



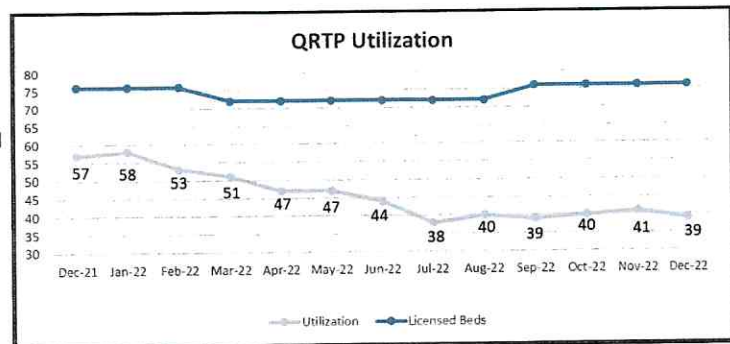
## CHILDREN & FAMILY SERVICES

### A. Qualified Residential Treatment Programs

North Dakota began compliance with the Family First Prevention Services Act (FFPSA) in October 2019. Prior to 2019, North Dakota was ranked #3 in the country for placing children in residential settings per capita. North Dakota embraced FFPSA and has worked diligently with partners to restrict the unnecessary use of residential placements. North Dakota repealed the licensing of group homes and required prospective facilities to be in full compliance with federal qualified residential treatment program (QRTP) regulations. QRTP's offer initial and ongoing assessments, must hold national accreditation, implement a trauma informed treatment model, have nursing and clinical staff, offer short-term treatment and aftercare support.

#### History of Bed Capacity

- **118 beds** (October 2019) 68% occupied
  - ✓ DBGR Minot, DBGR Fargo, HOTR, CHYS, PLC, Pride HH
- **112 beds** (December 2019) 68% occupied
  - ✓ DBGR Minot, DBGR Fargo, HOTR, CHYS, PLC
- **92 beds** (April 2020) 74% occupied
  - ✓ DBGR Minot, DBGR, Fargo, HOTR, CHYS
- **76 beds** (Oct 2020) 50-80% occupied
  - ✓ DBGR Minot, DBGR Fargo, HOTR

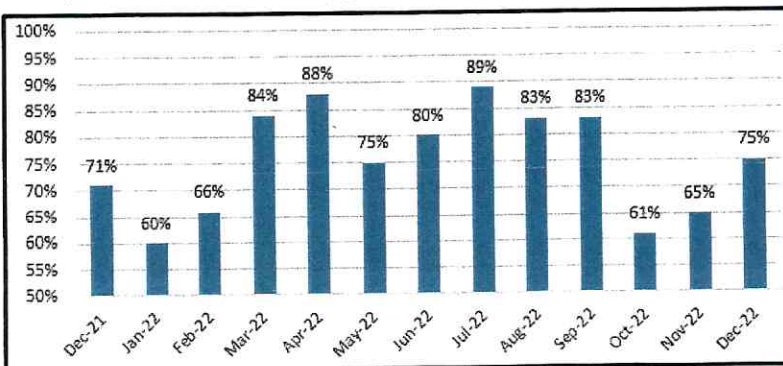


North Dakota QRTP bed capacity is highlighted above. In the past 13 months, average utilization of QRTP beds is 61%. Human Service Zones, Division of Juvenile Services, Tribal Nations, the Voluntary Treatment Program (VTP) and Unaccompanied Refugee Minor program (URM) have access to placement into a ND QRTP.

#### The process to gain access to a QRTP includes:

1. Emergency placement for up to 30 days while assessment is occurring.
2. Initial and every 90 days thereafter assessments are completed by a Qualified Individual.
  - a. ND has a contract with Maximus Ascend, Inc.
  - b. Qualified Individuals are located in-state and assess each child based on a ND algorithm.
  - c. Collateral contact with the child, parents, case management, treatment providers, etc.
3. Federal placement maximums are monitored and enforced by HHS.

### B. QRTP Placement Approval Rate



CFS tracks QRTP approval and denial data. Given the average number of referrals submitted by custodial case managers has decreased, the number of assessments approved for placement have been and continue to be high. The decrease in approvals is identified as a lack of engagement with recommended community services and a shift in our policy to assess child symptoms and behaviors only for the last 30-90 days. CFS no longer allows for the submission of the child's "historical information" related to symptoms and behaviors.

### C. QRTP Performance Based Contracting

The Department engaged with Qualified Residential Treatment Program providers throughout the rewrite of North Dakota Administrative Code 75-03-15, QRTP Ratesetting. The revision to administrative rules resulted in the **first ever** performance-based contract with a private provider. Performance based contracting includes tracking of outcomes specific to admissions, discharges and aftercare programming.

- On a case-by-case basis, providers can submit exception requests to deny admissions or permit unplanned discharges. The Department may approve or deny each request.
- The QRTPs are the **only** licensed level of care in North Dakota that are held to a performance-based standard to accept and discharge all children who have been approved through a third-party assessment.
- Since October 1, 2021, performance-based contracting has reimbursed QRTP providers \$736,480.

#### **Admissions and Discharges:**

Each provider is eligible to receive performance-based outcomes compensation if in, the preceding quarter, **all** children are accepted into QRTP placement when approved by the assessment process for a QRTP level of care and are discharged from placement in accordance with North Dakota Administrative Code chapter 75-03-40.

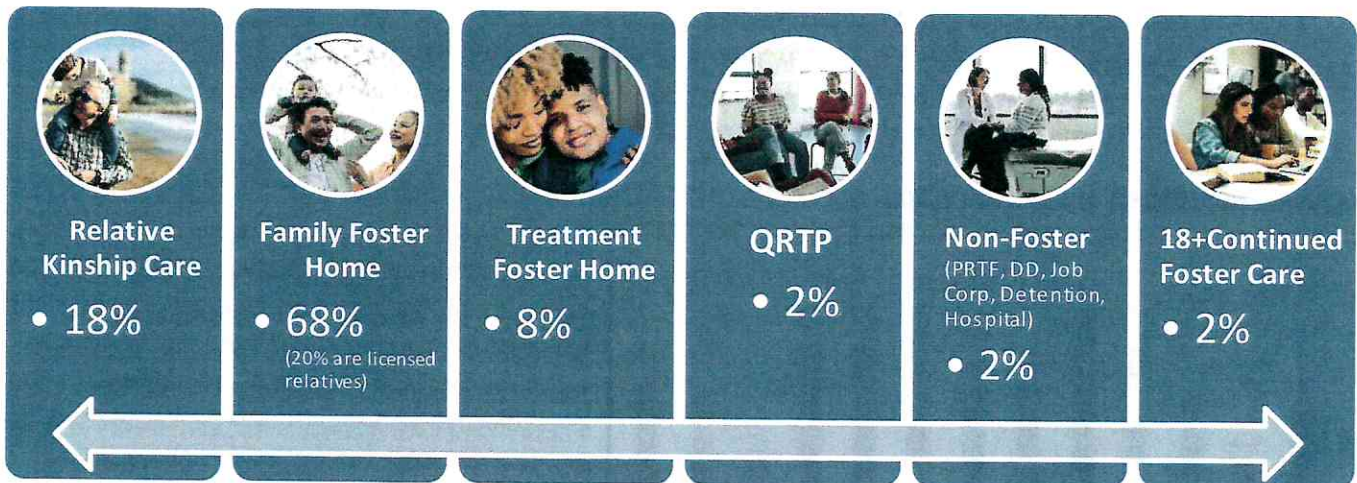
#### **Aftercare Outcomes**

The provider is eligible to receive performance-based outcomes compensation if the provider engaged in a full six-months of aftercare services to a former QRTP resident the resident did not re-enter a QRTP during the six-month period of time, and the provider has submitted the required post-aftercare documentation.

### D. Level of Care - Systemic Impacts

HHS was aware that the implementation of FFPSA in 2019 would have an effect on the level of care, impacting treatment foster care providers and family foster care providers (lower level of care) and Psychiatric Residential Treatment Facilities (PRTF- higher level of care). Continued efforts are made by CFS to analyze and assess access for children in need of placement.

As of December 1, 2022, there were 1,470 children in North Dakota foster care, placed in various levels of care. **Majority of the children (94%) were placed in a family setting;** 68% with licensed family foster home, 18% with an unlicensed relative caregiver and 8% with a treatment foster care provider. Case managers work diligently to place each child in the least restrictive most appropriate level of care to meet the child’s need. Since 2019, HHS has seen a reduction in the number of children placed in QRTP’s, and an increase in the number of children being placed with relatives in family settings. This data highlights the shared interest in meeting the needs of children in the least restrictive level of care, while continuing to recruit and engage well-trained family foster care providers statewide.

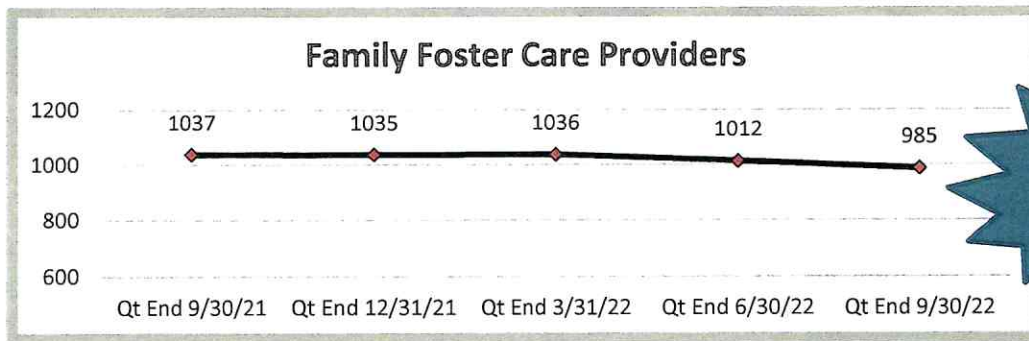




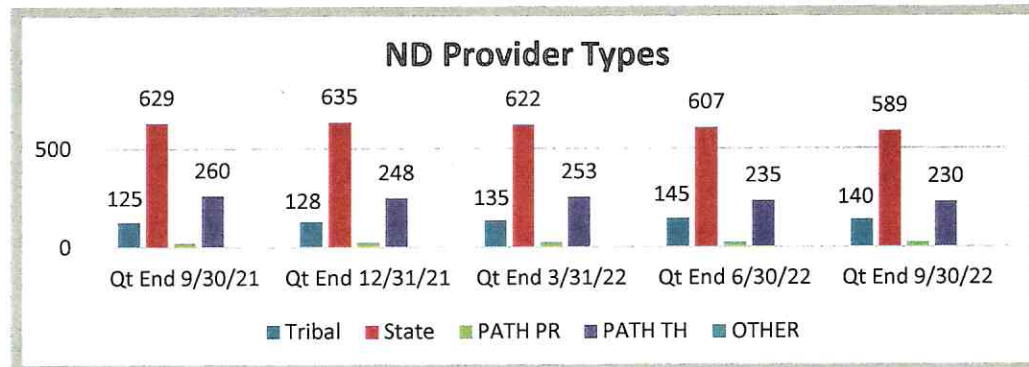
# CHILDREN & FAMILY SERVICES

## A. Licensing Unit

North Dakota Department of Health and Human Services (HHS) system launched the Children and Family Services Licensing Unit in April 2022. The redesign process developed a more efficient way to recruit, license, train and support foster care providers who serve children and families across the state. The unit completes home studies, offer training, engage in recruitment and retention activities, while collaborating with custodial agencies in need of placement. In addition, the unit licenses Qualified Residential Treatment Programs (Q RTP), Licensed Child Placing Agencies (LCPA), Supervised Independent Living Programs (SIL), and certified shelter care agencies.



Roughly 20% are also relatives!



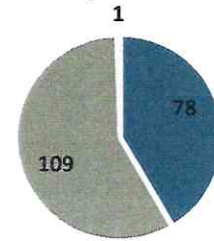
These charts showcase the number of North Dakota licensed foster homes since the start of the last biennium. Majority of the homes are licensed by the state (previously the Zone) and Nexus PATH.

## B. Treatment Foster Care

Families First Prevention Services Act (October 2019) reinforced the requirement to place children in the least restrictive level of care, which inevitably caused treatment foster care to experience an increased volume of referrals for children who were no longer eligible for residential placement. HHS worked closely with Nexus-PATH, the only treatment foster care agency in North Dakota, to engage in a purchase of service agreement. The agreement imposes age limits and placement maximums, which are intended to support access for children in need of treatment foster care. Nexus PATH trains treatment foster care providers to meet the complex needs of children ages 6 to 21. As of December 1, 2022, 75 children have been referred to TFC and the average wait time is 147 days to be placed into a treatment foster home. CFS Licensing Unit continues to work with Nexus PATH to recruit additional providers to engage in this much needed service for children in foster care.

December 1, 2022

### Children Served by Nexus PATH Program



■ Regular ■ Treatment ■ Intensive

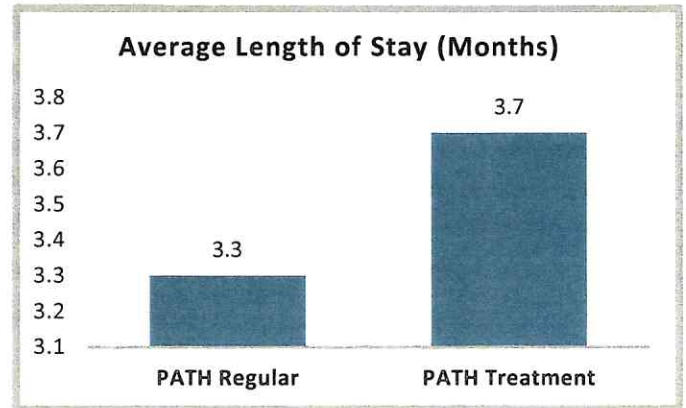
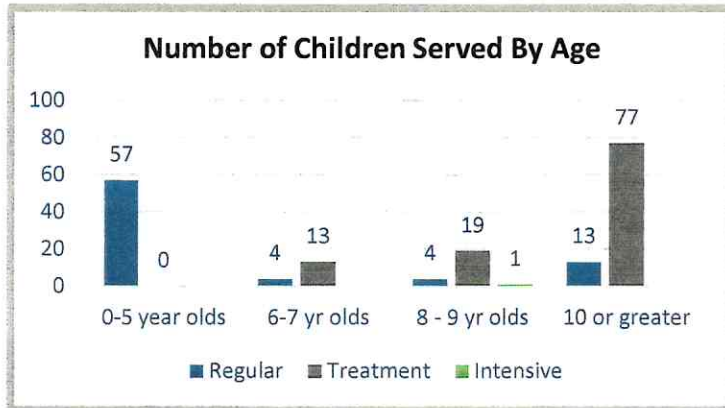
## Treatment Foster Care

### Age Parameters = Age 6 and greater

- a. Children under the age of 6 are not to be placed in Intensive or Treatment Foster Care.
- b. Referrals can be made to Nexus-PATH Regular Foster Care.

### Placement Length of Stay Maximums Per Foster Care Episode

- a. Intensive Treatment Foster Care = 6 consecutive months
- b. Treatment Foster Care = 9 consecutive or 18 non-consecutive



## C. Specialized Family Foster Care Provider Homes

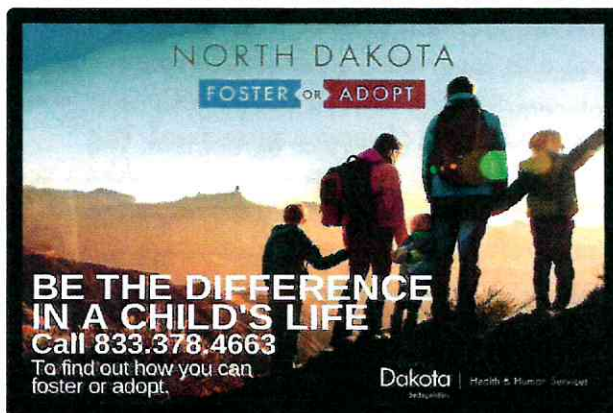


CFS Licensing Unit will be making enhanced efforts in 2023 to identify a select number of specialized family foster care providers to accept placements of children with complex needs. The specialized providers will use trauma-informed care to stabilize children, engage the child in community services, while transitioning the child to their permanent home. Children in foster care in need of this specialized family setting are known to have multiple, concurrent medical and behavioral health needs, have experienced multiple placement settings and their need for supervision, services and support is high.

Specialized Family Foster Care Providers will receive:

- Training in managing behaviors that require enhanced supports.
- Comprehensive and individualized services for children to meet their unique needs.
- Assessments of the child, foster care provider and bio family to create a clear and appropriate treatment plan.
- Enhanced case management and clinical support while the child is in their family setting.
- Increased reimbursement for providing care in the least restrictive family setting.

## D. How to become a licensed ND Foster Care Provider?



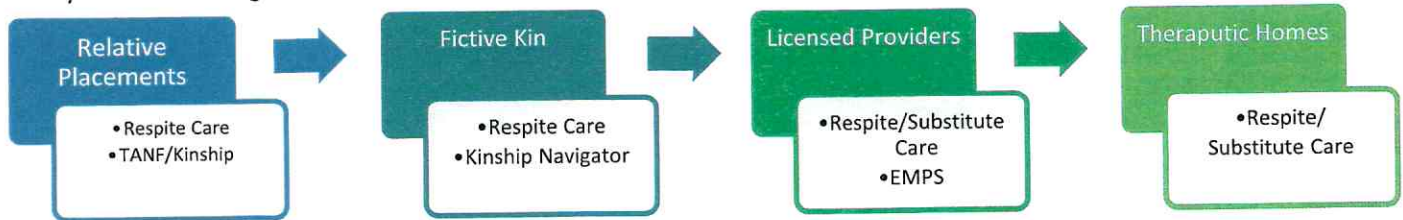
The Recruitment and Retention inquiry is **1-833-FST-HOME** (1-833-378-4663). The inquiry line is managed by the University of North Dakota CFS Training Center (CFSTC) contracted to support statewide recruitment and retention efforts for both foster and adopt resources. CFSTC manages the local recruitment and retention coalitions, marketing, advertising, social media outreach, online support groups, provider spotlight stories, informational panel discussions, event organization, appreciation requests, and more.



# CHILDREN & FAMILY SERVICES

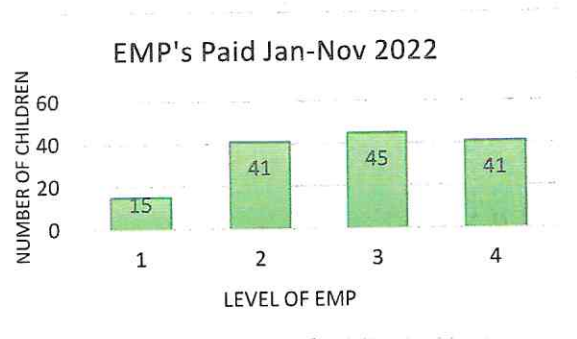
## Understanding Youth with Complex Needs

North Dakota has adopted the Safety Framework Practice Model (SFPM) which uses standardized tools and decision-making criteria to make well founded child safety decision to ensure we only intervene with families when necessary. Caseworkers must consider specific, key questions to determine the least intrusive and most appropriate level of intervention. SFPM reinforces safety planning within the home to reduce further trauma to the child. Unfortunately, there are situations where a child must be removed from their homes to ensure their safety. North Dakota has approximately 1500 children in foster care at any given time and most of these children are placed with relatives, fictive kin, or licensed foster care providers. There is a small percentage of children, who for a variety of reasons, are more difficult to stabilize and maintain placement. These children have complex needs and it requires the child welfare workforce to look for creative, supportive, and consistent planning. Some of these children are placed in treatment foster care, as well as utilizing respite, but there are a few other ways that Children and Family Services is using creative problem solving to address this ongoing issue.



## Excess Maintenance Payments

- Excess Maintenance Payment (EMP) is intended for the 24-hour care and supervision of a foster child with varying complex needs where the demands on the foster parents physical, emotional and/or material resources is beyond the demands expected for normal foster parenting.
- Jan-Nov 2022 **142** children had an EMP in place to support the needs of the child in their placement.
- On December 1, 2022, there were 1,470 children in foster care. Approximately 10% of those children had an EMP paid to the foster care provider to help meet a child's complex needs.
- Level 1=up to \$50      Level 2 = \$51 - \$100  
Level 2 = \$101 - \$150    Level 4 = \$150+
- The average Level 4 EMP was **\$210/day** with the highest EMP reaching into the thousands.



## Multiple Placement Options for Youth and Providers

<b>Facility and Foster Care Parent Support</b>	<ul style="list-style-type: none"> <li>• Paying a foster care provider a retainer fee for engaging in discharge planning of children upon entry of QRTP/PRTF.</li> <li>• Ongoing/rotating weekend respite support to providers and youth to encourage relationship building for successful transition.</li> </ul>	<ul style="list-style-type: none"> <li>• Any new or innovative ideas to place children in the least restrictive environments are always welcomed and entertained.</li> <li>• Maintaining relationships with children and their family is a priority.</li> <li>• Connecting FC providers with one another to support each other and youth in their home.</li> <li>• Licensing unit identifying homes who will be considered "Specialized Providers" to help stabilize children with complex needs by establishing services and stability in the community.</li> </ul>
<b>Trial Home Visit and Foster Parent Support</b>	<ul style="list-style-type: none"> <li>• Utilizing foster care providers for ongoing placement support while youth transition home.</li> <li>• Helps maintain connection and mentorship to children and families.</li> </ul>	
<b>Specialized Foster Care Providers and Other Foster Home Arrangements</b>	<ul style="list-style-type: none"> <li>• Specialized foster care providers assisting to stabilize youth with services in the community.</li> <li>• Providers splitting primary placement of a child to ensure ongoing relief of children with complex needs.</li> </ul>	

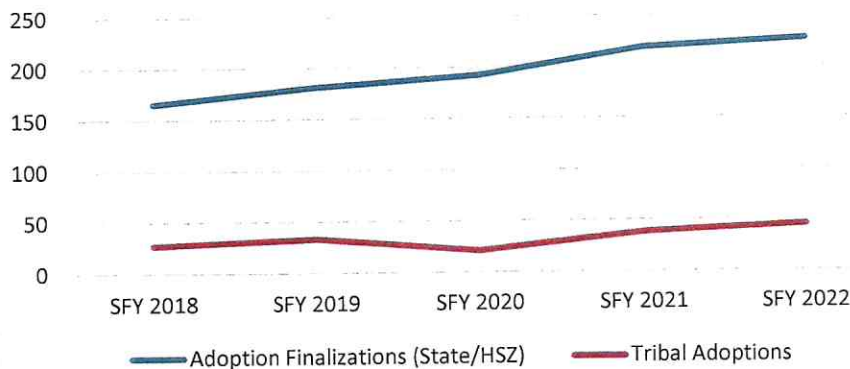
## Children and Family Services, Adoption Services



### A. Adoption of children from foster care

North Dakota services children in foster care whose case plan is adoption and the families who will adopt these children through the AASK program, a contracted program with Catholic Charities ND (CCND). CCND has an MOU with the Village Family Services to supplement the program serving non-traditional families and to provide additional services to those geographical areas with the longest wait for services. The AASK program, by their contract, serves children in the custody of Human Service Zones. At the request of a ND Tribal Nation, the AASK program will also serve children in tribal custody who have an adoption plan and those families who are identified to adopt the child.

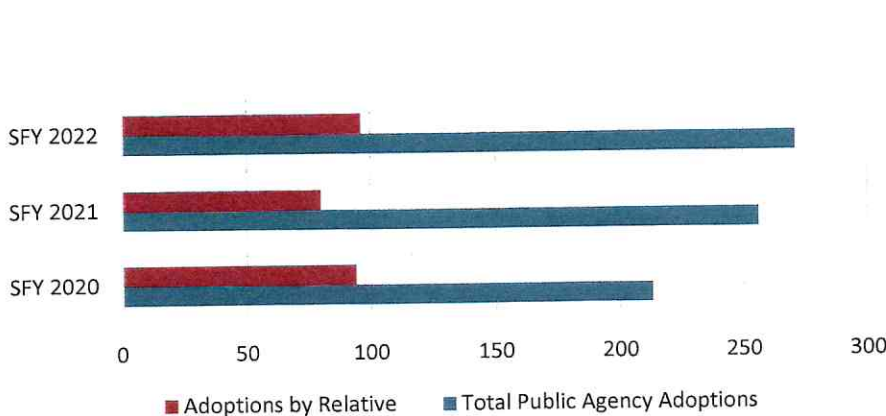
Public Agency Adoption Finalizations



This chart shows the number of adoptions completed by the AASK program for state fiscal years 2018 through 2022, both those of children in state (both ND and out of state children finalized in ND)/HSZ custody and tribal custody.

Data provided by AASK 11/17/2022

Public Agency Adoptions by Relatives



The chart above shows the numbers of total public agency adoptions and of those, how many of those adoptions were by related individuals.

Data provided by AASK 11/17/2022

## B. Post adoption services

The ND Post Adopt Network continues to provide support to foster care, infant, international, and domestic adoptive families, as well as support to families who provide guardianship for children in their home. The ND Post Adopt Network started as a service of AASK in January 2016. The program has one staff each located in Fargo, Grand Forks, Bismarck, and Minot. A program supervisor is in Fargo, for a total of five program staff.

In fiscal year 2021-2022, the North Dakota Post Adopt Network finished a project partnership with the Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG), a program funded through a cooperative agreement with the Department of Health and Human Services, the Administration for Children and Families, and the Children’s Bureau. Through this partnership, the final project was completed to support the growth and development of the North Dakota Post Adopt Network. This included a comprehensive program manual, outlining practice to ensure service delivery is provided consistently by post adopt coordinators across the state. Within this process, formal case management services were developed, to include the use of evidence-based assessment tools and support plans with adoptive and guardianship families.

Over the last fiscal year, the North Dakota Post Adopt Network was busy providing many services across the state:

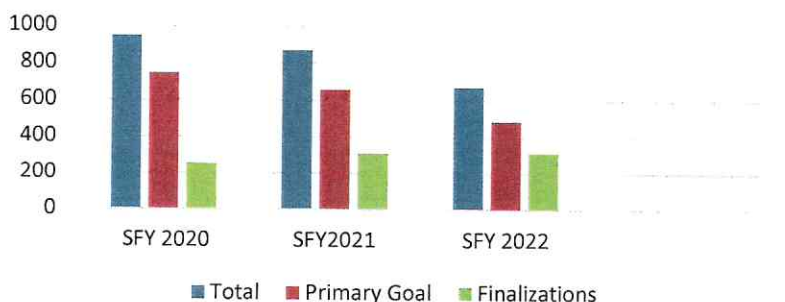
- Served over 480 families
- Hosted 39 events with 498 participants!
  - Events included:
    - Camp Experiences (Camp Connect and Winter Retreat)
    - Mom’s Retreat
    - Dad’s Retreat
    - Monthly Events (Parents’ Night Out, Kids’ Night Out, and Family Night)
    - Recruitment/Awareness Events
- Held 94 parent support groups
- Hosted 9 parent education groups with 15 attendees
- Facilitated 16 post adoption informational trainings to 192 community partners and professionals

## C. Waiting Children – Children in public agency custody with a TPR and Goal of Adoption

The number of children with a termination of parental rights has fallen over the three years as indicated below, as has the number of those children with a primary goal of adoption. The number of adoptions however has continued to steadily climb.

It should be noted that of the children for whom there is a TPR and who have a goal of adoption, most will be placed for adoption with a relative and/or their caregiving foster care provider. A small percentage each year are placed with newly recruited families. At any given time, there are usually between 20 and 30 children whom the adoption program is recruiting a new family to provide permanency.

Children in Foster Care with TPR and Goal of Adoption



This information reflects data from the COGNOS report, CFS – TPR and Adoption in ND

## D. Adoption assistance

Adoption assistance (subsidy) is designed to provide adoptive families of any economic level with needed social services, and medical and financial support to care for children considered difficult to place. Adoption assistance can take the form of a monthly payment (subsidy) to meet the special and ordinary needs of the child, Medical Assistance as a backup to the adoptive family's private health insurance, and reimbursement for non-recurring adoption expenses (up to \$2000/child). Adoption assistance payments are negotiated for children who are adopted from the public agency, who are determined to be "special need" for the purposes of adoption assistance. These payments are negotiated through the Children and Family Services Foster Care Sub Adopt Unit (CFSFCSA Unit). Currently the unit is making adoption subsidy payments for almost 1,900 children per month.

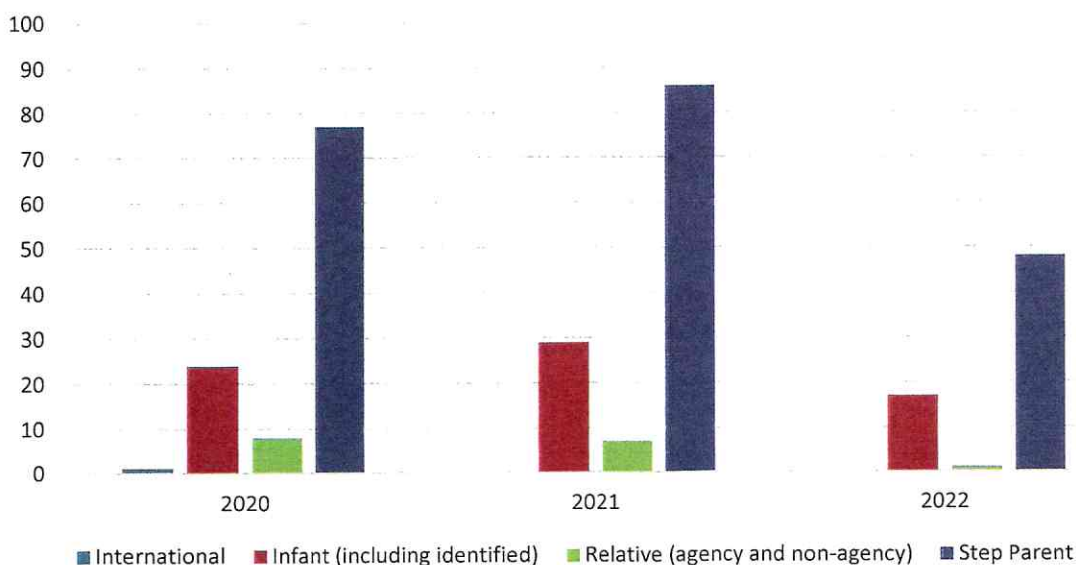
## E. Other types of adoption

CFS is involved in other types of adoption to varying degrees, including by providing technical assistance to licensed child placing agency and attorneys, responding to legal documents filed in all types of adoption, tracking documentation for private agency and other adoptions and the permanent retention of adoption documents. Additionally, CFS coordinates adoption search/ disclosure services. Other types of adoption include:

- Private infant adoptions,
- Identified relinquishment and adoption as specified in NDCC 14-15.1,
- Private relative adoptions,
- Stepparent adoptions and
- International adoptions.
- Adult Adoptions

The chart below details data related to agency and non-agency private adoptions. Agency adoptions include those from foreign countries (international), infant adoptions, including the relinquishment of infants to an identified adoptive parent (a subset of infant adoptions which require agency involvement but for whom the agency is not the custodian of the infant), and some relative adoptions. Non-agency adoptions are those which by statute do not require the assistance of a child placement agency to facilitate and include most relative adoptions as well as those by stepparents. The department keeps a record for adult adoptions but does not collect data for these kinds of adoptions.

Private Adoptions (Agency and Non-Agency Adoption)



Data provided through a DSS by calendar years. This data is incomplete for all years reported since data entry is also incomplete.





# CHILDREN & FAMILY SERVICES

## Kinship-ND

NORTH  
**Dakota** | Health & Human Services  
Be Legendary.

North Dakota has utilized a yearly grant fund under Family First Prevention Services Act (FFPSA) Title IV-B to create the Kinship-ND program, which assists both relative and fictive kinship caregivers who have taken on full time care of a child who is not their own.

Kinship-ND assists the caregiver with navigating their journey in three main ways:

- 1 on 1 support
- Assistance with resources and information based on their needs
- Limited financial support

According to [childwelfare.org](http://childwelfare.org), "Relatives are the preferred resource for children who must be removed from their birth parents because it helps maintain the children's connections with their families, increases stability, and overall minimizes the trauma of family separation. It is imperative that kinship caregivers have the supports they need when a child is placed in their care."

### Top needs

- Financial
- Supplies/ food
- Childcare
- Legal
- Mental health

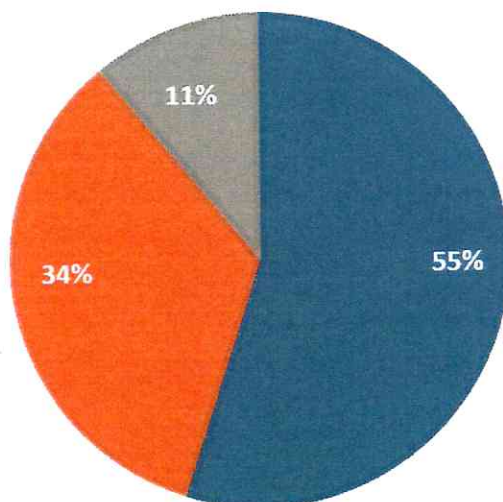
Kinship-ND has been serving caregivers since March 17, 2021

From 3/17/21 – 11/1/22 we have served

**433 Caregiver homes**

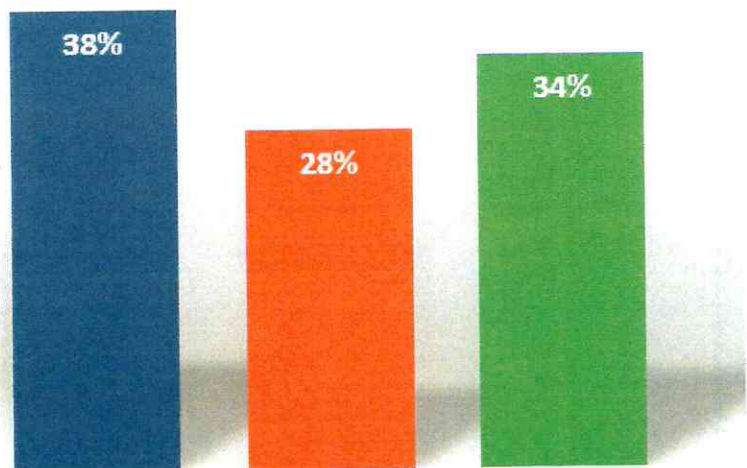
**834 Children**

Reimbursed over \$360,817 to caregivers helping with the needs of the children



- Grandparents & great grandparents
- other family (sibling, cousin, aunt/uncle)
- Fictive

*Role of the caregiver to the children in Kinship-ND*



**0-5 years    6-10 years    11-17 years**

*Ages of the children in Kinship-ND*

Grandfamilies.org estimates in North Dakota there are 6,000 children being raised by kin with no parent present and over 9,600 children live in a home where a relative is the head of household.



Human Service Zone	Total children with TPR	Total Children in Foster Care	% of Children in care with TPR	Children 14+ with TPR	Native American children with TPR
Agassiz Valley	2	17	12%	0	0
Buffalo Bridges	9	37	24%	3	2
Burleigh	23	169	14%	10	13
Cass	91	257	35%	20	26
Central Prairie	0	3	0%	0	0
Dakota Central	1	14	7%	1	0
Eastern Plains	0	2	0%	0	0
Grand Forks	24	205	12%	3	11
Mountain Lakes	25	74	34%	1	18
Mountrail-McKenzie	6	12	50%	4	1
North Star	6	83	7%	1	1
Northern Prairie	1	12	8%	0	1
Northern Valley	6	16	38%	1	1
Roughrider North	4	37	11%	2	1
RSR	1	16	6%	0	0
South Country	2	9	22%	0	1
Southwest Dakota	0	14	0%	0	0
Three Rivers	21	64	33%	7	0
Ward	21	139	15%	9	8
<b>TOTALS</b>	<b>243</b>	<b>1180</b>	<b>21%</b>	<b>62</b>	<b>84</b>

Tribal Agency IV-E Eligible Cases Only	Total IV-E children with TPR	Total IV-E Children in Foster Care	% of IV-E Children in care with TPR	Children 14+ with TPR
Spirit Lake	20	50	40%	2
Standing Rock	5	53	9%	2
Three Affiliated	3	18	17%	
Turtle Mountain	76	187	41%	11
<b>TOTALS</b>	<b>104</b>	<b>308</b>	<b>34%</b>	<b>15</b>