

CHILD PROTECTION

- **ASSESSMENT:** A fact finding process designed to gather information that allows for staff to determine if a child meets the definition of an abused or neglected child. A determination either unconfirmed or confirmed where the subject's name is placed on the ND CPS Index. An assessment could be terminated in progress, which would result in case closure with no further action required.
- **CHILD PROTECTION SERVICES (CPS):** Services performed by an agency after a report of child abuse or neglect has been conducted. Services include assessments, planning, referral of treatment, coordination with referral sources, monitoring and delivery of services.
- **CPS CENTRALIZED INTAKE:** North Dakota's CPS call center where professional staff accept reports of suspected child abuse and neglect over the phone via 1-833-958-3500.
- **CONFIRMED:** It is determined a child meets the definition of an abused or neglected child based on the evidence gathered.
- **UNCONFIRMED:** It is determined based upon the evidence, that a child does not meet the definition of an abused or neglected child.

SERVICES/CASE MANAGEMENT

- **ADOPTION:** Safety decision when the court determines that a child in public custody will not be reunited with their parents. Adoption may be legally granted to an identified family as one of their own.
- **CASE MANAGEMENT:** Agency staff assigned to work with the family to determine the needs and services required to achieve a safe outcome. Staff is responsible to organize visitation, meet regularly with the parent and child/ren, work closely with referral sources for services, provide updates to the Court and coordinate various aspects of the case plan.
- **CASE PLAN:** Individualized set of goals developed with the family to enhance parental protective capacities and establish safety in the home.
- **CUSTODIAN:** Means a person or agency, other than a parent or legal guardian, given legal custody of the child by order of the Court. ND custodial agencies include a Human Service Zone, Division of Juvenile Services or a federally recognized Tribe.
- **GUARDIANSHIP:** Safety decision where the court determines that a child in public custody will not be reunited with their parents. Legal guardianship is permanent custody granted to a caregiver, but the child's parental rights remain intact.
- **PLACEMENT:** When it is determined a child is unsafe, a decision must be made regarding placement. A child may remain in their home with in-home safety plan and supports or a child may be placed in out-of-home care with relatives, placed in a licensed foster home, residential treatment facility, Supervised Independent Living setting, or other.
- **REUNIFICATION:** Safety decision to return the child to the parental home after determining impending danger threats can be controlled and the parent/caregiver protective capacities have been sufficiently enhanced.
- **SAFETY PLAN:** A written arrangement between parents/caregivers and the agency when a child is determined to be unsafe. A safety plan remains active as long as danger threats exist and may include in home or out of home placement arrangements.
- **SAFE CHILD:** When no threats of danger exist within the home, or parents/caregivers can protect the child from threats of danger, or the child is not vulnerable (age/development) to such threats.
- **UNSAFE CHILD:** When threats of danger exist in the home, and the child is vulnerable (age/development) to such threats, and parents/caregivers are unable to protect the child from the threats of danger.

Who Does What in Child Welfare?

ROLES IN NORTH DAKOTA'S HUMAN SERVICE SYSTEM

HUMAN SERVICE ZONES (HSZ) TEAM MEMBERS



Child Protection Services (CPS) Workers: Provide protective services for children under age 18, including child protection assessments in response to reports of suspected child abuse or neglect and follow-up services to families.



CPS Central Intake Unit: (Statewide HSZ team) is the intake point for reports of suspected child abuse or neglect. Collects facts and provides details to CPS workers at the local HSZ level.



Child Welfare/CPS Supervisor: Supervise and support child welfare staff in HSZs.

Foster Care Case Manager: Manages case and is main point of contact for child, parents and foster care provider. *Child is not in the home.*

Child Welfare Case Manager: (Also called Family/In-Home/ Wrap-around/Family Preservation Case Manager) Focuses on internal family stability, parental capacities, and identifying needed supports and services. *Child is in the home.*

Family Support/Parent Aide: (Also called Human Service Aide /Transportation Aide) Assist parents in building parental capacities and skills to maintain

or reunify child with family. Not located in all HSZs. Some only provide transportation to support child and family connections and visits. ■

ND HEALTH AND HUMAN SERVICES (HHS) TEAM

Foster Care Licensing Specialist:

Recruits, supports, guides and assesses foster parents through the licensing and renewal process. Works in the HHS Children and Family Services (CFS) Licensing Unit.



Field Service Specialist:

Monitors fidelity and quality of work related to the Safety Framework child welfare practice model and ND policy, in addition to providing technical assistance to the foster care, child protection and in-home case management units within the Human Service Zones and Division of Juvenile Services (DJS). Is employed by HHS – CFS. ■

Other Non-Child Welfare Support to Families

Children in Need of Services

(CHINS): HSZ team connects families and children (whose behaviors include truancy, disobeying parents, running away and/ or using tobacco products) to local services.

hhs.nd.gov/cfs

OTHER INFORMATION

☆ OUT OF HOME PLACEMENT:

- Legal authority to remove a child is authorized by Juvenile Court or Law Enforcement and affirmed by the Courts.
- Deprivation matters are brought forth by the HSZ CPS workers to the removing authorities.
- Out-of-home placements could occur with relatives, kinship care, foster homes, therapeutic foster homes, or QRTP/PRTFs.

CUSTODIAL AGENCY:

In ND, foster children are placed under the public custody of three public agencies:

- *Human Service Zones:* ND's 19 Human Service Zones that represent 53 counties serve the greatest volume of foster children in ND's foster care system.
- *Division of Juvenile Services*
- *Tribal Social Services:* North Dakota has a formal State-Tribal Title IV-E agreement with four Tribal Nations: Standing Rock Sioux Tribe, Spirit Lake Nation, Turtle Mountain Band of Chippewa and MHA Nation.

GUARDIAN AD LITEM:

Appointed by the court to advocate for the best interests of a child in a juvenile court proceeding.



NORTH DAKOTA



THE ANNIE E. CASEY FOUNDATION

ECONOMIC WELL-BEING RANK 6

	UNITED STATES			NORTH DAKOTA		
Children in poverty <small>US 12,243,000 ND 19,000</small>	17% 2019	17% 2021	= SAME	10% 2019	10% 2021	= SAME
Children whose parents lack secure employment <small>US 21,143,000 ND 37,000</small>	26% 2019	29% 2021	↑ WORSE	21% 2019	20% 2021	↓ BETTER
Children living in households with a high housing cost burden <small>US 21,857,000 ND 36,000</small>	30% 2019	30% 2021	= SAME	16% 2019	20% 2021	↑ WORSE
Teens not in school and not working <small>US 1,234,000 ND 3,000</small>	6% 2019	7% 2021	↑ WORSE	4% 2019	7% 2021	↑ WORSE

EDUCATION RANK 35

	UNITED STATES			NORTH DAKOTA		
Young children (ages 3 and 4) not in school <small>US 4,380,000 ND 15,000</small>	53% 2012-16	54% 2017-21	↑ WORSE	64% 2012-16	69% 2017-21	↑ WORSE
Fourth-graders not proficient in reading <small>US N.A. ND N.A.</small>	66% 2019	68% 2022	↑ WORSE	66% 2019	69% 2022	↑ WORSE
Eighth-graders not proficient in math <small>US N.A. ND N.A.</small>	67% 2019	74% 2022	↑ WORSE	63% 2019	72% 2022	↑ WORSE
High school students not graduating on time* <small>US N.A. ND N.A.</small>	14% 2018-19	14% 2019-20	= SAME	12% 2018-19	11% 2019-20	↓ BETTER

N.A.: Not available *Graduation data may not be comparable across time due to the impact of the COVID-19 pandemic.

HEALTH

RANK

19

	UNITED STATES			NORTH DAKOTA		
Low birth-weight babies US 311,932 ND 672	8.3% 2019	8.5% 2021	↑ WORSE	6.8% 2019	6.6% 2021	↓ BETTER
Children without health insurance US 4,165,000 ND 14,000	6% 2019	5% 2021	↓ BETTER	8% 2019	7% 2021	↓ BETTER
Child and teen deaths per 100,000 US 23,198 ND 58	25 2019	30 2021	↑ WORSE	28 2019	29 2021	↑ WORSE
Children and teens (ages 10 to 17) who are overweight or obese US N.A. ND N.A.	31% 2016-19	33% 2020-21	↑ WORSE	28% 2018-19	29% 2020-21	↑ WORSE

FAMILY AND COMMUNITY

RANK

6

	UNITED STATES			NORTH DAKOTA		
Children in single-parent families US 23,626,000 ND 48,000	34% 2019	34% 2021	= SAME	28% 2019	27% 2021	↓ BETTER
Children in families where the household head lacks a high school diploma US 8,269,000 ND 8,000	12% 2019	11% 2021	↓ BETTER	5% 2019	4% 2021	↓ BETTER
Children living in high-poverty areas US 6,086,000 ND 8,000	13% 2012-16	8% 2017-21	↓ BETTER	5% 2012-16	4% 2017-21	↓ BETTER
Teen births per 1,000 US 146,973 ND 317	17 2019	14 2021	↓ BETTER	16 2019	13 2021	↓ BETTER

N.A.: Not available

Montana Budget & Policy Center | ndkidscount.org | 406.422.5848

Find additional data on this state's children and families at datacenter.aecf.org/ND.

Learn about child well-being and state rankings at www.aecf.org/databook.

CONNECTING CHILDREN TO HELP

Who Do I Contact?

If a Child is Acting Out

CALL CHILDREN IN NEED OF SERVICES (CHINS) TEAM

CHILD'S BEHAVIORS MAY INCLUDE:

- Truant from school (youth is old enough to get self to and from school)
- Possession/use of tobacco and related products by youth ages 10-13
- Disobeying parents, or
- Running away

REFER TO THE CHILDREN IN NEED OF SERVICES (CHINS) TEAM

1. **Complete** the referral form and learn more.
Visit: www.hhs.nd.gov/cfs/children-need-services
2. **Submit referral form** by **Fax:** 701.328.0104 or **Email:** chins@nd.gov

Staffed Monday-Friday
8 a.m. - 5 p.m. Central Time
(7 a.m. - 4 p.m. Mountain Time)

IMPORTANT:
In a behavioral health crisis, call 211/988

WHY MAKE A REFERRAL:

- Voluntarily connect children and families to helpful community services
- Divert children/youth from juvenile justice system

LEARN MORE: [NDCC 27-20.3](#)

If a Person is Abusing or Neglecting a Child

CALL CHILD PROTECTION SERVICES (CPS) TEAM

A PERSON RESPONSIBLE FOR A CHILD'S WELFARE IS SUSPECTED OF:

- Abuse, causing physical injury
- Educational neglect, failure to make arrangements and/or provide for a child's education
- Emotional abuse
- Neglect, lack of supervision or care
- Sexual abuse

CONTACT CPS INTAKE TEAM

Call: 833.958.3500 toll-free, 711 (TTY)
Fax: 701.328.0361

Staffed Monday-Friday
8 a.m. - 5 p.m., Central Time
(7 a.m. - 4 p.m. Mountain Time)

IMPORTANT:
If it's an **EMERGENCY**
and a child is in
immediate danger,
CALL 911 NOW

LAW ENFORCEMENT OR MEDICAL PERSONNEL:

- If you need a Child Protection Worker to respond to your location immediately, contact your local Human Service Zone office directly.

LEARN MORE: [NDCC 50-25.1](#)



CHILDREN & FAMILY SERVICES

Kinship-ND



North Dakota has utilized a yearly grant fund under Family First Prevention Services Act (FFPSA) Title IV-B, as well as state funding 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 (2 different funding options: Reimbursement & Allowance)

According to 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

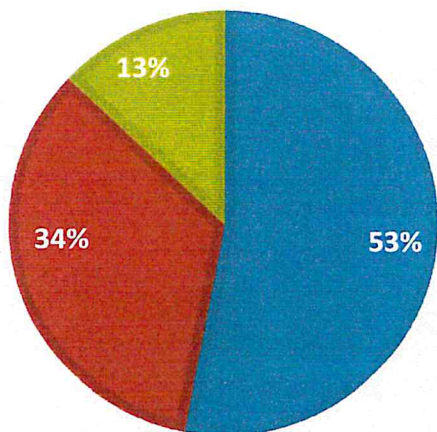
Kinship-ND has been serving caregivers since March 17, 2021

From 3/17/21 – 7/5/24 we have served 937 Caregiver homes with 1,719 Children.

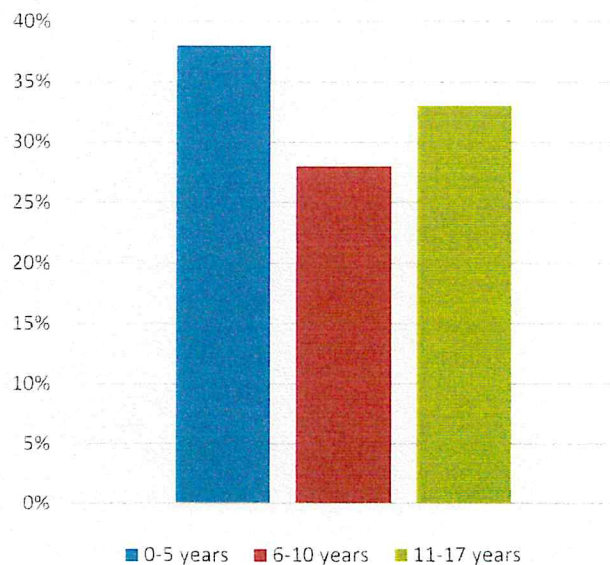
Of those homes there still 635 caregivers who are still caring for 1,134 children in a kinship placement

CAREGIVER RELATIONSHIP TO CHILD

- Grand parent & great grandparent
- Other family (sibling, cousin, aunt/uncle)
- Fictive (no related but pre-existing relationship)



Ages of child when entering 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.



Children's Treatment Services Level of Care Determinations

Children's Treatment Services- Level of Care Determination

North Dakota Health and Human Services, Behavioral Health, Children and Family Services and Medical Services partnered across sections to implement a unified clinical assessment to aid in securing treatment services for children.

Purpose

- Determine the least restrictive most appropriate level of care.
- Ensure community services have been exhausted before seeking out-of-home or residential treatment for children.
- Ensure children receive the right services, at the right time, for the right duration.

Eligibility

- Children aged 6 through 17 in need of treatment services.
- Families or case workers seeking out-of-home or residential treatment for a child in their care.

Assessments by Third Party Vendor (Maximus)

- Contracted employees residing in ND use an evidence-based assessment tool.
- Interview with the child, family, therapist, and treatment providers.
- Review clinical and treatment services supporting documentation.
- Review every 90 days when a child is in a residential treatment facility (QRTP/PRTF)
- Review every 180 days when a child is in treatment foster care (TFC)

Placements

- Emergency placements can occur, while the assessment is taking place.
- TFC and QRTP, emergency placements can occur for up to 30 days.
- PRTF, emergency placements can occur for up to 10 days.

Changing the Trajectory

- Data and outcomes show that children do better in family settings. Research indicating placement in institutional/group setting are associated with poorer outcomes.
- Treatment in out-of-home or residential treatment should be short-term.
- Supporting HHS mission in providing services closer to home.

HHS Clinical Alignment Team

The HHS Clinical Alignment Team has employees from Behavioral Health, Children and Family Services, Medical Services and Maximus. The team meets weekly to review cases, the clinical decision support model, trainings for stakeholders, process changes or policy modifications.

Children and Family Services Section
600 East Boulevard Avenue, Dept. 325
Bismarck, ND 58505-0250

Phone: (701) 328-2316 Fax: (701) 328-3538

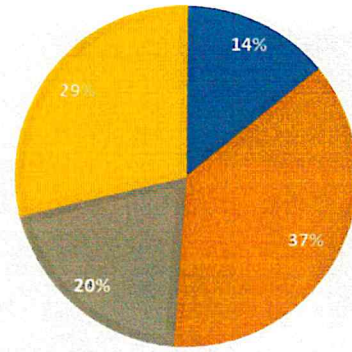
Email: hhscfs@nd.gov

https://maximusclinicalservices.com/svcs/north_dakota_cts

<https://www.hhs.nd.gov/childrens-treatment-services>

CTS-LOC Determinations issued since July 1, 2024

Since July 1, 2024, there have been 413 assessments, completed **234 (57%)** for children in public custody. Majority 89% have been approved for treatment to remain in or enter a PRTF, QRTP or TFC foster home.



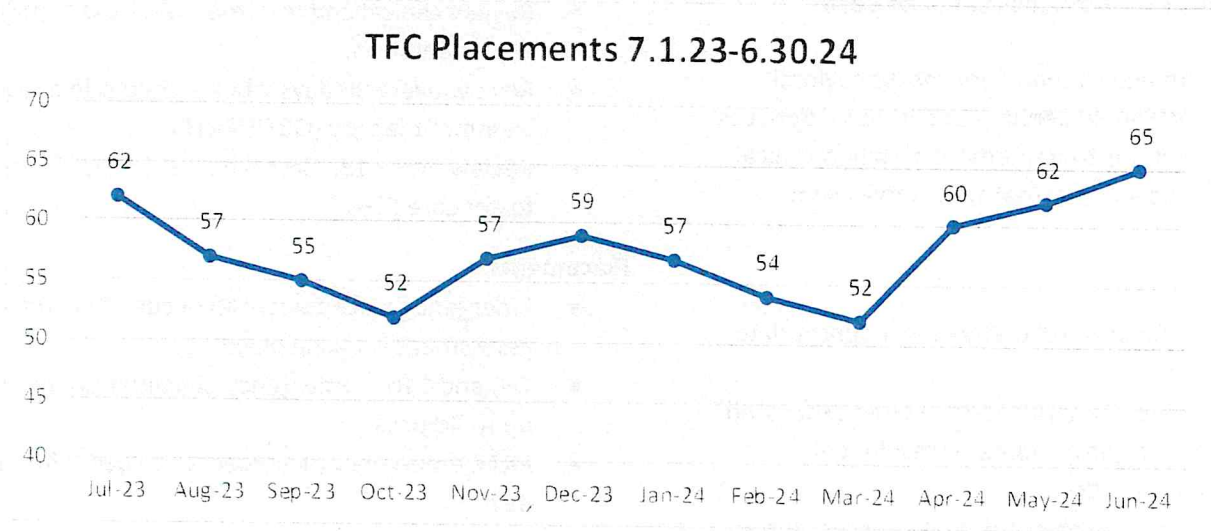
■ Family or Community ■ PRTF ■ QRTP ■ TFC

Treatment Foster Care

Treatment Foster Care is provided by Nexus PATH Family Healing as a Licensed Child Placing Agency (LCPA) licensed and paid for by HHS Children and Family Services.

Treatment Foster Care (TFC) providers receive extra training and support by the agency as children placed in their home require additional in-home supports and services. TFC is an alternative to institutional and residential facilities offering a home environment to meet the complex mental and behavioral health needs of children in a least restrictive family setting. This level of care is for children ages six through 17 who experience frequent, co-occurring symptoms and behaviors that result in the need for increased services, supports and provider training to address complex trauma.

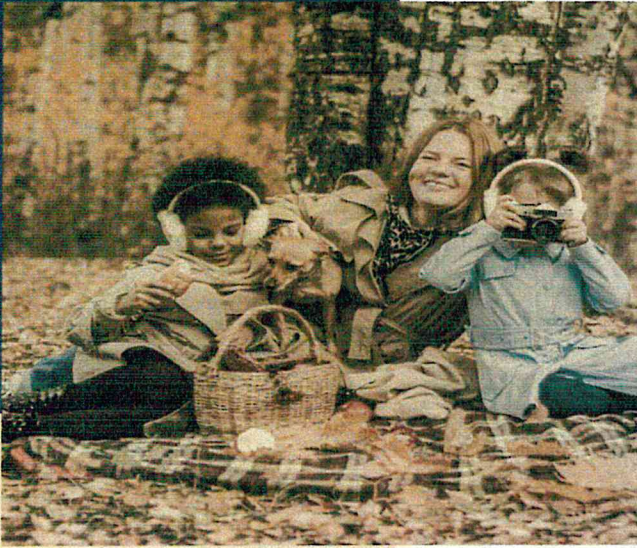
From July 1, 2023, to June 30, 2024, the chart below shows the number of children served in treatment foster care through Nexus PATH Family Healing:



Qualified Residential Treatment Programs

North Dakota has two Qualified Residential Treatment Programs (QRTP), Home on the Range located in Sentinel Butte averaging 94% occupancy in the last six months and Dakota Boys and Girls Ranch located in Minot averaging 69% occupancy in the last six months.

QRTP's are licensed and paid for by HHS Children and Family Services. QRTP's are **short-term** residential treatment providers offering trauma-informed treatment designed to address the serious complex behavioral health needs of children ages 10 through 17. QRTPs must have a trauma-informed treatment model, a registered or licensed nurse and other clinical staff available 24/7. QRTP's must facilitate participation of family members in a child's treatment program, and provide aftercare supports for at least 6 months post discharge.



Interstate Compact for the Placement of Children (ICPC)

General Information:

The Interstate Compact for the Placement of Children (ICPC) is a contract between all 50 states that allow them to work together to ensure that children who are placed across state lines, who are in the care or custody of a state public child welfare agency, for foster care or adoption receive adequate protection and support services. The ICPC establishes procedures for the placement of children and fixes responsibility for agencies and individuals involved in placing children. The purpose of the ICPC is to protect the child and the party states in the interstate placement of children so that:

- The child is placed in a suitable environment;
- The receiving state has the opportunity to assess that the proposed placement is not contrary to the interests of the child and that its applicable laws and policies have been followed before it approves the placement;
- The sending state obtains enough information to evaluate the proposed placement;
- The care of the child is promoted through appropriate jurisdictional arrangements; and
- The sending agency or individual guarantees the child legal and financial protection

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Email: hscfs@nd.gov

Placement options for which an ICPC be requested:

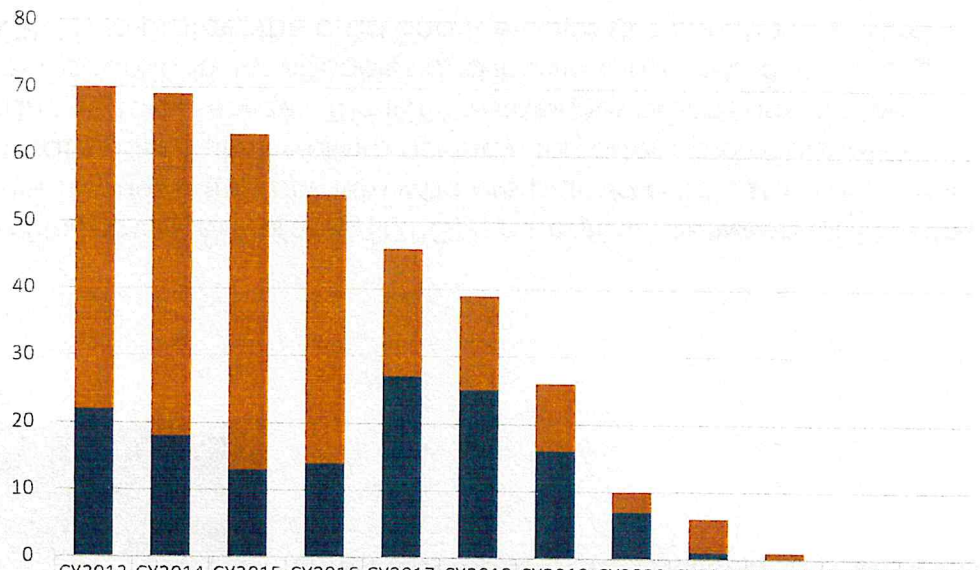
ICPC can be requested to support several potential placement options

- Parent home
- Relative home
- Foster care provider home
- Adoptive home
- Qualified Residential Treatment Program Facility

ICPC requests processed by North Dakota

- Foster Care and Relative Care – 600 per year (50 per month) both incoming and outgoing
- Adoption – 80 per year both incoming and outgoing
- Out of State Residential Facility Placement – See below

Out-of-State Residential Facility Placements
CY2013-CY2024



	CY2013	CY2014	CY2015	CY2016	CY2017	CY2018	CY2019	CY2020	CY2021	CY2022	CY2023	CY2024
Qualified Residential Treatment Program	48	51	50	40	19	14	10	3	5	1	0	0
Psychiatric Residential Treatment Facility	22	18	13	14	27	25	16	7	1	0	0	0

CHILDREN IN NEED OF SERVICES (CHINS)



BACKGROUND

As part of Juvenile Justice Reform efforts in North Dakota, the 2021 Legislature approved changes to NDCC 27-20.3 for services to be provided by the child welfare system so that children in need of services who have not committed crimes can be served in the community and be maintained outside of the Juvenile Court system.

CHINS PROGRAM GOALS

- Connect children and their families to appropriate services in the community;
- Focus on prevention, treatment services and support; and
- Divert individuals from entering the foster care and juvenile justice system.

CHILD BEHAVIORS APPROPRIATE FOR THE CHINS PROGRAM

- Truancy from school
- Regularly disobeying their parents
- Using and possessing tobacco and related products
- Running away

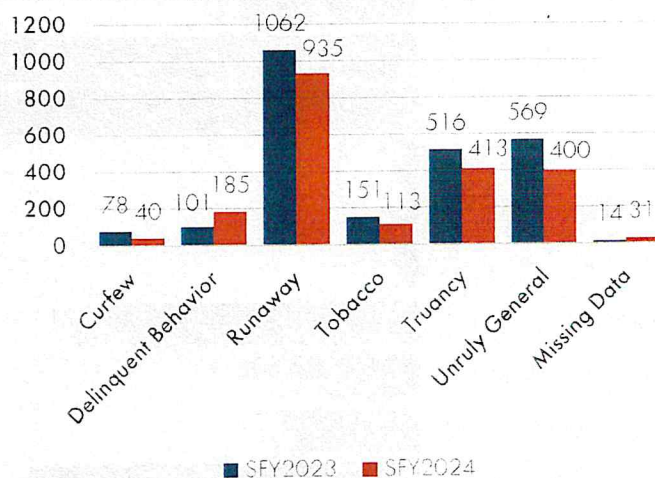
TO REFER TO THE CHINS PROGRAM

Parents, guardians, law enforcement officers, and school officials can refer children to the CHINS Team, staffed statewide by Human Service Zone professionals.

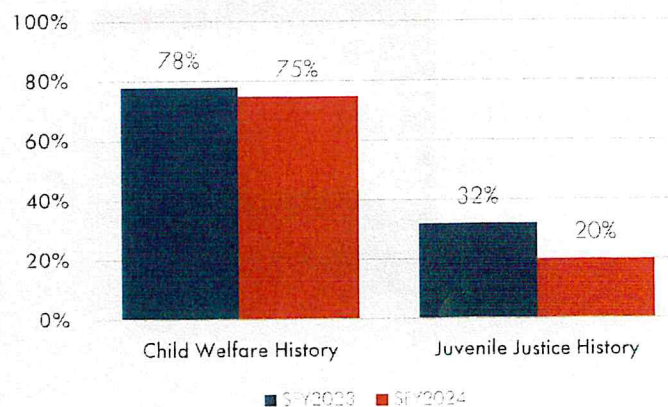
1. Complete a [CHINS Referral Form](#).
2. Submit the Referral Form
 - o Fax: (701) 328-0104
 - o Email: chins@nd.gov
3. Questions regarding the program or referrals can be sent via email to chins@nd.gov or by calling 701-889-9864.

	SFY2023	SFY2024
Total Referrals	2,491	2,117
Total Children	1,493	1,452
Median Age	14 Years	15 Years
Top Living Situation	In Home (89%)	In Home (91%)
Top Referral Source	Law Enforcement (67%)	Law Enforcement (67%)

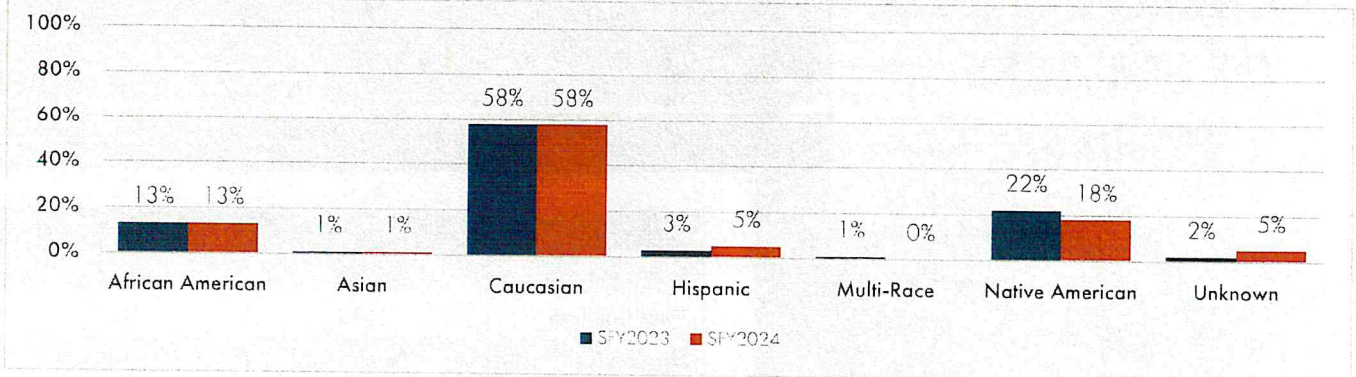
Total Referrals by Category



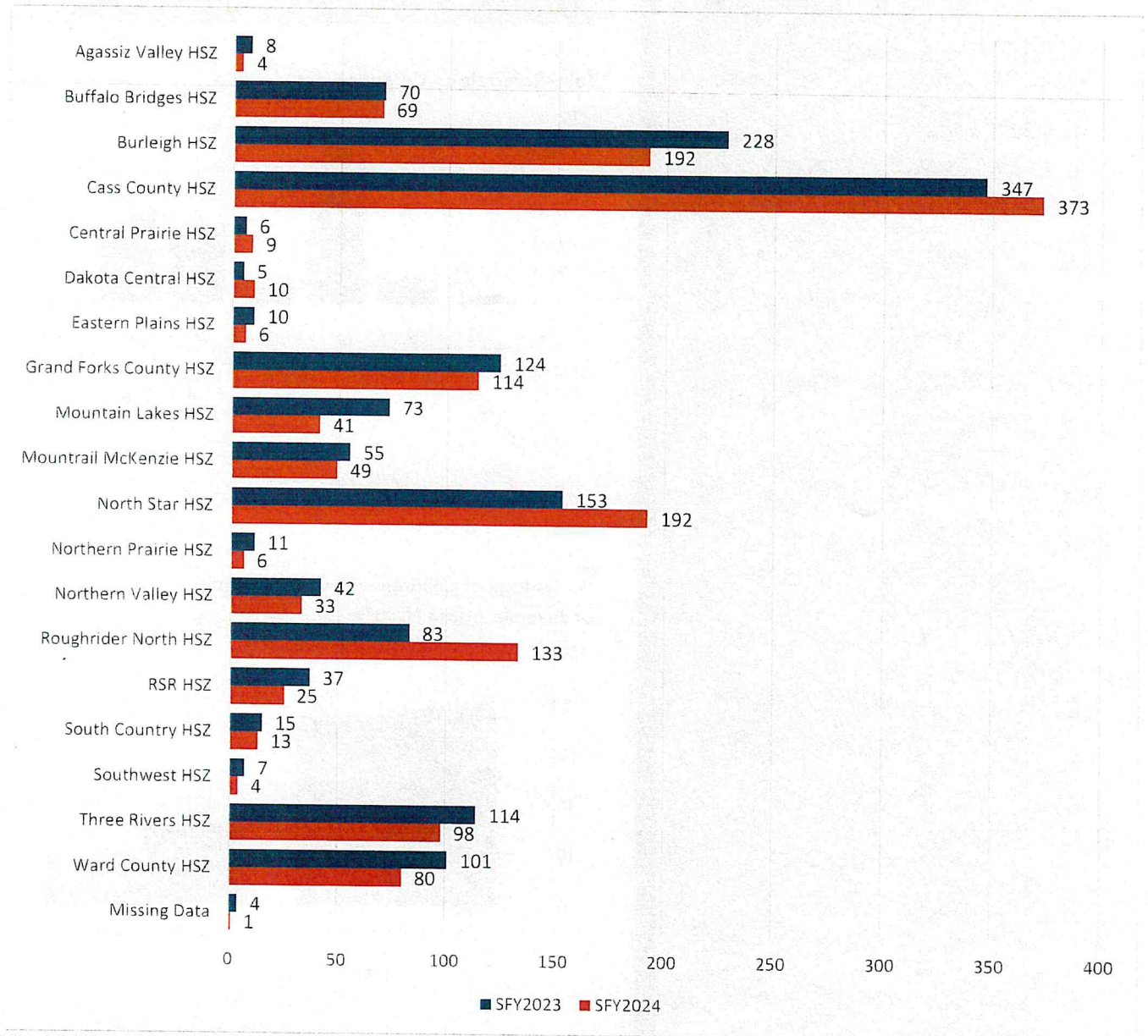
Percentage of Children with Child Welfare or Juvenile Justice History



Total Children by Race



Total Children by Human Service Zone



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Child Protection Services

Child Protection Services (CPS) is committed to ensuring the safety and well-being of children by conducting comprehensive assessments upon receipt of a report of suspected child abuse and/or neglect. The purpose of CPS is to assess safety and protect children (anyone under 18 years old) from further maltreatment and identify any ongoing safety threats.

CENTRALIZED INTAKE

This statewide child abuse and neglect reporting line consists of individuals who are specialized to gather comprehensive information to support the workers in their response to children who are maltreated, unsafe, and/or in need of protection and services.

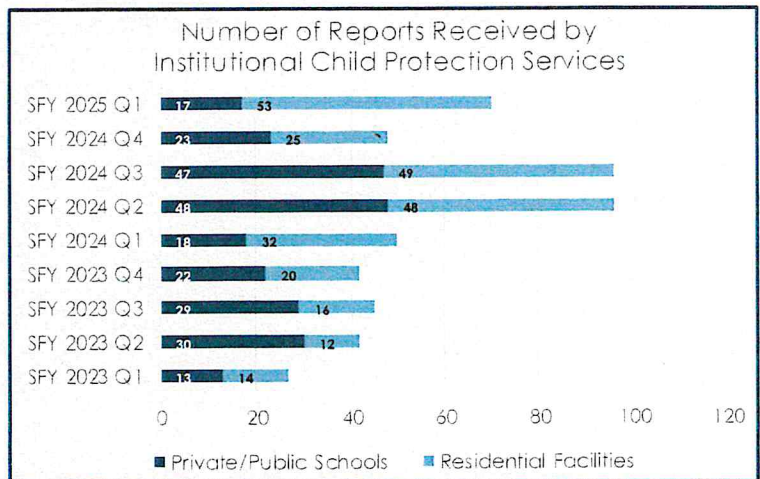
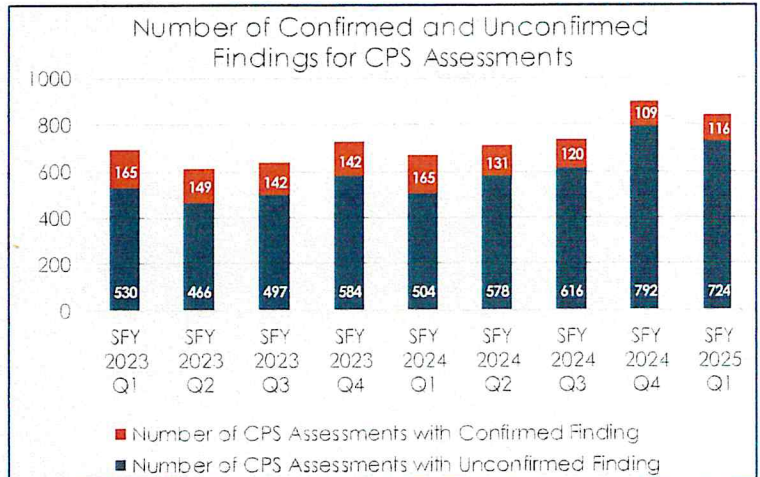
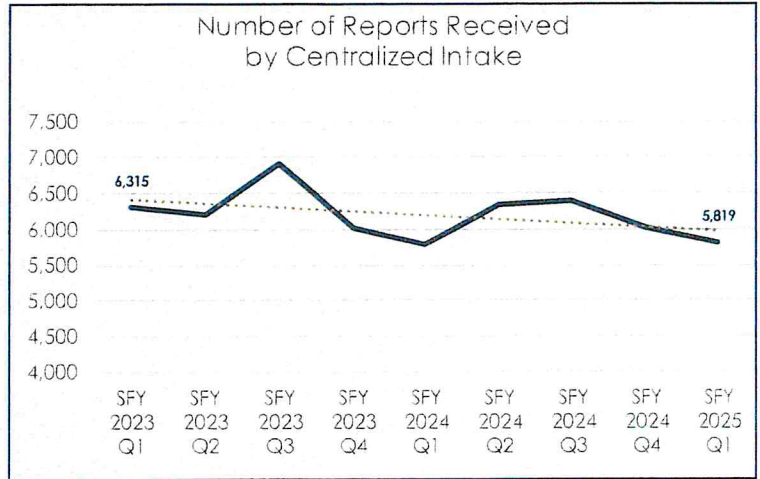
CPS ASSESSMENT

The 19 Human Service Zones are North Dakota's authorized agents who must respond to all reports of suspected child abuse and/or neglect. Zone staff must initiate a CPS assessment of these reports when the information meets the criteria outlined in state statute (NDCC 50-25.1). In most situations, a finding of either "Confirmed" (child was a victim of maltreatment) or "Unconfirmed" (child was not a victim of maltreatment) is made.

INSTITUTIONAL CHILD PROTECTION SERVICES

Institutional Child Protection Services (ICPS) assesses reports of abuse and/or neglect at institutions that provide services to children to include schools and residential treatment centers. An assessment is completed to assure the children are safe and the institutions adhere to regulations and policies designed to protect the welfare of the children under their care.

DATA

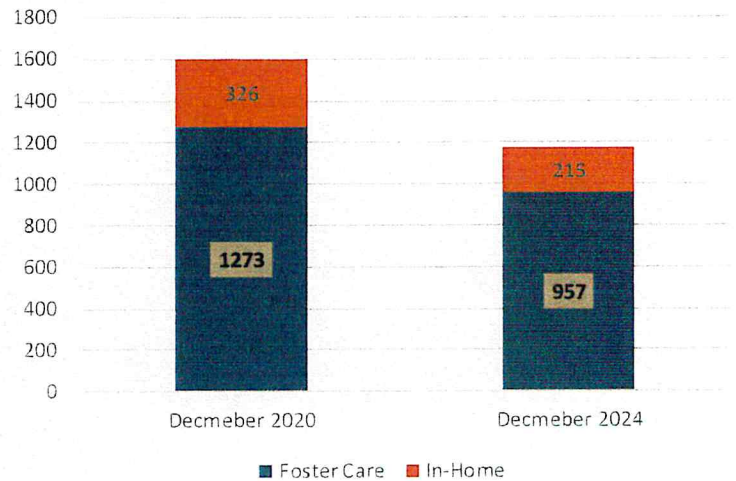


ND Case Management Data Trends – Comparing 2020 to Present

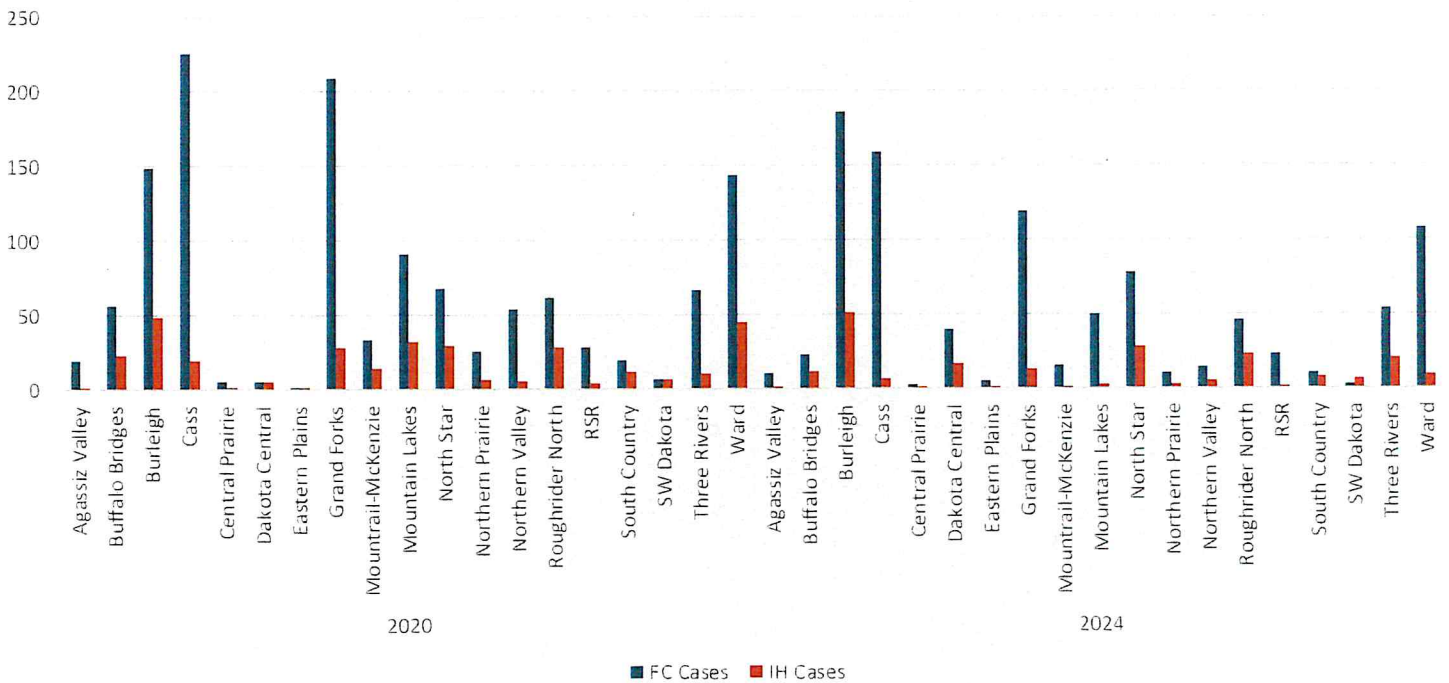


The following data trends represent both foster care and in-home case types with point-in-time data from December 1, 2020 compared to December 1, 2024. In December 2020, the North Dakota child welfare system adopted a new practice model to ensure that services are targeting the right families at the appropriate level of intrusion. Over the past 4 years, implementation training has been maintained and adapted based on the needs of the child welfare workforce. In December 2020, in-home cases constituted 25.6% of all open cases, while in December 2024 this decreased to 22.5%. The total number of cases overall has decreased as well.

Case Type Count



Percent Case Type by Zone - 2020 and 2024

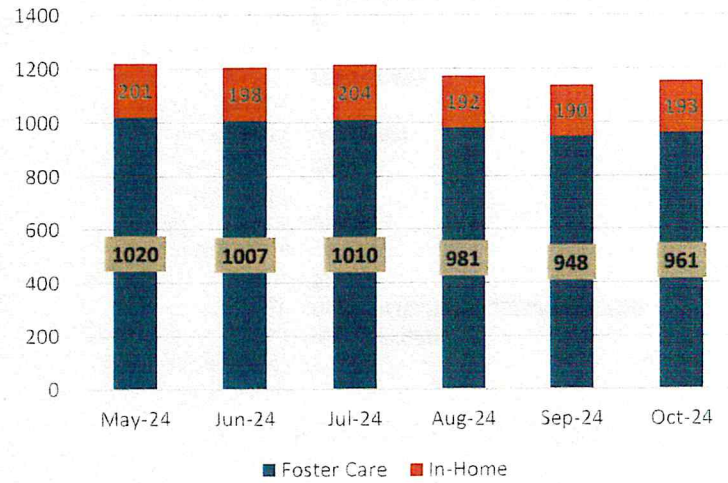


ND Case Management Data Trends

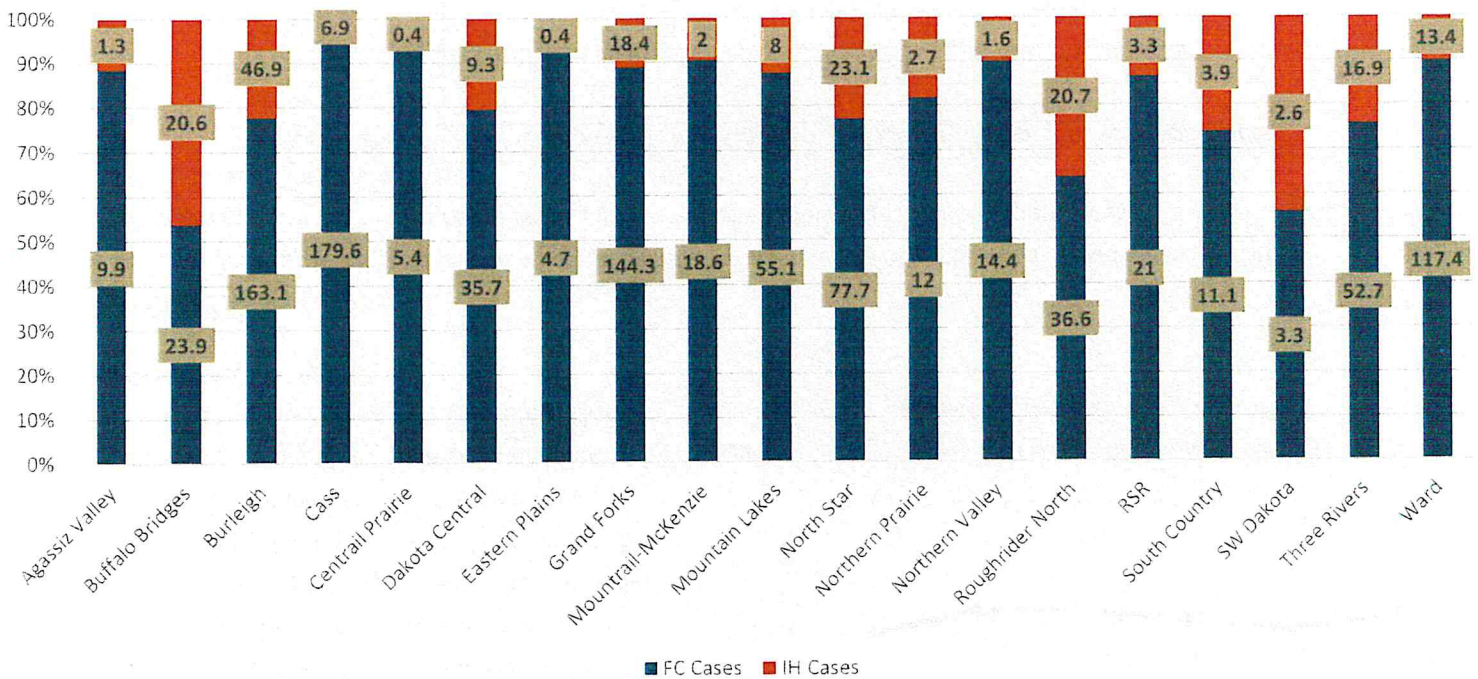


In the North Dakota child welfare system, case management case types are distinguished between in-home and foster care cases. Foster care data tracks the total number of children in each family unit that have entered the foster care system. In-home data focuses on the family unit as a whole, and each family is counted as a single case regardless of the number of children involved with that family. For additional in-depth data trend reporting, in-home cases are sometimes separated out to include the number of children included in each case, as well as the type of safety plan being utilized.

Case Type Count



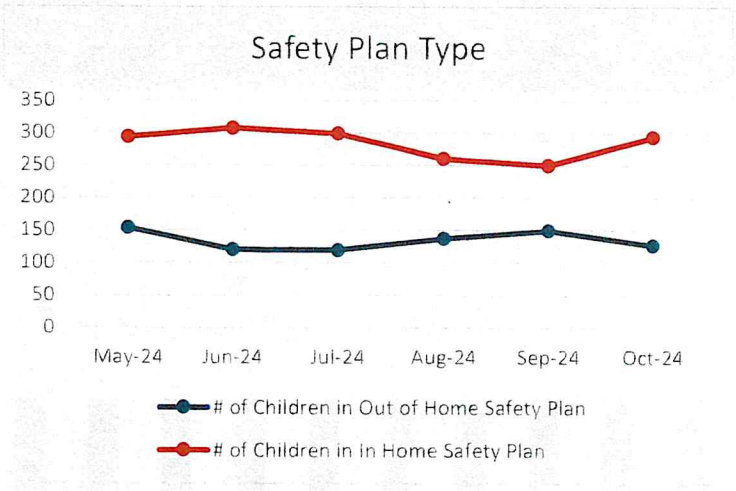
Average Percent Case Type by Zone



Case type average from May-October 2024

Types of Safety Plans

When in-home cases are reported for data tracking purposes, the safety plan type is also considered, as well as how many children that safety plan type involves. This is when it can be more effective to track total number of children in the family unit as opposed to identifying the whole family as the case unit, since there may be situations in which some children in the family unit remain in the home with a safety plan, while other children may need to have an out-of-home safety plan implemented.

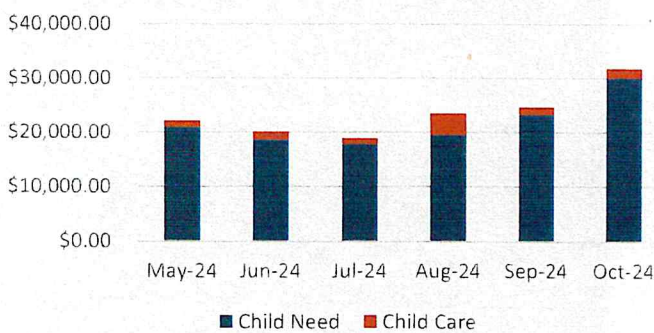


Kinship-ND

Kinship-ND is a program that can be utilized to support families in a variety of ways, including supporting kinship providers with children being served in out-of-home safety plans without agency custody, therefore reducing the level of intrusion into the family unit.

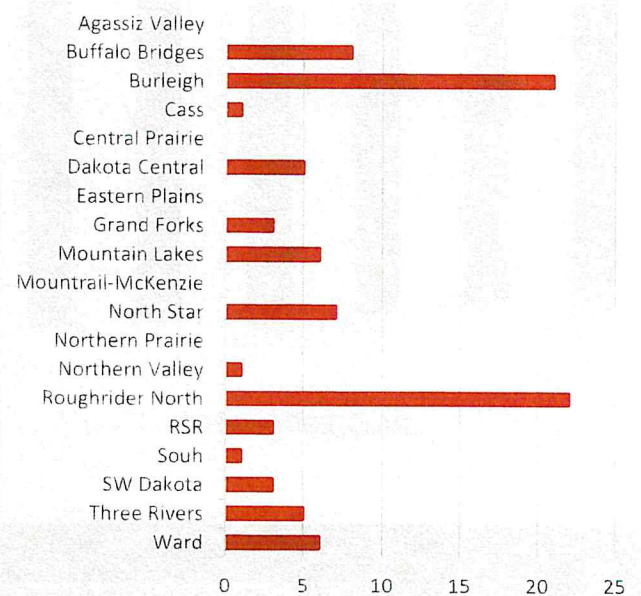
Month (2024)	# of Caregivers	# of Children	# Cases Closed	# New Applications
May	29	50	5	1
June	25	44	54	4
July	28	43	3	5
August	30	46	6	8
September	39	64	7	1
October	34	56	11	7

Payment Amount by Month



*Child Need rate was increased starting with Oct 2024 payments

Zone Referral Source (2024)



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SAFETY FRAMEWORK PRACTICE MODEL

ND SFPM is the Safety Assessment and Family Evaluation Model (SAFE) ©2025 Action for Child Protection. All rights reserved.

Safety Framework Practice Model (SFPM) was implemented December 2020 per Social Services Redesign (SB 2124, 2019). SFPM brings consistent child welfare practice for all Human Service Zones whereby they intervene in families with children who are unsafe based on the presence of uncontrolled danger threats. SFPM uses standardized tools and decision-making criteria to make well-founded child safety decisions to ensure we intervene in families' lives only when necessary. Caseworkers must consider specific, key questions to determine the least intrusive and most appropriate level of intervention.

SFPM reinforces safety planning within the home to reduce further trauma to the child. Removing children from their parents/caregivers and family home occurs only after a comprehensive assessment indicates in-home safety planning is not possible. When **1)** the family has made significant progress in achieving the expected outcomes of the case; **2)** child safety is being sustained in the child's home; and **3)** the child's safety can be maintained without the ongoing intervention of safety service providers, the case is closed.

IMPACT/OUTCOMES

CFS tracks whether SFPM is having the intended impact and data trends since implementation are encouraging:

- Reduction in the use of paid foster care;
- Increase in the use of kinship caregivers; and
- Progressive approaches for managing child safety, supporting parents in becoming protective and receiving needed services, and ensuring family well-being.

TRAINING & TECHNICAL ASSISTANCE

100% of Human Service Zone staff must complete Child Welfare Certification Training within the first year of employment. SFPM practice requirements are woven throughout the 6-week curriculum.

[607-05 Child Welfare Practice Policy Manual](#) includes the SFPM requirements for child welfare workers and supervisors.

The [ND SFPM Field Guide](#) was published and disseminated to the workforce in March 2024 to provide further procedural guidance. In addition, tools, forms, and technical assistance opportunities that are consistently offered to the child welfare workforce.

FIDELITY SUPPORT

In July 2023 CFS implemented Courageous Case Management Site Visits (CCMs). CCMs involve Field Service Specialists and the SFPM Statewide Administrator traveling onsite to meet with Human Service Zone case managers, supervisors, and directors to build on their strengths, address any challenges or barriers to implementing SFPM with fidelity, and foster collaborative relationships.

During CCMs, the CFS team meets with zone staff about case situations that are particularly challenging with the end goal of determining which children continue to require our services and which can move/remain home safely with no further agency intervention.

CCMs have been well-received. In 2023, CFS completed seven CCM Site Visits from July-December 2023. Nine additional Human Service Zones have requested CCMs in 2024.

Title IV-E Prevention Services

Under the Family First Prevention Services Act of 2018

The North Dakota Title IV-E Prevention Services Plan allows ND Department of Health and Human Services access to federal Title IV-E funding for approved evidence-based services to children/youth at risk of out of home placement.

DHHS -Children and Family Services Section is responsible for program administration of the Title IV-E Prevention Services Plan. This includes determining eligibility, monitoring agreements with approved providers, meeting federal requirements, completing QA reviews, and funding Title IV-E prevention services.

North Dakota's approved prevention services are:

- Healthy Families
- Parents as Teachers
- Nurse-Family Partnership
- Homebuilders
- Brief Strategic Family Therapy
- Parent-Child Interaction Therapy
- Multisystemic Therapy
- Functional Family Therapy
- Family Check-Up/Everyday Parenting

RECRUITMENT OF PROVIDERS

Title IV-E prevention services are available in select areas of the state. Recruitment of public and private providers continues. Grants have been awarded to agencies in an effort to grow the number of providers in implementing and delivering evidence-based Title IV-E prevention services.

ELIGIBLE CHILDREN

Federal guidance defines child eligibility criteria. Children eligible for Title IV-E prevention services must meet the following:

- Birth through 17 years of age;
- Resident of North Dakota and a US citizen;
- Not in an open foster care program (*Exception: A youth who is pregnant or parenting*);
- Lives in the home of a parent/caregiver; and
- Is at risk of out of home placement if preventative services are not offered.

Once the above criteria are met, a determination of eligibility is completed based on circumstances and characteristics of the child and their parents/caregiver.

APPROVED APPLICATIONS

From SFY 2023 to SFY 2024 North Dakota saw a 94% increase in the number of applications approved for Title IV-E prevention services.



PROGRAMS/SERVICES AND LOCATIONS

Services are provided to both children and their parents/caregivers, based upon their identified needs. Each of the services below has specific outcomes measurements identified as a goal for that service.

PREVENTION SERVICE	LOCATIONS	NUMBER OF CHILDREN SERVED
Healthy Families Home visitation program to strengthen family functioning, reduce risks and build parent protective factors. Target Population: birth-5yrs.	Statewide	312
Brief Strategic Family Therapy Intensive family intervention for youth with behavior/conduct concerns, substance abuse and delinquency. Target population: 6-17yrs.	Bismarck, Dickinson, Fargo, Grand Forks, Jamestown, Mandan, Minot, Watford City, Williston	119
Parent-Child Interaction Therapy Therapy that coaches' parents with children experiencing emotional and behavioral concerns. Target Population: 2-7yrs.	Bismarck, Fargo, Grand Forks, Jamestown, West Fargo	168
Family Check-Up/Everyday Parenting Brief, strengths-based intervention for families with children with emotional, behavioral, and academic concerns and supports positive parenting. Target population: 2-17yrs.	Bismarck, Fargo, Grand Forks, Mandan, Minot, Valley City, West Fargo	123
Multisystemic Therapy Intensive treatment and intervention for high-risk youth that addresses the core causes of delinquent and antisocial conduct. Target Population: 12-17yrs.	Southeast Region: Cass, Richland, Ransom, Traill, Sargent	46
Nurse Family Partnership Home visitation by nurses to improve health, relationships and economic well-being of mothers and their infants. Target Population: birth-2yrs.	Bismarck, Grant, Mercer, Morton, Oliver, and Sioux Counties	1
Functional Family Therapy (started September 2024) Family therapy for youth experiencing behavioral or emotional concerns. Target Population: 11-17yrs.	Counties serviced by these Regional Human Service Centers: Badlands, Lake Region, Northwest, South Central, Southeast, West Central	27

List of providers can be found at: <https://www.hhs.nd.gov/cfs/title-iv-e-prevention-services>

IMPACT/OUTCOMES

DHHS-CFS collects data to monitor effectiveness in reaching the desired outcomes for children and parents/caregivers. Below is the outcome data that shows the average change from initial contact with the child and parents/caregivers to 1) last entered survey, or 2) when the service ended.

Since the prevention plan began, just **3%** of the children served have entered foster care at the 12 or 24mth mark after receiving one or more of the above prevention services. NDHHS-CFS is encouraged by this response and will continue to monitor the effectiveness of these prevention services in helping to reduce the number of children entering foster care. Other promising outcomes include:

- **35%** improvement in demonstrated positive parenting practices
- **39%** increase in demonstrated parent skill development
- **29%** improvement in child's physical and mental health
- **43%** improvement in child's participation in routine and expectations

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Family Foster Home Licensing & Certification



North Dakota has three Levels of Licensure administered by Children and Family Services for family foster care providers:

License - Full

- Care to up to six children in need of out of home placement, which may include long term placements, respite or shelter care.
- Care to children in need of treatment by specialized providers thru Nexus PATH.

License – Relative

- Care to up to six relative children only.
- No placement maximums unless in treatment foster care.

Certified

- Care to up to three children in need of an out of home safety plan, short-term only; 30 days or less.
- Emergency shelter care is offered during a crisis for 14 days or less.
- Respite care is planned and offered for 4 days or less.

The CFS Licensing Unit works with Tribal Nations and Nexus PATH to approve family foster homes based on NDCC 50-11, NDAC 75-03-36 and licensing policy 622-05.

Eligibility

- Individuals must be age 21.
- Approved fingerprint based criminal background check, including passed child abuse and neglect index check.
- Approved home study assessment.
- Financially stable with reasonable resources to meet the needs of your home.
- Demonstrate the ability to interpret and understand the laws, rules and policies, child case plans, medication labels, etc.

Services

- Family foster care
- Respite care
- Emergency/ Shelter care on-call
- Treatment foster care
- Specialized care to children with complex behavioral health needs, medically fragile and adolescents under the custody of Division of Juvenile Services.

Roles and Responsibilities

- Provide safe care and basic needs.
- Provide daily cares and supervision.
- Provide transportation to school, visitation, activities and medical appointments.
- Communicate with professionals to ensure services are met for the child.
- Participate in case planning meetings.
- Participate in cultural activities for the child.
- Acknowledge foster care is intended to be temporary and offering foster care is a safety service to the community.

Interested in More Information?

- Inquiry Line: 1-833-378-4663
- CFS Licensing Unit: 701-328-2322 or email cfslicensing@nd.gov

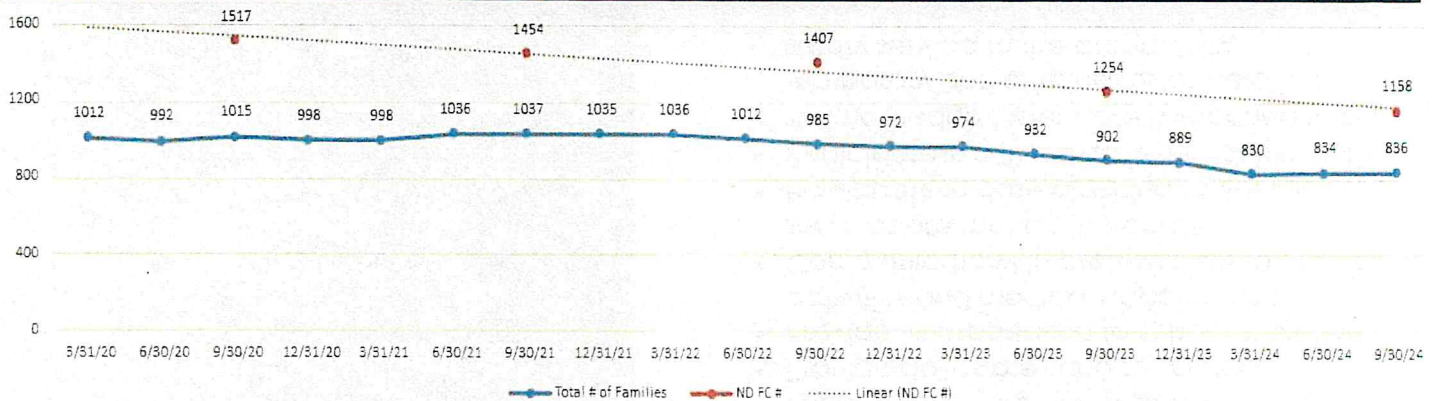
That's a Fact

On any given day in North Dakota, we have roughly:

- 1,150 children in foster care
- 150 licensed relatives
- 600 licensed providers

The data below indicates the volume children in North Dakota foster care is trending downward. This consistent trend is helpful, but there is constant effort made to ensure provider homes are available and willing to meet the needs of the children in care based on age, gender and complexity of needs.

Children In North Dakota Foster Care vs. Provider Trendline



On average, North Dakota data representing children in foster care includes:

Ages of Children

- 39% ages 5 and under
- 35% ages 6 - 12
- 20% ages 13 - 17
- 6% ages 18+

Custodian of Children

- 81% Human Service Zone and 18+
- 18% Tribal IV-E
- 1% Division of Juvenile Services

Length of Stay for the children in care

- 43% in care less than one year, with 33% of those cases in care 90 days or less
- 23% in care over 1 year, less than 2 years
- 14% in care over 2 years, less than 3 years
- 19% in care greater than 3 years; longest time for a child is 4682 (12.8 years). These cases present with a variety of complex needs, one contributing factor is their length of stay without permanency.

Majority (95%) of the children are placed in a family setting; 16% unlicensed caregivers, 75% with a licensed foster home (relative or unrelated), and 3% in supervised independent living apartments. Case managers work diligently to place children in the least restrictive level of care to meet the child's needs. Since 2019, HHS has seen a reduction in the number of children placed in long term residential settings and an increase in the number of relatives or known caregivers!



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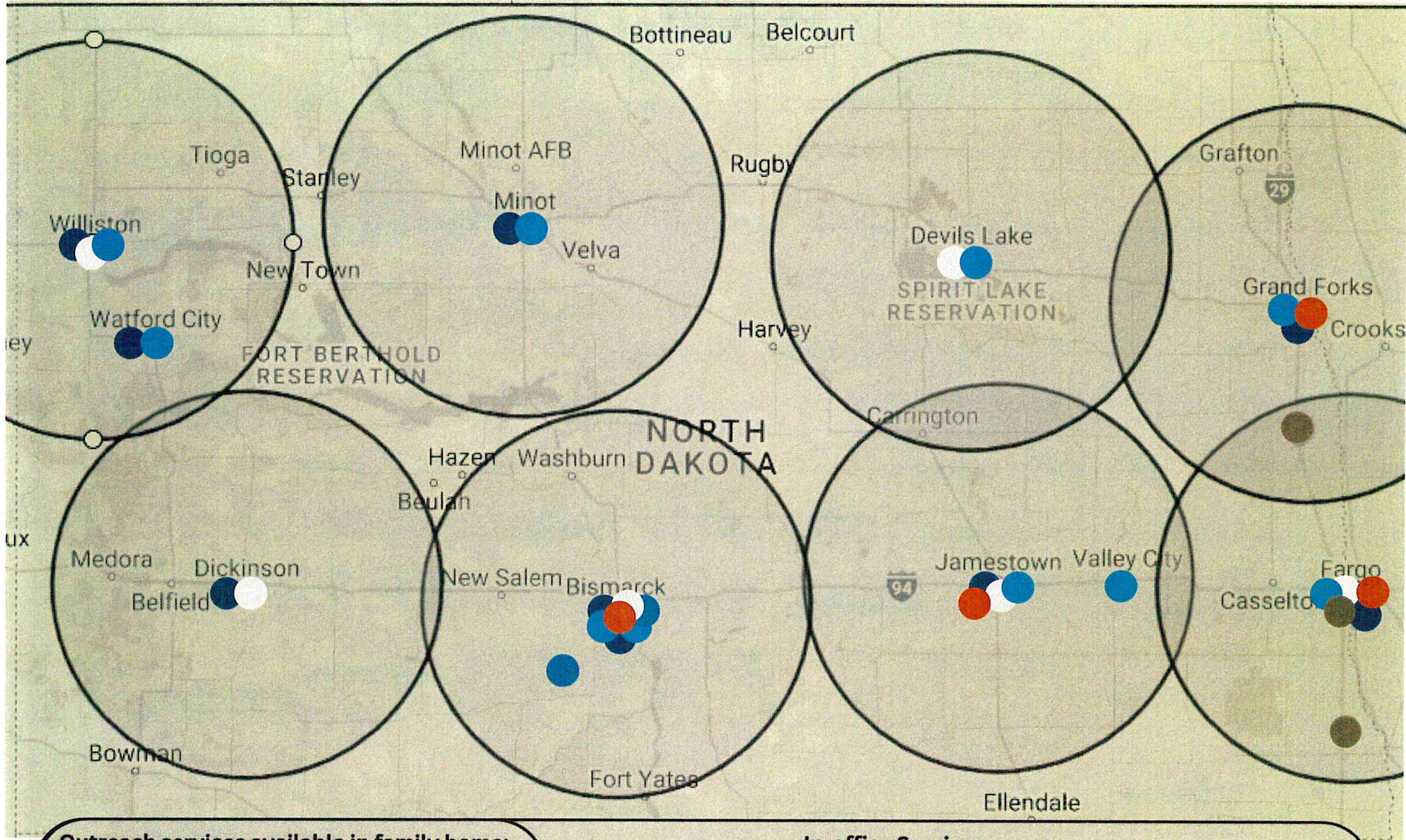
Healthy Families - Statewide



Home visitation program to strengthen family functioning,
reduce risks and build parent protective factors.

Target Population: birth-5yrs
Number of Children Served: 312

IV-E Prevention Services



Outreach services available in family home:

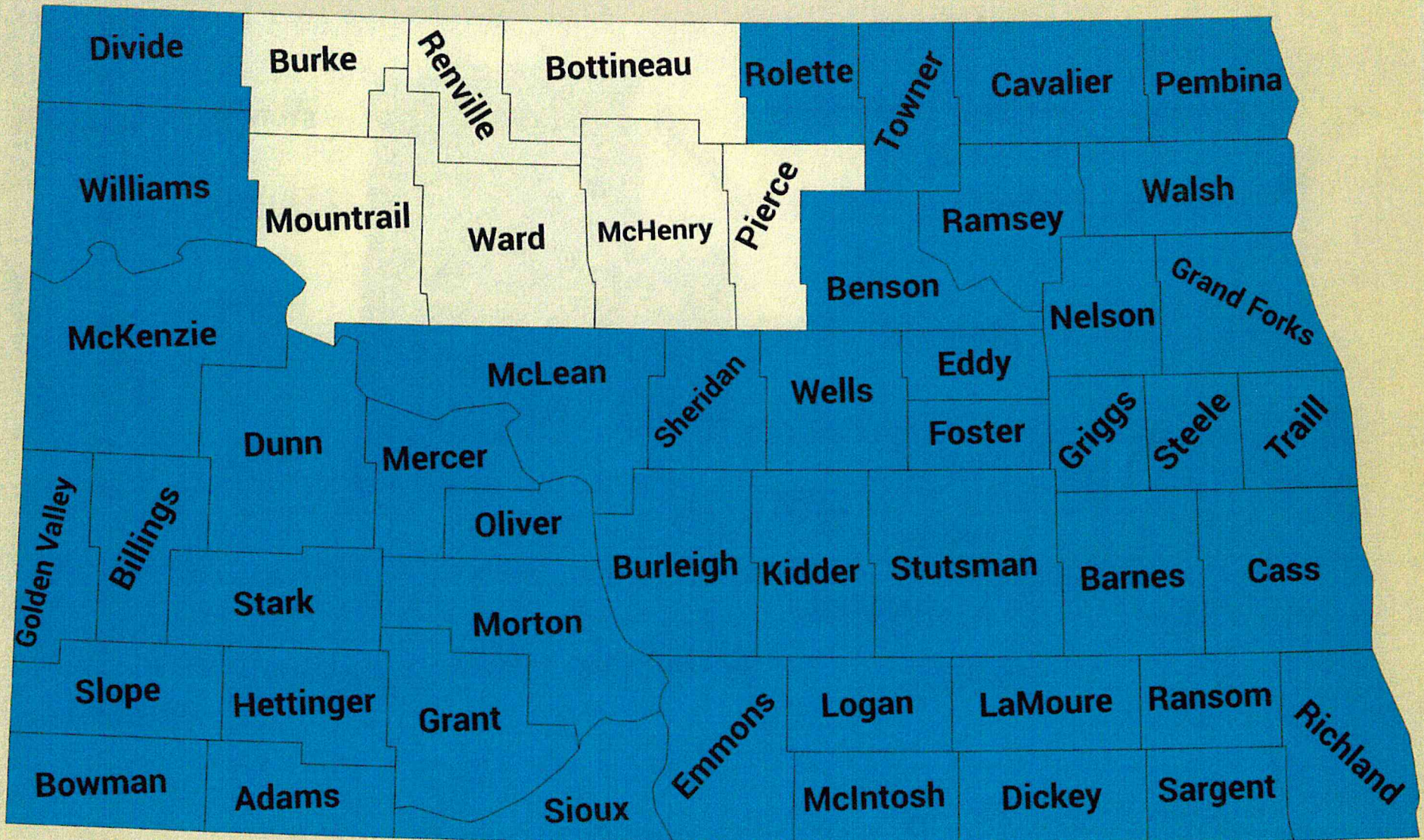
- Brief Strategic Family Therapy
- Functional Family Therapy
- Healthy Families available statewide

In-office Services:

- Family Check-Up/Everyday Parenting
- Nurse Family Partnership
- Multisystemic Therapy
- Parent Child Interaction Therapy
- Screening Provider available statewide

(Circles represent 50 mile radius)

Functional Family Therapy

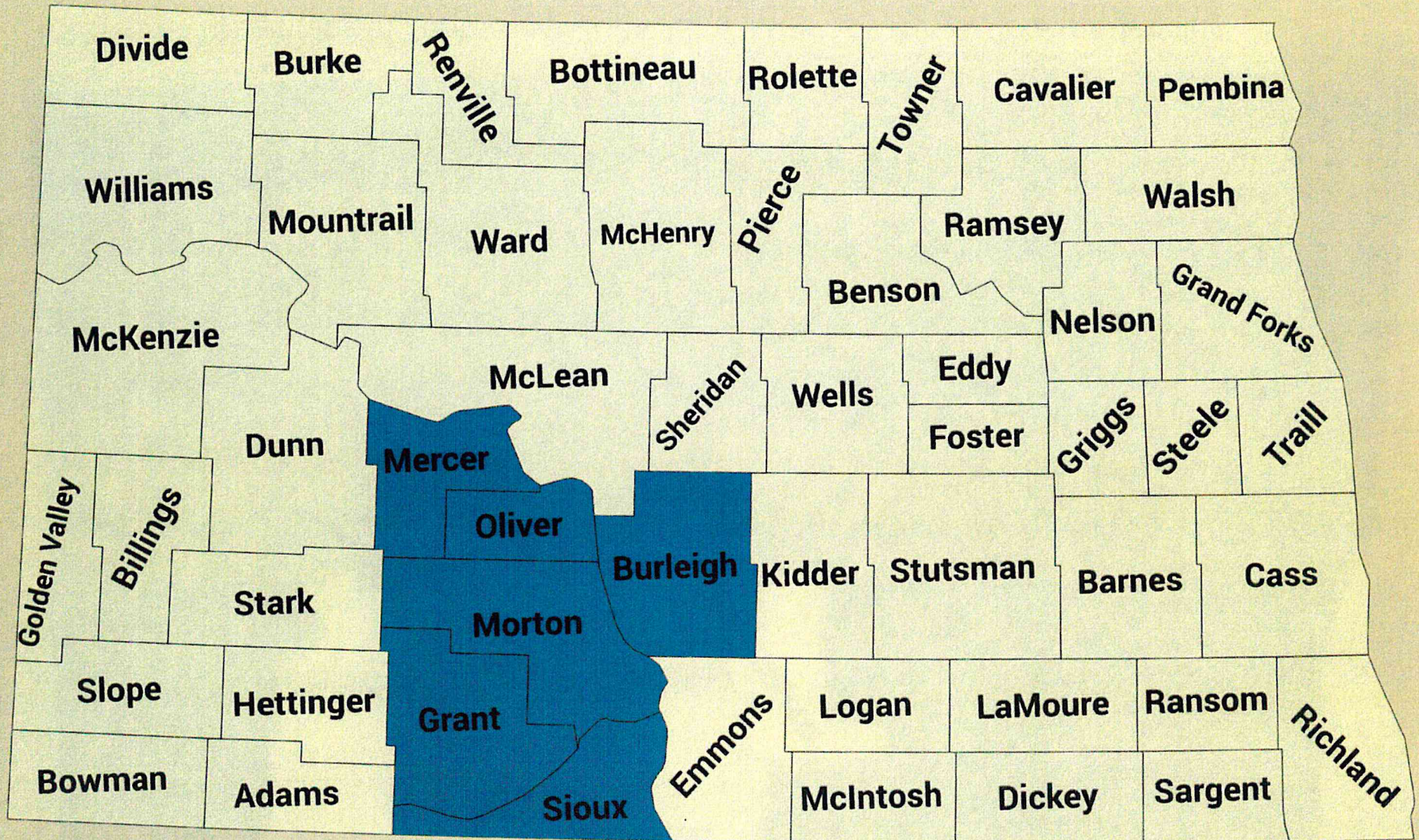


Beginning in September 2024, family therapy for youth experiencing behavioral or emotional concerns.

Target Population: 11-17yrs

Number of Children Served: 27

Nurse Family Partnership

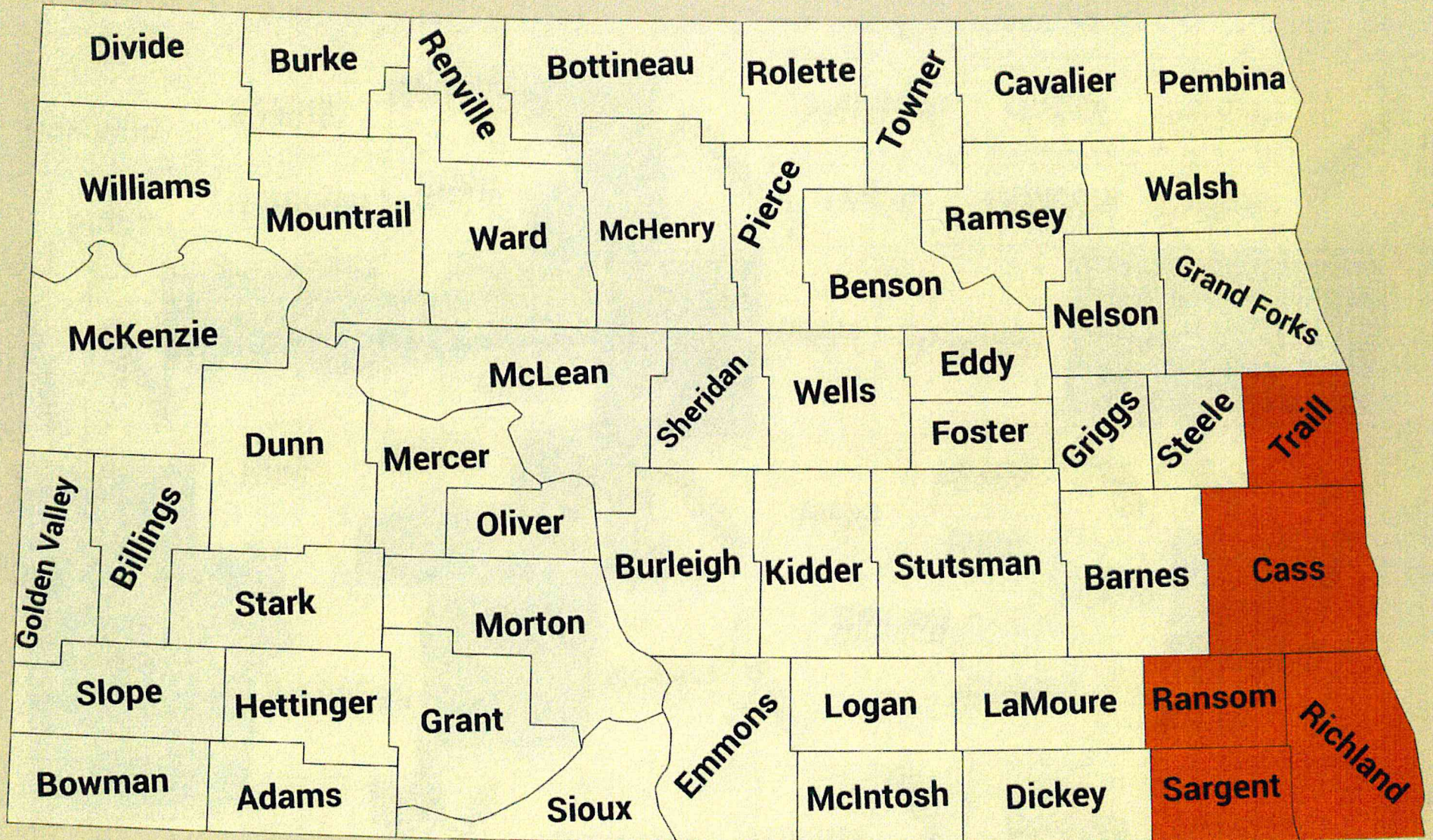


Home visitation by nurses to improve health, relationships and economic well-being of mothers and their infants.

Target Population: birth-2yrs

Number of Children Served: 1

Multisystemic Therapy

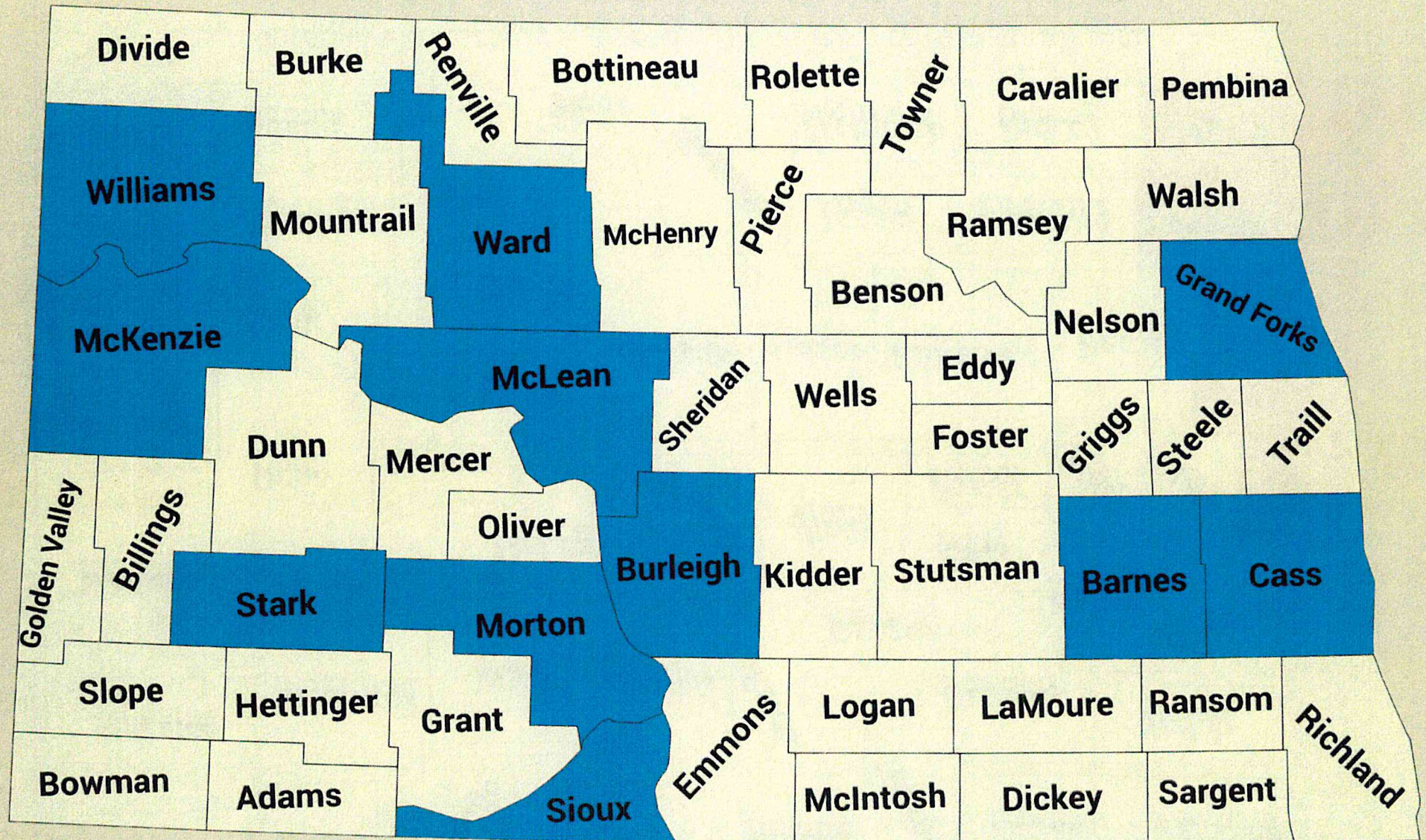


Intensive treatment and intervention for high-risk youth that addresses the core causes of delinquent and antisocial conduct.

Target Population: 12-17yrs

Number of Children Served: 46

Family Check-Up/Everyday Parenting

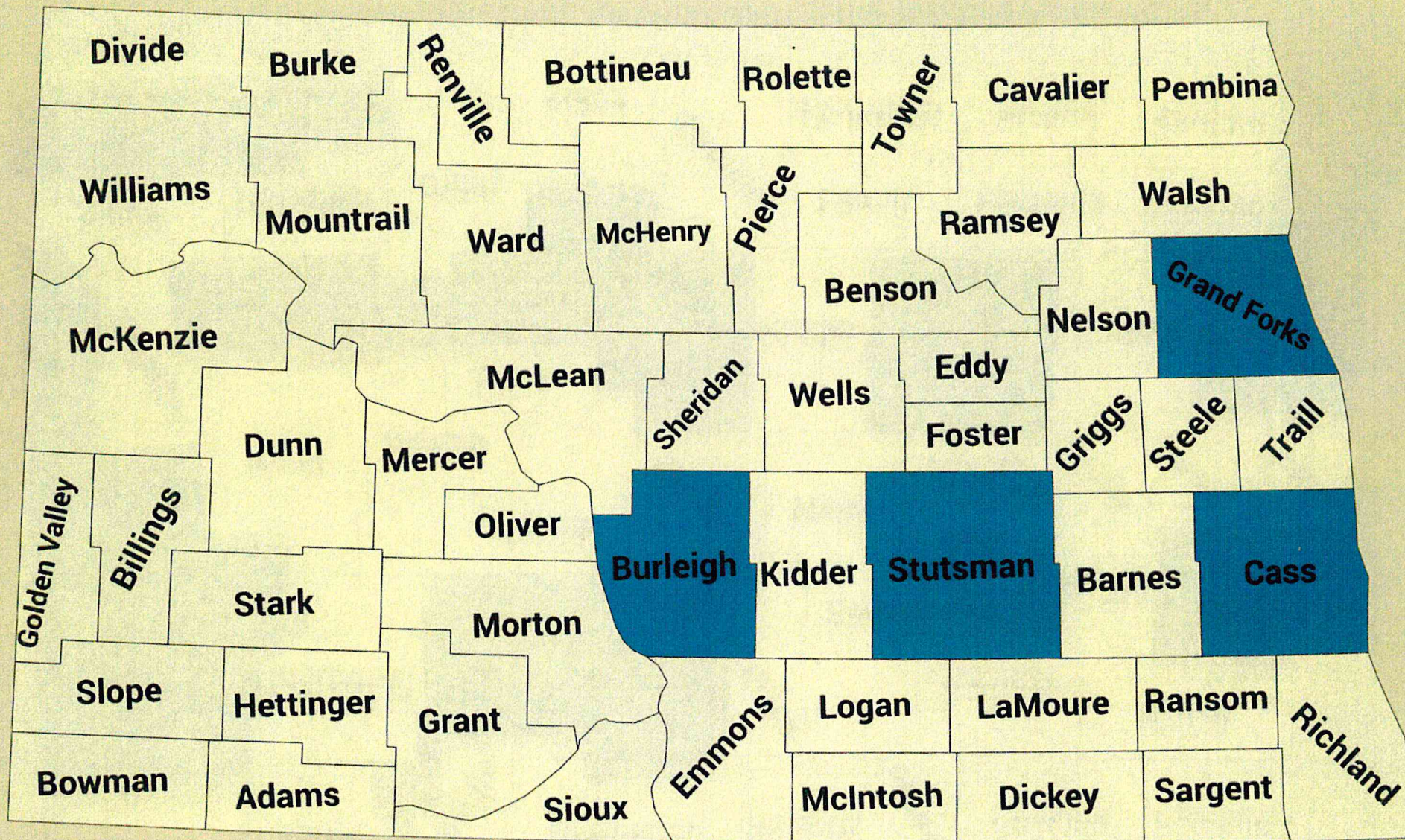


Brief, strengths-based intervention for families with children with emotional, behavioral, and academic concerns and supports positive parenting.

Target population: 2-17yrs

Number of Children Served: 123

Parent Child Interaction Therapy

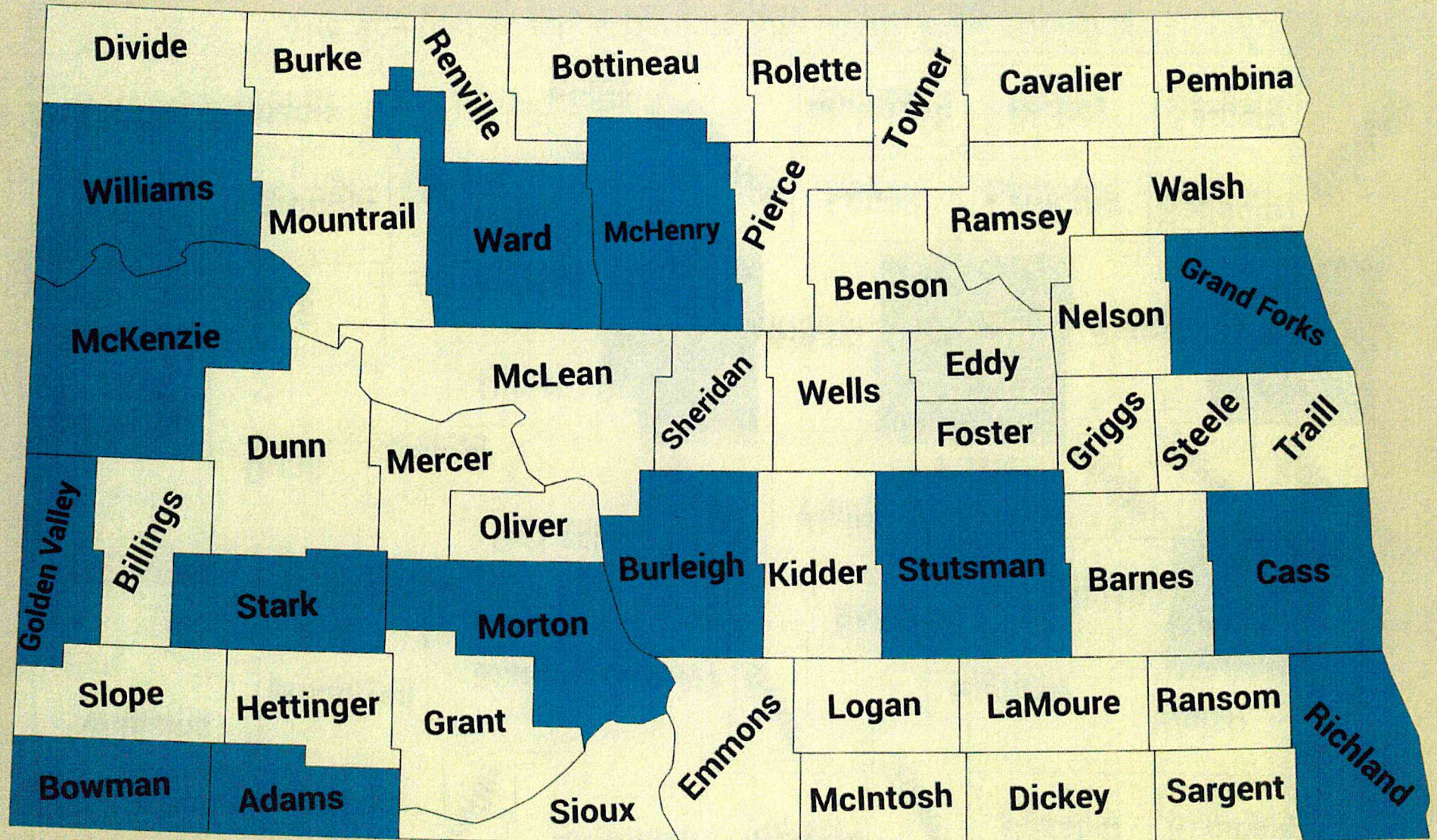


Therapy that coaches' parents with children experiencing emotional and behavioral concerns.

Target Population: 2-7yrs

Number of Children Served: 168

Brief Strategic Family Therapy



Intensive family intervention for youth with behavior/conduct concerns,
substance abuse and delinquency.

Target population: 6-17yrs

Number of Children Served: 119