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A. Safety Framework Practice Model for Child Welfare

The goal of Social Services Redesign (SB 2124, 2019) is to offer quality human services statewide to North Dakotans to improve lives. For this reason, the CFS Division established a team of child welfare professionals – the Champions of Change – to implement a new child welfare practice model in December 2020: Safety Framework Practice Model (SFPM). 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. The following universal definitions are used by all Zones.

Figure 1. Roe Lund, T., Renne, J. (2009). *Child Safety: A Guide for Judges and Attorneys.* ACTION for Child Protection, Inc.

SFPM uses standardized tools and decision-making criteria to make ***well-founded child safety decisions*** to ensure we intervene in families' lives only when necessary. Caseworkers must consider specific, key questions to determine the least intrusive and most appropriate level of intervention. SFPM reinforces safety planning within the home to reduce further trauma to the child. Removal from the home occurs only after it is determined in-home safety planning is not possible. When *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.

B. Initial Safety Framework Practice Model Training

100% of Human Service Zone staff completed the required SFPM training August 2020 – April 2021. Training was also offered to Tribal Social Service agencies and the Division of Juvenile Services. Child Welfare Certification, a six-session comprehensive training requirement for all new child welfare staff within the first year of employment, has undergone significant curriculum revisions to incorporate SFPM requirements. 607-05 Child Welfare Practice Policy Manual was disseminated December 2020 and contains all practice requirements. In addition, tools and forms that support fidelity to SFPM were provided to the child welfare workforce.

C. Ongoing Safety Framework Practice Model Technical Assistance and Training

Concurrent with the training plan, the CFS Division and Champions of Change implemented ***multi-level ongoing technical assistance and training support*** through Coaching, Supervisor Support, Booster Sessions, and individualized technical assistance that focus on key practice expectations such as sufficient safety planning, involvement of informal supports for the family whenever possible, and building responsive case plans focused on meaningful change in the parents' capacity to be protective of their children. ***All 19 Human Service Zones*** have consistently attended every ongoing training opportunity.

D. Safety Framework Practice Model Fidelity Support Case Reviews

In June 2021, 6-months post-SFPM implementation, the CFS Division and Champions of Change began SFPM Fidelity Support Case Reviews to ensure Human Service Zone staff were working with families according to policy requirements. Specially trained review teams monitor casework practice and documentation using a standardized review instrument. These reviews show that fidelity to the SFPM has grown since implementation in December 2020. Below are some ***key practice improvements*** seen through the fidelity support case reviews. In 2022 the reviewer pool was expanded to include the child welfare workforce, to incorporate a peer review model for cross-zonal collaboration, mutual learning, and continued practice improvement.

Children are safely maintained in their homes whenever possible and appropriate.	36% Improvement
The continuity of family relationships and connections is preserved for children.	13% Improvement
Families have enhanced capacity to provide for their children's needs.	21% Improvement

Table 1. NDHHS-CFS QA Unit case reviews: R3 PIP Measurement Periods 1 (Apr –Sep 2020) & 4 (Oct 2021-Mar 2022) of the ND Program Improvement Plan.

CHILDREN & FAMILY SERVICES

Children Eligible for Title IV-E Prevention Services **MUST** meet the following criteria:

- 17 years and under (post-natal);
- North Dakota resident;
- Not in an open foster care program or under the custody of a public agency (Exception: A youth who is pregnant or parenting);
- In a home of a parent/caregiver; and
- At risk of out of home placement if preventative services are not offered.

Once the above criteria are met a determination of eligibility needs to be made. To apply for eligibility, go to: https://dhs-ive-prod.powerappsportals.us/ffp-home/individual-application-public/

Title IV-E Prevention Services and Locations in North Dakota

Prevention Service	Locations
Healthy Families Home visitation program to strengthen family functioning, reduce risks and build protective factors Target Population: birth-5 yrs	Adams, Barnes, Billings, Bowman, Burleigh, Cass, Dunn, Emmons, Grand Forks, Grant, Hettinger, McKenzie, Morton, Pembina, Nelson, Slope, Stark, Stutsman, Walsh, Williams
Brief Strategic Family Therapy Intensive family intervention for youth with behavior/conduct concerns, substance abuse and delinquency Target population: 6-17yrs	Bismarck, Dickinson, Ellendale, Fargo, Grand Forks, Jamestown, Mandan, Minot, Watford City, Williston
Parent-Child Interaction Therapy Therapy that coaches' parents with children experiencing emotional and behavioral concerns Target Population: 2-7 yrs	Bismarck, Fargo, Grand Forks, Jamestown, West Fargo
Family Check-Up/Everyday Parenting Brief, strengths-based intervention for families with children with emotional, behavioral, and academic concerns. Parenting curriculum is used to support positive parenting Target population: 2-17yrs	Bismarck, Fargo, Grand Forks, Mandan, Minot, Valley City, West Fargo
Multisystemic Therapy Intensive treatment and intervention for high-risk youth that addresses the core causes of delinquent and antisocial conduct. Target Population: 12-17 yrs	Southeast Region: Cass, Richland, Ransom, Traill, Sargent
Functional Family Therapy, Homebuilders, Nurse Family Partnership, Parents as Teachers No Providers	

To view the list of approved Title IV-E providers or to apply to become a provider, go to:
https://www.hhs.nd.gov/cfs/title-iv-e-prevention-services

Kinship-ND

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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

Top needs

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

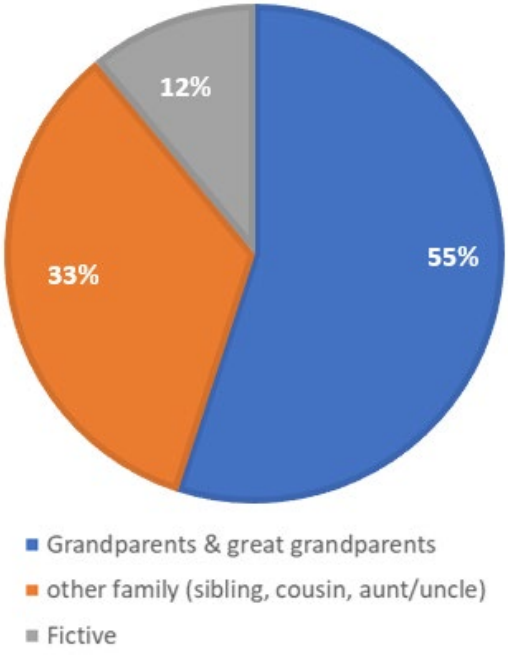
According to childwelfare.org, “Relatives are the preferred resource for children who must be removed from their birth parents because it helps maintain the children's connections with their families, increases stability, and overall minimizes the trauma of family separation. It is imperative that kinship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

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

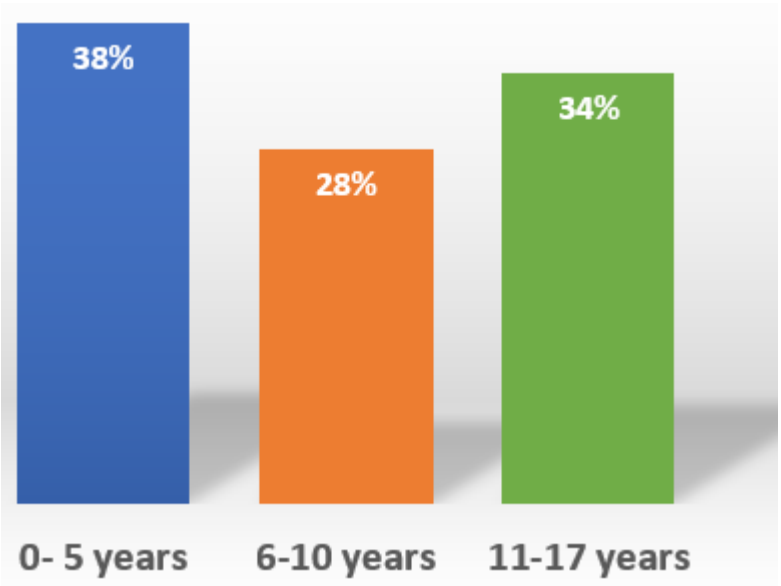
From 3/17/21 – 8/1/23 we have served

648 Caregiver homes **1,215 Children**

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



Role of the caregiver to the children in Kinship-ND



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.

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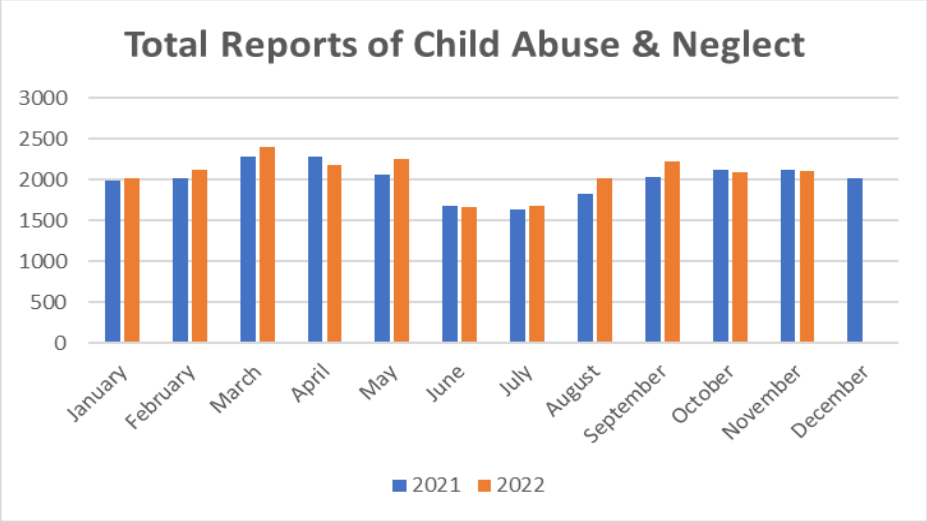
Children and Family Services
Centralized Intake

A. Centralized Intake

North Dakota's Centralized Child Abuse and Neglect Reporting Line has processed over 23, 000 reports of Child Abuse and Neglect in 2022. The unit is comprised of 13 specialized Child Protection Service Intake workers as well as 2 supervisors who continue to work across the State in Human Service Zones. Upon receipt of a report of suspected child abuse and neglect, this specialized team gathers comprehensive information to support the child welfare workers in their response to children who are maltreated, unsafe or in need of protection and services, in a timely manner. Quality Child Protection Intake streamlines reports to assure they meet the criteria in state law to prevent unnecessary intervention. The top three reasons a report is administratively assessed is: the reporter can give no credible reason for abuse or neglect, the family is open with the agency and concerns will be addressed by the case manager, and the concerns clearly fall outside the state law.

B. Objectives of the Intake Assessment

- Gather specific, detailed information from reporters regarding their concerns.
- Determine if reported concerns meet the definition of Child Abuse & Neglect as defined by North Dakota state law.
- Determine if present danger is identified and an immediate response is required to assure safety.
- Determine whether a referral to law enforcement is necessary.
- Inform reporters of prevention services and other community resources available when information does not indicate children are subjected to maltreatment; however, may need supportive services or referrals.



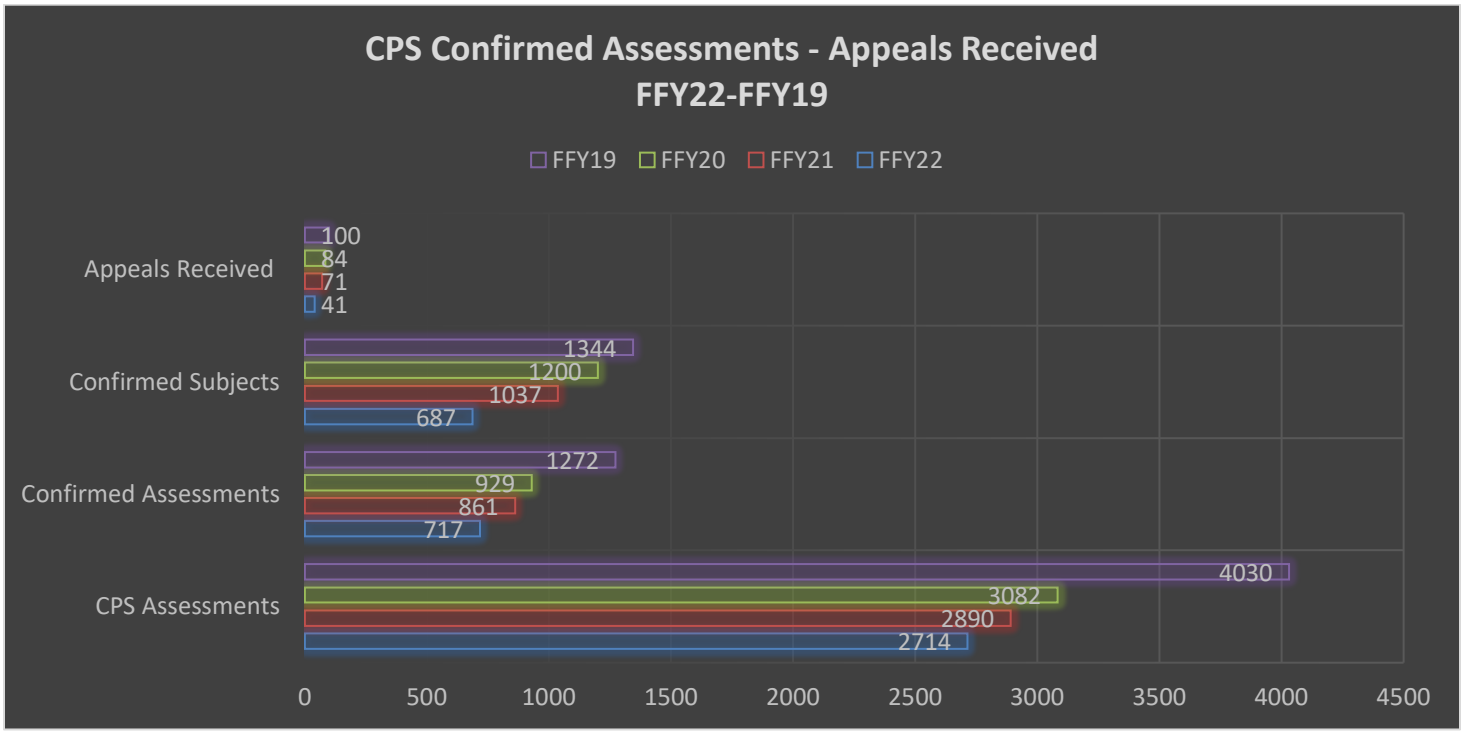
- **Out of the 24,095 reports received through Central Intake in 2021, a total of 7,681 reports were administratively assessed or referred out**
- **As of November 30, 2022, there has been a total of 23,727 reports received from January 1, 2022 with 7,622 reports administratively assessed or referred out.**

Calls are answered from 8 a.m.-5 p.m. Central Time Monday-Friday at 1-833-958-3500
Outside of business hours, reporters are encouraged to contact Law Enforcement or 9-1-1. North Dakota's Human Service Zones have Child Welfare Workers who respond to emergencies when contacted by Law Enforcement.

Child Protection Services (CPS) Administrative Appeals

ND Administrative Code 75-03-18 details the procedures for appeals of child abuse and neglect assessments in accordance with NDCC 50-25.1-05.4.

- Only the suject who is aggrieved by the result of a confirmed child protection assessment decision may file an appeal.
- The request for appeal must be received by the department within thirty-three(33) days of the documented date of subject's notification of decision. Notification is considered to have occurred three(3) days after the date of the affidavit of mailing.
- The request for appeal is made in writing utilizing SFN 462, Request for Appeal of the CA/N Decision
- Due Process: A subject is not placed on the Child Abuse Information Index until their appeal time period has lapsed, thirty-six (36) days following the notification date.



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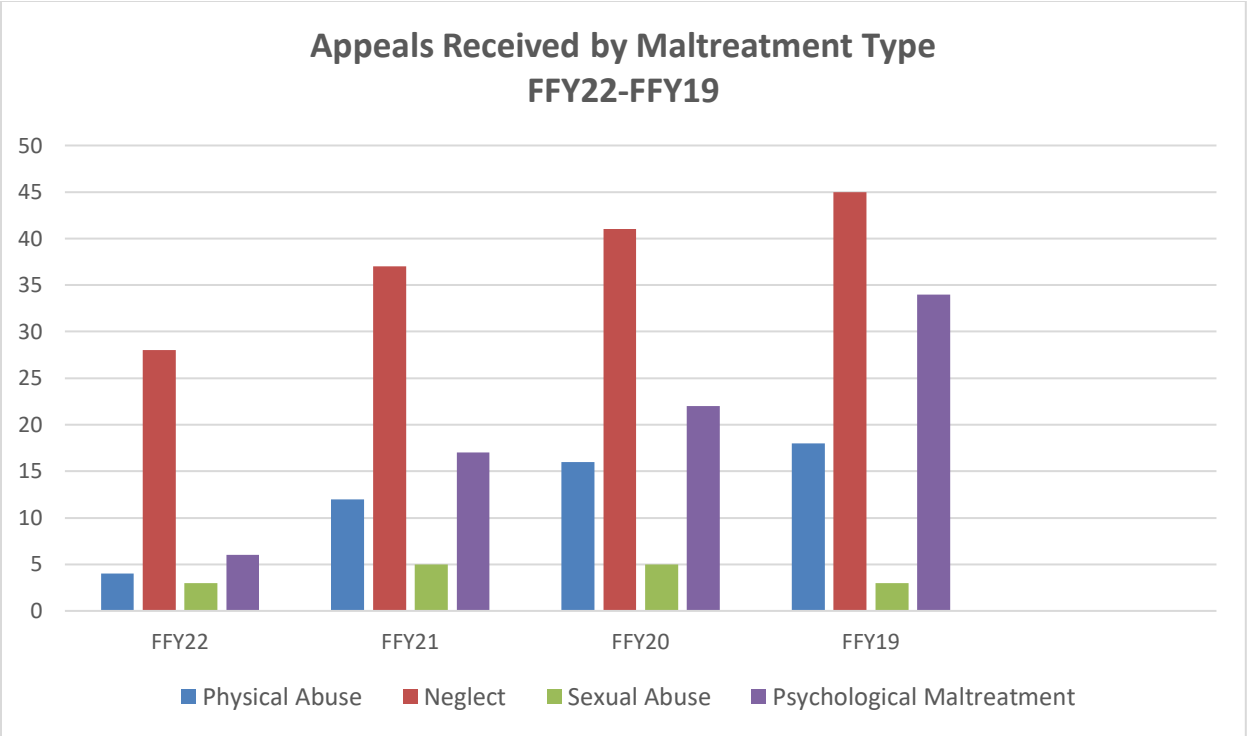
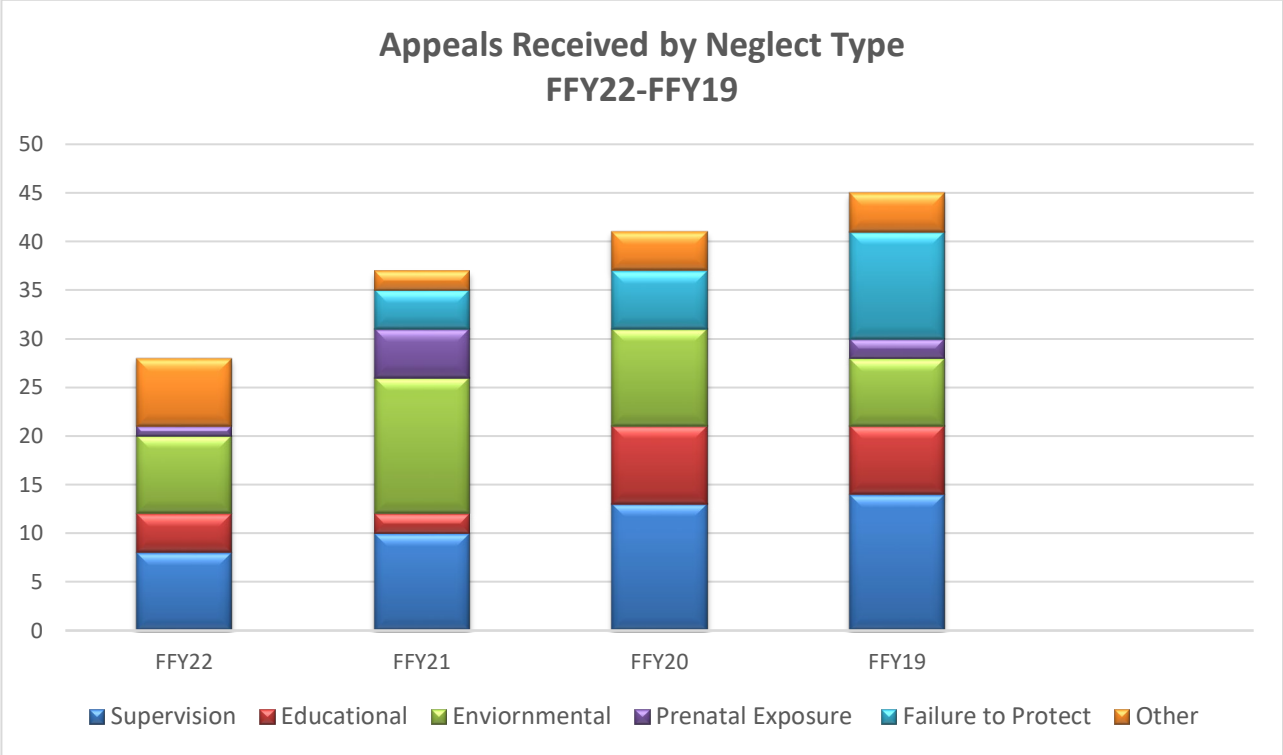
Confirmed determinations are made in approximately 30% of completed child protection assessments; the department receives a request for an administrative appeal in approximatley 7% of those confirmed assessments. An administrative hearing is held in approximately 15% of appeals received.





Beginning FFY22, a family services assessment[ii] can be completed in response to reports of educational neglect as appropriate, resulting in a decrease in confirmed determinations and appeals received from reports of educational neglect or other neglect reports in which the child is determined to be at low risk and safety concerns are not evident according to guidelines set forth in CPS policy.

[i] Child protection assessments do not include alternative response assessments, family services assessments, pregnant woman assessments, assessments that were terminated in progress, or those reports that are administratively assessed or referred. Data from NCANDS (National Child Abuse and Neglect Data System) and FRAME (ND Child Welfare Data Management System.

[ii] NDCC 50-25.1-02(14) defines "family services assessment"

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Children and Family Services
Shelter vs. Respite vs. Substitute Reference Chart

This chart represents options for agency staff to consider when approving placements and provider supports.

	Shelter Care	Respite Care	Substitute Care
Policy	607-05-35-40-01	607-05-70-45-20-01	624-05-15-47
Definition	Temporary care during which a child needs a safe bed outside of the home.	Temporary relief care for a child with special medical, emotional, or behavioral needs, which require time-limited support, supervision and care.	Temporary care of a child when the licensed foster care provider is unavailable for more than a portion of one day.
Length/Duration	No greater than 7 consecutive days Providers must comply with licensing standards regarding permanent vs. temporary bed space.	Overnights = No greater than 4 consecutive days Non-overnights = 12 hr/wk No limit on the number of requests	No greater than 14 consecutive days, so long as the home has permanent bed space. Substitute care cannot exceed 7 consecutive days, if using temporary bed space per licensing standards.
Provider/Setting	Licensed foster care provider Licensed childcare provider	Licensed foster care provider Licensed childcare provider Contracted Vendor (no overnights)	A substitute caregiver must be a responsible adult, age 21 or older, willing to provide care in the absence of the foster care provider, including: • An identified relative (NDCC 50-11) • A licensed foster care provider
Eligibility	Children under the age of 18 involved with a Human Service Zone: Prevention (CPS and In Home): No TCO obtained and to be used as diversion and early intervention for children when present danger exists, and temporary safe care is required. Foster care cases opened greater than 24 hours; must open in FRAME: All foster care cases will identify the licensed foster care provider as their primary placement and will receive reimbursement through CCWIPS.	Children under the age of 18 involved with these agencies and programs: Human Service Zones Division of Juvenile Services (DJS) • Foster care placement only ND Tribal Nation - Social Services • Foster Care (IV-E) clients only Post Adopt/ Guardianship • HHS subsidy recipient only Human Service Center (HSC) dual clients	Children in foster care under the care, custody and control of a public agency (Human Service Zone, DJS, or Tribal Nation).
Point of Contact	Foster care provider or case manager are responsible to identify and secure the provider. CFS Licensing Unit Staff: • Brittany Fode brifode@nd.gov or • Dana Lindemann danalindemann@nd.gov		Foster care provider is responsible to secure substitute care. If greater than a portion of one day, the child's custodian must approve the arrangement.
Referral Form **or** **Provider Agreement**	SFN 928: Licensing Specialist completes with foster care provider SFN 931: Worker/Case Manager completes after Shelter Care episode W-9 completed by provider and blank voided check, if needed	SFN 929: Worker/Case Manager submits to CFS for prior review/approval W-9 completed by provider and blank voided check, if needed	Not applicable A licensing amendment is not required for substitute care. However, the custodian must ensure compliance with permanent vs. temporary bed space.
Payment Option	$38/day Claims submitted to CFS Licensing Unit from worker/case manager The Unit will make payments to licensed providers.	$55/day SFN 929 claims are submitted to the CFS Licensing Unit from worker/manager The Unit makes payments to licensed providers or vendors.	Not applicable Personal exchange between the foster care provider and substitute caregiver. It is recommended and most often occurs that the foster care provider agrees to reimburse the daily rate.

	Shelter Care	Respite Care	Substitute Care
Examples	Shelter care may be needed when: 1. Present danger exists 2. Mom is experiencing a behavioral health crisis and is admitted to the local psych unit. It is known mom has support of her mother coming to live in the home until further notice. Children need shelter care until grandma arrives. 3. Dad is arrested for an outstanding warrant. It is known he will be released from jail following his court hearing on Monday. Children need shelter care for four nights. 4. Mom is under the influence and engages in a dispute at a hotel. Law enforcement calls the Human Service Zone for assistance. Mom states her sister can come stay with her, but she cannot arrive until tomorrow. Children need shelter care for one day.	Respite care may be needed when: 1. Child is destroying property; child and foster care provider both need a weekend to regroup. 2. Child's behaviors challenge daily routine; foster care providers need a weekend break. 3. Foster care provider is attending a family event and the child in foster care is autistic with a feeding tube, his needs exceed his ability to comfortably join the family for the weekend. 4. Unlicensed grandma is caring for twin toddlers who require extra supervision. Grandma is tired and could benefit from two afternoons per week. 5. A mother of a substance exposed newborn would like to participate in day treatment services and needs a break from the high demands of her baby. Respite is provided for six hr/wk.	Substitute care may be needed when the licensed foster care provider is: 1. Going on vacation for a week, 2. Attending a funeral out of town and will be gone all weekend, 3. Having a medical procedure and would benefit from 4 days of support and coverage, 4. Attending a concert overnight, 5. Going to a wedding where children are not invited, 6. Transporting a child to a medical procedure out of state and cannot take all of the children with them, 7. Painting bedrooms and spring cleaning, and do not want kids in the home for the weekend.

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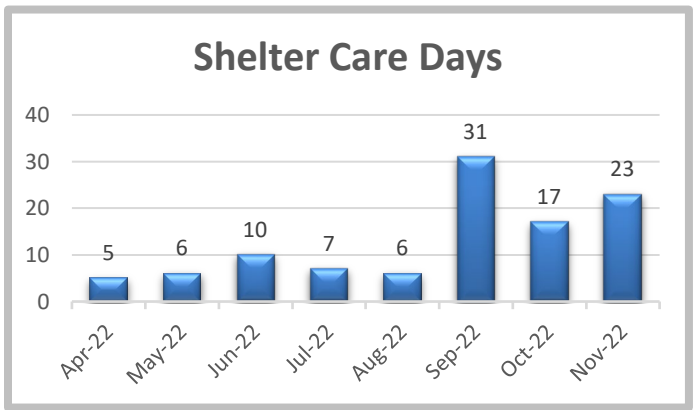
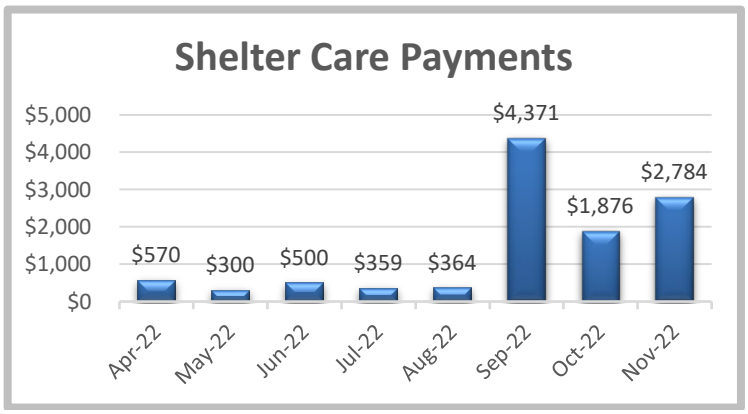
Children and Family Services
Shelter Care

The intent of shelter care is to be used as a prevention and early intervention tool to address immediate placement needs while supports and services are put into place for families. Shelter care in either a family setting or a certified program offers a safe temporary placement option to support child safety, while helping to strengthen and stabilize families.

A. Shelter Care - Family Foster Home

Shelter care is a front-end prevention support for families working with a North Dakota Human Service Zone. Shelter care funding is used to support the costs of children with an open CPS assessment or actively engaged in an In-Home program. The Safety Framework Practice Model encourages North Dakota to revision how we engage with families and offer support during a crisis. When present danger exists and out of home placement is warranted, agency staff are required to engage in reasonable efforts to prevent removal by identifying appropriate support for the family, which may include a temporary out of home placement with a relative or licensed foster care provider.





These charts represent the number of days children were served each month in a licensed foster care providers home and the amount of shelter care funding reimbursed to the providers of this service.

B. Shelter Care Program Certification

Certified Shelter Care Programs were implemented as part of the 2021 Legislative Session; lawmakers approved the expansion of emergency shelter care options for children and youth. North Dakota Administrative Code (NDAC) 75-03-14.1 went into effect January 1, 2022. In February 2022, 1.5 million dollars in shelter care certification start up grants were made available to interested agencies. Agencies could apply for up to $150,000 per certified shelter care site.

North Dakota Certified Shelter Care Programs include:

- Sunrise Youth Bureau (Dickinson, ND) became certified on July 1, 2022
- Northwest Youth Assessment Center (Williston, ND) became certified on July 21, 2022.
- Youthworks (Minot, ND) became certified on September 2, 2022.

Certified shelter care program requirements:

- Compliance with NDAC 75-03-14.1, inclusive of the creation of policy and procedures
- Hire employees who successfully complete a fingerprint based criminal background check and an initial and annual Child Abuse and Neglect index check
- Offer placement to children ages 10 through 17
- Placement not to exceed 7 calendar days, unless an extension is approved by HHS for an additional 7 calendar days.

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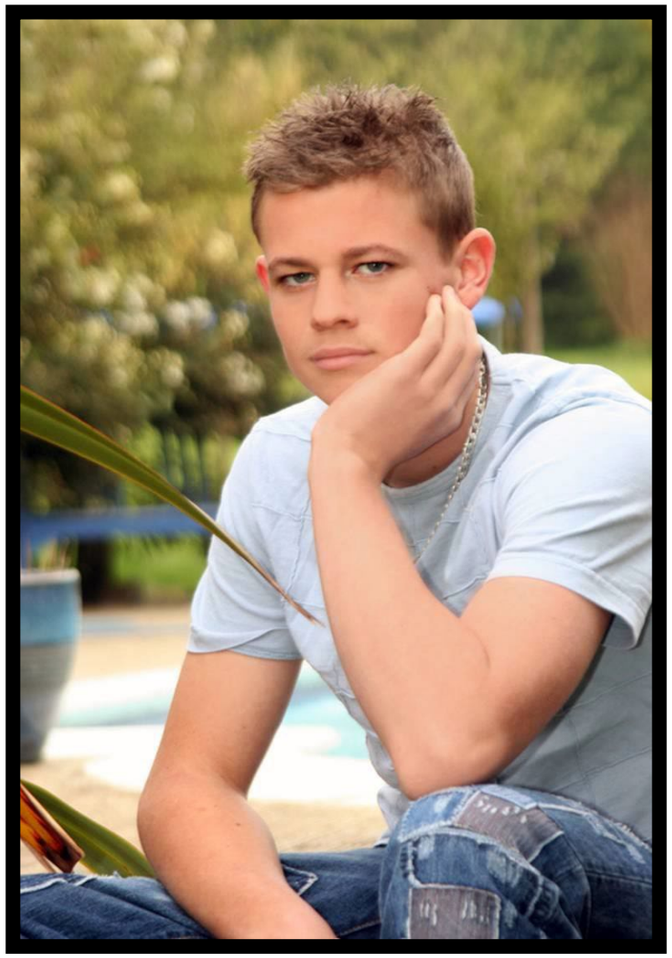
ND Levels of Foster Care: *NDCC 50-06-06.14. Requires the human service zones to explore the option of kinship care if a child is unable to return home due to safety concerns. Absent kinship options, the human service zones shall provide permanency options that are least restrictive and near the family's home. A child in foster care can enter and exit any level of care noted below dependent on their eligibility and needs. Note: Psychiatric Residential Treatment Facilities (PRTF), substance use disorder (SUD) treatment, acute hospitalizations stays, and detention are not foster care placements.*

	Prevention Placements		Foster Care Placements			18+
	Shelter Care (Certified Program or Licensed Family)	**Relative Care**	**Family Foster Care**	**Treatment Foster Care (Nexus-PATH)**	**Qualified Residential Treatment Program (QRTP)**	**Supervised Independent Living (SIL)**
Parameter	Present danger exists and a child is in need of temporary safe care, referred by: ✓ CPS with Zone ✓ In-Home with Zone ✓ Foster care with a Zone	Unlicensed relative providing care to children. ✓ Relative care that never enter foster care ✓ In foster care under the custody of a Zone, Division of Juvenile Services, or a Tribal Nation	Licensed foster home providing care to children. ✓ In foster care under the custody of a Zone, Division of Juvenile Services, or a Tribal Nation. ✓ In 18+ Continued Care (ages 18 to 21) under placement and care of a Zone or Tribal Nation.	Licensed foster home providing least restrictive treatment to children. ✓ In foster care under the custody of a Zone, Division of Juvenile Services, or a Tribal Nation. ✓ Pre-approved for the BHD Voluntary Treatment Program.	Licensed foster care facility providing 24-hour treatment for children. ✓ In foster care under the custody of a Zone, Division of Juvenile Services, or a Tribal Nation. ✓ Pre-approved for the BHD Voluntary Treatment Program.	Licensed setting managed by an agency providing care to: ✓ 18+ Continued Care youth under placement and care of a Zone or Tribal Nations.
Child Age	0 to 18 Licensed Family 10 to 18 Certified Program	0 to 21	0 to 21	6 to 21	10 to 19	18 to 21
Presenting Child Need	**Need** • Behavior is typical for age and can be easily redirected • Acting out in response to traumatic stress, but episodes are brief and/or temporary.	**Need** • Behavior is typical for age and can be easily redirected • Medically fragile infants (drug exposed newborns) • May present occasional grief, loss, anger, depression, anxiety, defiance, substance use, intentional misbehavior, running away or school difficulties. • Acting out in response to traumatic stress, but episodes are brief and/or temporary.	**Need** • Behavior is typical for age and can be easily redirected • Medically fragile infants (drug exposed newborns) • May present occasional grief, loss, anger, depression, anxiety, defiance, substance use, intentional misbehavior, running away or school difficulties. • Acting out in response to traumatic stress, but episodes are brief and/or temporary. • Specialized family settings, HOST Homes work with victims of sex trafficking.	**Treatment Need** • Behavior is typical for age but requires additional services, supports, planning and provider training to meet the child's needs. • Occasional behavioral health needs, which may present a danger to self or others. • Currently presenting episodes of emotional or impulsive aggression, traumatic stress, anxiety, defiance, impulsivity, hyperactivity, running away, intentional misbehavior, sexualized behavior, self-harm not requiring emergency medical intervention, sleep disturbance, or substance use.	**Residential Treatment Need** • Behavior requires additional services, supports, planning and specialized clinical training provided by rotating staff to meet the child's needs. • Frequent behavioral health needs which may present a danger to self or others. • Frequent emotional or impulsive aggression • Currently presenting episodes of traumatic stress, psychosis, anxiety, defiance, impulsivity, hyperactivity, running away, intentional misbehavior, self-harm not requiring emergency medical intervention, substance use and/or sexual aggression • Not acutely suicidal or homicidal.	**Need** • Aged out of North Dakota foster care • Behavior may be typical for age and can be redirected • Experienced or currently experiencing behavioral health needs including substance use. • Acting out in response to life stressors, but episodes are brief/ temporary and easily redirected. Currently working or in school.
Level of Care details	• Served by outpatient community resources (therapy, med management, etc.) • Public School • In-home supports	• Served by outpatient community resources (therapy, med management, etc.) • Public School • In-home supports • Respite	• Served by outpatient community resources (therapy, med management, etc.) • Public School • In-home supports • Respite	• Served by outpatient community resources (therapy, med, etc.) • Eligibility is reviewed every 90 days • Public School • Additional in-home supports • Additional case management • Ongoing Respite	• Formal assessment completed by 3rd party, approving/denying placement. • Eligibility is reviewed every 90 days. • Trauma informed treatment offered by a clinical team. • 6 months aftercare support.	• Served by outpatient community services (therapy, med management, etc.) • Additional case management Supportive services to transition to adulthood
Length of Stay	7 days	Undetermined	Federal = less than 12 months	9 months	3 to 6 months	Unlimited for ages 18 to 21

Case managers work diligently to place each child in the least restrictive most appropriate level of care.
Each case has a different plan and may take different paths. The goal is to enhance youth and family engagement and generate local services to support reunification of the child with his/her family as quickly as possible, with the least amount of disruption along the way!



Meet Gavin! He is a 15-year-old male listed as a victim in a 960 where there is suspicion that he was living alone in an apartment where there was no parent or guardian to care for him. The local Human Service Zone assessed the situation, and it was determined that Gavin's mother passed away and his father was recently incarcerated for drug related offenses. The CPS worker established rapport with Gavin and asked if he had any family or friends in the area. Gavin explained he has a maternal grandma in town, but she is "pretty old and kinda sick." Gavin stated he does not want to burden her. Gavin was able to clearly articulate what led to his dad's incarceration and provided details of when his dad would be released from jail (3 months), stressed that overall, he "was fine and could get by until his dad gets home." The CPS worker communicated with dad to confirm the 3-month timeframe and asked if there were relatives or family friends that could assist in caring for Gavin. Dad confirmed Gavin's grandma would be able to care for Gavin part-time if someone could assist during the week until he was released from jail. The CPS worker spoke with grandma; grandma was not physically able to care for Gavin full time but stated that he would be able to stay with her on the weekends. The CPS worker asked Gavin if he has anyone in the area he enjoys spending time with. Gavin indicated he does well in school and likes his science class the best because his teacher, Mr. Baker, is "pretty cool." The CPS worker asked if Gavin and his father would entertain a meeting with his science teacher, Mr. Baker, to discuss a temporary out of home safety plan. Gavin was hesitant but also showed signs of relief to hear that Mr. Baker may be able to be a short-term placement option until his dad returned home. Gavin shared at the meeting with the CPS worker, his father and Mr. Baker that "entering foster care is my biggest fear and no offense, but an agency is not a better parent than my dad." Mr. Baker, Gavin, his father, grandma and the CPS worker agreed to an out of home safety plan where Gavin would live with Mr. Baker during the week and stay with grandma on the weekends. The agency would check in weekly.

To assist with having Gavin live in Mr. Baker's home, the CPS worker referred Mr. Baker to Kinship ND to obtain resources. In addition, the Zone also assisted in getting Mr. Baker a bed, clothes, and transportation assistance for Gavin. This engagement strategy kept Gavin in the least restrictive environment with someone he was familiar with and diverted the child from entering North Dakota foster care. This plan was successful, but it could have taken many different paths. Fortunately, this worker stopped to engage with the youth and his family immediately, asking Gavin's input on where he would like to live knowing he could not live alone in his dad's apartment. Gavin's initial frustration of the agency's help could have been perceived as negative and oppositional. The worker understood this was a survival skill as was suffering from grief and loss. The worker chose to work collectively with Gavin and his father to explore an appropriate out of home placement option. Youth and family engagement early and ongoing throughout the life of the case assists in case planning to best meet the needs of children and families.

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Children and Family Services
Non-Foster Care Placements

Non-Foster Care Placements: Children in foster care may be placed at various levels of care depending on the child's presenting symptoms and behaviors. These placements below may be utilized by foster children, but are considered non-foster care placements, as they are not licensed or reimbursable based on federal foster care regulations. These non-foster care placements include but are not limited to those noted on the chart below.

Non- Foster Care Placements

	Shelter Care (not certified)	**Attendant Care**	**Detention**	**Job Corp**	**Adolescent Residential Addiction Treatment Facility**	**Developmental Disability Group Homes**	**Hospital**	**Psychiatric Residential Treatment Facility (PRTF)**
Licensure/ Oversight	• No HHS oversight	• No HHS oversight	• No HHS oversight • Local County; • Tribal Nations; or • State DOCR	• No HHS oversight • Administered by the US Depart of Labor	• Licensed by the Behavioral Health Division Policy Team	• Licensed by the Developmental Disabilities Section	• Must have certification, but HHS also licenses hospitals as primary care or general acute	• Licensed by the Behavioral Health Division Policy Team
Providers *(not all inclusive)*	• Bismarck -Youthworks • Fargo - Youthworks	• Dickinson - Sunrise Youth Bureau • Williston – NW Youth Assessment Center • Grand Forks County • Minot - Youthworks • Bismarck -Youthworks • Fargo - Youthworks	• Grand Forks - Juvenile Detention • Mandan - Youth Correctional Center • Minot - Ward County Juvenile Detention • Bismarck - West Central Regional Juvenile Center	• Minot- Quentin Burdick Job Corp	• Williston - Eckert Youth Home	• Williston - Opportunity Foundation • Minot - Kalix, REM • Devils Lake -Lake Region Corporation • Grand Forks -Development Homes, LISTEN Inc • Fargo -CHI Friendship, Red River Human Services Foundation • Jamestown - Open Door Center, Anne Carlsen Center • Bismarck - HIT, Pride, Community Options • Dickinson -ABLE, Support Systems • Grafton- Life Skills and Transition Center	• ND Hospitals • Altru • CHI St. Alexius • Essentia • Prairie St. Johns • Sanford • Trinity Hospital	• Bismarck, Fargo and Minot - Dakota Boys and Girls Ranch • Fargo - Luther Hall • Bismarck - Pride Manchester • Grand Forks - Ruth Meiers Adolescent Center
Payment Source	Local City/ County Federal Runaway	Local County Funds Federal JJ Funds	Local County Funds	Federal Funds	SUD Voucher Medicaid Private Insurance Federal Funds	Medicaid DD Waiver	Medicaid Private Insurance	Medicaid Private Insurance

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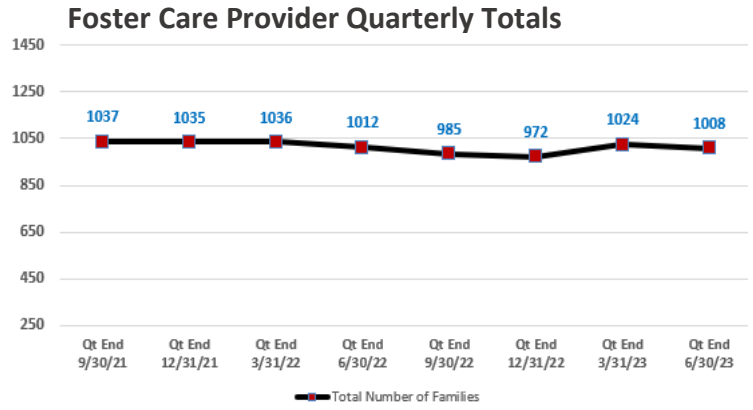
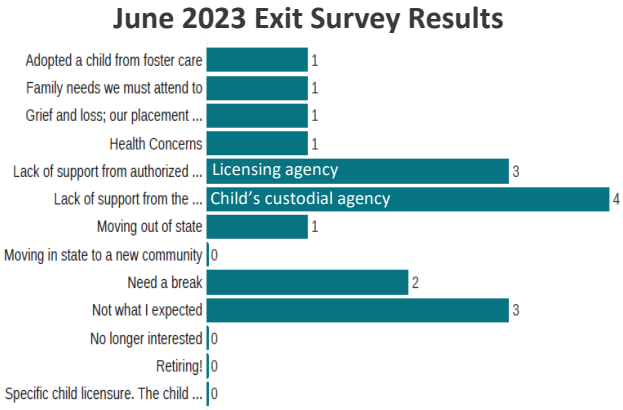
Children and Family Services
Foster Care Licensing – June 30, 2023

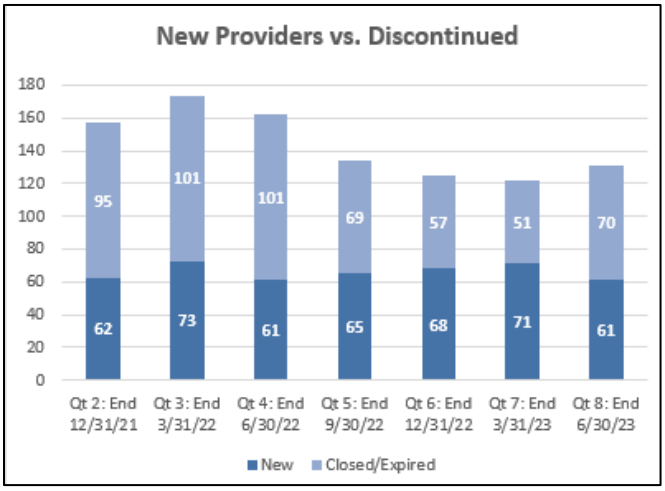
ND licensed foster care providers are licensed by the HHS Children and Family Services Licensing Unit. Majority (60%) of the homes are assessed by a CFS Licensing Specialist, while the remaining 40% are assessed by an authorized agent (Nexus PATH, Youthworks, Tribal Nations, URM), by which HHS must grant approval or license the provider. Data shows a slight decrease in the number of licensed providers from April 1, 2023 thru June 30, 2023 (quarter 8). **16 less homes licensed for at least one day this quarter; typical for summer months. In addition, providers who completed the exit survey, indicate they discontinued:**

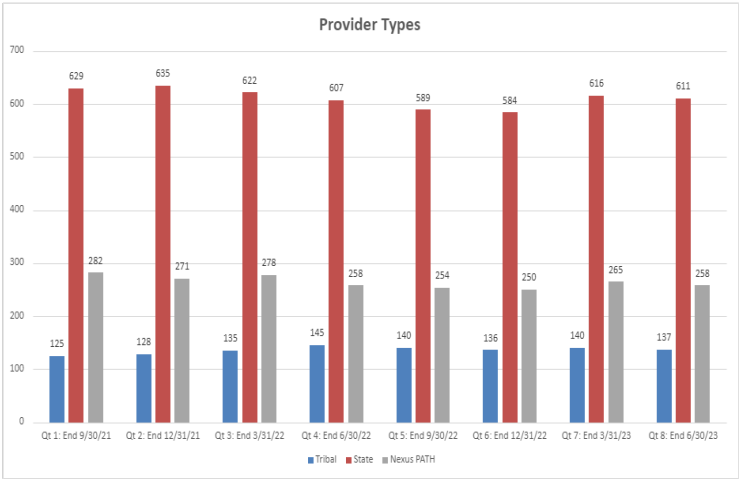




NOTE: HHS will be focusing efforts on ensuring greater support to maintain and retain providers. Always open to suggestions!

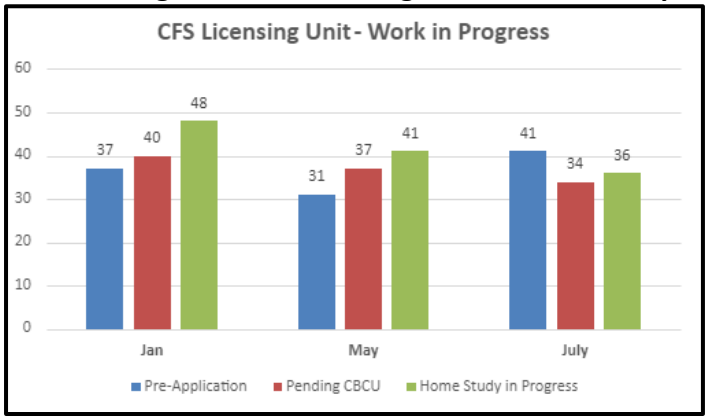
Details of the ND licensed providers

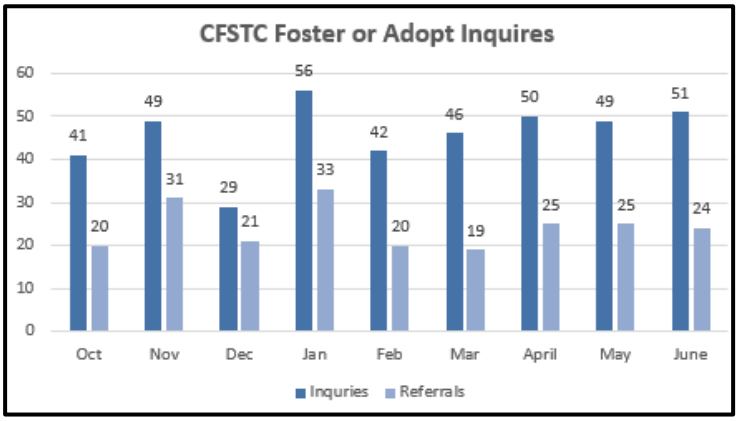




HHS issues a formal license or approval to State, Nexus PATH, and Tribal Nations homes. HHS also reviews licensing studies for the Unaccompanied Refugee Minor (URM) program administered by Agassiz Valley Human Service Zone. There are 19 additional homes managed for URM placements.

CFS Licensing Unit Work in Progress & Provider Inquiries





*The CFS Licensing Unit is working fast and furious to keep up with inquiry referrals. 70 prospective providers are in the que as of July 25th, with 41 homes asking more questions about how to apply. CFSTC receives inquiry calls at **1-833-FST-HOME** and after discussing the licensing process, has made referrals to a licensing agency nearly **50% of the time**!*

State Homes Availability to Provide Service

State Status Update

ND Provider List shows 514 active state homes on July 25, 2023

- 150 (29%) are full
- 143 (28%) are open, with at least 1 bed available
- 77 (15%) Specific Child Only
- 65 (13%) Not Taking Placements
- 62 (12%) Short Term only; 7 days or less
- 17 (3%) CFS Hold/Do Not Call

40% state homes have at least one opening if you include the short-term homes!

Respite Care and Shelter Care

Of the 514 state providers, 318 (62%) have committed to offering respite care, 224 (44%) have committed to taking emergency shelter care placements, while 47 (9%) have offered to join the on-call shelter care rotation in select parts of the state. These additional services greatly support children in need of placement and offer timely assistance to our partners!

Child Data Moment in Time = July 25, 2023

1415 children in ND foster care (Zone, DJS and Tribal IV-E)

Region	Ages																						
	Total	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
I - Northwest	89	10	9	9	7	2	8	4	2	5	4	4	3	4	1	4	2	2	5	1	1	2	
II - North Central	178	9	25	18	9	9	10	6	9	10	9	8	5	1	9	7	6	15	9	1	2	1	
III - Lake Region	285	9	20	29	24	23	18	12	17	18	18	20	14	14	13	9	13	4	6	4			
IV - Northeast	189	11	15	14	10	14	9	14	10	9	10	11	8	8	6	7	7	8	12	2	2	2	
V - Southeast	269	25	21	24	15	18	13	19	11	7	16	8	10	8	13	9	11	12	12	7	6	4	
VI - South Central	51	2	3	2	3	1	4	2	4	5		1	4	3	5	2	2	3	3	1	1		
VII - West Central	305	21	23	18	28	17	16	13	19	8	17	11	15	12	17	13	13	14	19	6	4	1	
VIII - Badlands	49	2	3	7	3	2	5	1	2	1	4	1	2	3	2		3	4	2	1	1		
Age Totals	1415	89	119	121	99	86	83	71	74	63	78	64	61	53	66	51	57	62	68	23	17	10	

Ages of Children

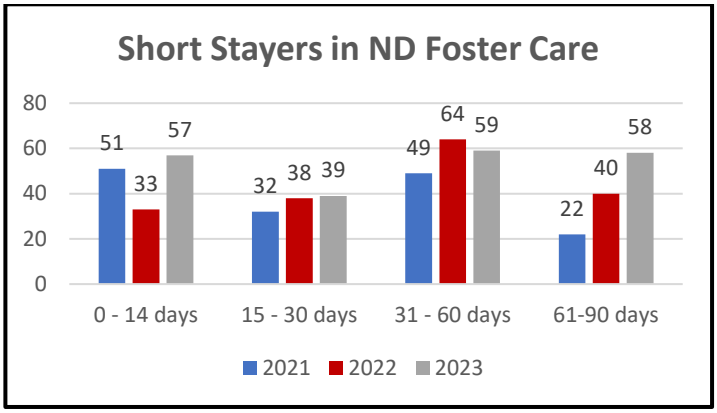
- 597 (42%) ages 5 and under
- 464 (33%) ages 6 - 12
- 354 (25%) ages 13+

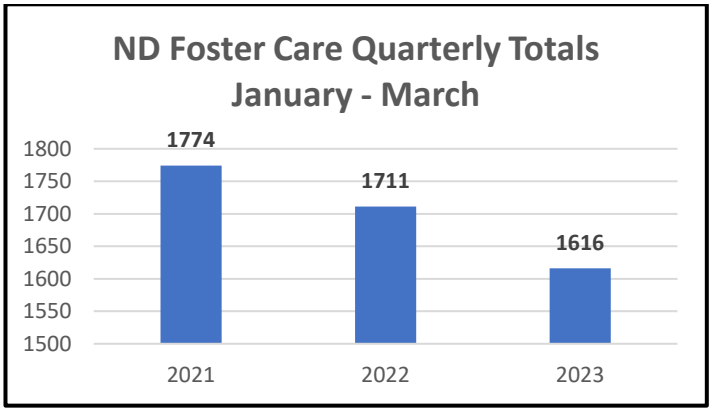
Custodian of Children

- 1061 (75%) Zone custody cases
- 289 (20%) Tribal IV-E custody cases
- 43 (3%) 18+ Continued Care cases
- 22 (2%) Division of Juvenile Services custody cases

Length of Time in Care

Short Stayers from Spring 2023





Data shows that the # of children in ND foster care in annual quarter comparisons is declining, while the number of short-stayers has increased. In 2021 (154), 2022 (175) and 2023 (213) children were in ND foster care for less than 90 days. This may be contributed to the greater need to temporarily safety plan with families until other arrangements can be made to support the family. Safety Framework supports diversion, but it also recognizes the need for foster care to safety plan.

Long Stayers Data

- Zones = **154 (11%)** have been in foster care for 3 years or longer. **314 (22%)** have been in foster care for greater than 2 years. **40 (26%)** of the 154 cases have been in care longer than 5 years, with the longest case being a seventeen-year-old, who has been in Zone custody for 11.5 years.
- Tribal Nations = **115 (8%)** have been in Tribal Title IV-E foster care for 3 years or longer. **170 (12%)** have been in foster care for greater than 2 years. Longest case is a twelve-year-old, who has been in Tribal custody for 9.5 years.

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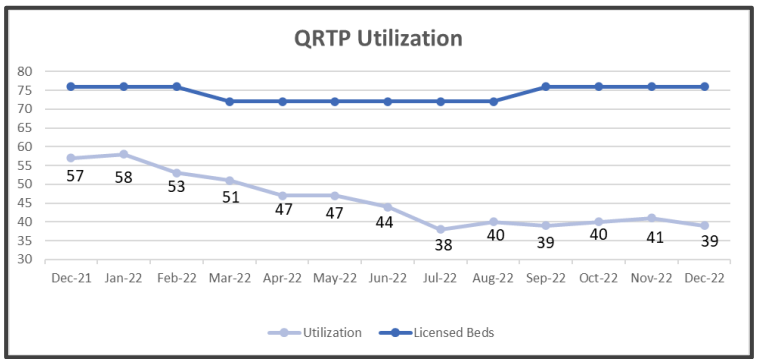
Children and Family Services
QRTP

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

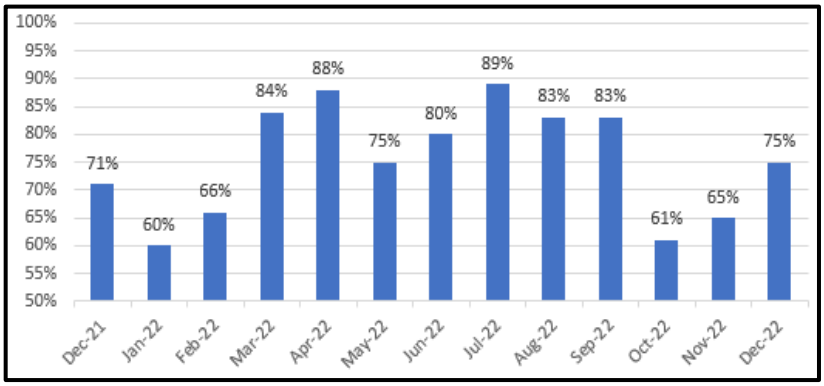


North Dakota QRTP bed capacity is highlighted above. In the past 13 months, average utilization of QRTP beds is 61%. Human Service Zones, Division of Juvenile Services, Tribal Nations, the Voluntary Treatment Program (VTP) and Unaccompanied Refugee Minor program (URM) have access to placement into a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

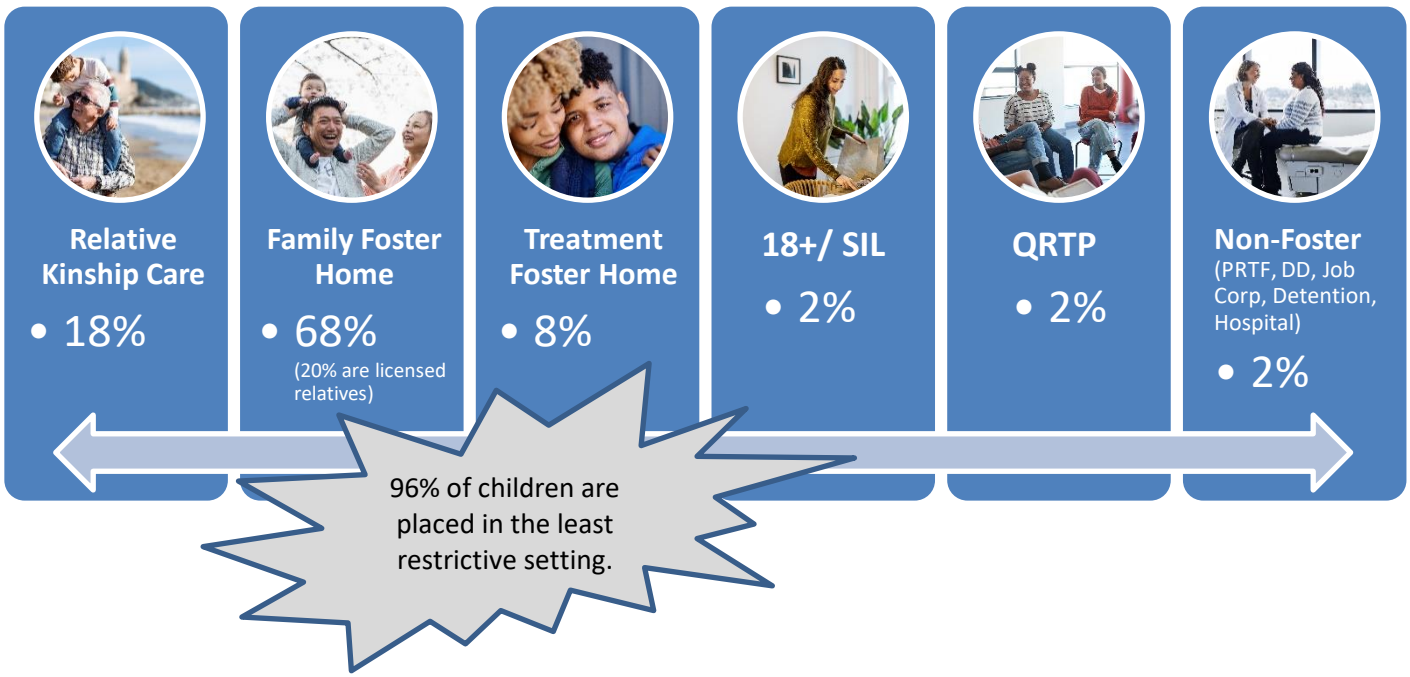
Aftercare Outcomes

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 (96%) were placed in a family setting;** 68% with licensed family foster home, 18% with an unlicensed relative caregiver, 8% with a treatment foster care provider and 2% in independent apartments or supervised independent living arrangements. 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.



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Children and Family Services
QRTP- Additional Information

A. Qualified Residential Treatment Programs

The process to gain access to a ND QRTP includes

Federal regulation requires states to set initial and ongoing assessment parameters for children to remain placed in QRTP's. North Dakota has opted to review treatment need every 90 days.

Emergency Placement	While the assessment is completed, the child may be placed for 30 days	Approved or Denied	
Denied Assessment	If denied during emergency placement, they must discharge by the 30th day.	If denied during a Continued Stay Review (90 days), child must discharge before the approval expiration date.	If warranted, custodians may seek a reconsideration request or a 14 day extension
Approved Assessment	If approved, child is placed	Continued Stay Review (90 days)	Continued Stay Review (90 days)

Federal Placement Maximums (P.L. 115-123)

Federal placement maximums are monitored and enforced by the Department. Placement Maximums are specific to the QRTP level of care, not individual facilities.

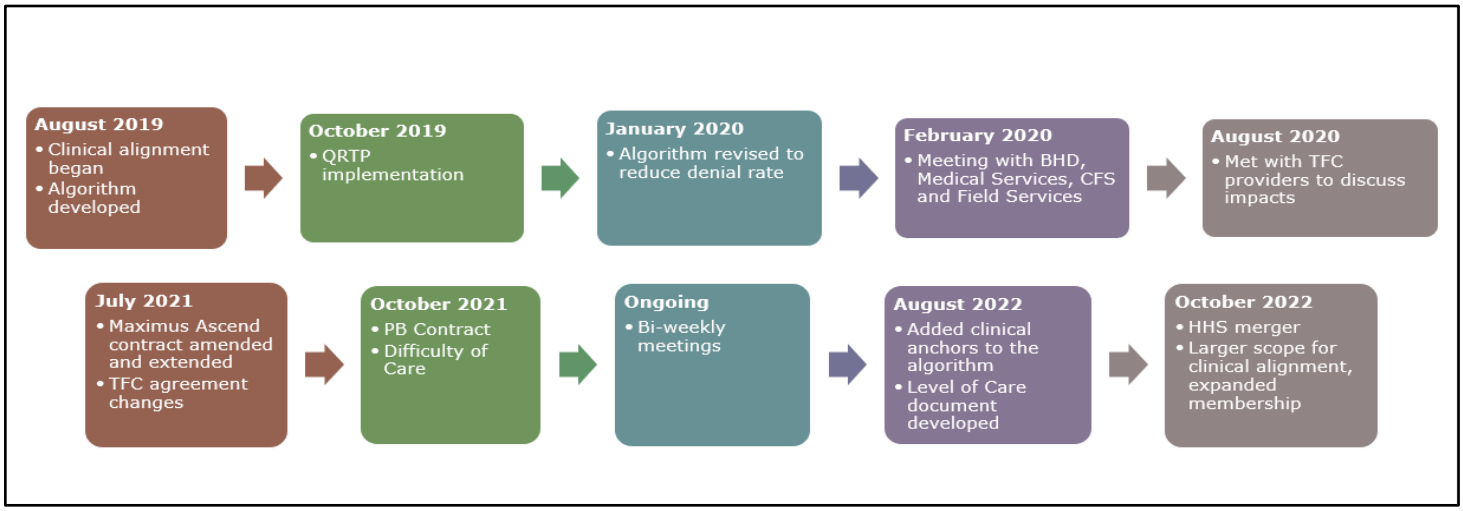
- Age 10 thru 12= 6 months (180 days)
- Age 13+ = 12 consecutive months (365 days) or 18 non-consecutive months (545 days)

Qualified Individual/Maximus Ascend Contract

Federal regulation requires an independent third party to assess children. In August 2019, CFS amended the medical services contract held with Maximus Ascend for the purposes of completing PRTF CON and Nursing Home PASSR assessments. The contract amendment required Maximus Ascend to hire contracted employees (qualified individual) living in North Dakota to complete a formal assessment required for the QRTP level of care.

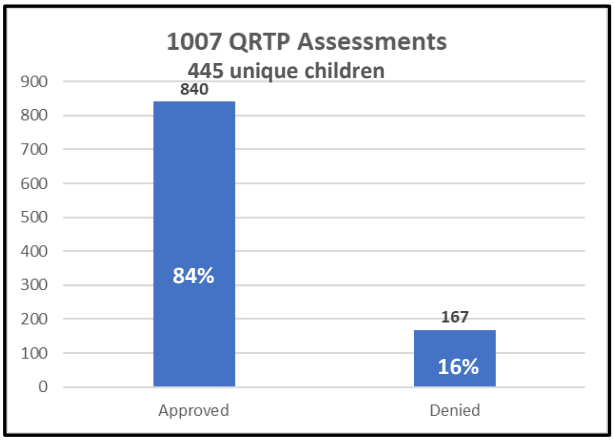
The qualified individual is required to complete the assessment and provide a recommendation to the Maximus Ascend Utilization Reviewer residing in Tennessee. The Utilization Review Clinician is responsible to review the recommendation along with the supporting documentation to determine a child's final approval or denial status and difficulty of care.

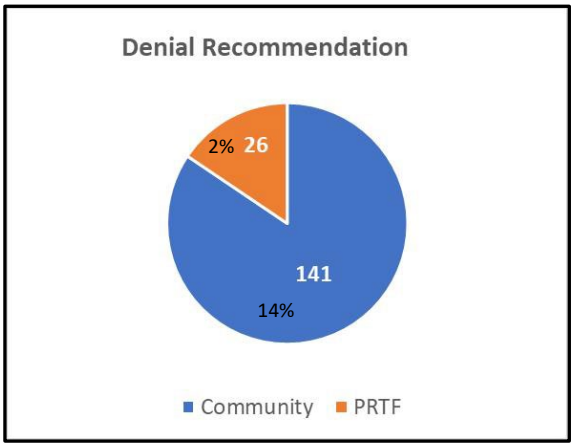
QRTP Clinical Alignment Team Timeline



QRTP Data Since Implementation 10.1.19- 12.31.22

Children and Family Services tracks the number of initial and ongoing assessments completed. Overall, North Dakota has had a high approval rate for children to be placed in QRTP's, of the 16% of children who are denied QRTP the majority of children are recommended a least restrictive community setting.





Reentry in QRTP

Children and Family Services defines reentry as a child who returns to a QRTP within 6 months of discharge. North Dakota is working to collect data reflecting various circumstances in which a child may have a need to return to residential treatment. QRTP's are federally required to provide 6 months post-discharge aftercare support to children and their families to ensure continuity of services and reduction of children reentering QRTP treatment.

Additional Questions

If you have additional questions related to QRTP Level of Care, please contact our Children and Family Services Licensing and Level of Care Administrator, Brittany Fode.

CFS Licensing Unit
cfslicensing@nd.gov
701-328-2322

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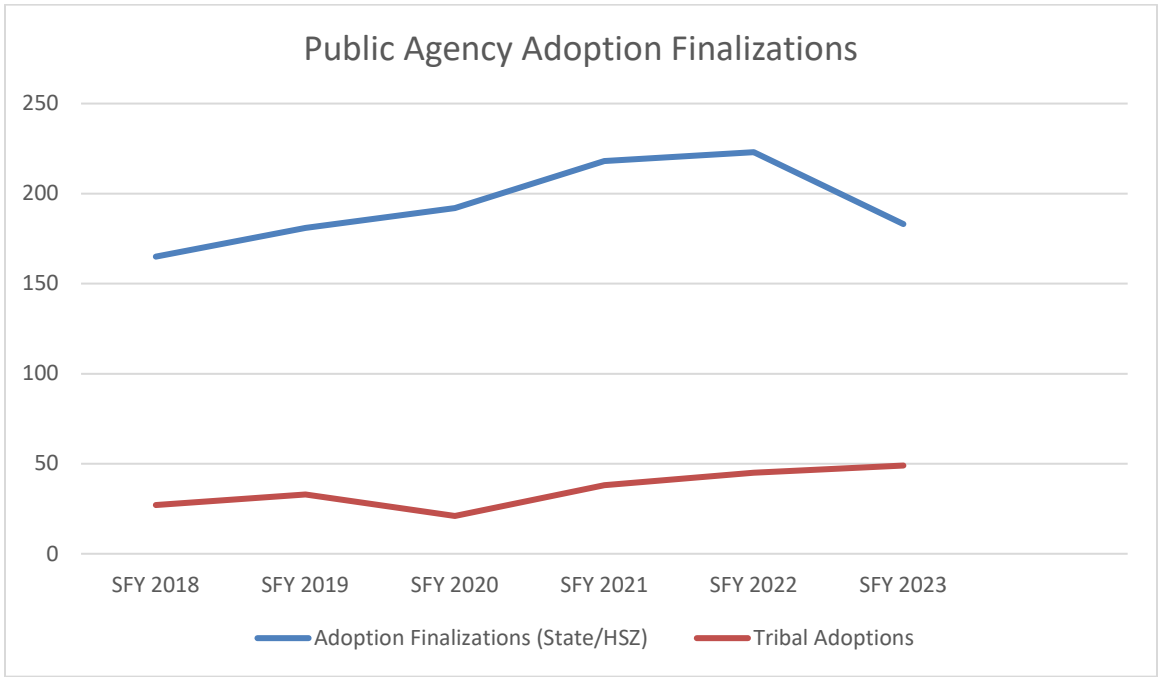
Children and Family Services, Adoption Services

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 another licensed child placement agency 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.



Data updated by data updated by AASK 08/03/2023.
This chart shows the number of adoptions completed by the AASK program for state fiscal years 2018 through 2023, both those of children in state (both ND and out of state children finalized in ND)/HSZ custody and tribal custody.

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 2022, the North Dakota Post Adopt Network completed 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 533 families
- Hosted 46 events with 1,317participants!
  - 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 49 parent support groups
- Hosted 9 parent education groups
- Facilitated 9 post adoption informational trainings to 284 community partners and professionals

C. 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).

D. 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.

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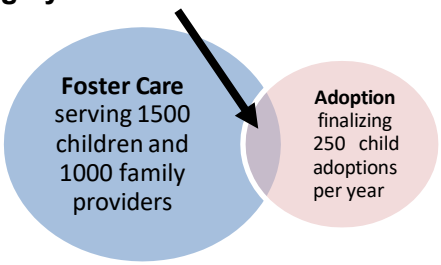
Children and Family Services
Foster Care vs. Adoption Home Study

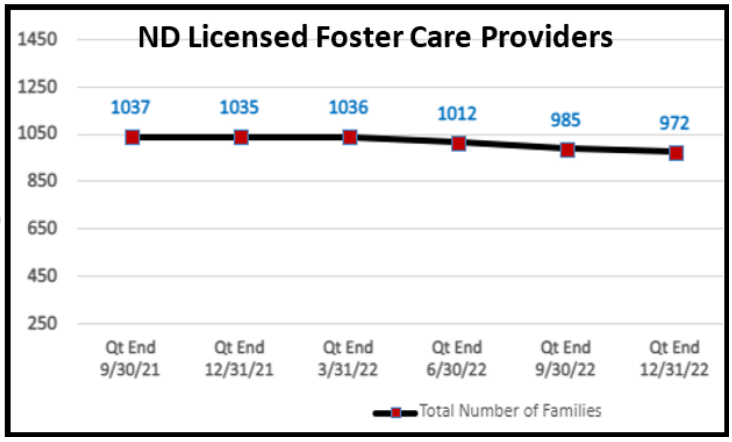
Children and Family Services has been facilitating a work group to discuss the need to offer efficiencies and better streamline the foster and adoption home study efforts. Adults Adopting Special Kids (AASK), the vendor contracted with the department, along with CFS adoption administration and CFS Licensing Unit have been reviewing forms and eliminating duplication. What this work group has identified thus far:

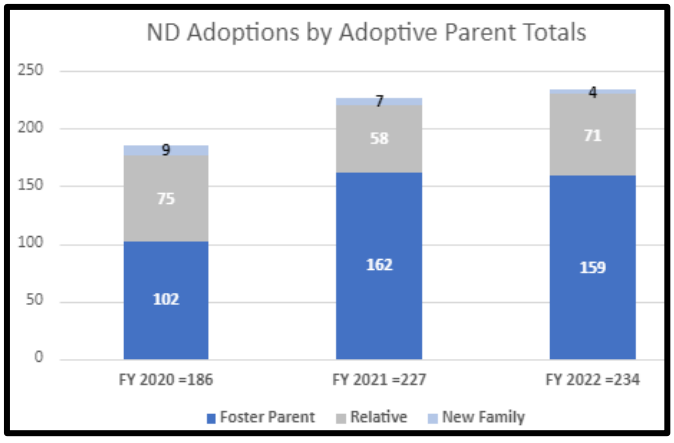
- ND has two parallel processes working in tandem
- Assessing through two different lenses'; Temporary (foster care) vs. Lifetime commitment (adoption)
- **Dual assessment impacts roughly 13%** of the licensed foster care provider population



A. Licensed Providers Adopting ND Children in Foster Care

North Dakota Department of Health and Human Services (HHS) licenses roughly 1000 family foster care providers, with roughly 13% of the ND foster care providers identified as an adoption option. The charts below show the timeline of licensed foster care providers and three years' worth of adoption data. In FY 2020, 186 adoptions were finalized with 102 (55%) of the adoptive families being licensed foster care providers. In 2021, 227 adoptions were finalized with 162 (71%) of the adoptive families being licensed foster care providers. In FY 2022, 234 adoptions were finalized with 159 (68%) of adoptions were finalized by a licensed foster parent. The work group will continue to identify areas where the processes can be streamlined, but not to negatively impact the larger population of foster care providers (87%) who may not ever engage in the adoption investigation process.





The largest and most important difference between the foster care and adoption process is the lens utilized to assess two different placement types (temporary foster care vs. long term adoptive). While there may be similarities between the two assessments, an adoption investigation must assess the ability to not only meet a child's immediate needs, but ensure that the developmental, emotional, physical, spiritual, educational, and financial needs will be met lifelong without the supports of the child welfare system. Adoption investigation gathers information regarding the adoptive family, the child, their history of entry, details of the child's birth family, and more which is used to provide the required summary of investigation for the court.

Foster Care Home Study (Licensing)	Adoption Home Study (Approval to Adopt)
$Cost$: Free to the provider. No cost to get licensed. Monthly reimbursement ($818-$1028) is issued once they are licensed and providing care to a child in foster care.	**$Cost$: Up to $2000 out of pocket costs reimbursed per child.** No cost for the adoption assessment. Families do pay their attorney fees, testing fees, background checks, travel costs, etc. and submit receipts. Monthly adoption subsidy is reimbursed to the family.
Items required by a prospective provider in efforts to be approved as a ND foster care provider (temporary): 1. **Background Check**: Federally required fingerprint based Criminal Background Check a. Foster Care Checks 2. **Home Study**: Licensing Specialist is assigned to complete a mutual family assessment of the applicant/s for the purposes of temporary care. 3. **Home Visits**: At least three home visits to assess the property for safety, interview family, and make a determination about their ability to provide temporary foster care to a child in need. 4. **Relevant Forms** a. SFN 893 "Foster Care Application" completed by the applicant/s. b. SFN 889 "Initial Home Study" completed by the assigned licensing specialist. c. SFN 1037 "Licensing Packet" completed by the applicant/s. d. SFN 974 "Physical Exam Verification" completed by the applicant/s during initial licensing only. e. SFN 1038 "Foster Parent Policy and Standards Review" is to be reviewed by the licensing specialists with the providers. 5. **Training** a. Pre-Service Training (27 hours) b. Fire Safety Training (initial + annual) c. 13 hours per year 6. **Renewal Options**: Applicants are required to complete an annual renewal of their licensure. This requires an onsite visit from the licensing specialist, completion of necessary safety checklists, review of the training transcript, and interview of placements, and system strengths and challenges. 	**Items required by an adoptive family in efforts to be approved as an adoption option (lifelong):** 1. **Background Check**: Federally required fingerprint based Criminal Background Check a. Adoption Checks 2. **Home Study:** Adoption specialist is assigned to complete a mutual family assessment of the prospective adoptive family for the purposes of a long-term, lifetime commitment to a child. 3. **Home Visits:** At least four home visits to assess, interview, educate, and make a determination about their ability to provide a lifelong commitment to a child. a. **Testing (TJTA/Prepare Enrich/AAPI)**: Assess strength and growth areas within communication, conflict resolution, financial management, stress, affection, marriage expectations, social and relationship roles, personality, and parenting and adoption expectations. b. **References**: Five personal references and all adult children are obtained in writing and verified verbally. c. **Education:** Interactive preparation for long-term success. Engaging in "what-if" scenarios and talking through how to handle difficult situations independently without agency intervention. d. **Referrals/Services**: Assessing if referrals for services (couples counseling, individual therapy, financial counseling, etc.) are necessary. 4. **Relevant Forms:** a. Application, Fee Schedule, Reference Request, and Program ROI b. Family Fact Finding Form (being revised) c. Self-Disclosure Statement d. Declaration of Good Health e. Privacy Practice, Client's Rights, and Technology Acknowledgements f. Foster Care and Adoption Declaration History 5. **Training:** a. Pre-Service Training (27 hours) b. As Needed/Per Recommendation i. CORE Teen Right Time Training ii. Trauma Knowledge Masterclass iii. Other 6. **Renewal Options:** For the limited number of waiting families who have not been matched with a child, an update to their home assessment every two years. This includes two home visits, required paperwork, reference checks, and education to reaffirm their adoption assessment recommendation.

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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.

Relative Placements
- Respite Care
- TANF/Kinship

→

Fictive Kin
- Respite Care
- Kinship Navigator

→

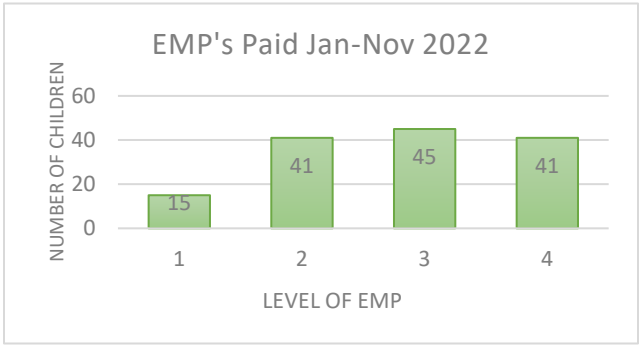
Licensed Providers
- Respite/Substitute Care
- EMPS

→

Theraputic Homes
- Respite/ Substitute Care

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. Aproximately 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

Facility and Foster Care Parent Support	• Paying a foster care provider a retainer fee for engaging in discharge planning of children upon entry of QRTP/PRTF. • Ongoing/rotating weekend respite support to providers and youth to encourage relationship building for successful transition.
Trial Home Visit and Foster Parent Support	• Utilizing foster care providers for ongoing placement support while youth tranistion home. • Helps maintain connection and mentorship to children and families.
Speacialized Foster Care Providers and Other Foster Home Arrangements	• Specialized foster care providers assisting to stabalize youth with services in the community. • Providers splitting primary placement of a child to ensure ongoing releif of children with complex needs.

- Any new or innovative ideas to place children in the least restrictive environments are always welcomed and entertained.
- Maintaining relationships with children and their family is a priority.
- Connecting FC providers with one another to support eachother and youth in their home.
- Licensing unit identifying homes who will be considered "Specialized Providers" to help stabalize children with complex needs by establishing services and stability in the community.

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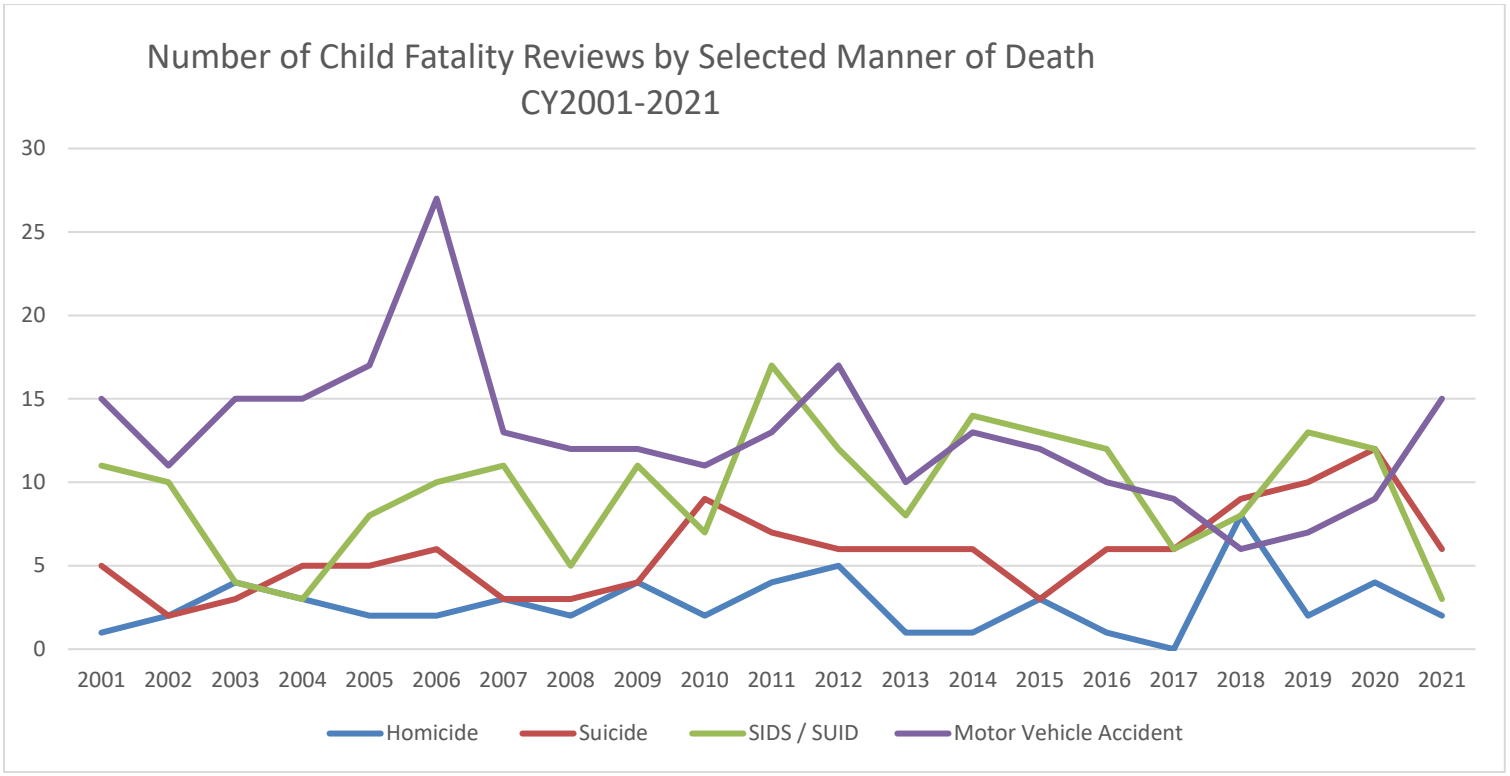
Child Fatality Review Panel

The **ND Child Fatality Review Panel (CFRP)** is a multidisciplinary, member appointed panel created legislatively (NDCC 50-25.1), which reviews deaths and child maltreatment near deaths of all minors that occur in the state.

Each panel member[i] serves as a liaison to their professional counterparts, provides definitions of their profession's terminology, interprets the procedures and policies for their agency and provides information and recommendations necessary for the purpose and duties of the panel. The CFRP also serves as the state's Citizen Review Panel as allowed by CAPTA Section 106(c)[ii].

No state funding is appropriated to support the operation or programming related to Panel/Committee recommendations, necessitating the development of strategies to address concerns and recommendations through partnership and existing resources.

Purpose of the CFRP:
Identify the causes of children's deaths, the circumstances that contribute to children's deaths, and to make recommendations for changes in policy, practices, and law to prevent deaths of children. The NDCFP is instrumental in highlighting needed system changes, distinguishing causes of preventable deaths, improving investigations of child deaths and identifying deaths resulting from the abuse and neglect of children.



ND CFRP Recommendations Resulting from Reviews in FFY21-22:

1) All child deaths receive a thorough, quality, and comprehensive investigation of the death scene and circumstances surrounding the child's death. Specifically, the development and implementation of a team of regional child death scene investigators for the specialization and standardization of child death investigations. This consistent and uniform protocol for infant and child death investigations includes a death scene investigation and a video recorded doll re-enactment with those providing care, individual and witness (including all those in the home) interviews, review of medical and child protection services history and completion of the SUIDIRF (Sudden Unexpected Infant Death Investigation Reporting Form). [iii]

2) The Panel recommends continuing to collaborate with existing programs to support vehicle safety for young children, teen drivers and their caregivers focusing on continued education through media campaigns, materials and community events to promote car seat safety, safety in and around vehicles, safe driving practices, utilization of helmets and safety gear when operating a bicycle and motorized recreational vehicles, distracted driving and alcohol and drug usage of teens operating a motor vehicle.

3) Continued collaboration with medical professionals, public health providers, childcare providers, parenting education programs, child welfare, home visiting programs and other entities to provide safe sleep information and tools for discussing safe sleep with parents and caregivers of infants. The information should include the dangers of bed, couch and recliner sharing, particularly when the caregiver may be impacted by exhaustion or sedating substances as well as the dangers to infants prenatally or environmentally exposed to alcohol or controlled substances, particularly how it increases their vulnerability to sudden infant death. In addition to referring eligible families for the distribution of safe sleep resources, including proper utilization education, when applicable. The Panel recommends additional training and education for child welfare professionals regarding safe sleep for infants and how to effectively approach this topic with parents and caregivers, specifically when the infant may have increased vulnerability from prenatal substance exposure and/or environmental exposure to controlled substances.

4) The Panel supports the development of a Coalition for Child Firearm Safety and a statewide approach to firearm safety education and awareness that includes an examination of current firearm safety messaging, addresses the barriers to easy access and develops public awareness for all gun owners with an emphasis on suicide preventability through the utilization of proper gun storage and child supervision around firearms. The Panel promotes the utilization and the continued public awareness of statewide suicide prevention education and training and the suicide and crisis lifeline (988). In addition, the Panel recommends all school districts consider alternative methods for responding to negative youth behavior's that do not result in removing positive social emotional connections from the youth such as extra-curricular activities as the removal of such activities and connections in a child's life further results in negative outcomes. Suicide risk assessments should be completed by a mental health professional at the school every time a youth is suspended from academics or athletic events.

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[i] CFRP Members 2023 (Jenn Grabar, CFRP Presiding Officer, CFS DHHS; Vacant, ND Attorney General's Office; Dr. Barrie Miller, State Forensic Medical Examiner; Dr. Mary Ann Sens, Professor and Chair of Pathology, UND School of Medicine and Health Sciences; Lisa Bjergaard, Division of Juvenile Justice; Duane Stanley, Bureau of Criminal Investigation; Bobbi Peltier, Indian Health Services, Injury Prevention; Karen Eisenhardt, Citizen Member; Kirsten Hansen, Prevention and Protection Administrator, CFS DHHS; Dr. Melissa Seibel, Sanford Health; Dr. Jada Ingalls, Sanford Health, Child Abuse Specialist; Elizabeth Oestreich, Injury Prevention Administrator, DHHS; Dr. Rosalie Etherington, ND State Hospital Superintendent; Dr. Tracy Miller, Epidemiologist, DHHS; Todd Porter, Emergency Medical Services, State Legislator.

[ii] The Child Abuse Prevention and Treatment Act. Including the Substance Use-Disorder Prevention That Promotes Opioid Recovery and Treatment for Patients and Communities Act. (hhs.gov)

[iii] This recommendation is being carried by the Attorney General's Office and in the meantime additional education and training will be developed and provided to law enforcement conducting child death investigations.

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CHILDREN & FAMILY SERVICES

Federal Children & Family Services Review Overview

The federal Child and Family Services Reviews enable the Children's Bureau to:

- ensure conformity with federal child welfare requirements;
- gauge the experiences of children and families receiving child welfare services;
- and assist states in enhancing their capacity to help children and families achieve positive outcomes by identifying strengths and areas needing improvement within programs and agencies.

Ultimately, the goal of the reviews is to help states improve child welfare services and achieve positive safety, permanency, and well-being outcomes.

North Dakota's CFSR Results & Program Improvement Plan

North Dakota's CFSR was held in September 2016. At that time, the state was found to be in substantial conformity with 1 of the 7 outcomes and 2 of the 7 systemic factors. The state was required to participate in a Program Improvement Plan (PIP) to increase performance. Initiatives, such as implementing the Safety Framework Practice Model were part of the state's efforts to address practice improvements. North Dakota's Quality Assurance (QA) Case Reviews, which utilize the same federal CFSR rating instrument show improvement in some areas and continued areas of needed growth:

PIP Tracked Item	1/20 –3/20* Review	4/20 –3/21 Review	10/20 – 9/21 Review	4/21 –3/22 Review	10/21 –9/22 Review	PIP Goal	Outcome
CPS Timeliness	77%	40%	44%	67%	69%	82%	Safety O1
Safety Services	24%	13%	18%	29%	47%	30%	Safety O2
Safety/Risk Assessment & Management	51%	42%	40%	52%	58%	54%	
Placement Stability	78%	83%	Goal met			81%	Perm O1
Permanency Goal	60%	59%	50%	40%	40%	64%	
Achieving Permanency	18%	24%	Goal met			21%	
Needs/Service	38%	41%	29%	35%	48%	42%	Well-Being O1
Case Planning	50%	46%	37%	42%	54%	54%	
Worker/Child Visits	58%	53%	55%	57%	65%	62%	
Worker/Parent Visits	39%	40%	31%	35%	50%	43%	

Each column provides the percentage of strength ratings from a review of 65 cases (40 FC, 25 IH)
**The PIP goals were identified from the 1/20-3/20 baseline case review*

Safety

- Children are, first and foremost, protected from abuse and neglect.
- Children are safely maintained in their homes whenever possible and appropriate.

Permanency

- Children have permanency and stability in their living situations.
- The continuity of family relationships and connections is preserved for families.

Family & Child Well-Being

- Families have enhanced capacity to provide for their children's needs.
- Children receive appropriate services to meet their educational needs.
- Children receive adequate services to meet their physical and mental health needs.

At the end of the Program Improvement Plan measurement period, North Dakota did not meet all of the PIP performance goals, therefore the state is subject to a financial penalty to the Title IV-B and Title IV-E Administrative dollars. North Dakota has not yet been notified of the penalty amount.

More information can be found at www.acf.hhs.gov/cb/monitoring/child-family-services-reviews