance.**

Key collaborators

The statewide Stakeholders Self Assessment Meeting #1 (July 31, 2007), included the following key collaborators: Tribes, county social service agencies, court personnel, private providers, youth, foster parents, human service centers, early education and child care, child support, NDSU Extension Service (CBCAP state grantee), Job Service North Dakota, Legislators, GALs, TANF, CFSTC, the MH and Substance Abuse Division, DJS, residential treatment providers and CFS staff.

Promising approaches for this item include: the Wraparound process; FGDM; intensive in-home services; and the Youth Leadership Component including the State and Regional Youth Advocacy Boards.

Promising Approaches/Strengths

Themes that emerged as **strengths** from ND CFSR QA process Stakeholder groups include: collaboration between families and providers; Wraparound process creates consistent child welfare practice; and an increase in youth involvement in all aspects of their care and case planning. During the statewide

Stakeholder Self Assessment discussions, case planning and the implementation of the Wraparound process and SPOC were indicated as **strengths** of the child welfare system enhancing the inclusion of the key participants, parents and youth/children.

Barriers

Barriers affecting case planning include:

- Parents and/or youth who are not invited (as appropriate) to the CFTM;
- Case practice not following the fidelity of the Wraparound process; and
- Plans developed without the involvement of the parents and/or youth.

The barriers and effectiveness of the planning process vary from region-to-region in ND. The barriers are addressed through the implementation of the ND CFSR QA process; participation of CFS staff in field staff meetings with Regional Supervisors; CFS Committee meetings (ND County Director's Association); County Directors meetings; and invitations extended to CFS staff to attend the County Supervisors' meetings.

Item 26: Periodic Reviews

Policy and Practice

Policy (624-05) requires the FCCFT (i.e. Permanency Planning Committee) to **review the plan for each child** in foster care on a quarterly basis. These **quarterly** FCCFT meetings are documented in CCWIPS as Permanency Planning Committee Progress Reports and are also documented in the SPOC. CCWIPS provides numerous alerts to case managers and supervisors related to required elements and timeframes for the periodic reviews. Stakeholders commenting on this issue expressed that **quarterly reviews keep the focus of the agency on goal achievement**. Stakeholders also noted that parents and foster parents are sent written invitations to the reviews, and that many parents attend and actively participate.

Reviews are held by the FCCFT at the time a child is moved to a more restrictive placement or at the time of a change in the case status. Review of the case plan is documented in the SPOC under "team meeting notes" or throughout the plan itself.

CFT members must decide the frequency of the meetings for in-home service cases. Members must meet whenever a major change needs to occur in the plan and/or at least every three months. Other issues impacting the frequency of meetings may include safety issues; cohesiveness of the team; availability of community resources; whether services and supports are meeting the needs of the child and family; and difficulty of placement. Any team member may request an additional meeting if a special issue is identified.

The Level of Service Determination form is a tool to help the CFT quantify factors impacting resources whether time, money, services, etc. The process of determining the level of care helps match resources to the needs of families. Not all families need intensive coordination of their care/services. The Level of Service Determination form and team process assesses community, family, and agency resources and matches those to family needs. The form also provides the option to identify a person other than the custodial agency staff as team facilitator, at the request of the parents.

Changes in performance and practice since 2001

Please see Item 25 for detail.

Procedures for supporting the participation of both birth and foster families, children, relative caregivers, and pre-adoptive parents in reviews

Initially, the team is comprised of the referring social worker, family members, including the child when appropriate, and assigned case manager. Other team members **may** include friends, extended family, tribes, clergy, parent aide, teachers, addiction counselors, therapists, DV counselors, probation officers, other natural supports, foster parents, PATH social workers, residential treatment center team members, human service center staff, Right Track providers, Partnership Care Coordinator, DD case managers, and GALs.

The **primary purpose of the team** is to assist the family in making the needed changes to ensure safety, permanency, and well-being of their child(ren). As the assessment and service delivery progresses, the constitution of team members should be related to the goals and process to provide support to the parents and their children. Thus, team membership may grow or shrink depending on the needs of the family and the situation at hand.

If a TPR has occurred and adoption or other planned permanent living arrangement is the goal, a CFT is formed with key people involved with these services who can support service delivery in accordance with the Wraparound process.

The system for tracking and monitoring case review outcomes

Technically, CCWIPS and SPOC are the information systems that hold case data details.

It is recommended the casework **supervisor conduct a formal SPOC review** at the completion of each 90-day period. The supervisor may review the Level of Service Determination form with the case manager to establish a need for continued services along with input from the CFT members. Consultation will focus on the effectiveness of services and the reduction of risk. Risk factors currently identified are compared to those existing at the beginning of the Wraparound process. Case progress is discussed, and the case-closing criteria listed in policy is used to make a decision on whether the case can be closed. If a decision is made to close the case, policy requires discussion on planning for case closure with the CFT.

The consequences of the **family's refusal to participate** must be discussed during the negotiation of the plan. This discussion is particularly important if the case was opened due to a “Services Required” decision; and/or out-of-home placement was or may be necessary because the risk of harm is assessed as “high”; or because the child(ren) is/are currently in foster care.

Families can and sometimes do refuse services. Despite their best efforts, social workers may be unable to engage some families in the service process during the assessment. In other instances, families may simply withdraw from the service process.

If the family refuses to participate in the planning process or services, the case manager must consult with his/her supervisor to decide the appropriate action. A potential referral to the State Attorney or Juvenile Court may be required. Documentation of all contacts and efforts to engage families is required from the time of referral until the outcome. (See Item 1 “Changes in Policy and Practice Since 2001” for more information on this issue.)

Reviewing the recommendations/results and making adjustments to the case plan

The **casework supervisor should consult on an ongoing basis** regarding the status of the case. Decisions are made regarding the need for continued services or closure. If case closure is a consideration, this information is to be taken to the next CFTM for discussion prior to closing a case.

Referral to the States Attorney or Juvenile Court shall be made at any time throughout the Wraparound process if assessed risk indicates the child(ren) is not safe.

Key Collaborators

See Item 25, Key Collaborators.

Promising Approaches/Strengths

See Item 25 for strengths.

Barriers

Please reference Item 25 for barriers.

Item 27: Permanency Hearings

Policy

In accordance with state law (NDCC 27-20-36) and policy, **Permanency Hearings are conducted by the court at least every 12 months** for all children in foster care. At times, hearings occur more frequently than 12 months. The hearing is considered by both child welfare and court staff as the opportunity for evaluation and examination of steps the agency and parents have taken to

assure the child is moving toward permanency. Permanency Hearings are required to be “full” hearings, conducted by either a District Court Judge or a Judicial Referee. The time allotted for these hearings on the docket calendar varies by judicial district.

Practice

Caseworkers use CCWIPS, along with an informal back-up system, to keep track of **permanency timelines** for individual children so that court hearings can be requested and scheduled in accord with required timeframes. CCWIPS provides alerts to social workers approximately three months in advance of the expiration of the existing court order and prompts them to prepare affidavit(s) so the State’s Attorney can request a hearing.

Granting **continuances**, which often create delays in achieving timely permanence for children, is an ongoing challenge for both the child welfare and court system. CFS is aware of this practice issue having been consulted for technical assistance on a number of the situations where multiple continuances are requested and granted. Anecdotal evidence is the only real source of information or data on the frequency of this occurrence. If a number of situations emerge from one region, technical assistance is available through CFS to engage in system-based problem solving on this issue with court partners.

Continuances in child welfare cases are requested by both States Attorneys and parent’s counsel. Currently, CCWIPS does not have a track function for this item, limiting data on actual continuances, patterns, or systemic issues. The ND Supreme Court has also acknowledged this gap in information and made a commitment that a data function will be available to count the number of continuances and the requesting party in their new data system. Availability of this data will give both the court and child welfare system the opportunity to better analyze, plan, and evaluate the use of and trends for continuances locally and on a statewide basis.

Data from the ND Supreme Court indicates a **32% decline in the number of “deprivation” filings** between 2006-2007. Total filings in 2006 were 1078; 730 in 2007. This is a significant decline in the number of cases going into an adjudicatory hearing, and often on to a Permanency Hearing.

Some Stakeholders have expressed the opinion that the number of permanency hearings has increased since implementation of ASFA. There is no indication from Stakeholders that time challenges exist for Permanency Hearings. If a case requires additional time for resolution attorneys have processes to request additional time on the calendar, or apprise the judge/referee in advance that additional time might be needed because of present or complex issues.

Stakeholders commenting on this issue in the ND CFSR QA process have reported that judges are beginning to accept the use of concurrent planning for children in foster care and will review both plans during the Permanency Hearing.

Several Stakeholders identified current practices they believe create delays in attaining permanency for children in foster care. These include the following*:*

- Late requests, or requests for court appointed counsel by parents that occur in the midst of the legal process, often result in continuances that delay Permanency Hearings or other legal processes; and
- Lack of training for judges and/or judicial application of the concept of child-centered permanency so that delays hinder the ability to move cases toward resolution.

If there is tribal involvement (e.g. if **ICWA** applies), the tribal notification process is a routine part of practice. There is variation from tribe-to-tribe (and at times from case-to-case) on whether tribal officials appear at Permanency Hearings, either in person or by telephone.

Key Collaborators

- States Attorneys
- Judges, Referees, and Court Personnel
- Tribes
- Family
- Youth
- Court Appointed Counsel for parents
- GALs
- DJS

Promising Approaches/Strengths

Stakeholder comments in this area indicate GALs are seen as beneficial advocates in achieving good outcomes regarding permanency timelines. Stakeholders report great improvement in the last several years in terms of relationships between the professionals involved in the legal process with a better understanding of the various roles of attorneys, social workers, therapists, GALs, and judges in achieving permanency for children.

Every child in foster care who has entered the system because of CA/N (i.e. the court has taken jurisdiction/protective custody over the child because of “deprivation”) has a trained lay GAL who is appointed to the case and is involved in all court proceedings.

Several years ago, ND adopted an Indigent Defense Commission. This has greatly improved and addressed areas of inconsistency in providing capacity and quality counsel for parents in child welfare cases. Since that time the Commission has built a network of trained and experienced attorneys to represent parents. They have also partnered on training and collaborative opportunities offered through CFS, the ND Court Improvement Project and the ND Supreme Court.

Barriers

- Challenges in this area include the **lack of data** to support quantitative and qualitative analysis of continuance requests. Data in both systems; child welfare and the courts, is unavailable. The systems are not able to track needed information including the number of children affected by continuances or the impact of the delays that are created behind the continuances;
- Data challenges or processes to document and count the number of children attending hearings; and
- There is **no data tracking capacity to report GAL involvement** or **foster parent involvement** in court proceedings.

Challenges faced for this item are noted and have been on the agenda of the Court Improvement Project as part of planning and issue resolution from the project's inception. The CFS Director currently sits on the ND Court Improvement Committee.

Item 28: Termination of Parental Rights

Policy and Practice

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

Social workers are able to identify the number of months a child has spent in care and plan accordingly with legal and FCCFT partners to look at permanency options for the child. If **compelling reasons** are indicated, the social worker must document these reasons on a form, as per state policy, reporting the reasons to the court through an affidavit or testimony. The completed form is, by policy, forwarded to CFS. The most frequent compelling reasons cited are: reunification with parent, or a plan to live permanently with a relative. Typically, decisions of whether to move toward a TPR, or to claim a compelling reason not to move to TPR, are decisions that are made at a FCCFT meeting, chaired by Regional Supervisors.

While TPRs are recorded as data on the CCWIPS system, this data may be unreliable as it is dependant on the social worker entering specific information (e.g. it might be entered as a "court order" as opposed to a "TPR order"). This lack of TPR data becomes an obstacle in reviewing trend lines for TPRs granted orders in child welfare cases.

The **data available** indicates the majority of TPRs take place in Cass County, the largest urban area in the state. Recent trend analysis indicates a large number of children in this region who are legally available for adoption and remain in placement in foster care or in residential and/or psychiatric facilities. The numbers of children who are in this category in Cass County equal the number in the remaining counties. Efforts continue to monitor the number of “legal orphans” and review cases and processes necessary to achieve permanency for these children. By state law, in accordance with ASFA provisions, Permanency Hearings are held every twelve months until permanency has been achieved for these children through adoption, guardianship, or when they age out of the child welfare system.

One hundred twenty-eight children (128) in the foster care system have TPRs. Currently, 60 of these children/youth reside in Cass County, in terms of their legal custodial residence. The next highest populations of children/youth in this category reside in Grand Forks County (14), Stark County (10), and Ward County. (9). Forty-one of the 60 children/youth in Cass County have a goal of adoption,13 in Grand Forks County, 8 in Stark County, and 9 in Ward County There are 26 children/youth in the state with a TPR and a goal other than adoption (19 in Cass County). (CCWIPS is the source of data).

In 2006, data from the ND Supreme Court indicates 78 involuntary TPRs were granted and 19 voluntary TPRs (total of 91). In 2007, 99 involuntary TPRs and 9 voluntary TPRs (total of 108) were granted by ND courts. While data from the ND Supreme Court is available in aggregate, the data information system does not allow for additional information like “time from filing to order” or “time a child was in care prior to the TPR order”. Again, this lack of data diminishes the ability to analyze and plan around current system issues and trends.

Stakeholder comments gathered in the ND CFSR QA process report that previously reported court docket delays are no longer an issue. Case law reviews show that the majority of TPR cases on appeal to the ND Supreme Court have allowed the TPR to stand, although the appeal process itself does create a permanency delay for children. In addition, there was general agreement among stakeholders that TPR is delayed when tribes intervene in a case, or when a tribe does not respond to the required notification of hearing in a timely manner. Stakeholders note this can create an obstacle to the permanency timeline. There are also reported concerns regarding the availability of Qualified Expert Witnesses in cases where ICWA applies.

Item 29: Notice of Hearings and Reviews to Caregivers

The ND Supreme Court adopted Court Rule 4.2 on March 1, 2007 in response to Public Law 109-239. The rule 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, the child welfare agency (e.g. the county social service office) by policy is responsible for issuing the notice of hearing to the foster parents et. al. in advance of the hearing.

The receipt of notification of hearings was an inquiry made in every ND CFSR QA process Foster Parent Stakeholder session conducted across the state in the past four years. Foster Parents, during the ND CFSR QA process indicate there have been instances in some areas of the state where they have not received notification of proceedings. Many foster parents in the past years indicated they received no notice or were not notified in a timely manner of hearings or FCCFT meetings. In the past year, **Stakeholder comments have improved** to indicate receipt of notification in almost all cases. Case reviewers in these same ND CFSR QA processes have noted instances of both documentation to support notice or lack of documentation in the case record.

There is no **data source** to provide a statewide snapshot of foster parents participation and/or attendance or testimony at hearings, or the number of hearings where the foster parents were offered an actual opportunity by the judge to contribute to the hearing. Therefore, CFS has relied on the information collected from the ND CFSR QA process (Foster Parent Stakeholder Meetings and individual case reviews) to gain information on local practice, challenges, and successes in this area.

Barriers

Barriers to this item include: lack of a process or system to track data on provision of notices for hearings in either child welfare or court data systems; lack of information available through child welfare or court systems to indicate the appearance, participation, or testimony of foster parents; and lack of information (and data) to indicate the timely notification of foster parents.

Item 30: Standards Ensuring Quality Services

CFS implemented the ND CFSR QA process statewide in 2003, replicating the federal model. Standards within the CFSR instrument have been used as guidelines for practice in the foster care program including initial and ongoing case planning, and educational, physical and MH assessment and treatment. Standards for face-to-face contact with parents and youth in care have recently been developed and implemented.

The ND CFSR QA process allows for **case specific ratings** for county social service cases **randomly selected** for review. Cases rated within a region and across regions can provide **trend information** showing strengths and needs related to practice. Regional Supervisors are also responsible for identifying specific problem areas and assisting counties within their region with the development of a PIP if required.

CFS ensures that children in foster care are provided quality services that protect the safety and health of children through the following procedures:

- Licensure for all family foster homes and foster care facilities to include background checks on all adults living in the home (Reference Item 41) and background checks on employees of group homes and residential facilities (Reference Item 43);
- Notification to appropriate parties of the availability of Health Tracks/EPSDT screenings for all children in foster care;
- Requirement that all children through age 17 are secured in an appropriate restraint or car safety seat; and
- Approval of foster homes on Indian Reservations by the state for IV-E funds pursuant to an affidavit executed by a tribal official. The Tribe give assurance state or tribal foster home licensure standards will be followed.

Other QA measures pertaining to child welfare programs:

- The state requires a review of the risk factors during the CFT/FCCFT with review completed every 90 days while families are receiving services following the initial CPS SSRA;
- Regular annual supervisory reviews of CPS cases are conducted at the county and regional level by Regional Supervisors;
- Policy requires adherence to caseload standards in CPS and in-home services cases (through HSC). ND follows the national guidelines for foster care of 12 to 15 cases;
- Rules and policy regarding RCCF have been developed and implemented; and
- Safety is monitored by frequent face-to-face visits of not less than every 30 days for all children placed in-state and quarterly if placed out-of-state in a foster care setting.

Item 31: Statewide Quality Assurance System

ND CFSR QA process

CFS developed (in 2002) and implemented (in 2003) the **ND CFSR QA process**. The process has included a reviewer pool of 50 trained individuals from the public and private child welfare sector. The ND CFSR QA process is conducted in each of the eight HSC regions of the state with annual reviews of eight child welfare cases regionally representing both in-home (4) and foster care cases (4), for a total sample of 64 cases annually. The cases are randomly drawn from the CCWIPS and SPOC data systems. These cases will include (if possible) one tribal case, one IL case and one adoption case. Four of the cases are typically from the largest county and four from the more rural, less populated counties in the region. The following chart shows the results for the federal 2001 CFSR and the ND CFSR QA process reviews in 2003-2006. Results from 2007 are still preliminary.

Federal 2001 CFSR and ND CFSR QA process reviews in 2003-2006

Item	Federal Review 2001	ND Review 2003	ND Review 2004	ND Review 2005	ND Review 2006
1. Timeliness of initiating investigations	92.0%	86.4%	87.5%	99.8%	98%
2. Repeat maltreatment	85.0%	88.5%	88.4%	91.5%	98%
3. Services to family to protect child(ren)	83.0%	75.0%	94.7%	100%	97%
4. Risk of harm to child(ren)	78.0%	81.3%	92.7%	100%	98%
5. Foster care re-entries	84.0%	83.3%	81.8%	99.7%	83%
6. Stability of foster care placement	96.0%	92.0%	96.7%	99.8%	100%
7. Permanency goal for child	92.0%	92.0%	96.7%	99.8%	100%
8. Reunification, guardianship or permanent	83.0%	93.3%	89.5%	100%	97.0%
9. Adoption	92.0%	50.0%	100.0 %	100%	100%
10. Permanency goal of other planned arrangement	86.0%	100.0 %	85.7%	100%	94%
11. Proximity of foster care placement	100.0%	100.0 %	100.0 %	100%	100%
12. Placement with siblings	90.0%	100.0 %	100.0 %	100%	97%
13. Visiting with parents siblings in foster care	100.0%	100.0 %	88.9%	99.8%	96%
14. Preserving connections	92.0%	92.0%	89.7%	99.2%	91%
15. Relative placement	91.0%	85.0%	88.0%	100%	94%
16. Relationship of child in care with parents	87.5%	90.9%	89.3%	97.9%	92%
17. Needs and services of child, parents, foster parent	73.0%	76.2%	81.7%	92.4%	94%
18. Child and family involvement in case planning	81.0%	85.7%	90.0%	100%	94.0%
19. Worker visits with child	78.0%	78.6%	91.5%	93.9%	91%
20. Worker visits with parent(s)	82.0%	75.6%	86.2%	93.7%	89%
21. Educational needs of the child	91.0%	92.3%	96.1%	99.8%	98%
22. Physical health of the child	91.0%	80.0%	87.5%	99.8%	100%
23. MH of the child	80.0%	62.9%	88.9%	94%	96%
Overall	**83.0%**	**83.7%**	**90.1%**	**98.3%**	**95.5%**

In addition to the case review, Stakeholder meetings are held with seven groups in each region. The groups include: Youth served through the child welfare system (past and present); Caseworker/social workers; Legal/court

representatives; Education personnel; Foster Parents; Community service providers; and County social service supervisors and directors.

QA review of each case and Case Debriefing components from the federal model have been implemented as part of the process. A verbal exit interview open to all child welfare staff, community partners, and the public is held in each region upon completion of the on-site ND CFSR QA process. A written report with outcomes of both case ratings and Stakeholder comments is provided within 30 days for each region, county, applicable tribe, and to all Stakeholders requesting a copy.

A Post-CFSR community/region-wide meeting has been implemented in each region to address issues discussed during the Stakeholder meetings in an effort to problem solve issues specific to the region. The Director (or Deputy Director) of CFS and the Assistant State Trial Court Administrator of the ND Supreme Court co-facilitate the Post-CFSR discussions.

Statewide total results of the 23 case specific items are tabulated and shared with all county, regional, and private providers of services. Trends are provided to region, county and state partners through meetings with County Directors, Supervisors, and child welfare staff at quarterly and annual meetings and conferences.

Additional QA processes

In addition, each child welfare program completes separate QA processes and procedures. These include the following:

- **Child Protection Services:** For QA purposes, the Regional Supervisor reviews on an annual basis 10% or a total of five completed CPS cases, whichever is greater, from each county in the region. The child protection law, administrative rules, policies and procedures provide the framework for the case reviews.

  The CPS Multi-disciplinary Teams also review the CPS assessments completed by the county social workers and assist with decisions about safety and risk of future maltreatment of children.

  A monthly review of all open CPS cases in the state is conducted by the state CPS Administrator and is used to evaluate the quality of services, case load size, and assessment timelines (cases open over 62 days). After review by the CPS Administrator, the report is sent to the Regional Supervisor for review and action. The information is used by state, regional, and county staff for program improvement planning.

- **Wraparound case management:** Supervisory staff members are responsible for ongoing case reviews to monitor service effectiveness and agency success in providing time-limited services. The supervisor conducts a formal case review on all closed cases.

- **Foster Care:** Regional Supervisors meet regularly with CFS staff to discuss state and federal law changes; federal rules and regulations; provide policy input; and discuss trends and pertinent programmatic issues.
- **Adoption:** A full team staff meeting of the AASK program occurs monthly. Cases are staffed, program improvements and plans are discussed, and policies are reviewed and revised. A QA Peer Review of open and closed case files is conducted on a quarterly basis.
- **Independent Living:** Each Regional IL Coordinator staffs cases with their agency supervisor. Detailed quarterly reports are submitted to the State IL Administrator. The State IL Administrator conducts annual site reviews of each of the IL programs. CFS conducts annual Regional Youth Stakeholder Groups where feedback from youth is received regarding their experiences with the child welfare system. Youth surveys have also been initiated to gather additional information regarding youth in care and their experiences and involvement with case planning and services.

Stakeholders confirm the presence of local QA processes. These include the work of Child Protection Teams, review of cases by supervisors, individual client satisfaction surveys, DJS annual audits (which includes interviews with families), and IV-E Reviews by CFS staff.

Within county social services, the county supervisor has the primary responsibility for quality assurance for child welfare programs, including the integrity of the Wraparound process and quality of work performance of the case managers. It is important the case manager and supervisor discuss specific cases on an ongoing basis. At a minimum, the supervisor is involved in the decision-making process at critical points in the life of each case. Regional Supervisors have responsibility for administrative supervision of child welfare programs and work collaboratively with county staff.

Effective methods of supervision are individualized for each case manager and to the group as a whole. Thus, county supervisors identify an individual's learning needs in relation to the job requirements and professional experience. They use this information to develop training materials and appropriate teaching methods relative to the specific needs of the case managers.

Changes in performance and practice since 2001

- Since the previous Self Assessment, Wraparound process has become the child welfare case management model of practice in ND.
- The state has replicated the federal CFSR process to a state system with additional stakeholder meetings and the Post-CFSR process.
- Youth who have experienced foster care are completing surveys with feedback on their experience. The information and data from the surveys is being tracked and outcomes of the surveys are available.

Key Collaborators

Key collaborators are found in Item 25.

Promising Approaches/Strengths

- Wraparound process;
- Regional and state Youth Advocacy Groups;
- ND CFSR QA process; and
- Use of Child Protection Teams and state and regional reviews of CPS case information to assure adherence to policy and best practice standards.

Barriers

Youth involvement in influencing and participating in discussions on ND child welfare practice and process at the state level has grown, but further development is needed at the county level to encourage youth in care, or leaving care, to participate at every level.

Lack of cross-system and cross-program data can inhibit practitioners and administrators from recognizing and addressing trends in programs and practices.

Item 32: Initial Staff Training

CFS contracts with the UND Department of Social Work, to operate CFSTC. This training center is responsible for most of the child welfare training in ND. CFSTC provides a **Child Welfare Practitioner Certification Program (CWPCP),** which is a **competency-based training curriculum**. The training is delivered as a four-week curriculum (over 100 hours of training) offered in both spring and fall.

Child Welfare Certification Training is mandatory for all child welfare social workers who conduct CPS assessments, Wraparound case management and foster care case management. Child welfare social workers who are limited to child care or foster care licensing are not required to attend this training. At this time however, all foster care licensors currently employed have completed Child Welfare Certification.

The training must be **completed within the first year** of employment and must commence within the first six months. The training is held at UND in Grand Forks. Between 40 and 50 new social workers complete the training annually. If a social worker begins employment after a session has commenced, they can begin during any week of the cycle with the exception of Week III. In addition to the county child welfare social workers, social workers with PATH of ND and the AASK program agencies are also required to attend. Tribal child welfare personnel are invited and encouraged to attend. Regardless of the specific duties in their individual job descriptions, all social workers attending the training are required to complete <u>all</u> four weeks of training.

CFSTC is working with CFS to develop on-line orientation/training modules for new workers who are waiting to attend CWPCP.

CFSTC covers the costs of all experiences for the training participants except mileage, which is the responsibility of the employing agency.

Participants, at the completion of each week of training, evaluate their specific competencies/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.

The training model incorporates classroom teaching, field assignments (e.g. completing a CA/N assessment), and on-line training. The four weeks of training cover the following areas:

Week I: Child protective services (including laws, rules and policies), CA/N assessment procedures (utilizing the SSRA), dynamics of CA/N, documentation, and report writing.

Week II: Wraparound process and case management model which includes values, principles and beliefs of the wraparound process; developing relationships with families; family assessment; developing a Strengths Discovery; utilizing CFT; facilitating team meetings; writing service plans; and using the SPOC computer application.

This week of Wraparound case management training is also used by partners across systems in ND. Along with child welfare practitioners, professionals from Children's MH (Partnership Program) and Juvenile Corrections (DJS) also participate in the Wraparound training week. The Wraparound training is Week II of Child Welfare Certification, but there is at least one other stand-alone session of initial Wraparound training scheduled annually to make sure that workers in all three systems have the training completed in a timely fashion. This training is also available to other public and private agencies to including PATH, The Village Family Service Center, AASK, tribal social services, Head Start, etc.

Week III: Introduction to the legal process, understanding Juvenile Court, role of the State's Attorney, testifying, and writing affidavits are included in the Week III training. The week of training includes on-line training modules of federal laws (ASFA and MEPA/IEPA) classroom training on ICWA and understanding the impact of culture on placements.

Week IV: Introduction to the foster/adopt programs and the PRIDE Model are the focus. PRIDE is the model used for training new foster and adoptive parents, as well as assessing them for licensure or approval for adoption. Foster home assessments, foster home licensing, recruitment and retention of foster homes, attachment and separation issues, concurrent and permanency planning, placement considerations, special needs adoptions, supporting foster families and IL are also included in this week of training.

Staff from CFS work with CFSTC as both trainers, evaluators of the training, and make modifications when necessary, particularly when laws and policies change.

Stakeholders commenting on this issue expressed that CWPCP is a valuable training program and that 90% of all child welfare staff complete the training. However, a few stakeholders said that the CWPCP does not focus sufficiently on the foster care system and does not include training on cultural outreach.

Additional training opportunities

The State IL Administrator provides or makes arrangements for training for newly hired IL Coordinators within the first month of employment. Training is ongoing through quarterly meetings.

Barriers

- Specific training for supervisors is not mandatory at this time. All child welfare supervisors do attend the Child Welfare Certification program, but there is not a identified or comprehensive training plan for child welfare supervisors. Training opportunities have been provided for child welfare supervisors over the past few years with Marsha Salus providing much of the training. Marsha Salus is an independent trainer who has developed training curricula for supervisors. She has been a consultant through the National Resource Center on Organizational Improvement and is the author of the CA/N User Manual Series, "Supervising Child Protective Services Caseworkers", which is produced by the Children's Bureau.
- CFSTC periodically elicits information from supervisors on training needs and provides on-going training opportunities at the annual CFS Conference (issues directly related to supervision as breakout session offerings) and other opportunities such as the "Child Welfare Dictionary" training.
- There is no formal training available specifically for administrators.
- CFS does not have a formal plan for on-going training for child welfare staff following their completion of the CWPCP.

Item 33: Ongoing Staff Training

CFS develops an annual work plan with CFSTC to address on-going training needs in child welfare practice.

In ND, individuals who provide child welfare services are required to carry a license to practice social work. As Licensed Social Workers, they are required by ND law to complete 30 Continuing Education Credits every two years to retain their license. In addition, child welfare staff who provide case management services are required to be certified in the Wraparound process and must be recertified every two years. A number of trainings at the Family Based Services Conference and the CFS Conference are approved for re-certification credit and CEU credit.

Child welfare related training sponsored by CFS or CFSTC is documented and a record of participation in the training is maintained by CFSTC. Social workers are encouraged to identify, with their supervisors, any training needs as part of ongoing supervision. At the present time there is no “advanced” training curriculum in the state specific to child welfare practice.

ND CFSR QA process Stakeholders commenting on this issue note there are **many on-going training opportunities available** for staff at the state, regional and county levels, including annual state conferences which focus on a variety of issues. However, a Stakeholder commented on the lack of training specifically for administrators in child welfare.

Since the previous state Self Assessment, a large annual multi-disciplinary **ICWA** Conference is held every January. Stakeholders noted this is an important training because turnover in staff creates a need for ongoing ICWA training. Since the previous statewide Self Assessment, the **Native American Training Institute (NATI)** contracts with CFS to provide training to tribal staff and service providers.

CFS also provides funds for child welfare staff to attend both local and out-of-state training opportunities.

CFS and CFSTC have been working together on plans to develop an ongoing supervisory training program in management and child welfare issues.

CFS has provided **training on the MH Screening Tool Kit** for a variety of system partners including both private and public providers. The MH Screening Tool Kit training video and packets are available at CFSTC and CFS for agency in-service training sessions. CFS program administrators provide training as requested by the field and Regional Supervisors.

Additional Training Opportunities through CFSTC: Special Projects

CFSTC facilitated several special training projects that included: Investigation and Prosecution of CA/N (318 multi-disciplinary participants); PRIDE Model-Conducting a Mutual Family Assessment (two sessions, 26 and 17 case managers); Relative Search-two sessions (16 and 49 child welfare workers); Child Sexual Abuse Summit (160 multi-disciplinary participants); annual CFS Conference; Parent Aide Training (eight parent aide workers); PRIDE Train-the-Trainer (20 foster parents and foster care workers); and CPS Assessments (22 CPS workers).

1. CFS sponsored the **Child Welfare Dictionary Training** on October 30, 2007 for child welfare, MH, and juvenile justice services. The purpose of the training was to assist case managers in developing the SPOC by writing measurable, behavioral, time-limited, strengths-based tasks and goals that are written in the family’s language. The Dictionary is a tool for the field to reference during supervision and development of the plan. Forty-five participants attended the training.
2. CFS sponsors an **annual conference** to address the issues of safety, permanency and well-being. The most recent conference was held in July

2007 with over 300 people in attendance. The 2008 conference will provide an opportunity for collaboration with the ND Supreme Court on a large multi-disciplinary summit. The focus of the summit is on child welfare and legal issues with sponsorship being provided by CFS and the ND Supreme Court.

3. CFSTC provides and coordinates **PRIDE** training. Foster/Adopt PRIDE is a program for the pre-service training, assessment and selection of **prospective foster parents and adoptive parents**. CFSTC assists in the coordination of all PRIDE activities in the state by training trainers, compensating regional trainers who provide the local training, and providing reimbursement to foster parents who attend the training. In this past year the foster parent's role in preparing youth for IL was expanded as part of the PRIDE training.

   At this time there are 91 "active" trainers in the state. CFSTC has maintained a total of the number of individuals, both foster and adoptive parents, who have attended PRIDE pre-service training. In 2006 and 2007, 401 individuals attended this training.

4. CFSTC provides training for PATH ND, Inc. **Treatment foster care** as administered by PATH ND Inc., has adopted the Non-Violent Crisis Intervention model developed by the Crisis Prevention Institute (CPI). All PATH foster parents and staff are required to attend a 12-hour session on Non-Violent Crisis Intervention presented by certified trainers in the CPI model. In addition, it is a PATH requirement that all treatment foster parents attend an annual refresher course reviewing the major elements of the CPI model**.** In 2006-2007, 74 participants attended this training.

   PATH foster parents are required to complete the Treatment Foster Care Training within the first 18 months of licensure. This training consists of fifteen (15) hours of training on specific topic areas designed to address the special needs of children in treatment foster care. Areas covered during this training include, but are not limited to the following:
   - Understanding the dynamics of CA/N;
   - Handling allegations of abuse in the foster home;
   - Fostering the chemically dependent/recovering youth;
   - Adolescent depression and suicide;
   - Cultural diversity; and
   - Understanding emotionally and behaviorally disturbed youth.

   Treatment foster care training is assessed annually for curriculum changes to assure the needs of the foster parents are being met efficiently and effectively. Three to six sessions are held annually. In 2006-2007, 61 participants attended. PATH foster parents are also required to complete the PRIDE training within the first six months of licensure.

5. **Pro-Active Structured Supervision** is currently not implemented statewide. However, a plan to initiate a statewide supervisory training curriculum will be

developed by CFS with CFSTC, to address on-going supervision training, with input from the county supervisors.

ND CFSR QA Process Training

Since the implementation of the ND CFSR QA process in 2003, CFS has provided on-going training related to the CFSR process, case review instrument, policy related issues, and documentation of case related best practices. Training has included county and tribal social service caseworkers and supervisors, Regional Supervisors, DJS workers and supervisors, legal and court related staff, county directors, and CFS staff.

CFSR training has been held in central locations, during Child Welfare annual conferences, and has utilized technology such as video conferencing to support attendance from distant locations.

To further imbed the practice standards of the CFSR into actual practice, a variety of professionals have been recruited and trained as reviewers across the state. Child Welfare supervisors and caseworkers having completed the training and participating subsequently as a reviewer have indicated the usefulness of their experience and knowledge as they return to their agencies for day-to-day work. Staff of private agencies providing therapeutic foster care and special needs adoption, DJS staff, and tribal social service members has been included on review teams. Currently, designated court staff have been included in the pool of trained review members. Several current and former foster youth have also participated in this training, and it is anticipated they will become part of the case review teams within the next year.

Item 34: Foster and Adoptive Parent Training

CFSTC provides **foster and adoptive parent training** statewide using the 27-hour national **PRIDE foster/adopt parent pre-service training curriculum**. (Please see information in Item 33 regarding PRIDE training.) Each new prospective foster parent or adoptive parent **must** complete the training. State foster care policy requires foster parents complete the training prior to placement. This requirement can be waived with the approval of the Regional Supervisor on a case-specific basis. However, all foster/adopt parents must complete the training within their first year of licensure.

Grand Forks County Social Services, for example, has insisted that their foster parents complete PRIDE before any foster care placement can occur and has reported that their foster parents are better prepared and face fewer crises early in placements.

Training teams are made up of social workers and foster/adoptive parents who complete a Train-the-Trainer program delivered annually by CFSTC. CFSTC also delivers the PRIDE pre-service training twice annually over the Interactive Video Network (IVN). Using technology of Interactive Video has proven to be a

successful model for training foster parents residing in remote areas that would likely have had to wait to begin the training process. Evaluations of those attending training do not reflect a difference in the satisfaction of trainees who attend the IVN training versus live training.

The preferred method of training is live delivery to a group of prospective foster and adoptive parents. Foster and adoptive parents attending the training have commented that close connections can be formed with other foster parents while sharing the training experience. However, the video training alternative has helped fill the gap for foster parents who may have missed a session during their local training.

If a foster or adoptive family is a two-parent household, both parents are required to attend the training. Since the curriculum is written and designed to train both foster and adoptive parents, if a foster family is preparing to adopt, they are not required to complete the training again unless the adoption agency has a specific reason to make this request.

The **frequency of training varies across the regions of the state**. Some regions run up to six sessions a year (e.g. Fargo), while in other regions there may be two sessions. Some regions, such as Williston in the far northwest corner of the state, have used the IVN training when there are not sufficient numbers for a group session and waiting for additional participants would delay preparation and licensure for those interested and waiting. The PRIDE training is a widely accepted training program for foster/adoptive parents that has been field tested and modified to meet identified pre-service training needs over the years. PRIDE is being used in 32 states, eight provinces in Canada, and 15 other countries around the world.

In a December 2007 survey conducted by the ND DHS Research Division, 80% of foster parents indicated their initial training adequately prepared them to be a foster parent. Approximately 6% of the respondents did not feel they were adequately prepared to be foster parents. In the same study, 86% of foster parents agreed that they had satisfactory access to ongoing training, while 5% indicated that they did not have adequate access to ongoing training. Again, 86% of foster parents indicated that they were satisfied with the content of their ongoing training, while 5% indicated that they were not satisfied with the content of the training.

The **PRIDE core curriculum** is also used throughout the state to supplement the pre-service training curriculum. This additional training provides opportunities for foster and adoptive parents to enhance their skills in regard to specific topic areas, based on the needs of the individual and regions/communities. In addition, various areas of specialty training are provided at conferences and in individual training sessions across the state. The PRIDE Core Curriculum is available through a digital format, which allows parents to access the training from their home.

Specific and specialized training is provided for **therapeutic/treatment foster parents**, including the PRIDE pre-service training, a “basic-training” curriculum

specific to therapeutic parents, and other sessions designed to cover fire safety, first aid and crisis prevention. (Please reference Item 33.) Therapeutic foster parents have access to **Individual Education Funds** to support their individually created training plans. The foster parents, in consultation with their licensing worker, develop these plans. The requirement for ongoing training for therapeutic/treatment foster parents is 30 hours per year.

CFSTC annually **assesses the training needs** of foster parents. Regional plans and workshops are developed based on the needs and the interests of foster parents. The workshops are based on input from county foster parents, as well as information received from PATH (treatment foster care organization). Ongoing required annual training hours (non-therapeutic) is 20 hours.

A **family development plan** is prepared beyond the core training for each foster family, and specific training is provided to meet the needs of individual foster children. Foster parents interviewed during ND CFSR QA process Stakeholder sessions indicate they need additional training on ICWA and on Native American cultural issues. Those Stakeholders also noted that it is difficult to work with case managers who have not had the PRIDE training experience because they do not understand the concept of working with foster parents as partners.

Training for staff of **licensed or approved child care facilities** generally is provided through annual conferences or through facility-sponsored training opportunities. Special topics have been arranged and presented to address the identified training needs of facility staff. For example, the most recent CFS conference included a session on inhalant abuse at the request of licensed facilities. In addition, CFS staff provide on-site CA/N training for facilities.

Facility training plans, taking into consideration the needs of the individual employees, are required. Twenty hours of training during each year of employment is required and must be related to preparing the staff to meet the needs of the children served. The following subject areas are required: children's emotional needs and problems, reporting CA/N, behavior management techniques (including crisis management and nonviolent crisis intervention), and emergency and safety procedures, including first aid and CPR.

Foster Care facilities are responsible for providing training to employees according to licensing policies. When the annual onsite licensing review is completed, employee-training files are reviewed for compliance of the licensing and training standards.

Barriers

- Lack of consistent training programs available to train direct care staff initially and ongoing would be ideal;
- One of the difficulties for facilities is freeing staff for training at a conference while maintaining the required staff-to-child ratios on their premises;
- Providing consistent and available foster parent training to rural areas; and
- Availability of resources and supports for relative or kin providers who are not licensed.

Item 35: Array of Services

Please reference Item 3 for the description and policy implications of the Wraparound case management model of practice in child welfare.

Stakeholders responding during the ND CFSR QA process and the statewide Self Assessment meetings made comments regarding the array of services available in the state and **praised the services available.** It was noted that services enable children to remain safely with their parents when reasonable and help children in foster and adoptive placements achieve permanency. Some of the **services mentioned as noteworthy** were intensive in-home services and Wraparound services to prevent placement and to support reunification. Services available statewide include:

- CPS;
- Intensive in-home services;
- FGDM;
- TANF Kinship Care;
- Wraparound case management;
- Family preservation services;
- Partnerships Program/MH; and
- Safety/Permanency funds.

Despite the generally positive view of the array of services, Stakeholders noted the following **service gaps**:

- Dental providers;
- Drug/alcohol treatment for youth;
- Treatment for sexual offenders;
- Services for children with severe emotional issues;
- Culturally responsive services for Native Americans (statewide) and refugee families (specific to counties with refugee resettlement);
- Services for youth aging out of foster care;
- Respite care for foster parents; and
- Community based services for SED children.

Since the PIP, ND has **implemented Wraparound** as the case management model of practice in child welfare. The implementation of this process has been ongoing and the degree to which Wraparound has been embraced and practiced varies from county to county.

The ND CFSR QA process data reflects (as noted in several sections of this document) that in case files reviewed where the Wraparound process and SPOC were used, positive ratings were noted from reviewers. Families and youth also reported they were more involved in their treatment planning process when these models were used in working with the families and youth.

Effectiveness of ND's services

- ***Evaluating services and determining service needs***

The two formal processes for evaluating services and determining service needs include the Strengths Discovery of SPOC and the SSRA.

- ***Addressing service gaps and the effectiveness of practice***

The ND CFSR QA process includes the opportunity for Stakeholder feedback on the strengths of the child welfare system, and also identifies service needs, gaps, and effectiveness. Stakeholders included youth, legal/court partners, case managers, foster parents, administrators/supervisors, education partners, and other public and private agency community members. Gaps and needs identified are addressed within the region through the Post-CFSR planning and problem solving process as well as through discussions within CFS administration (and where appropriate, partners in other departmental divisions and systems). Priorities to be addressed and both short term and long term approaches are included in the Post CFSR discussions.

Key Collaborators

Please reference Item 25 for Key Collaborators.

Strengths

It is important to note that ND's eight regional HSCs also provide core services to assist families and children at risk of removal or to prevent removal from their home. Adolescents and children are also served in the community through a variety of rehabilitation services including: crisis stabilization and resolution; inpatient services; psychiatric/medical management including medication management and other health services; social services; residential services and supports; vocational and educational services and supported employment; social and leisure activities; and EBP of SPARCS.

Services to families and children in their home are provided through an array of family preservation services including: parent aide, intensive-in home, prime time child care, safety permanency funds, respite care, intensive case management (Wraparound), and the FGDM process.

Please reference Item 25 for additional information.

Barriers

Barriers to assessing the needs of the child, family and foster family are as follows:

- Agency does not following the Wraparound process and/or the SPOC;
- Lack of clinical supervision and knowledge base of family systems interaction theory;
- Lack of sufficient resources to serve the number of youth in need of IL services; and
- A need for additional services and systems integration of services for youth 18–21 who have aged out of the foster care system. Specifically,

there is a shortage of comprehensive services available to foster youth in need of MH and Development Disability services. Despite legislative efforts in 2007, CFS was not successful in securing further legislative study of this issue.

Item 36: Service Accessibility

Service accessibility and availability throughout ND remains a challenge because **two-thirds of the counties are designated as frontier areas.** Nearly 40% of the state's population resides in the two eastern regions that lie on the border with Minnesota. In contrast, only 10% of the population resides in the two regions that lie on the western border with Montana. In fact, the western half of the state has a sparse population density from 0.9 to 10.7 persons per square mile. Vast distances between towns, farmsteads, and services require residents to spend many hours in travel. Round-trips of 200 miles or more to obtain services are not uncommon.

The eight regional HSCs serve catchment areas ranging from three to ten counties. In attempts to address the difficulty rural residents have with accessing needed services, **each center has staff traveling to outlying rural communities (Outreach Services)** to provide MH services, (e.g., diagnostic screening, evaluations, follow-up counseling, information and referral). The delivery of services to residents in rural areas has been and continues to be a major concern of the human service delivery system.

Services provided through the eight regional HCSs and county social agencies do **not necessarily look the same, or services may not be available in all locations**. In some areas, especially in rural settings, there are waiting lists for specific services.

Health and MH resources are limited in many areas, although child protection, case management, FGDM, intensive in-home services and Safety/Permanency funds are available statewide. Parent aide services are available in 46 counties, prime time childcare is available in 36 counties, and Wraparound case management, formerly known as Family Focused Services, is available statewide. Efforts are being made by the regional HSCs to identify needs and arrange alternate methods for delivery of services. DHS has hosted statewide Stakeholders meetings for the past two years (separate from ND CFSR QA process Stakeholder sessions). The input from these DHS statewide Stakeholder meetings is incorporated in individual division strategic plans as part of the overall departmental strategic plan. Information gathered has been provided to the Legislature and is used to inform the budget building process in DHS and CFS.

In some instances where access to services is a problem for families in rural areas, gas vouchers are provided for transportation. Child welfare case

managers have access to Safety/Permanency funds to assist families in meeting their basic needs, such as rent, utilities, food, clothing, furniture, etc. Stakeholders have also consistently expressed concern about access to services for children residing on Indian Reservations.

There are eight regional IL Coordinators available across the state. Youth in outlying counties are likely to have less face-to-face contact with the IL Coordinator, with more contact by telephone and email. Although the IL Program serves many Native American youth, several reservations are not being adequately served due to lack of resources.

The MH and Substance Abuse Services Division has also been conducting statewide Stakeholder meetings (face-to-face and video conferencing), gathering feedback to identify gaps in services for children and adults with MH needs. This Division has taken steps to address these gaps and will be having additional meetings with all Stakeholders to discuss strategic planning efforts.

In the future, the human service delivery systems will need to depend more on the assistance of other professionals who work and live in rural communities. For example, city/county public health nurses and child welfare case managers will need training to work with persons with serious mental illnesses and serious emotional disorders residing in rural ND. Paraprofessionals will need to be trained to deliver quality care to some populations in need of services.

Strengths

Clinical outreach services are available through several of the HSC's. Two of the HSC's provide intensive in-home family and parent aide services simultaneously when the need arises. Counties assist with transportation needs by requesting Safety/Permanency funds for families to access appropriate services. Special arrangements are also made for families with contract provider areas such as the Village Family Services for the delivery of services to very rural areas or in specific cases.

Because of the relationships that exist, service providers have some flexibility to support creativity in working to deliver services to families. For ND, this is both a strength and a barrier, depending on perspective.

Barriers

Geography, weather, and workforce challenges (e.g. staff shortages, staff recruitment and retention, and travel) are conditions that impact service availability and accessibility. Transportation and travel to access services becomes an issue for clients who need to travel to service delivery points. An additional service delivery issue is staff availability to deliver services to client's homes. ND has begun using various forms of technology to deliver services directly into client's homes, (e.g. telemedicine, video conferencing).

Item 37: Individualizing Services

The following **recent changes** in the North Dakota's child welfare system **directly respond** to the need for additional individualized services:

- Statewide implementation of Wraparound, TANF Kinship Care, and FGDM;
- Revision of the IL Program enhancing the method of service delivery;
- Initiation and ongoing utilization of relative search protocol;
- EBPs in MH;
- Revision of visitation policies for foster care case managers;
- Creation of a CPS face-to-face contact protocol;
- Policy changes in repeat maltreatment protocol;
- Additional Multi-county CPS projects; and
- Enhanced contracts (new general fund dollars) for two accredited Children's Advocacy Centers.

The Wraparound case management model of practice guiding principles and philosophy ensure that treatment plans and services are tailored to assess and meet the unique needs of children and families. Please see Item 3 for the description and policy implications of the Wraparound case management model of practice in child welfare.

Stakeholders interviewed during the ND CFSR QA process indicated services provided by the state child welfare agency are child-centered, family-focused, community-driven and strength-based. Therefore, these services can be described as **individualized to meet the unique needs** of the children and families served by the agencies.

However, Stakeholders also noted that the resettlement of refugees into Cass and Grand Forks counties (which peaked in 2000 at over 600 new arrivals per year) has had an impact on the ability of the child welfare agency to ensure individualized services for **families of different cultures**. For example, in Cass County there are 57 languages represented by the children in the school system. Public and private service providers continually learn about new cultures, the need for training to work with interpreters, and the need to find methods to engage the families in services in their communities and neighborhoods. Networks including service providers and volunteers have been established in the impacted communities for dialogue and problem solving. Annual conferences provide training about the various cultures and service provision.

Serving the growing rural and urban **Native American population** in the state presents challenges in providing an individualized and culturally competent array of services. The out-of-home care facilities, family, and therapeutic foster care providers also face challenges to meet the unique cultural and spiritual needs of these youth in care.

ND still faces disparities in treating youth with substance abuse problems and sexually reactive behaviors. Due to disparity in services among regions, youth are sometimes placed out of their communities, or must travel hundreds of miles to obtain these services. However, since the previous Statewide Assessment, there is increased awareness that these problems exist and must be addressed.

Monitoring individualized service plans

The ND CFSR QA process monitors each of the 23 items for safety, permanency, and well-being of children and families as specified by the federal CFSR instrument and instructions. Item 17 is specific to assessment and provision of services. Cases identified in each region have received thorough review in relation to Item 17: service needs for each individual; services arranged for or provided; and any services needed and not provided are all reviewed and noted by reviewers.

For information on the ND CFSR QA process, please reference Items 30 and 31.

Reference Item 3 for description and policy implications of the Wraparound case management model of practice in child welfare.

Reference Item 31 for changes since the previous Statewide Assessment.

Key Collaborators

- Tribal child welfare agencies;
- County social service agencies;
- Private and non-profit service providers;
- HSCs;
- Juvenile Justice services;
- DD service providers;
- Court and legal service providers;
- Parents, youth and foster parents; and
- Education system partners.

Promising Approaches/Strengths

Since the previous Statewide Assessment, statewide implementation of the Wraparound process has had a positive effect on the identification and delivery of individualized services. A growing urban minority population has created awareness of the need for more individualized and culturally responsive services.

Promising approaches in this area include:

- Wraparound case management;
- FGDM; and
- EBP-SPARCS groups in the HSCs and in tribal communities (including a future goal to create a culturally competent treatment model using this treatment modality).

Barriers

System partners have been identified and work collaboratively to address these gaps in service. However, there is recognition that without political will and

resources directed specifically at the issues identified and service gaps and needed enhancements, progress will be limited.

A lack of both trained child welfare supervisors and child welfare staff with a limited knowledge base of family systems interaction theory continue to be barriers in the state and in the child welfare service delivery community.

Item 38: State Engagement in Consultation with Stakeholders

Since the previous state Self Assessment, ND has implemented various strategies to include **Stakeholder involvement** in the development of policy, programming, and practice standards for child welfare, specifically, the development and implementation of the Child and Family Service Plan (CFSP).

The planning for FY 2005 through 2009 CFSP included the facilitation of **focus groups across the state**. The focus groups included the following Stakeholders: county social service agency directors, county social service supervisors, Regional Supervisors, DJS, providers including private and public, parents, foster parents, and tribal representatives. The discussion included three major child welfare areas; with an emphasis on safety, permanency and well-being.

Through the **Stakeholder Focus Groups**, the following **CFSP goals** were developed:

- To promote safe, secure, nurturing living environments and protect children from abuse or neglect within their families as well as in alternative settings.
- The new goal for this current year is to prepare for the 2008 Federal Child and Family Services Review (CFSR) and achieve successful outcomes, meeting the federal program measures. CFS has successfully completed the PIP goals and objectives and was released from the PIP in 2006.
- ND will continue **to implement** the three major child welfare initiatives: Wraparound case management, the ND CFSR QA process, and on-going training for child welfare staff.

To reach these **CFSP goals**, **strategies** include:

- Conducting the annual statewide ND CFSR QA process in each region, including seven Stakeholders groups per region;
- Participating in the DHS statewide Stakeholders meetings and;
- Using feedback from the DHS statewide Stakeholders and ND CFSR QA Stakeholder meeting comments to drive the strategic, legislative, and fiscal plans for CFS.

In August 2007, Community Stakeholders participating in the statewide Self Assessment meeting convened by CFS, expressed they are "integral to the work of the Department." There have been many partners involved in providing input for planning and policy development for the statewide Self Assessment

document and for the next five-year CFSP. This includes gathering information to formulate goals and objectives to be included in the CFSP.

Partners in this effort include, but are not limited to: the CFS Committee of the ND County Directors Association, CPS Task Force, Foster Care/Adoption Task Force, Alliance for Children's Justice (which serves as the Children's Justice Act Task Force), Citizen Review Committee, CFRP, Head Start, tribal social services directors, NATI, county social services, Foster Parent Recruitment/Retention Coalition, Foster Parent Association, RCCF/PRTF Coalitions, DJS, Division of MH and Substance Abuse Services, NDSU Extension Service (CBCAP state grantee), ND Supreme Court, Council on Abused Women's Services, parents/consumers, Federation of Families for Children's MH, CFSTC, Children's Advocacy Centers, Regional IL Coordinators, and the ND Youth Advocacy Board.

There is not a formal CFSP Advisory Committee. However, through the identified systems, committees, and entities, CFS is able to incorporate the feedback in the development and implementation of the CFSP.

In addition to the program specific opportunities for stakeholder engagement and inclusion, the implementation of the ND CFSR QA process has provided a opportunity statewide for discussion with local representatives related to child welfare policy, practice, strengths, challenges, and needs/barriers.

As indicated previously, the comments of the Stakeholder groups from the ND CFSR QA are recorded in a written format, provided to each region and county for review, problem solving, and planning during the Post-CFSR meetings. In this process, comments related to needs and barriers result in a plan to drive changes in local service delivery, and state and local program design and policy. These Stakeholder comments provide direction to CFS in the development of the strategic plan and the budget building process.

Strengths

Collaboration and consultation with Stakeholders has become a part of CFS regular business practice. This accepted practice is the base for ND's strong working relationships that enjoy a commendable level of trust with and between Stakeholders and Stakeholders groups.

Barriers

Barriers faced by the state include:

- **Consistent inclusion of service recipient** (consumer) **voices** in Stakeholder processes;
- Determining methods and efforts to **encourage and support participation of tribal entities** in Stakeholder processes; and
- Challenges in communicating to Stakeholders that policy and practice changes occur as a result of their involvement.

Item 39: Agency Annual Reports Pursuant to the CFSP

Many of the **agencies/stakeholders** mentioned in Item 38 **participated in the development of the CFSP**, submission of the Annual Progress and Services Report (APSR), and the development of the statewide Self Assessment. Individuals participated in small breakout group meetings within the larger statewide group meeting, while others offered individual comments in person and through written communication. Comments from all participants were synthesized and included in the development of the CFSP and the APSR. CFS made significant efforts to ensure tribal representatives, foster youth, and court personnel were involved in discussions and decision-making for the CFSP and through the ND CFSR QA process Stakeholder meetings. Participation in the Stakeholder groups listed in Item 38 has increased in representation over the past four years of the ND CFSR QA process.

State and federal policy requires the CFSP and APSR be **updated annually**, with a new plan developed every five years. Administrators of the various child welfare programs within CFS provide updates and new information for the Plan. The team approach to completing the plan allows administrators to share strengths and needs in regard to their specific programs.

Changes in performance since 2001

Since the previous statewide Self Assessment, the implementation of the ND CFSR QA process has provided data regarding the effectiveness of child welfare programming and practice. (Please refer to Item 31 for specific item data.) The ongoing involvement of Stakeholders provides information for evaluating and reporting on progress toward agency goals. The input of key Stakeholders, including courts and tribes, has been essential to planning and goal setting for change.

Planning for FY 2005 through 2009 CFSP included the facilitation of focus groups across the state. For more details on the focus groups see Item 38.

Item 40: Coordination of CFSP Services with Other Federal Programs

CFS **coordinated services provided under the CFSP** with the following agencies that serve the same populations:

- HSCs provide administrative supervision and direction to county child welfare staff through the Regional Supervisors. Title IV-E is one of several funding streams that support these positions.

- Catholic Charities and PATH of ND (AASK) provide special needs adoption services statewide.
- Medicaid has been used to finance Wraparound Targeted Case Management Services for multiple systems. Private and public health providers complete the Health Track/EPSDT Screenings with Medicaid funds.
- TANF is used as an incentive for families to obtain a screening for their children.
- CFS contracts with the Village Family Service Center to provide intensive in-home family services and FGDM Services. Title IV-B, Medicaid and TANF are funding streams that support these services.
- The TANF Kinship Care Program was developed in collaboration with the Economic Assistance Division in 2005. Currently, there is an effort by CFS and the Economic Assistance Division to assist tribal social service agencies with access and implementation of the TANF Kinship Care Program.
- CFS has been designated by the Governor to provide programs and services for refugees, asylees, and other designated populations. CFS contracts with local service providers for direct services for the refugee population utilizing Office of Refugee Resettlement, ACF federal funding. Services provided must be culturally sensitive, using bilingual staff whenever possible to facilitate communication. The State Refugee Coordinator is a member of CFS and coordinates programming between CFS and other departmental divisions and local service providers.
- Unaccompanied Refugee Minor (URM) children identified by federal government agencies as appropriate for resettlement in the United States are placed, upon arrival in ND, into licensed foster care homes. These licensed homes are recruited and licensed by the private nonprofit resettlement agency (who sites as a member of the local recruitment/retention coalition) and are required to meet the state licensing standards for family foster care homes. Services for Unaccompanied Refugee Minors are provided through the resettlement agency in collaboration with other public and private service providers. A Regional Supervisor is an ongoing team member for individualized planning for these youth. Services outlined in the CFSP for children in foster care are extended to include URM children.
- Seven parenting and family resource centers receive CBCAP dollars to fund specific parent support and education activities for the prevention of CA/N. These seven centers are local, collaborative efforts providing opportunities for parents, youth, and community members. The Parent Resource Centers participate in a Family Resource Center Network coordinated through the Family Life Education Program, a partnership with NDSU Extension Service.
- Three Child Advocacy Centers are available in the state to conduct forensic interviews and physical exams in child physical abuse and sexual abuse cases (two are fully accredited).

- The Chafee Foster Care Independence Program relies heavily on collaborative efforts with numerous agencies to provide services. Included are: county social services, education, Job Service North Dakota, private agencies, courts, HSCs and tribes. The collaboration is essential to the referral process, case plan development, delivery of services and to maintain contact with youth as they age out of the foster care system.
- CFS coordinates with the ND Supreme Court, through the Assistant State Trial Court Administrator, a member of the ND CFSR QA process Review Team. The Assistant State Trial Court Administrator has participated in all Stakeholder meetings, encouraged involvement of local court and legal Stakeholders, and served as co-facilitator of the Post-CFSR meetings.
- CFS collaborates with the ND Court Improvement Project (CIP) through the ND Supreme Court to improve communication with judges, court administrators, State's Attorneys, Juvenile Court staff, and tribal staff to address systemic issues. The Director of CFS is a member of the ND Court Improvement Project.
- In 2007, a Training Subcommittee was formed by the ND Supreme Court to address the delivery of multi-disciplinary training to further the goals of the ND Court Improvement Project. The Deputy Director of CFS, as well as staff from the two training entities that serve child welfare agencies, sit as members of this planning council, facilitated by the ND Supreme Court Director of Judicial Education. Funding was received to advance multi-disciplinary collaboration in delivering training this past year, and is expected to be available again next year. Child welfare training was offered in four regional training sessions during the fall of 2007, and a summit conference is planned for July 2008, all addressing multi-disciplinary coordination, cross cultural collaboration, and systematic change.
- In 2006–2007 the Children's Justice Initiative Task Force, appointed by the Chief Justice of the ND Supreme Court, studied child welfare issues throughout the state. The CFS Director and the Deputy Director/CPS Administrator represented CFS on this task force.

Agreements with public and private contractors

CFS has entered into **Memorandums of Agreement** with county social service agencies to provide family preservation services and Wraparound Targeted Case Management funded through Title IV-B, Title XIX, TANF, and state and local revenues. CFS has a **contract** with the Village Family Service Center to provide intensive in-home family services and FGDM services statewide. The Department also has **contracts with two tribal social service agencies** to provide family preservation services.

CFS **contracts with Catholic Charities of ND** to provide adoption services to children in foster care and the families who adopt them. Please refer to Item 9 for a full description of the AASK Program.

The Department currently **supports seven projects** through Memorandums of Agreement with county social service agencies **to conduct multi-county CA/N assessments.**

The Department has entered into **Memorandums of Agreement** with county social services **to conduct eight regional IL Programs.**

Reference Items 32, 33, and 34 for information regarding **IV-E funded training contracts** with the CFSTC.

CFS **contracts with NDSU** to maintain a network of Parent Resource Centers in the state.

A **barrier** facing CFS is the **decrease in Title IV-B funding** resulting in challenges in sustaining funding for child welfare service programs.

Item 41: Standard for Foster Homes and Institutions

Policy and Practice

Foster care **licensing for family homes** is governed by state law (NDCC 50-11) and by administrative rule (ND Admin Code 75-03-14). **Foster home licenses are issued for one year** (although state law allows for a two-year licensure period). Annual licensing studies are completed by a county social worker or staff of a licensed child placing agency and submitted to the Regional Supervisor, who issues or denies the license. Consultation related to licensing, denial and revocation is available to the Regional Supervisor from the CFS Foster Care Administrator and the DHS Legal Advisory Unit. Licensure is required for relative homes when federal or state funding is used for foster care payment.

Licensure for group and RCCF is governed by state law (NDCC 50-11) and administrative rule (ND Admin Code 70-03-16). A team including a Regional Supervisor, a CFS representative, and other child welfare staff conduct group home and RCCF licensing reviews. The licensing studies are reviewed by CFS and action is taken on the proposed license. ND has instituted a two-year licensure period for group homes and RCCF. A full facility review is conducted in year one, with the review in year two, concentrating on programmatic activities.

ND currently has six PRTFs. The **definition of a PRTF** is as follows:

> *"A facility or a distinct part of a facility that provides to children and adolescents a total, 24 hour, therapeutic environment integrating group living, educational services, and a clinical program based upon a comprehensive, interdisciplinary clinical assessment and an individualized treatment plan that meets the needs of the child and family. The services are available to children in need of and able to respond to active psychotherapeutic intervention and who cannot be effectively treated in their own home, in another home, or in a less restrictive setting."*

These facilities are funded through Medicaid and must be accredited. The facilities have joint approval through licensure from both the Medical Services Division and the MH and Substance Abuse Services Division. The facilities are either accredited through the Council on Accreditation (COA) or the Commission on Accreditation of Rehabilitation Facilities (CARF). The PRTFs are licensed for a two-year period, with "deemed status" given for the 2007-2009 licensing period due to their recent accreditation process.

A team of professionals that includes a RN, Clinical Social Worker, Psychiatrist, and a representative from the Federation of Families licenses the PRTFs. The Health Department conducts a review of one facility per year to examine compliance with seclusion and restraint protocol and policy.

The 2007 legislative session passed a permanent moratorium on PRTF beds. The Moratorium did have a clause that allowed for new PRTF beds to be developed to only serve out-of-state youth.

CFS licenses child-placing agencies in two separate programs: 1) The adoption program and maternity homes are licensed as "Licensed Child Placing Agencies" (LCPA). 2) Therapeutic/Treatment Foster Care agencies are licensed as LCPA. The LCPA licensing process includes all the safety requirements for family homes and additional specific requirements related to administration, administrative and staff training, and programmatic content and activities.

Key Collaborators

CPS program staff and the CFS licensing team members are close collaborators in instances concerning reports of suspected institutional CA/N. Foster care administration and licensing staff are notified of all CPS reports and all decisions made by the SCPT in assessments of suspected institutional CA/N. Additionally, reports of suspected institutional CA/N are assessed by Regional Supervisors, who are also responsible for licensing residential childcare facilities. When licensing issues intersect with child maltreatment concerns, **a joint approach** of staffing and problem solving occurs. The Administrator of Institutional CPS has served on special licensing review teams, and the Foster Care Administrator has been invited to participate with the State CPS Team as an ad hoc member.

Barriers

One of the **barriers** the state faces in licensure activities is the absence of a licensing unit within CFS and DHS. In addition, CFS does not currently have a formal critical incident reporting process in place.

Item 42: Standard Applied Equally

Policy and Practice

All foster homes, relatives and non-relatives, must meet the same **state standards for licensure** if they are to receive state or federal funds. This requirement includes tribal foster homes. Regional Supervisors have responsibility for reviewing foster home studies for compliance with state law and rule. For homes on tribal reservations, a tribal authority certifies compliance with state law and administrative rules via an affidavit to CFS. License applications for all group homes and RCCF are reviewed and acted on by CFS staff.

ND does not issue initial, provisional or probationary licenses for RCCF, family or therapeutic family foster care homes, or group homes. Compliance with state policy relating to licensure requirements must be met in order to provide foster care payments in any of the foster care settings.

Before foster care payments are made, documentation of licensure is required in both the paper file and in CCWIPS.

Measures of effectiveness demonstrating the state's functioning

A federal **Title IV-E review** was conducted in 2005 with one error noted. The error pertained to a removal court order which did not contain appropriate Title IV-E language. A ND **State Auditors Office** audit was also conducted in 2005-2006 with no findings related to Title IV-E Foster Care and Adoption Assistance.

Strengths

The state licensing team has developed a good working relationship with licensed facilities throughout the state. The team ensures licensing compliance, but also provides insights to the facilities on how improvement to services can be achieved. In addition, members of the team may assist CFS on special licensing reviews of facilities when a concern for safety is expressed.

Barriers

CFS is challenged with staff resources within the Foster Care Administrative Unit to adequately review and update administrative rule and policy as it applies to licensure standards.

Item 43: Requirements for Criminal Background Checks

Policy and Practice

Consistent with the provisions of the **Adam Walsh Act**, all prospective foster parents, adoptive parents, and employees of facilities are **required to provide fingerprints**, so that a **nationwide FBI background check** can be conducted. All former exceptions to the fingerprint requirement in ND law have been eliminated in regard to foster care providers. All providers previously licensed, approved for employment, or approved as an adoptive resource are required to submit fingerprints in order to update their criminal background checks, pursuant to these provisions. CFS conducts state, local and federal background checks in accordance with state and federal law and policy.

Since 1997, in accord with law, administrative rule and policy, background checks have been conducted for staff of group homes and RCCF. Residential facilities cannot employ a person who will have contact with children without receiving a satisfactory background check for the employee.

The PRTFs must also abide by state and federal requirements for background checks. PRTFs cannot allow a prospective employee to have direct contact with a child until a satisfactory background check is completed. The employee must also sign an Annual Statement of Self-declaration for Criminal Activity and Child Abuse and/or Neglect form (filed in the employee's personnel file) for licensing reviewers to examine for compliance.

All approved adoption assessments must contain a criminal history record check investigation. No one can receive a positive recommendation to adopt without having satisfactorily completed the criminal history record check.

CFS has recently employed **additional staff** to assist with processing criminal background check requests due to an increasing backlog following the implementation of Adam Walsh Act legislation. Background check results are currently being returned to the requester within 14 days of receipt, on average.

Internally, CFS criminal background check staff analyze negative results in light of statutory authority for each applicant. The applicants have the option of providing additional information that may affect the outcome of the criminal background check findings and decision. CFS advises the licensing agent of negative results affecting the applicant's ability to provide foster care, provide direct care in a facility, or to be approved as an adoptive resource for foster children.

Barriers

A **barrier** CFS faces related to this item is the lack of **available technology** to transmit fingerprints electronically to the FBI. The ND Bureau of Criminal Investigation (BCI) does not have the technological ability to interface with CFS to accomplish this task. Proposals from CFS to upgrade the use of technology to speed processing have been met with difficulties even when funding was available to implement such technology within CFS.

Additionally, the availability of tribal resources to meet state and federal requirements is a challenge as tribal child welfare agencies strive to comply with criminal background check requirements.

Item 44: Diligent Recruitment of Foster and Adoptive Homes

CFS received training and technical assistance from Adopt US Kids to conduct a statewide assessment and facilitate a **statewide foster care/adoption recruitment plan.** The plan was developed with statewide goals and objectives to be addressed locally by the Regional Recruitment and Retention Coalitions and the AASK program. This plan is included in the yearly Title IV-B CFSP.

In 2006, CFS funded a pilot project designed to increase the number of licensed **Native American foster homes** in the Bismarck-Mandan area. The project targeted individuals of Native American descent who are potential foster parent candidates as well as tribal-based and Native-owned businesses. The businesses serve as advocates and become “ambassadors” to “spread the word” about the need for foster parents among the urban Native American community.

The yearlong effort resulted in the identification of nearly two-dozen potential Native American foster parent candidates. Three of the families are currently in the process of becoming licensed in the Bismarck/Mandan area. Ongoing Native American recruitment efforts continue.

An additional $150,000 was appropriated during the 2007 legislative session to fund statewide **foster care and adoption recruitment and retention activities**. A MOU was completed with each of the eight regions of the state. Regional Foster/Adopt Coalitions submitted “Request for Funding” proposals outlining regional activities and budgets to support those activities. Grant awards made through the process require quarterly outcome reporting. A final detailed report at the end of the biennium will describe the outcome of each goal in the MOU. The increase in funding allowed CFS to eliminate the previously required 25% regional/local cash match.

Funds retained at the state level will be used to **provide mini-grants** to regional coalitions, focusing on recruiting families to foster or adopt older adolescents. CFS will also print and distribute culturally relevant marketing materials, developed through the Native American Recruitment and Retention pilot project in Bismarck-Mandan, to other counties throughout the state.

In December 2007 the DHS Research Division and CFS conducted a Foster Care Recruitment and Retention Survey. The survey was mailed to 771 licensed family, therapeutic and tribal affidavit homes. Preliminary results are still being analyzed. The survey focused on strengths and challenges with the state foster care system and the satisfaction of foster parents.

Strengths

Recruitment and retention opportunities at the local level were hampered by inability of the Regional Coalitions to obtain the 25% cash match required to apply for the state recruitment and retention grants. Additional funding appropriated during the 2007 legislative session, included in the Governor's budget, allows CFS to offset the match requirement.

Barriers

Barriers identified during the Statewide Recruitment and Retention Task Force meeting from individuals involved in recruitment and retention:

- Foster parents are required to submit fingerprints for criminal background checks multiple times. State law was revised during the 2007 legislative session to allow fingerprint-based criminal background check results to be shared across foster care, adoption, and guardianship programs. However, this policy is currently under review by the FBI Audit Team, which conducted an on-site audit of fingerprint policy and procedure in ND.
- There is duplication in the foster care and adoption licensing process. To address this problem, CFS is revising the foster care and adoption home study process. The "Family Assessment" will eliminate much of the duplication and serve as the required home study for both foster care and adoption. The new effort will streamline the assessment process between the public agency (for foster care licensing) and the private adoption agency (for adoption assessment), allowing workers to build on one another's work.

Item 45: State Use of Cross-Jurisdictional Resources for Permanent Placements

Policy and Practice

The AASK Program completes a **recruitment plan for each "waiting" child**. Policy that clarifies recruitment procedures and ICPC procedures pertaining to child specific recruitment and follow-up activities is in place.

Child specific recruitment for "waiting" children may happen in a variety of ways. For example, biographies of waiting children are mailed monthly to families who have an approved home study, within and outside the state. Special staffing occurs monthly for "waiting" children. Biographies of "waiting" children are regularly listed in a quarterly newsletter published by the AASK Program. Children who may be placed cross-jurisdictionally are also placed on the Adopt US Kids website. Other sites that have been used are the Adoption Exchange, the Adopt America Network, and the REACH program (a division of PATH) websites.

General foster and adoptive family recruitment is done through **local recruitment coalitions** in each of the eight regions of the state. Families

inquiring from out-of-state are directed to the AASK Program. The families are also invited to submit a copy of their current approved adoption study. When the approved study is received, the family is placed on the waiting families list and mailed monthly biographies of children waiting to be adopted and the AASK newsletters. As a contract agency funded through the CFS for the provision of adoption services to children in foster care, the AASK program serves all ND's waiting children. In addition, AASK serves children who are brought into the state for the purposes of adoption who are in the custody of another state's public agency, and the families who adopt them (ICPC incoming requests).

Based on AASK FY program reports the following data regarding children leaving the state and children entering the state for the purpose of adoption are as follows:

- FY 2004, five children placed in ND from other states and eleven children were placed in other states.
- FY 2005, nine children placed in ND from other states and fifteen were placed in other states.
- FY 2006, seven children placed in ND from other states and fifteen children were placed in other states.
- FY 2007, fifteen children placed in ND from other states and seven children placed in other states.

Strengths

Please see Item 9 for the state's performance-based contract with the AASK program and the positive results experienced in adoptive placement of children from foster care.

Barriers

Before the passage of the Safe and Timely Interstate Placement of Foster Children Act of 2006 (P.L. 109-239) a significant barrier was the length of time that would pass between the date a request for an adoption home study was made to another state through ICPC and the date when the adoptive home study was completed. Therefore, referrals that were not passed on to local agencies to do the study, requests being held back due to agencies not having staff etc. With the initiation of P.L. 109-239, as well as on-going communication with the other states regarding cross jurisdictional issues, many of these barriers have been reduced.

Statewide Assessment Checklist

Instructions: Use the checklist below to assess and note whether the Statewide Assessment adequately addresses key areas. Then, considering the information collected through that assessment process, identify the following in section VI below: (1) issues requiring revisions to the Statewide Assessment and (2) issues requiring further review on site.

I. Stakeholder Involvement in the Statewide Assessment	
Is there evidence of adequate consultation with youth in foster care in preparing the Statewide Assessment?	☑ Yes ☐ No Comments: Youth involvement in regional CFSR's attendance at July and August 2007 Stakeholders meetings opportunity to provide feedback on self-assessment draft.
Is there evidence of adequate consultation with tribes in preparing the Statewide Assessment?	☑ Yes ☐ No Comments: Division Director quarterly meetings with Tribes. Involved and attended July and August 2007 Stakeholder meetings. Will receive draft copy of self-assessment and opportunity to comment.
Is there evidence of adequate consultation with the courts in preparing the Statewide Assessment?	☑ Yes ☐ No Comments: Attendance at July and August Stakeholders Meetings. Three juvenile referees designated as reviewers for the federal review in April. Supreme Court Admin Staff at regional CFSR's Stakeholders

	meetings.
Is there evidence of adequate consultation with the Court Improvement Program (CIP) in preparing the Statewide Assessment?	☑ Yes ☐ No Comments: Division Director meets with CIP quarterly. Representative from CIP has been at Regional CFSR Stakeholders meetings as well as post CFSR meetings.
Is there evidence of adequate consultation with other key parties outside the child welfare agency in preparing the Statewide Assessment?	☑ Yes ☐ No Comments: Stakeholders meetings in July and August 2007 involved courts, tribes, schools, non-profits, Village, PATH, AASK, Medical Assistance, Law Enforcement, UND Training Center and Child Support. All will have opportunity to provide feedback on self assessment.
Are the stakeholders who were consulted identified in the Statewide Assessment?	☑ Yes ☐ No Comments: They are identified throughout the Self-Assessment in Items 1-45.
Are the stakeholders who are involved in other State child welfare planning and reform efforts, such as the Child and Family Services Plan (CFSP) and subsequent Annual Progress and Services Reports (APSRs) also engaged in the Statewide Assessment?	☑ Yes ☐ No Comments: Many were included in the Stakeholders meetings in July and August 2007.
II. Building on the Prior Statewide Assessment and Program Improvement Plan	
Does the current Statewide Assessment show that the State has	☑ Yes ☐ No

evaluated the progress made in the outcomes and systemic factors since the previous Statewide Assessment?	Comments: There is reference to evaluation of progress contained in all items but more specific in Items 24-45.
Does the Statewide Assessment show that the State has evaluated the impact of its Program Improvement Plan (PIP) activities by, for example (1) indicating the status of the State's performance when beginning the PIP, (2) outlining the PIP accomplishments, and (3) documenting the status of the State's current performance?	☑ Yes ☐ No Comments: This is addressed throughout the Self-Assessment with specific reference to strengths barriers use of statistics and data from the regional CFSR's.
III. Use of a Variety of Information Sources	
Does the Statewide Assessment show that the State used a variety of information sources, for example:	
Data profiles	☑ Yes ☐ No Comments: AFCARS, NCANDS, CCWIPS, SPOC, Kids Count, Family Preservation, CFS Training Center, and CFS Statistical Bulletin.
State Automated Child Welfare Information System (SACWIS) or other management information system data	☑ Yes ☐ No Comments: CCWIPS
Results of quality assurance reviews	☑ Yes ☐ No Comments: CFSR Regional Reviews 2003-2007.
Consultations with external partners	☑ Yes ☐ No Comments: CFS Committee,

	County Directors, County Supervisors, Regional Supervisors, Division Director quarterly meeting with Tribes Post CFSR's.
Surveys	☑ Yes ☐ No Comments: Independent Living Survey and Foster Parent Survey.
CIP re-assessment	☑ Yes ☐ No Comments: Division has participated in the reassessment process and is actively involved in the CIP committee.
Community-Based Child Abuse Prevention (CBCAP) reports/information	☑ Yes ☐ No Comments: CBCAP State lead on working with the writing of the Self-Assessment Parent Resource Centers in partnership with NDSU Extension Services.
Citizen review panel reports	☑ Yes ☐ No Comments: The Chair of the Citizen Review Panel was involved and instrumental in writing the Self-Assessment.
Other:	☐ Yes ☐ No Comments:
IV. Use of Data and Analysis of Program / Practice Issues	

Does the Statewide Assessment show that the State has reviewed their Adoption and Foster Care Analysis and Reporting System (AFCARS) and National Child Abuse and Neglect Data System (NCANDS) data, or alternate safety data, to ensure that the data are correct?	☑ Yes ☐ No Comments:
Does the Statewide Assessment include a discussion of relevant program and practice issues, based on the data pertaining to each section of the document?	☑ Yes ☐ No Comments: Shortage of data, front-end system implementation need more information to assess outcomes.
V. Usefulness of the Statewide Assessment During the Next Phases of the CFSR	
Does the Statewide Assessment provide sufficient information for selecting sites for the onsite review?	☑ Yes ☐ No Comments: Division Directors demographics outline of the state.
Does the Statewide Assessment provide a solid overview of the agency's policies and practices for use by the Onsite Review Team?	☑ Yes ☐ No Comments: Review of state by Division Director and completion of the policy submission form.
Will the Statewide Assessment inform and help the State appropriately target subsequent PIPs?	☑ Yes ☐ No Comments: The Self-Assessment has focused on the strengths, barriers, gaps in services, and weaknesses throughout with emphasis on the writing of the PIP

VI. Identification of Specific Issues
Safety: • Issues requiring revisions to the Statewide Assessment: Face-to-Face visits after CPS depending on category A, B, C. • Issues requiring further review on site: Safety Plan
Permanency: • Issues requiring revisions to the Statewide Assessment: Case Manager visits with parents, foster youth, and foster parents. Child/youth involvement in CFTM and case planning. Relative search • Issues requiring further review on site:
Well-being: • Issues requiring revisions to the Statewide Assessment: • Issues requiring further review on site: Mental Health screening, lack of services in rural/frontier areas, availability of correct assessments and in a timely manner, assessing all family members including non-custodial parents (In-Home).
Information system: • Issues requiring revisions to the Statewide Assessment: Duplication of efforts and shift to the front-end system-the three systems do not talk to each other. • Issues requiring further review on site:
Case review system: • Issues requiring revisions to the Statewide Assessment: • Issues requiring further review on site: Inconsistencies regarding Foster Care CFT, the development of and writing the plan and following the wrap process.
Training:

- Issues requiring revisions to the Statewide Assessment:
- Issues requiring further review on site: Child Welfare Supervisors are trained and receive on-going training. All Child Welfare Workers have access to a trained Child Welfare Supervisor on a consistent basis.

Agency responsiveness to the community:

- Issues requiring revisions to the Statewide Assessment:
- Issues requiring further review on site: Outreach services through the Human Service Centers. D/A services for youth, sexual offender treatment, and programming for youth/adolescents.

Licensing/recruitment/retention:

- Issues requiring revisions to the Statewide Assessment:
- Issues requiring further review on site: Need for more Native American foster homes, financial reimbursement, equity concerns regarding: county and PATH foster care rates, day care reimbursement.

Quality assurance:

- Issues requiring revisions to the Statewide Assessment:
- Issues requiring further review on site: Need more coordination of data to support QA and Child Welfare practice outcomes “Best Practice”.

Service array:

- Issues requiring revisions to the Statewide Assessment:
- Issues requiring further review on site: Caseworkers/staff turnover in Ward and Cass Counties, outreach in rural areas, and the on going shortage of professional health care staff (dental, child and adolescent psychiatrists).

Appendix

Acronyms

ACF..... Administration for Children and Families
APPLA ..... A Planned Permanent Living Arrangement
APSR ..... Annual Progress and Services Report
ASFA ..... Adoption of Safe Families Act
ASQSE ..... Ages and Stages Questionnaire Social/Emotional
ASSK ..... Adults Adopting Special Kids
BCI..... Bureau of Criminal investigation
CA/N ..... Child Abuse and Neglect
CARF ..... Accreditation of Rehabilitation Facilities
CAWS ..... Council on Abuses Women's Services
CBCAP ..... Community-Based Child Abuse and Neglect Prevention
CCDF BG..... Child Care Development Fund Block Grant
CCWIPS ..... Comprehensive Child Welfare Information Payment System
CD..... Chemical Dependence
CFR ..... Code of Federal Regulations
CFRP ..... Child Fatality Review Panel
CFS..... Children and Family Services
CFSP ..... Child and Family Service Plan
CFSR ..... Children and Family Services Review
CFST ..... Children and Family Service Team
CFT..... Child and Family Team
CFTM..... Child and Family Team Meeting
CIP..... Court Improvement Project
COA ..... Council on Accreditation
CPI..... Crisis Prevention Institute
CPS ..... Child Protection Services
CSFTC..... Children and Family Services Training Center
CWPCP ..... Child Welfare Practitioner Certification Program
DCAP..... Dental Care Access Program
DD..... Developmental Disabilities
DHS ..... Department of Human Services
DJS..... Division of Juvenile Services
DV..... Domestic Violence
EBP..... Evidence-Based Practice
ECS ..... Early Childhood Services
ED..... Emotionally Disturbed
EPSDT..... Early Periodic Screening Diagnosis and Treatment
FBI ..... Federal Bureau Investigations

FCCFT ..... Foster Care Child and Family Team
FFY ..... Federal Fiscal Year
FGDM ..... Family Group Decision Making
FPLS ..... Federal Parent Locator Service
FY ..... Fiscal Year
GAL ..... Guardians Ad Litem
HSC ..... Human Service Center
ICPC ..... Interstate Child Placement Compact
ICWA ..... Indian Child Welfare Act
IEP ..... Individual Education Plan
IL ..... Independent Living
IVN ..... Interactive Video Network
LCPA ..... Licensed Child Placing Agencies
MH ..... Mental Health
MOU ..... Memorandum of Understanding
MSU ..... Minot State University
NATI ..... Native American Training Institute
NCANDS ..... National Child Abuse and Neglect Data System
ND ..... North Dakota
NDCFRP ..... North Dakota Child Fatality Review Panel
NDSH ..... North Dakota State Hospital
NDSU ..... North Dakota State University
NRI ..... Neuropsychiatric Research Institute
OAH ..... Office of Administrative Hearings
PATH ..... Parent Association of Treatment Homes
PI ..... Policy Assurance
PIP ..... Performance Improvement Plan
PRIDE ..... Parents Resource for Information Development and Education
PRTFs ..... Psychiatric Residential Treatment Facilities
PSC ..... Pediatric Symptom Checklist
QA ..... Quality Assurance
RCCF ..... Residential Child Care Facilities
RFP ..... Request for Proposal
SAMHSA ..... Substance Abuse and Mental Health Services Administration
SCHIP ..... State Children's Health Insurance Program
SCPT ..... State Child Protection Team
SED ..... Serious Emotional Disturbances
SEDA ..... Children's Social, Emotional, Development Alliance
SFY ..... State Fiscal Year
SPARCS ..... Structured Psychotherapy for Adolescents Responding to Chronic Stress
SPOC ..... Single Plan of Care

SSRA ..... Safety/Strengths/Risk Assessment
TANF ..... Temporary Assistance for Needy Families
TF-CBT ..... Trauma-Focused Cognitive Behavioral Therapy
TPRs ..... Termination of Parental Rights
UND ..... University of North Dakota
URM ..... Unaccompanied Refugee Minor
WWK ..... Wendy's Wonderful Kids
YOQ ..... Youth Outcome Questionnaire

2007 Child Welfare Data Snapshot

Children & Family Services Division, North Dakota Department of Human Services

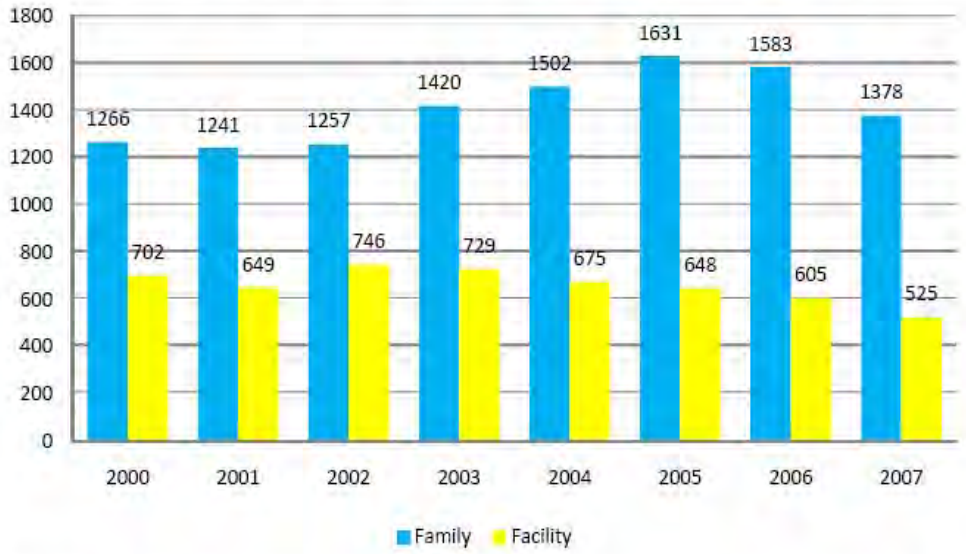
Children in Foster Care by Placement Type, FFY 2001-2007

Placement Type	2000	2001	2002	2003	2004	2005	2006	2007	% Change 2000-2007
Pre-Adoptive Home	154	166	157	160	207	228	252	260	+68.8%
Relative Placement	237	240	276	328	383	507	569	400	+68.7%
Family Foster Care	875	835	824	932	912	896	762	718	-17.9%
Group Home	125	109	127	125	120	96	95	85	-32%
Facility (RTC & RCCF)	577	540	619	604	555	552	510	440	-23.7%
Missing Data	10	39	18	34	28	35	21	31	
Total	1978	1929	2021	2183	2205	2314	2209	2152	+8.7%
Children Aging out of Foster Care	43	45	56	66	60	65	56	64	

AFCARS, FFY 2000-2007.
Trial Home Visits (N=218) in FFY 2007 are included in the total number of foster care placements.

Family Type Placements Facility Placements

Trends in Family Foster Care and Facility Placements, FFY 2000-2007



AFCARS, FFY 2000-2007.
Family foster care includes pre-adoptive homes, relative placements, family foster homes, PATH placements, and tribal and affidavit foster home placements.

Foster Care Caseload Data (FFY 2007):

- There were 1,820 foster care admissions and 840 discharges in FFY 2007. On September 30, 2007, 1,312 children were in foster care (includes tribal IV-E cases, DOCR-Division of Juvenile Services youth placed in foster care, and pre-adoptive placements).
- 419 (32%) of the 1,312 foster care children were Native American. Approximately 20% (82) were in tribal custody.
- The average age of foster care children in care on September 30, 2007 was 10 years old.
- 50% (661) of children in care on September 30, 2007 had a permanency goal of reunification.
- As of 9/30/07, 52 youth were in out-of state placements (institutional).

Child Abuse and Neglect (FFY 2006):

- 3,819 full assessments were completed.
- To illustrate the trend in the number of full assessments: Compared to 2000 when 4,145 full assessments were completed, a decrease of 5.8% was seen in 2006 (3,819).
- 758 of the 3,819 full assessments were determined to be "Services Required" cases. There were 1,469 child abuse and neglect victims and 1,046 child abuse and neglect subjects in services required assessments.

Adoptions (As of August 2007):

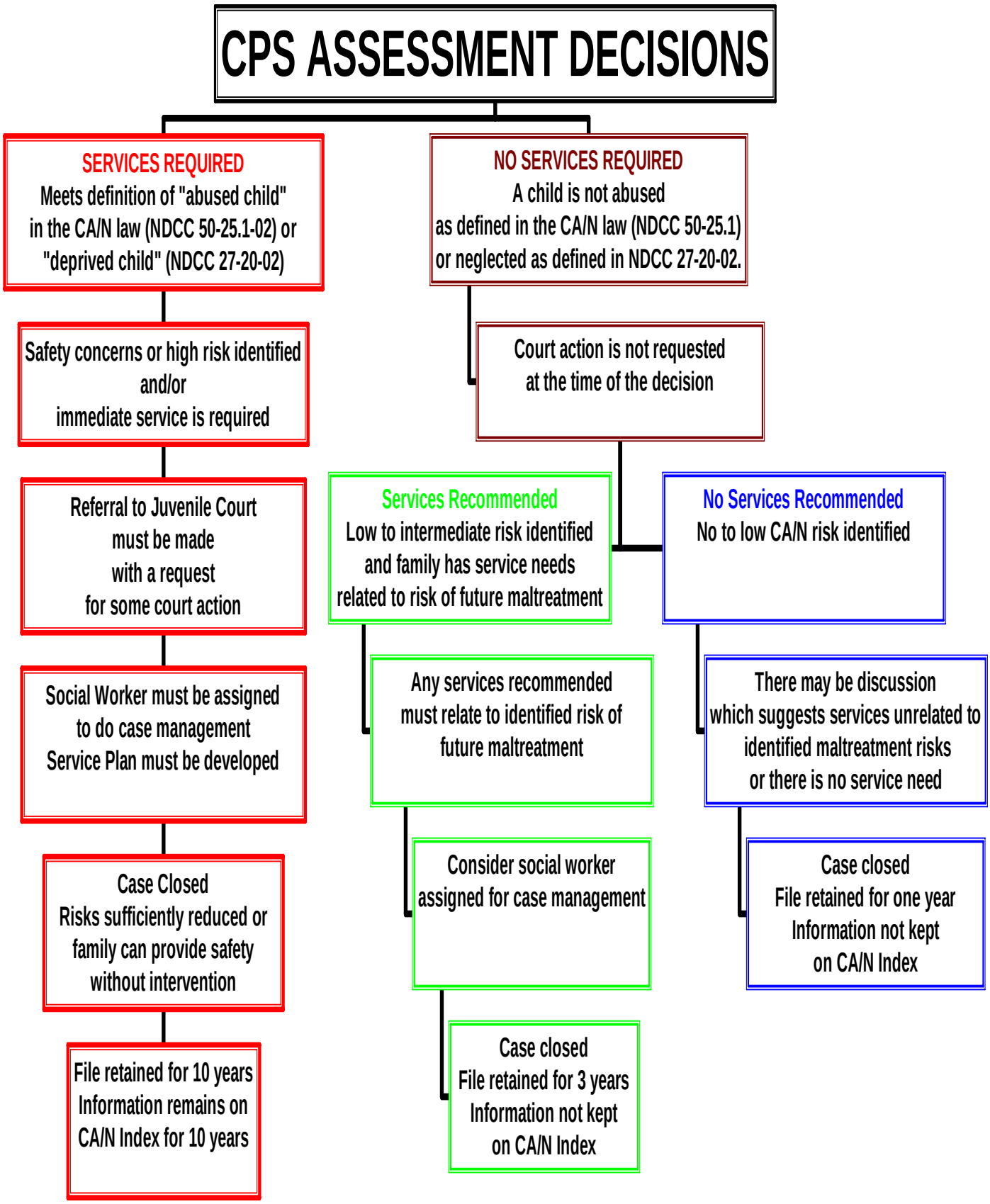
- There were 45 finalized adoptions (adoptions from foster care) from January 1, 2007 through August 7, 2007.
- 100% (45) of finalized adoptions were special needs adoptions.
- 78% (35) of finalized adoptions involved family foster parents.
- 78% (35) of adopted children were White and 13% (6) were American Indian.
- 62% (28) of adopted children were between the ages of 1 and 6.

Permanency Outcomes:

- 39 subsidized guardianships were in place (with 10 pending court orders) in December 2007.
- As of September 30, 2007, there were 114 children in the custody of the Department of Human Services.

Children & Family Services Division, N.D. Department of Human Services
600 E. Boulevard Avenue, Dept. 325, Bismarck, ND 58505-0250
Phone: (701)328-2316

February 2008


CPS ASSESSMENT DECISIONS
SERVICES REQUIRED
Meets definition of "abused child"
in the CA/N law (NDCC 50-25.1-02) or
"deprived child" (NDCC 27-20-02)
Safety concerns or high risk identified
and/or
immediate service is required
Referral to Juvenile Court
must be made
with a request
for some court action
Social Worker must be assigned
to do case management
Service Plan must be developed
Case Closed
Risks sufficiently reduced or
family can provide safety
without intervention
File retained for 10 years
Information remains on
CA/N Index for 10 years
NO SERVICES REQUIRED
A child is not abused
as defined in the CA/N law (NDCC 50-25.1)
or neglected as defined in NDCC 27-20-02.
Court action is not requested
at the time of the decision
Services Recommended
Low to intermediate risk identified
and family has service needs
related to risk of future maltreatment
Any services recommended
must relate to identified risk of
future maltreatment
Consider social worker
assigned for case management
Case closed
File retained for 3 years
Information not kept
on CA/N Index
No Services Recommended
No to low CA/N risk identified
There may be discussion
which suggests services unrelated to
identified maltreatment risks
or there is no service need
Case closed
File retained for one year
Information not kept
on CA/N Index

CHILD SAFETY PROFILE	**Fiscal Year 2005ab**						**Fiscal Year 2006ab**						**12-Month Period Ending 03/31/2007**					
	Reports	%	*Duplic. Childn.*[2]	*%*	Unique Childn.[2]	%	Reports	%	*Duplic. Childn.*[2]	*%*	Unique Childn.[2]	%	Reports	%	*Duplic. Childn.*[2]	*%*	Unique Childn.[2]	%
I. Total CA/N Reports Disposed[1]	3,961		6,972				746[A]		1,438		1,379		692[A]		1,342		1,289	
II. Disposition of CA/N Reports[3]																		
Substantiated & Indicated	793	20.0	1,547	22.2			746	100	1,438	100	1,379	100	692	100	1,342	100	1,289	100
Unsubstantiated	3,168	80.0	5,425	77.8														
Other																		
III. Child Victim Cases Opened for Post-Investigation Services[4]			B						B						B			
IV. Child Victims Entering Care Based on CA/N Report[5]																		
V. Child Fatalities Resulting from Maltreatment[6]					0						1[C]	0.1					0	0.0
STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY																		
VI. Absence of Maltreatment Recurrence[7] **[Standard: 94.6% or more)**											720 of 742	97.0					626 of 643	97.4
VII. Absence of Child Abuse and/or Neglect in Foster Care[8] **(12 months) [standard 99.68% or more]**											D						D	

Additional Safety Measures For Information Only (no standards are associated with these):																		
	Fiscal Year 2005ab						Fiscal Year 2006ab						12-Month Period Ending 03/31/2007					
	Hours				Unique Childn.[2]	%	Hours				Unique Childn.[2]	%	Hours				Unique Childn.[2]	%
VIII. Median Time to Investigation in Hours (Child File)[9]							>24 but<48						>24 but<48					
IX . Mean Time to Investigation in Hours (Child File)[10]							31						29.1					
X. Mean Time to Investigation in Hours (Agency File)[11]	31.1[E]						32.4[E]						N/A[E]					
XI. Children Maltreated by Parents While in Foster Care.[12]					F						F						F	

CFSR Round One Safety Measures to Determine Substantial Conformity (Used primarily by States completing Round One Program Improvement Plans, but States may also review them to compare to prior performance)																		
	Fiscal Year 2005ab						Fiscal Year 2006ab						12-Month Period Ending 03/31/2007					
	Reports	%	*Duplic. Childn.[2]*	*%*	Unique Childn.[2]	%	Reports	%	*Duplic. Childn.[2]*	*%*	Unique Childn.[2]	%	Reports	%	*Duplic. Childn.[2]*	*%*	Unique Childn.[2]	%
XII. Recurrence of Maltreatment[13] [Standard: 6.1% or less)											22 of 742	3.0					17 of 643	2.6
XIII. Incidence of Child Abuse and/or Neglect in Foster Care[14] (9 months) [standard 0.57% or less]											D						D	

NCANDS data completeness information for the CFSR			
Description of Data Tests	**Fiscal Year 2005ab**	**Fiscal Year 2006ab**	**12-Month Period Ending 03/31/2007**
Percent of duplicate victims in the submission [At least 1% of victims should be associated with multiple reports (same CHID). If not, the State would appear to have frequently entered different IDs for the same victim. This affects maltreatment recurrence]		4.1	3.8
Percent of victims with perpetrator reported [File must have at least 75% to reasonably calculate maltreatment in foster care]*		99.6	99.2
Percent of perpetrators with relationship to victim reported [File must have at least 75%]*		100	100
Percent of records with investigation start date reported [Needed to compute mean and median time to investigation]		98.9	98.7
Average time to investigation in the Agency file [PART measure]	Reported in the SDC file	Reported	N/A
Percent of records with AFCARS ID reported in the Child File [Needed to calculate maltreatment in foster care by the parents; also. All Child File records should now have an AFCARS ID to allow ACF to link the NCANDS data with AFCARS. This is now an all-purpose unique child identifier and a child **does not have to be in foster care to have this ID**]		Not reported	Not reported

*****States should strive to reach 100% in order to have confidence in the absence of maltreatment in foster care measure.

FOOTNOTES TO DATA ELEMENTS IN CHILD SAFETY PROFILE

Each maltreatment allegation reported to NCANDS is associated with a disposition or finding that is used to derive the counts provided in this safety profile. The safety profile uses three categories. The various terms that are used in NCANDS reporting have been collapsed into these three groups.

Disposition Category	Safety Profile Disposition	NCANDS Maltreatment Level Codes Included
A	Substantiated or Indicated (Maltreatment Victim)	"Substantiated," "Indicated," and "Alternative Response Disposition Victim"
B	Unsubstantiated	"Unsubstantiated" and "Unsubstantiated Due to Intentionally False Reporting"
C	Other	"Closed-No Finding," "Alternative Response Disposition – Not a Victim," "Other," "No Alleged Maltreatment," and "Unknown or Missing"

Alternative Response was added starting with the 2000 data year. The two categories of Unsubstantiated were added starting with the 2000 data year. In earlier years there was only the category of Unsubstantiated. The disposition of "No alleged maltreatment" was added for FYY 2003. It primarily refers to children who receive an investigation or assessment because there is an allegation concerning a sibling or other child in the household, but not themselves, AND whom are not found to be a victim of maltreatment. It applies as a Maltreatment Disposition Level but not as a Report Disposition code because the Report Disposition cannot have this value (there must have been a child who was found to be one of the other values.)

Starting with FFY 2003, the data year is the fiscal year.

Starting with FFY2004, the maltreatment levels for each child are used consistently to categorize children. While report dispositions are based on the field of report disposition in NCANDS, the dispositions for duplicate children and unique

children are based on the maltreatment levels associated with each child. A child victim has at least one maltreatment level that is coded "substantiated," "indicated," or "alternative response victim." A child classified as unsubstantiated has no maltreatment levels that are considered to be victim levels and at least one maltreatment level that is coded "unsubstantiated" or "unsubstantiated due to intentionally false reporting." A child classified as "other" has no maltreatment levels that are considered to be victim levels and none that are considered to be unsubstantiated levels. If a child has no maltreatments in the record, and report has a victim disposition, the child is assigned to "other" disposition. If a child has no maltreatments in the record and the report has either an unsubstantiated disposition or an "other" disposition, the child is counted as having the same disposition as the report disposition.

1. *The data element, "Total CA/N Reports Disposed," is based on the reports received in the State that received a disposition in the reporting period under review. The number shown may include reports received during a previous year that received a disposition in the reporting year. Counts based on "reports," "duplicated counts of children," and "unique counts of children" are provided.*

2. *The duplicated count of children (report-child pairs) counts a child each time that (s)he was reported. The unique count of children counts a child only once during the reporting period, regardless of how many times the child was reported.*

3. *For the column labeled "Reports," the data element, "Disposition of CA/N Reports," is based on upon the highest disposition of any child who was the subject of an investigation in a particular report. For example, if a report investigated two children, and one child is found to be neglected and the other child found not to be maltreated, the report disposition will be substantiated (Group A). The disposition for each child is based on the specific finding related to the maltreatment(s). In other words, of the two children above, one is a victim and is counted under "substantiated" (Group A) and the other is not a victim and is counted under "unsubstantiated" (Group B). In determining the unique counts of children, the highest finding is given priority. If a child is found to be a victim in one report (Group A), but not a victim in a second report (Group B), the unique count of children includes the child only as a victim (Group A). The category of "other" (Group C) includes children whose report may have been "closed without a finding," children for whom the allegation disposition is "unknown," and other dispositions that a State is unable to code as substantiated, indicated, alternative response victim, or unsubstantiated.*

4. The data element, "Child Cases Opened for Services," is based on the number of victims (Group A) during the reporting period under review. "Opened for Services" refers to post-investigative services. The duplicated number counts each time a victim's report is linked to on-going services; the unique number counts a victim only once regardless of the number of times services are linked to reports of substantiated maltreatment.

5. *The data element, "Children Entering Care Based on CA/N Report," is based on the number of victims (Group A) during the reporting period under review. The duplicated number counts each time a victim's report is linked to a foster care removal date. The unique number counts a victim only once regardless of the number of removals that may be reported.*

6. *The data element "Child Fatalities" counts the number of children reported to NCANDS as having died as a result of child abuse and/or neglect. Depending upon State practice, this number may count only those children for whom a case record has been opened either prior to or after the death, or may include a number of children whose deaths have been investigated as possibly related to child maltreatment. For example, some States include neglected-related deaths such as those caused by motor vehicle or boating accidents, house fires or access to firearms, under certain circumstances. The percentage is based on a count of unique victims of maltreatment for the reporting period.*

7. *The data element "Absence of Recurrence of Maltreatment" is defined as follows: Of all children who were victims of substantiated or indicated maltreatment allegation during the first 6 months of the reporting period, what percent were not victims of another substantiated or indicated maltreatment allegation within a 6-month period. This data element is used to determine the State's substantial conformity with Safety Outcome #1.*

8. The data element "Absence of Child Abuse/or Neglect in Foster Care" is defined as follows: Of all children in foster care during the reporting period, what percent were not victims of substantiated or indicated maltreatment by foster parent of facility staff member. This data element is used to determine the State's substantial conformity with Safety Outcome #2. A child is counted as not having been maltreated in foster care if the perpetrator of the maltreatment was not identified as a foster parent or residential facility staff. Counts of children not maltreated in foster care are derived by subtracting NCANDS count of children maltreated by foster care providers from AFCARS count of children placed in foster care. The observation period for this measure is 12 months. The number of children not found to be maltreated in foster care and the percentage of all children in foster care are provided

9. Median Time to Investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24.

10. Mean Time to investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24. Zero days difference (both dates are on the same day) is reported as "under 24 hours", one day difference (investigation date is the next day after report date) is reported as "at least 24 hours, but less than 48 hours", two days difference is reported as "at least 48 hours, but less than 72 hours", etc.

11. Average response time in hours between maltreatment report and investigation is available through State NCANDS Agency or SDC File aggregate data. "Response time" is defined as the time from the receipt of a report to the time of the initial investigation or assessment.

Note that many States calculate the initial investigation date as the first date of contact with the alleged victim, when this is appropriate, or with another person who can provide information essential to the disposition of the investigation or assessment.

12. The data element, "Children Maltreated by Parents while in Foster Care" is defined as follows: Of all children placed in foster care during the reporting period, what percent were victims of substantiated or indicated maltreatment by parent. This data element requires matching NCANDS and AFCARS records by AFCARS IDs. Only unique NCANDS children with substantiated or indicated maltreatments and perpetrator relationship "Parent" are selected for this match. NCANDS report date must fall within the removal period found in the matching AFCARS record.

13. The data element, "Recurrence of Maltreatment," is defined as follows: Of all children associated with a "substantiated" or "indicated" finding of maltreatment during the first six months of the reporting period, what percentage had another "substantiated" or "indicated" finding of maltreatment within a 6-month period. The number of victims during the first six-month period and the number of these victims who were recurrent victims within six months are provided. This data element was used to determine the State's substantial conformity with Safety Outcome #1 for CFSR Round One.

14. The data element, "Incidence of Child Abuse and/or Neglect in Foster Care," is defined as follows: Of all children who were served in foster care during the reporting period, what percentage were found to be victims of "substantiated" or "indicated" maltreatment. A child is counted as having been maltreated in foster care if the perpetrator of the maltreatment was identified as a foster parent or residential facility staff. Counts of children maltreated in foster care are derived from NCANDS, while counts of children placed in foster care are derived from AFCARS. The observation period for these measures is January-September because this is the reporting period that was jointly addressed by both NCANDS and AFCARS at the time when NCANDS reporting period was a calendar year. The number of children found to be maltreated in foster care and the percentage of all children in foster care are provided. This data element was used to determine the State's substantial conformity with Safety Outcome #2 for CFSR Round One.

Additional Footnotes

A. In FFY2006 and FFY2006b2007a, Child File data submissions included data on **victims only**. The child neglect and abuse law was amended in 1995 to move from an incident-based investigation method to a service method in which assessments are made of child safety and future risk of harm. The current emphasis is on what services are available to ameliorate any future risk. This approach focuses on identifying and building on the family's capacities and strengths. Upon completion of the assessment of the initial report of child abuse or neglect, a decision

must be made whether services are required to provide for the protection and treatment of an abused or neglected child. Reports in which determinations are made that services are not required are expunged from the database and are therefore not reported to NCANDS. The State maps "services required" dispositions to the NCANDS category of investigations or assessments in which the allegation of maltreatment was substantiated. In FFY2006, it is estimated that 5,284 children have allegations of maltreatment that were not substantiated.

B. ND only collects information on the type of service offered (not provided), and thus the State does not collect any information on whether a service was provided. Data in the area of services are not reported in the Child File.

C. In FFY2006, ND reported one additional fatality in the Agency File.

D. ND reports on foster parents but is unable to report incidences of CA/N in institutional settings in the Child File. In FFY2006, the count of children maltreated by foster parents was a true zero. In 2006B2007A, ND reported one child maltreated by a foster parent. Using the ACF-approved alternate source data to report incidences of CA/N in institutional settings, the State reported 1 child maltreated by a residential facility staff member in FFY2006 and 29 children during the 2006B2007A period (28 of these 29 cases are related to one particular residential facility). So performance on the Absence of Child Abuse and/or Neglect in Foster Care for FFY2006 using the alternate source data would be 2,218 of 2,219 (99.95%). Performance for 2006B2007A using the alternated source data would be 2,141 of 2,171 (98.62%).

E. The State collects response time data with respect to initial investigation in ranges (e.g. 21-40 days). A midpoint was used for each range in the calculation. There is also an open ended range (>81, days, FFY 2006 n=3). These reports were not used in the calculation.

F. The State does not currently report AFCARS IDs in the Child File.

• ***POINT-IN-TIME PERMANENCY PROFILE***	**Federal FY 2005ab**		**Federal FY 2006ab**		***12-Month Period Ending 03/31/2007***	
	# of Children	***% of Children***	***# of Children***	***% of Children***	***# of Children***	***% of Children***
I. Foster Care Population Flow						
Children in foster care on first day of year[1]	1,232		1,269		1,294	
Admissions during year	1,082		950		877	
Discharges during year	838		829		872	
Children discharging from FC in 7 days or less (These cases are excluded from length of stay calculations in the composite measures)	75	8.9% of discharges	49	5.9% of discharges	62	7.1% of discharges
Children in care on last day of year	1,476		1,390		1,299	
Net change during year	244		121		5	
II. Placement Types for Children in Care						
Pre-Adoptive Homes	143	9.7	111	8.0	107	8.2
Foster Family Homes (Relative)	311	21.1	296	21.3	269	20.7
Foster Family Homes (Non-Relative)	614	41.6	536	38.6	524	40.3
Group Homes	62	4.2	60	4.3	50	3.8
Institutions	327	22.2	307	22.1	286	22.0
Supervised Independent Living	0	0.0	0	0.0	0	0.0
Runaway	0	0.0	7	0.5	4	0.3
Trial Home Visit	1	0.1	64	4.6	48	3.7
Missing Placement Information	18	1.2	9	0.6	11	0.8

Not Applicable (Placement in subsequent year)	0	0.0	0	0.0	0	0.0
III. Permanency Goals for Children in Care						
Reunification	766	51.9	705	50.7	701	54.0
Live with Other Relatives	65	4.4	52	3.7	58	4.5
Adoption	355	24.1	305	21.9	285	21.9
Long Term Foster Care	149	10.1	151	10.9	147	11.3
Emancipation	42	2.8	38	2.7	13	1.0
Guardianship	26	1.8	30	2.2	27	2.1
Case Plan Goal Not Established	0	0.0	47	3.4	18	1.4
Missing Goal Information	73	4.9	62	4.5	50	3.8

• *POINT-IN-TIME PERMANENCY PROFILE*	Federal FY 2005ab		Federal FY 2006ab		*12-Month Period Ending 03/31/2007*	
	# of Children	*% of Children*	*# of Children*	*% of Children*	*# of Children*	*% of Children*
IV. Number of Placement Settings in Current Episode						
One	597	40.4	539	38.8	489	37.6
Two	345	23.4	341	24.5	304	23.4
Three	208	14.1	190	13.7	204	15.7
Four	106	7.2	107	7.7	97	7.5
Five	71	4.8	53	3.8	60	4.6
Six or more	149	10.1	160	11.5	145	11.2
Missing placement settings	0	0.0	0	0.0	0	0.0
V. Number of Removal Episodes						
One	1,115	75.5	1,028	74.0	971	74.7
Two	257	17.4	243	17.5	221	17.0
Three	64	4.3	82	5.9	70	5.4
Four	29	2.0	27	1.9	24	1.8
Five	11	0.7	7	0.5	7	0.5
Six or more	0	0.0	3	0.2	2	0.2
Missing removal episodes	0	0.0	0	0.0	4	0.3
VI. Number of children in care 17 of the most recent 22 months[2] (percent based on cases with sufficient information for computation)	290	35.1	256	32.9	262	34.8

VII. Median Length of Stay in Foster Care (of children in care on last day of FY)	11.7	12.3	12.7

VIII. Length of Time to Achieve Perm. Goal	**# of Children Discharged**	**Median Months to Discharge**	**# of Children Discharged**	**Median Months to Discharge**	**# of Children Discharged**	**Median Months to Discharge**
Reunification	483	5.4	428	7.0	444	7.6
Adoption	87	29.0	144	23.0	139	23.3
Guardianship	4	4.8	5	9.0	2	10.5
Other	242	11.7	244	12.0	271	12.2
Missing Discharge Reason (footnote 3, page 16)	20	5.1	5	10.0	13	10.0
Total discharges (excluding those w/ problematic dates)	836	8.8	826	10.1	869	10.9
Dates are problematic (footnote 4, page 16)	2	N/A	3	N/A	3	N/A

Statewide Aggregate Data Used in Determining Substantial Conformity: Composites 1 through 4			
	Federal FY 2005ab	**Federal FY 2006ab**	***12-Month Period Ending 03/31/2007***
IX. Permanency Composite 1: Timeliness and Permanency of Reunification [standard: 122.6 or higher]. Scaled Scores for this composite incorporate two components	State Score = 110.9	State Score = 105.6	State Score = 106.1
National Ranking of State Composite Scores (see footnote A on page 12 for details)	20 of 47	10 of 47	11 of 47
Component A: Timeliness of Reunification The timeliness component is composed of three timeliness individual measures.			
Measure C1 - 1: Exits to reunification in less than 12 months: Of all children discharged from foster care to reunification in the year shown, who had been in foster care for 8 days or longer, what percent was reunified in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [**national median = 69.9%, 75th percentile = 75.2%**]	73.4%	70.4%	69.0%
Measure C1 - 2: Exits to reunification, median stay: Of all children discharged from foster care (FC) to reunification in the year shown, who had been in FC for 8 days or longer, what was the median length of stay (in months) from the date of the latest removal from home until the date of discharge to reunification? (This includes trial home visit adjustment) [**national median = 6.5 months, 25th Percentile = 5.4 months (lower score is preferable in this measure[B])**]	Median = 7.0 months	Median = 7.5 months	Median = 8.5 months
Measure C1 - 3: Entry cohort reunification in < 12 months: Of all children entering foster care (FC) for the first time in the 6 month period just prior to the year shown, and who remained in FC for 8 days or longer, what percent was discharged from FC to reunification in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [**national median = 39.4%, 75th Percentile = 48.4%**]	40.9%	36.5%	36.5%
Component B: Permanency of Reunification The permanency component has one measure.			
Measure C1 - 4: Re-entries to foster care in less than 12 months: Of all children discharged from foster care (FC) to reunification in the 12-month period prior to the year shown, what percent re-entered FC in less than 12 months from the date of discharge? [**national median = 15.0%, 25th Percentile = 9.9% (lower score is preferable in this measure)**]	17.5%	17.5%	16.9%

	Federal FY 2005ab	Federal FY 2006ab	***12-Month Period Ending 03/31/2007***
X. Permanency Composite 2: Timeliness of Adoptions [standard: 106.4 or higher]. Scaled Scores for this composite incorporate three components.	State Score = 80.4	State Score = 116.1	State Score = 113.4
National Ranking of State Composite Scores (see footnote A on page 12 for details)	14 of 47	38 of 47	36 of 47
Component A: Timeliness of Adoptions of Children Discharged From Foster Care. There are two individual measures of this component. See below.			
Measure C2 - 1: Exits to adoption in less than 24 months: Of all children who were discharged from foster care to a finalized adoption in the year shown, what percent was discharged in less than 24 months from the date of the latest removal from home? [**national median = 26.8%, 75th Percentile = 36.6%**]	34.5%	53.5%	50.7%
Measure C2 - 2: Exits to adoption, median length of stay: Of all children who were discharged from foster care (FC) to a finalized adoption in the year shown, what was the median length of stay in FC (in months) from the date of latest removal from home to the date of discharge to adoption? [**national median = 32.4 months, 25th Percentile = 27.3 months(lower score is preferable in this measure)**]	Median = 29.0 months	Median = 23.0 months	Median = 23.4 months
Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer. There are two individual measures. See below.			
Measure C2 - 3: Children in care 17+ months, adopted by the end of the year: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer (and who, by the last day of the year shown, were not discharged from FC with a discharge reason of live with relative, reunify, or guardianship), what percent was discharged from FC to a finalized adoption by the last day of the year shown? [**national median = 20.2%, 75th Percentile = 22.7%**]	16.1%	17.3%	16.9%
Measure C2 - 4: Children in care 17+ months achieving legal freedom within 6 months: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer, and were not legally free for adoption prior to that day, what percent became legally free for adoption during the first 6 months of the year shown? Legally free means that there was a parental rights termination date reported to AFCARS for both mother and father. This calculation excludes children who, by the end of the first 6 months of the year shown had discharged from FC to "reunification," "live with relative," or "guardianship." [**national median = 8.8%, 75th Percentile = 10.9%**]	6.8%	5.6%	6.3%
Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption. There is one measure for this component. See below.			
Measure C2 - 5: **Legally free children adopted in less than 12 months:** Of all children who became legally free for adoption in the 12 month period prior to the year shown (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged from foster care to a finalized adoption in less than 12 months of becoming legally free? [**national median = 45.8%, 75th Percentile = 53.7%**]	29.3%	42.6%	46.4%

	Federal FY 2005ab	Federal FY 2006ab	***12-Month Period Ending 03/31/2007***
XI. Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time [standard: 121.7 or higher]. Scaled Scores for this composite incorporate two components	State Score = 133.1	State Score = 130.2	State Score = 132.8
National Ranking of State Composite Scores (see footnote A on page 12 for details)	47 of 51	45 of 51	47 of 51
Component A: Achieving permanency for Children in Foster Care for Long Periods of Time. This component has two measures.			
Measure C3 - 1: Exits to permanency prior to 18th birthday for children in care for 24 + months. Of all children in foster care for 24 months or longer on the first day of the year shown, what percent was discharged to a permanent home prior to their 18th birthday and by the end of the fiscal year? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative). **[national median 25.0%, 75th Percentile = 29.1%]**	19.9%	19.7%	22.0%
Measure C3 - 2: Exits to permanency for children with TPR: Of all children who were discharged from foster care in the year shown, and who were legally free for adoption at the time of discharge (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged to a permanent home prior to their 18th birthday? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative) **[national median 96.8%, 75th Percentile = 98.0%]**	96.6%	95.9%	97.2%
Component B: Growing up in foster care. This component has one measure.			
Measure C3 - 3: Children Emancipated Who Were in Foster Care for 3 Years or More. Of all children who, during the year shown, either (1) were discharged from foster care prior to age 18 with a discharge reason of emancipation, or (2) reached their 18th birthday while in foster care, what percent were in foster care for 3 years or longer? **[national median 47.8%, 25th Percentile = 37.5% (lower score is preferable)]**	24.8%	29.6%	26.6%

	Federal FY 2005ab	Federal FY 2006ab	***12-Month Period Ending 03/31/2007***
XII. Permanency Composite 4: Placement Stability [national standard: 101.5 or higher]. Scaled scored for this composite incorporates **no components** but three individual measures (below)	State Score = 94.3	State Score = 94.4	State Score = 93.3
National Ranking of State Composite Scores (see footnote A on page 12 for details)	28 of 51	28 of 51	24 of 51
Measure C4 - 1) Two or fewer placement settings for children in care for less than 12 months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 8 days but less than 12 months, what percent had two or fewer placement settings? **[national median = 83.3%, 75th Percentile = 86.0%]**	83.7%	83.3%	82.2%
Measure C4 - 2) Two or fewer placement settings for children in care for 12 to 24 months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 12 months but less than 24 months, what percent had two or fewer placement settings? **[national median = 59.9%, 75th Percentile = 65.4%]**	54.4%	57.9%	57.7%
Measure C4 - 3) Two or fewer placement settings for children in care for 24+ months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 24 months, what percent had two or fewer placement settings? **[national median = 33.9%, 75th Percentile = 41.8%]**	41.5%	37.2%	37.6%

Special Footnotes for Composite Measures:

A. These National Rankings show your State's performance on the Composites compared to the performance of all the other States that were included in the 2004 data. The 2004 data were used for establishing the rankings because that is the year used in calculating the National Standards.

B. In most cases, a high score is preferable on the individual measures. In these cases, you will see the 75th percentile listed to indicate that this would be considered a good score. However, in a few instances, a low score is good (shows desirable performance), such as re-entry to foster care. In these cases, the 25th percentile is displayed because that is the target direction for which States will want to strive. Of course, in actual calculation of the total composite scores, these "lower are preferable" scores on the individual measures are reversed so that they can be combined with all the individual scores that are scored in a positive direction, where higher scores are preferable.

PERMANENCY PROFILE • ***FIRST-TIME ENTRY COHORT GROUP***	**Federal FY 2005ab**		**Federal FY 2006ab**		***12-Month Period Ending 03/31/2007***	
	# of Children	***% of Children***	***# of Children***	***% of Children***	***# of Children***	***% of Children***
I. Number of children entering care for the first time in cohort group (% = 1st time entry of all entering within first 6 months)	403	77.6	386	78.0	322	73.0
II. Most Recent Placement Types						
Pre-Adoptive Homes	38	9.4	41	10.6	22	6.8
Foster Family Homes (Relative)	118	29.3	90	23.3	82	25.5
Foster Family Homes (Non-Relative)	145	36.0	153	39.6	112	34.8
Group Homes	13	3.2	18	4.7	26	8.1
Institutions	80	19.9	62	16.1	63	19.6
Supervised Independent Living	0	0.0	0	0.0	0	0.0
Runaway	0	0.0	1	0.3	0	0.0
Trial Home Visit	1	0.2	20	5.2	17	5.3
Missing Placement Information	8	2.0	1	0.3	0	0.0
Not Applicable (Placement in subsequent yr)	0	0.0	0	0.0	0	0.0
III. Most Recent Permanency Goal						
Reunification	246	61.0	264	68.4	213	66.1
Live with Other Relatives	11	2.7	7	1.8	12	3.7
Adoption	61	15.1	56	14.5	36	11.2
Long-Term Foster Care	3	0.7	10	2.6	10	3.1
Emancipation	9	2.2	3	0.8	5	1.6
Guardianship	10	2.5	4	1.0	1	0.3
Case Plan Goal Not Established	0	0.0	0	0.0	0	0.0
Missing Goal Information	63	15.6	42	10.9	45	14.0

PERMANENCY PROFILE • ***FIRST-TIME ENTRY COHORT GROUP (continued)***	**Federal FY 2005ab**		**Federal FY 2006ab**		***12-Month Period Ending 03/31/2007***	
	# of Children	***% of Children***	***# of Children***	***% of Children***	***# of Children***	***% of Children***
IV. Number of Placement Settings in Current Episode						
One	213	52.9	201	52.1	153	47.5
Two	126	31.3	100	25.9	101	31.4
Three	38	9.4	52	13.5	40	12.4
Four	17	4.2	18	4.7	18	5.6
Five	5	1.2	9	2.3	7	2.2
Six or more	4	1.0	6	1.6	3	0.9
Missing placement settings	0	0.0	0	0.0	0	0.0
V. Reason for Discharge						
Reunification/Relative Placement	115	70.6	105	70.5	89	67.4
Adoption	2	1.2	16	10.7	15	11.4
Guardianship	1	0.6	2	1.3	0	0.0
Other	36	22.1	25	16.8	26	19.7
Unknown (missing discharge reason or N/A)	9	5.5	1	0.7	2	1.5
	Number of Months		**Number of Months**		**Number of Months**	
VI. Median Length of Stay in Foster Care	12.1		7.7		not yet determinable	

AFCARS Data Completeness and Quality Information (2% or more is a warning sign):						
	Federal FY 2005ab		Federal FY 2006ab		12-Month Period Ending 03/31/2007	
	N	**As a % of Exits Reported**	**N**	**As a % of Exits Reported**	**N**	**As a % of Exits Reported**
File contains children who appear to have been in care less than 24 hours	2	0.2 %	3	0.4 %	3	0.3 %
File contains children who appear to have exited before they entered	0	0.0 %	0	0.0 %	0	0.0 %
Missing dates of latest removal	0	0.0 %	0	0.0 %	0	0.0 %
File contains "Dropped Cases" between report periods with no indication as to discharge	63	7.5 %	14	1.7 %	18	2.1 %
Missing discharge reasons	20	2.4 %	5	0.6 %	13	1.5 %
	N	**As a % of adoption exits**	**N**	**As a % of adoption exits**	**N**	**As a % of adoption exits**
File submitted lacks data on Termination of Parental Rights for finalized adoptions	2	2.3 %	4	2.8 %	4	2.9 %
Foster Care file has different count than Adoption File of (public agency) adoptions (N= adoption count disparity).	45	34.1% more in the official adoption file.	3	2.0% more in the official adoption file.	12	7.9% more in the unofficial adoption file*
	N	**Percent of cases in file**	**N**	**Percent of cases in file**	**N**	**Percent of cases in file**
File submitted lacks count of number of placement settings in episode for each child	0	0.0 %	0	0.0 %	0	0.0 %

* The adoption data comparison was made using the discharge reason of "adoption" from the AFCARS foster care file and an *unofficial* count of adoptions finalized during the period of interest that were "placed by public agency" reported in the AFCARS Adoption files. This *unofficial* count of adoptions is only used for CFSR data quality purposes because adoption counts used for other purposes (e.g. Adoption Incentives awards, Outcomes Report) only cover the federal fiscal year, and include a broader definition of adoption and a different de-duplication methodology.

Note: These are CFSR Round One permanency measures. They are intended to be used primarily by States completing Round One Program Improvement Plans, but could also be useful to States in CFSR Round Two in comparing their current performance to that of prior years:

	Federal FY 2005ab		Federal FY 2006ab		***12-Month Period Ending 03/31/2007***	
	# of Children	**% of Children**	**# of Children**	**% of Children**	**# of Children**	**% of Children**
IX. Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than 12 months from the time of the latest removal for home? (4.1) **[Standard: 76.2% or more]**	371	76.8	306	71.0	311	69.7
X. Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home? (5.1) **[Standard: 32.0% or more]**	30	34.5	77	53.5	71	51.1
XI. Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, what percentage have had no more than two placement settings? (6.1) **[Standard: 86.7% or more]**	1,083	85.0	983	84.5	930	83.5
XII. Of all children who entered care during the year, what percentage re-entered foster care within 12 months of a prior foster care episode? (4.2) **[Standard: 8.6% or less]**	104	9.6 (78.0% new entry)	119	12.5 (75.3% new entry)	116	13.2 (74.9% new entry)

FOOTNOTES TO DATA ELEMENTS IN THE PERMANENCY PROFILE

[1]The FY 05, FY 06 , and 07 counts of children in care at the start of the year exclude 33 , 30 , and 29 children, respectively. They were excluded to avoid counting them twice. That is, although they were actually in care on the first day, they also qualify as new entries because they left and re-entered again at some point during the same reporting period. To avoid counting them as both "in care on the first day" and "entries," the Children's Bureau selects only the most recent record. That means they get counted as "entries," not "in care on the first day."

[2]We designated the indicator, *17 of the most recent 22 months,* rather than the statutory time frame for initiating termination of parental rights proceedings at *15 of the most 22 months*, since the AFCARS system cannot determine the *date the child is considered to have entered foster care* as defined in the regulation. We used the outside date for determining the *date the child is considered to have entered foster care*, which is 60 days from the actual removal date.

[3]This count only includes case records missing a discharge reason, but which have calculable lengths of stay. Records missing a discharge reason and with non-calculable lengths of stay are included in the cell “Dates are Problematic”.

[4]The dates of removal and exit needed to calculate length of stay are problematic. Such problems include: 1) missing data, 2) faulty data (chronologically impossible), 3) a child was in care less than 1 day (length of stay = 0) so the child should not have been reported in foster care file, or 4) child's length of stay would equal 21 years or more. These cases are marked N/A = Not Applicable because no length of stay can legitimately be calculated.

[5]This First-Time Entry Cohort median length of stay was 12.1 in FY 05. This includes 2 children who entered and exited on the same day (who had a zero length of stay). If 2 were excluded from the calculation, the median length of stay would be slightly higher at 12.5.

[6]This First-Time Entry Cohort median length of stay was 7.7 in FY 06. This includes 3 children who entered and exited on the same day (who had a zero length of stay). If these children were excluded from the calculation, the median length of stay would still be 7.7.

[7]This First-Time Entry Cohort median length of stay is Not Yet Determinable for 06b07a. This includes 3 children who entered and exited on the same day (they had a zero length of stay). If these children were excluded, the median length of stay would still be Not Yet Determinable. The designation, Not Yet Determinable occurs when a true length of stay for the cohort cannot be calculated because fewer than 50% of the children have exited.