

2023 HOUSE HUMAN SERVICES

HB 1091

2023 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HB 1091
1/10/2023

Relating to family foster care for children licenses, certifications, and approvals, and identified and kinship relatives.
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Chairman Weisz called the meeting to order at 2:07 PM.

Chairman Robin Weisz, Vice Chairman Matthew Ruby, Reps. Karen A. Anderson, Mike Beltz, Clayton Fegley, Kathy Frelich, Dawson Holle, Dwight Kiefert, Carrie McLeod, Todd Porter, Brandon Prichard, Karen M. Rohr, Jayme Davis, and Gretchen Dobervich. All present.

Discussion Topics:

- Child foster homes
- Safety standards
- Licensing standards
- Emergency situations
- ND foster care system
- Financial support for caregivers
- Constraints from foster parents
- Foster care timelines

Cory Pederson, Director of the Children and Family Services Section with the Department of Health and Human Services, introduced HB 1091 with supportive testimony (#12707).

Kim Jacobson, Agassiz Valley Human Service Zone Director and President of the North Dakota Human Service Zone Director Association, offered testimony in support of bill (#12742).

Laura Feldmann, Executive Director of Home on the Range, spoke in favor of bill (#22989).

Cory Pederson, Director of the Children and Family Services Section with the Department of Health and Human Services, answered additional questions relating to HB 1091.

Chairman Weisz closed the hearing on HB 1091.

Vice Chairman Ruby moved a do pass on HB 1091.

Seconded by Rep. Beltz.

Representatives	Vote
Representative Robin Weisz	Y
Representative Matthew Ruby	Y
Representative Karen A. Anderson	Y

Representative Mike Beltz	Y
Representative Jayme Davis	Y
Representative Gretchen Dobervich	Y
Representative Clayton Fegley	AB
Representative Kathy Frelich	Y
Representative Dawson Holle	Y
Representative Dwight Kiefert	Y
Representative Carrie McLeod	Y
Representative Todd Porter	AB
Representative Brandon Prichard	Y
Representative Karen M. Rohr	Y

Motion carries 12-0-2.

Rep. Dobervich carried the bill.

Chairman Weisz adjourned the meeting at 3:10 PM.

Phillip Jacobs, Committee Clerk

REPORT OF STANDING COMMITTEE

HB 1091: Human Services Committee (Rep. Weisz, Chairman) recommends **DO PASS** (12 YEAS, 0 NAYS, 2 ABSENT AND NOT VOTING). HB 1091 was placed on the Eleventh order on the calendar.

2023 SENATE HUMAN SERVICES

HB 1091

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Fort Lincoln Room, State Capitol

HB 1091
3/6/2023

Relating to family foster care for children licenses, certifications, and approvals, and identified and kinship relatives; and to provide for a report to legislative management.

10:38 AM **Madam Chair Lee** called the hearing to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, Hogan** were present.

Discussion Topics:

- Community behavioral centers
- Century code update
- Foster care certification and clarification
- Kinship relative clarification
- Fingerprint background check

10:39 AM **Cory Pedersen, Director of the Children and Family Services, Department of Human and Health Services** introduced HB 1091, testified in favor, and presented amendment. #22071, #22273, #22268, #22269

10:57 AM **Maurice Hardy Director of Dakota Central Human Services**, testified in favor verbally.

10:59 AM **Antowan C. Pickett, Zone Director Grand Forks County Human Service Zone**, testified online in favor. #22049

11:05 AM **Senator Lee** closed the hearing.

11:05 AM **Senator Lee** reconvened.

11:08 AM **Cody Pedersen** provided additional information.

11:08 AM **Madam Chair Lee** closed the hearing.

Patricia Lahr, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Fort Lincoln Room, State Capitol

HB 1091
3/8/2023

Relating to family foster care for children licenses, certifications, and approvals, and identified and kinship relatives; and to provide for a report to legislative management.

3:36 PM **Madam Chair Lee** called the hearing to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston**, were present. **Senator Hogan** was absent.

Discussion Topics:

- Identified relative
- Kinship relative
- Committee action

3:38 PM **Jonathon Alm, Attorney, North Dakota Department Human and Health Services**, verbally provided information.

Senator K. Roers moved to adopt the amendment, referenced page 2 line 16 after approval and add Tribal foster care facility. LC 23.8056.01001

Senator Weston seconded the motion.

Roll call vote.

Senators	Vote
Senator Judy Lee	Y
Senator Sean Cleary	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	AB
Senator Kristin Roers	Y
Senator Kent Weston	Y

Motion passed 5-0-1.

Senator K. Roers moved **DO PASS AS AMENDED**.

Senator Weston seconded the motion.

Roll call vote.

Senators	Vote
Senator Judy Lee	Y
Senator Sean Cleary	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	AB
Senator Kristin Roers	Y
Senator Kent Weston	Y

Motion passed 5-0-1.

Senator K. Roers will carry HB 1091.

Additional testimony:

Cory Pedersen, Children and Family Services Director, North Dakota Department of Health and Human Services, in favor #23674, 23675.

3:47 PM **Madam Chair Lee** closed the hearing.

Patricia Lahr, Committee Clerk

23.8056.01001
Title.02000

Adopted by the Senate Human Services
Committee

March 8, 2023

AG
3-8-23
(1-1)

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1091

Page 1, line 16, after "approval" insert "of tribal foster care facilities"

Renumber accordingly

REPORT OF STANDING COMMITTEE

HB 1091: Human Services Committee (Sen. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (5 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). HB 1091 was placed on the Sixth order on the calendar. This bill does not affect workforce development.

Page 1, line 16, after "approval" insert "of tribal foster care facilities"

Renumber accordingly

TESTIMONY

HB 1091

Testimony
House Bill No. 1091
House Human Services Committee
Representative Robin Weisz, Chairman
January 10, 2023

Chairman Weisz, members of the House Human Services Committee, I am Cory Pedersen, Director of the Children and Family Services Section with the Department of Health and Human Services (Department). I appear before you to support House Bill 1091, which was introduced on behalf of the Department.

This Bill contains several updates to North Dakota Century Code related to provision of foster care. The majority of the proposed changes are in reference to the addition of the “certified family foster home for children” and to expanded support and clarification of care provided by “kinship relatives”.

Section 1. The changes in this section add definitions to section 50-11-00.1 of the North Dakota Century Code as reference for clarity and consistency, which are used throughout chapter 50-11.

The Department proposes to add, page 2, lines 1 through 3, a definition of certified family foster home for children. This level of care will create an opportunity to reimburse providers who choose to offer short-term temporary placement options for children in need of out of home placement. This certified provider status will require a fingerprint-based criminal background check and safety standards of the provider and their home but will not require the provider meet the more extensive foster care licensing standards, will maximize the number of children the certified provider can care for at one time and will reduce the reimbursement available.

Page 2, lines 6 and 22 update the facility and foster care for children definitions to include the certified family foster home for children status. Page 2, line 28 updates the identified relative definition to include reference to “kinship relatives” as oftentimes terminology is used interchangeably. The inclusion of kinship relative in law is intended to provide consistency in language and understanding.

Section 2. The changes in this section add “certification” and “kinship relative” language for clarity and consistency, as well as define parameters of a license, certificate or approval issued by the Department in section 50-11-01 of the North Dakota Century Code.

The Department proposes to add, page 3, lines 12, 14 and 16 “certification” as a distinct level of facility provider status, in addition to licensed or approved. Line 18 adds “the home of kinship relative” as an exception to obtain a license, certification, or approval. Page 3, lines 25 through 27 add specific clarity indicating that a family foster care for children license, certification, or approval is nontransferable and is only valid for the applicants residing at a physical location. Lines 27 and 28 add that only one family foster home for children license, certification, or approval is permitted for each physical location; prohibiting multiple families from holding a license and rotating in and out of a home to serve a child in placement.

Section 3. The changes in this section add certification language for clarity and consistency to section 50-11-01.5 of the North Dakota Century Code by adding reference to “certification” and by replacing “foster parent” with “family foster home for children” regarding required fire prevention training, the proposed change removes reference to “on videotape or any equivalent medium” and clarifies that the training must be available “to the public”.

Section 4. The changes in this section add certification language for clarity and consistency to section 50-11-01.6 of the North Dakota Century Code, replacing “foster parent” with family foster home for children provider” and adding reference to “certification”.

Section 5. The changes in this section add reference to “certification” and “approval” language for clarity and consistency to section 50-11-02 of the North Dakota Century Code.

Sections 6 and 7. The changes in these sections add “certification, or approval” to sections 50-11-02.1 and 50-11-02.2 of the North Dakota Century Code.

Section 8. The changes in this section modify section 50-11-03 of the North Dakota Century Code by adding “certification, or approval” and removing reference to “at the facility”.

Section 9. The changes in this section add certification language for clarity and consistency to section 50-11-03.2 of the North Dakota Century Code. In addition, Page 6, lines 24 and 25 propose to add authority in the law for identified relatives to receive time limited nonfederal funds as reimbursement when caring for children in need of out of home placement. Currently, unlicensed relatives are not eligible for foster care reimbursement. This law would allow for the Department to create parameters to temporarily support relatives caring for kin in lieu of agencies placing the child into an unfamiliar setting such as a foster home for children.

Section 10. The changes in this section amends section 50-11-03.3 of the North Dakota Century Code by replacing “foster families” with “licensed, certified, or approved family foster homes for children”.

Section 11. The changes in this section add certification language for clarity and consistency to section 50-11-03.4 of the North Dakota Century Code.

Section 12. The changes in this section amend section 50-11-03.5 of the North Dakota Century Code by adding reference to “certified family foster home for children”.

Sections 13 through 16. The changes in these sections add various references to certification and approval language for clarity and consistency to sections 50-11-04, 50-11-04.2, 50-11-05, and 50-11-06.7 of the North Dakota Century Code.

Section 17. The changes in this section add certification language for clarity and consistency to section 50-11-07 of the North Dakota Century Code. In addition, page 10, lines 5 through 7 propose to add authority for the Department to define parameters in licensing a foster care for children provider if court action occurs where a child in their household is currently removed from the home due to contrary to the welfare findings. This means if a current licensed foster care provider has their own child removed from the home with court findings, the individual cannot remain eligible to provide foster care to other children.

Section 18. The changes in this section add certification language for clarity and consistency to section 50-11-08 of the North Dakota Century Code, including reference to a “certification holder”.

Section 19. The changes in this section add certification language for clarity and consistency to section 50-11-09 of the North Dakota Century Code.

Section 20. Section 20 proposes that, during the 2023-24 interim, the Department, with assistance from other stakeholders including the North Dakota supreme court, human service zone directors, and the North Dakota association of counties, will review the option of reinstating parental rights that have been terminated by a court. Before August 1, 2024, the Department would report progress to the legislative management.

This concludes my testimony. I would be happy to try to answer any questions the committee may have. Thank you.

Testimony Prepared for the
House Human Services Committee

January 10, 2023

By: Kim Jacobson, Agassiz Valley Human Service Zone Director

RE: House Bill 1091 – Certified Family Foster Care Homes and Relative Kinship Homes

Chair Weisz and members of the House Human Services Committee, my name is Kim Jacobson. I am the Agassiz Valley Human Service Zone Director, which includes the service area of Traill and Steele Counties. In addition, I serve as President of the North Dakota Human Service Zone Director Association, and I am a Governor's appointee to the North Dakota Children's Cabinet. Please consider my testimony in support of HB 1091.

In North Dakota, Human Service Zone Directors serve as the legal custodian of foster children. In this role, human service zones are charged with the legal authority and duty to place foster children and to provide case management services. This is a critical and important responsibility and one that brings many challenges.

One such challenge is finding appropriate, responsive, and sustainable placement for each child in our child welfare system. There are many complexities, nuances, policies, and laws that impact the placement of children. However, this situation becomes additionally challenging when searching for placement for children with complex needs and when trying to place sibling groups together.

Over the past five years, placement matching has become an even more complex and difficult responsibility due to multiple factors including changes in federal law, fewer mid-level placement options, access to supportive services, and overall disparity of youth needing care compared to the number of available and willing placements. These trends place great

stressors on human service zones and their families we serve as we work to ensure custodial children receive the care and services they need and deserve.

During interim session, human service zones advocated to the North Dakota Children's Cabinet explaining systems gaps and identified needs/solutions. The Children's Cabinet heard from child welfare professionals across the state as they shared the stories of children in our child welfare system. It was agreed that North Dakota should and can do better for this vulnerable group of children.

HB 1091 addresses some of the concerns expressed to the Children's Cabinet this past year. The establishment of certified foster care homes create a needed nimbleness for our licensing process. Many individuals express the interest in caring for foster children. However, the full foster care licensing process is at times daunting and is a significant commitment. Certification provides flexibility in licensure type and provides families and/or those with a relationship with a child, an opportunity to experience being a foster care home prior to making the full commitment to full licensure. Certification requires the fostering household to still undergo required background checks and safety measures, but reduces preservice training requirements from thirty hours (for a full licensure) to ten hours (for a certified home). As a recognized form of placement, certification provides a maintenance payment to the foster home to help support the costs of providing food, clothing, and shelter to the child. This licensing option is missing from our current placement system and one that would be helpful in meeting the needs of North Dakota's foster youth.

Another important aspect of HB 1091 is found in Section 9, page 6, lines 24-25. This section allows for *"nonfederal funds to be used for maintenance payments to unlicensed identified relatives or unlicensed kinship relatives for no greater than six months"*. This will be a very important tool for family members to support their own kin who are in foster care. Kinship relative caregivers are a true blessing to our child welfare system. They allow children to live

with family during a time of great uncertainty and stress. However, kinship relative caregivers need financial support to help care for their family members who are in foster care. In addition to financial support, kinship relative caregivers need time to understand their family's situation, while meeting the needs of the child. The six-month provision to provide the financial support provides the custodial agency, family, and the court time to explore next steps. HB 1091 takes an important step in supporting kinship relative caregivers.

Thank you for the opportunity to testify in support of HB 1091. I stand for questions from the committee.

Testimony Prepared for the
Senate Human Services Committee

March 6, 2023

By: C. Antowan Pickett, Grand Forks County Human Service Zone Director

RE: House Bill 1091 – Certified Family Foster Care Homes and Relative Kinship Homes

Chair Lee and members of the Senate Human Services Committee, my name is C.

Antowan Pickett. I am the Grand Forks County Human Service Zone Director. Please consider my testimony in support of HB 1091.

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One such challenge is finding appropriate, responsive, and sustainable placement for each child in our child welfare system. There are many complexities, nuances, policies, and laws that impact the placement of children. However, this situation becomes additionally challenging when searching for placement for children with complex needs and when trying to place siblings, and groups, together.

Over the past few years, placement matching has become an even more complex and difficult responsibility due to multiple factors including changes in federal law, fewer mid-level placement options, access to supportive services, and overall disparity of youth needing care compared to the number of available and willing placements. These trends place great stressors on human service zones and the families we serve, as we work to ensure custodial children receive the care and services they need and deserve.

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House Bill No. 1091
Senator Human Services Committee
Senator Judy Lee, Chairman
March 6, 2023**

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Sections 6 and 7. The changes in these sections add “certification, or approval” to sections 50-11-02.1 and 50-11-02.2 of the North Dakota Century Code.

Section 8. The changes in this section modify section 50-11-03 of the North Dakota Century Code by adding “certification, or approval” and removing reference to “at the facility”.

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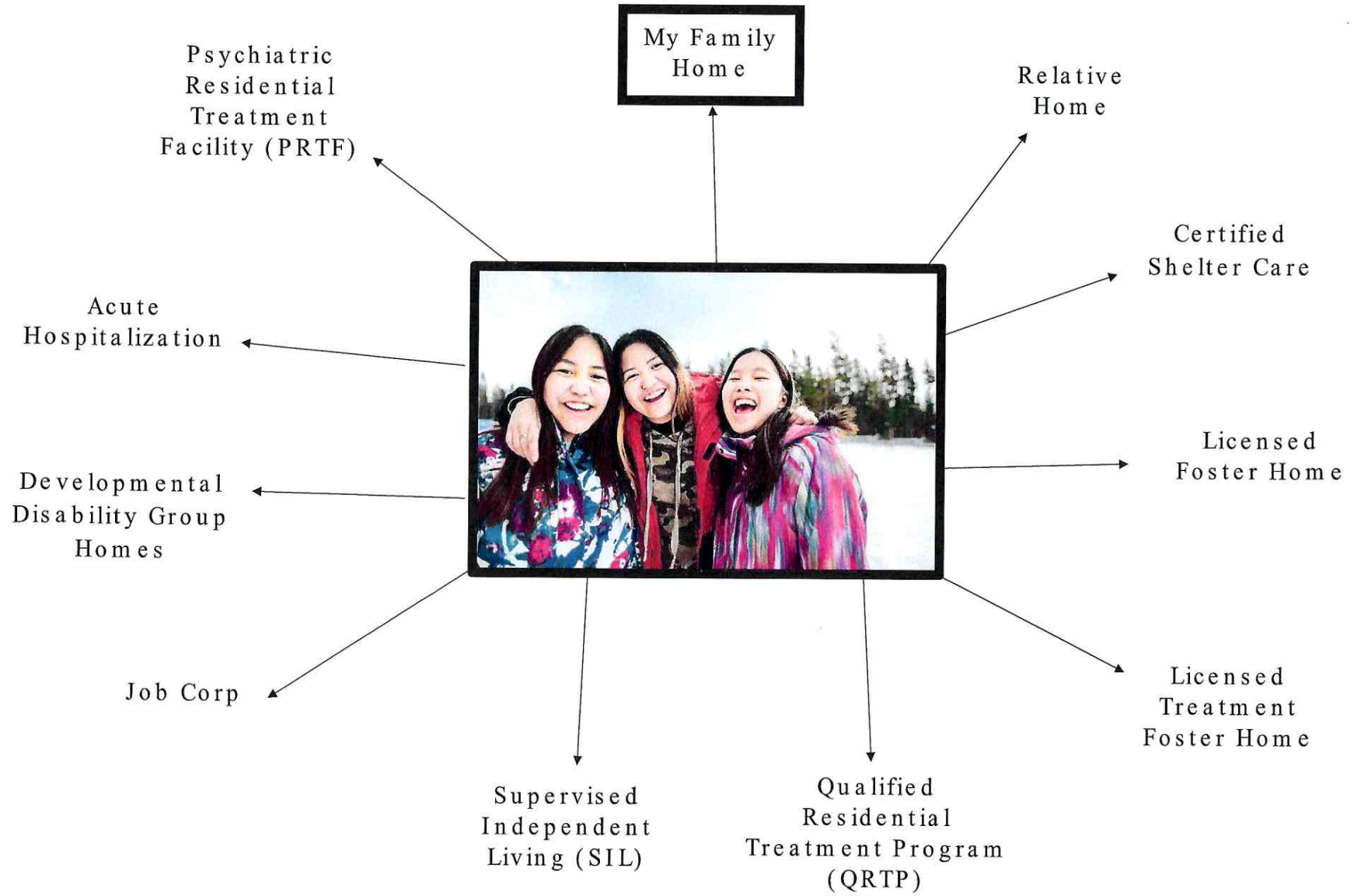
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Section 19. The changes in this section add certification language for clarity and consistency to section 50-11-09 of the North Dakota Century Code.

Section 20. Section 20 proposes that, during the 2023-24 interim, the Department, with assistance from other stakeholders including the North Dakota supreme court, human service zone directors, and the North Dakota association of counties, will review the option of reinstating parental rights that have been terminated by a court. Before August 1, 2024, the Department would report progress to the legislative management.

This concludes my testimony. I would be happy to try to answer any questions the committee may have. Thank you.



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 <small>(Certified Program or Licensed Family)</small>	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: <ul style="list-style-type: none"> ✓ CPS with Zone ✓ In-Home with Zone ✓ Foster care with a Zone 	Unlicensed relative providing care to children. <ul style="list-style-type: none"> ✓ 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. <ul style="list-style-type: none"> ✓ 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. <ul style="list-style-type: none"> ✓ 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. <ul style="list-style-type: none"> ✓ 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: <ul style="list-style-type: none"> ✓ 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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Served by outpatient community resources (therapy, med management, etc.) • Public School • In-home supports 	<ul style="list-style-type: none"> • Served by outpatient community resources (therapy, med management, etc.) • Public School • In-home supports • Respite 	<ul style="list-style-type: none"> • Served by outpatient community resources (therapy, med management, etc.) • Public School • In-home supports • Respite 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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

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	<ul style="list-style-type: none"> No HHS oversight 	<ul style="list-style-type: none"> No HHS oversight 	<ul style="list-style-type: none"> No HHS oversight Local County; Tribal Nations; or State DOCR 	<ul style="list-style-type: none"> No HHS oversight Administered by the US Department of Labor 	<ul style="list-style-type: none"> Licensed by the Behavioral Health Division Policy Team 	<ul style="list-style-type: none"> Licensed by the Developmental Disabilities Section 	<ul style="list-style-type: none"> Must have certification, but HHS also licenses hospitals as primary care or general acute 	<ul style="list-style-type: none"> Licensed by the Behavioral Health Division Policy Team
Providers (not all inclusive)	<ul style="list-style-type: none"> Youthworks- Bismarck Youthworks- Fargo 	<ul style="list-style-type: none"> Sunrise Youth Bureau Northwest Youth Assessment Center Grand Forks County Youthworks- Minot Youthworks- Bismarck Youthworks- Fargo 	<ul style="list-style-type: none"> Grand Forks Juvenile Detention Youth Correctional Center Ward County Juvenile Detention West Central Regional Juvenile Center 	<ul style="list-style-type: none"> Quentin Burdick Job Corp 	<ul style="list-style-type: none"> Eckert Youth Home 	<ul style="list-style-type: none"> REM Anne Carlsen HIT inc. Life Skills and Transition Center 	<ul style="list-style-type: none"> Sanford Trinity Hospital Essentia Altru Prairie St. Johns CHI St. Alexius ND Hospitals 	<ul style="list-style-type: none"> Dakota Boys and Girls Ranch (Bismarck, Fargo and Minot) Luther Hall- Fargo Pride Manchester 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

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1091

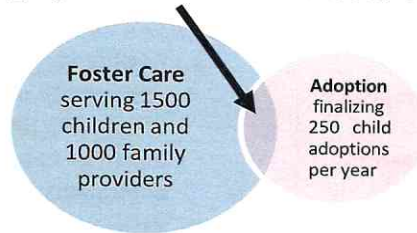
Page 1, line 16, after "approval" insert "of tribal foster care facilities"

Renumber accordingly



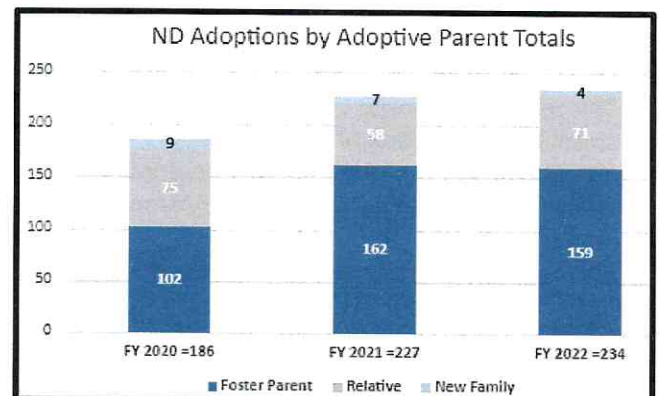
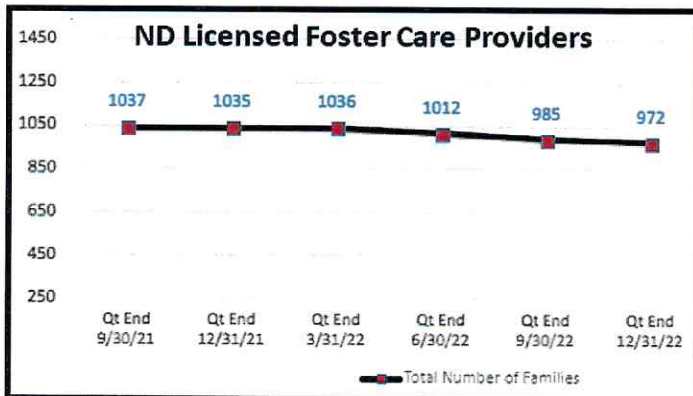
Children and Family Services has been facilitating a work group to discuss the need to offer efficiencies and better streamline the foster and adoption home study efforts. Adults Adopting Special Kids (AASK), the vendor contracted with the department, along with CFS adoption administration and CFS Licensing 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.*



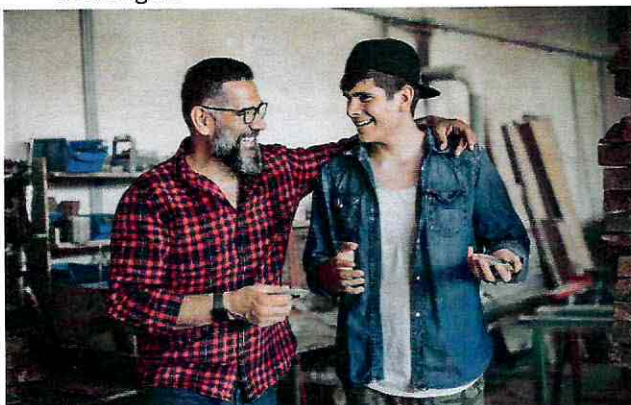
The largest and most important difference between the foster care and adoption process is the lens utilized to assess two different placement types (temporary foster care vs. long term adoptive). While there may be similarities between the two assessments, an adoption investigation must assess the ability 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)

\$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.

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.



Adoption Home Study (Approval to Adopt)

\$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 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.

Introduced by

Laura Feldmann, LCSW, Executive Director of Home On The Range

A BILL for an Act to amend and reenact sections 50-11-00.1 of the North Dakota Century Code, relating to family foster care for children licenses.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Section 50-11-00.1 of the North Dakota Century Code is amended and reenacted as follows:

50-11-00.1. Definitions.

As used in this chapter:

1. "Agency foster home for adults" means a residential home in which foster care for adults is regularly provided by professional staff trained to provide services to older adults or adults with a disability, to four or fewer adults who are not related by blood or marriage to the owner or lessee, for hire or compensation.
2. "Approval" means the approval by the department, upon submission of tribal licensing standards or in the absence of tribal licensing standards compliance with state standards, of a facility located on or near, as identified by the tribe, a recognized Indian reservation in North Dakota, not subject to the jurisdiction of the state of North Dakota for licensing purposes, to allow the facility to receive title IV-E funding.
3. "Authorized agent" means the human service zone, unless another entity is designated by the department.
4. "Certified family foster home for children" means an occupied private residence in which foster care for children is regularly provided by the owner or lessee of the residence to no more than three children, unless the department approves otherwise.
5. "Department" means the department of health and human services.
- ~~5.6.~~ "Facility" means a foster home for adults, agency foster home for adults, family foster home for children, certified family foster home for children, residential treatment center for trafficked youth, supervised independent living program, or qualified residential treatment program for children.
- ~~6.7.~~ "Family foster home for children" means an occupied private residence in which foster care for children is regularly provided by the owner or lessee of the residence to no more than six children, unless the department approves otherwise.

- ~~7-8.~~ "Foster care for adults" means the provision of food, shelter, security and safety, guidance, and comfort on a twenty-four-hour per day basis, in the residential home of a caregiver or agency, to an individual age eighteen or older, who is unable, neglects, or refuses to provide for the individual's own care.
- ~~8-9.~~ "Foster care for children" means the provision of substitute parental child care for those children who are in need of care for which the child's parent, guardian, or custodian is unable, neglects, or refuses to provide, and includes the provision of food, shelter, security and safety, guidance, and comfort on a twenty-four-hour basis, to one or more children under twenty-one years of age to safeguard the child's growth and development and to minimize and counteract hazards to the child's emotional health inherent in the separation from the child's family. Foster care may be provided in a licensed, certified, or approved family foster home for children, supervised independent living program, or qualified residential treatment program.
- ~~9-10.~~ "Foster home for adults" means an occupied private residence in which foster care for adults is regularly provided by the owner or lessee of the residence, to four or fewer adults who are not related by blood or marriage to the owner or lessee, for hire or compensation.
- ~~10-11.~~ "Identified relative" or "kinship relative" means:
- a. The child's grandparent, great-grandparent, sibling, half-sibling, aunt, great-aunt, uncle, great-uncle, nephew, niece, or first cousin;
 - b. An individual with a relationship to the child, derived through a current or former spouse of the child's parent, similar to a relationship described in subdivision a;
 - c. An individual recognized in the child's community as having a relationship with the child similar to a relationship described in subdivision a; or
 - d. The child's stepparent.
- ~~11-12.~~ "Qualified residential treatment program" means a licensed or approved residence providing an out-of-home treatment placement for children.
- ~~12-13.~~ "Residential treatment center for trafficked youth" means a licensed or approved residence providing out-of-home treatment specific to meet the needs of children at risk of or identified as victims of human trafficking.
14. "Supervised independent living program" means a licensed or approved setting providing supervision and service delivery to youth transitioning into adulthood.

Wolf, Sheldon

From: Lee, Judy E.
Sent: Monday, March 6, 2023 8:52 PM
To: Wolf, Sheldon; Lahr, Pat; NDLA, Intern 02 - Pouliot, Lindsey
Subject: FW: LOC Doc + Further Info
Attachments: ND Levels of Foster Care 2022.pdf

Please load in 1091.

Senator Judy Lee
1822 Brentwood Court
West Fargo, ND 58078
Home phone: 701-282-6512
Email: jlee@ndlegis.gov

From: Pedersen, Cory T. <ctpedersen@nd.gov>
Sent: Monday, March 6, 2023 11:44 AM
To: Lee, Judy E. <jlee@ndlegis.gov>
Subject: LOC Doc + Further Info

Senator Lee for some further clarity on these levels. Please share are you see fit.

Relative/Kinship Caregivers: *(No license required)*

- Individual related or well known to the child. Not only limited to relatives by blood or marriage, could include community member, family friend, god parent, baseball coach, teacher, etc.
- Background check is considered, and case manager goes to the home to check the property for basic safety and sleeping arrangements.
- If HB 1091 passes these relative/kin caregivers will receive a time-limited \$\$ stipend to offset costs of the child.

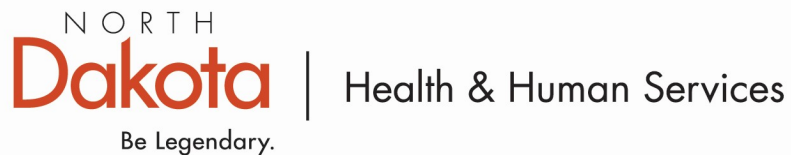
Certified Foster Home *(Entry level license – short term placements, provide respite or shelter care).*

- If HB 1091 passes “certification” details to be further developed and added to our LOC chart.
- NDAC 75-03-14 will be updated
- CFS Licensing Unit (HHS staff) will assess the applicant/s for certification; ensuring background checks, home study and home safety requirements are met.

Licensed Foster Home: *(License required)*

- NDAC 75-03-14 will be updated, but no direct or indirect impact on our current foster care provider licensing standards. Business as usual
- CFS Licensing Unit (HHS staff) will assess the applicant/s for licensure; ensuring background checks, home study and home safety requirements are met.

Cory Pedersen
Children and Family Services – Director



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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	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: <ul style="list-style-type: none"> ✓ CPS with Zone ✓ In-Home with Zone ✓ Foster care with a Zone 	Unlicensed relative providing care to children. <ul style="list-style-type: none"> ✓ 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. <ul style="list-style-type: none"> ✓ 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. <ul style="list-style-type: none"> ✓ 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. <ul style="list-style-type: none"> ✓ 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: <ul style="list-style-type: none"> ✓ 18+ Continued Care youth under placement and care of a Zone or Tribal Nations.
Child Age	0 to 18	0 to 21	0 to 21	6 to 21	10 to 19	18 to 21
Presenting Child Need	Need <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Served by outpatient community resources (therapy, med management, etc.) • Public School • In-home supports 	<ul style="list-style-type: none"> • Served by outpatient community resources (therapy, med management, etc.) • Public School • In-home supports • Respite 	<ul style="list-style-type: none"> • Served by outpatient community resources (therapy, med management, etc.) • Public School • In-home supports • Respite 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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.

