

The ND Title IV-E Prevention Services Provider Training Grant is intended to offset the cost of the training and/or certification that will enable a person to deliver an evidence-based service, such as may be required by each of the evidence-based models identified in North Dakota's Title IV-E Prevention Services Plan, in accordance with the Family First Prevention Services Act (FFPSA). The goal of the training grant program is to boost the availability of evidence-based services available to children and families across North Dakota.

Evidence-based programs and services represent the cornerstone of North Dakota's Family First Title IV-E Prevention Services Plan. The state's plan, which was federally approved in August 2020, allows North Dakota to access federal Title IV-E funding for approved services, including mental health and substance abuse treatment and recovery support services, as well as in-home parent skill-based programs designed for parents of young children.

The Department of Human Services (DHS) is seeking proposals from entities that are organized to legally conduct business in the state of North Dakota and are willing to serve as a Title IV-E Prevention Services agency in areas of unmet need.

DHS will award grants in amounts up to \$10,000 to assist 75 or more professionals with costs associated with completing an evidence-based training and/or certification for the purpose of furthering the delivery of services as outlined in the ND Title IV-E Prevention Services Plan. Funds will be available until the full amount of \$750,000 has been allocated. No grant will be more than \$10,000 per individual; however, one applicant agency can apply for no more than five individual awards.

Approved Title IV-E Prevention Service Agencies, through their staff, provide evidence-based services to support family stability for children who are at risk of foster care placement (as defined in the ND Title IV-E Prevention Services Plan). When delivered with fidelity to the approved practice models, these services divert children from foster care placement and/or from utilizing other forms of out of home placement and/or crisis services.

***Family First Prevention Services Act***

<https://www.nd.gov/dhs/services/childfamily/family-first.html>

***ND Family First Prevention Services Act Prevention Plan***

<https://www.nd.gov/dhs/info/pubs/docs/cfs/approved-nd-title-iv-e-prevention-services-programs-plan.pdf>

***ND Title IV-E Provider Application***

<http://www.nd.gov/dhs/services/childfamily/docs/iv-e-provider-application-agreement.pdf>

## **Eligibility to Apply**

- Entities organized to legally conduct business in the state of North Dakota
- Applying to support individuals who have appropriate credentialing to deliver identified services upon completion of training that is the subject of the application
- Able to provide evidence of willingness to serve in ND geographies where there is a demonstrated need not deemed fulfilled by existing providers
- Commitment to trauma-informed practice, to adhere to evidence-based practice standards, and to deliver approved services with fidelity; and
- Intend to offer one or more of the approved, evidence-based services as approved in the ND Title IV-E Prevention Services Plan in a geography(ies) where there is a demonstrated unmet service need that can be met by the approved Title IV-E prevention service, for children and families for whom the Plan is designed to serve.

Entities can apply for these funds by submitting the ND Title IV-E Prevention Services Provider Training Grant Application that outlines their experience, the services they intend to provide, the counties they intend to serve, and a project budget. The budget should outline how they will utilize the funds to create and operate as a Title IV-E Prevention Service agency.

## **Eligible Use of Funds**

- Training and professional development, as delivered by an approved training provider, as per the requirements of the FFPSA
- Travel and other allowable costs related to the approved training and development
- Technology costs to support the delivery of the identified service
- Background checks

## **Funding**

- Maximum funding per individual is not to exceed \$10,000; or per applicant agency not to exceed \$50,000 (no more than five individual awards).
- Grants are one-time only and will not be renewed.
- Funding will be dependent upon availability of dollars.
- Partial awards are possible depending on funding availability.
- Grant funding will be based on documented expenses as provided by Grantee.

## **Approval Criteria**

Upon receipt of a Grant Application, the DHS Program Administrator shall review the Application to determine whether the Application is responsive to all requirements as described in this Grant Overview and the accompanying Application documents.

If the Application meets the program eligibility requirements, and if DHS determines that an unmet service need exists in the service area identified in the Grant Application, the Application will be approved, subject to availability of funding. Grantee and DHS will enter into a grant agreement within 10 days of grant award.

## **Expectations of Grantee**

- Meet with the DHS's Program Administrator before the grant begins to review training plan, including budget, timeline.
- Enroll as a Title IV-E Prevention Services Provider via the provider application process.
- Submit a monthly report on work plan progress, including training and credentialing of staff as per the selected model, client referrals received, and services delivered.
- Provide evidence of costs incurred as documentation for grant funds, no less than monthly.
- If Grantee fails to fulfill the expectation to become an approved Title IV-E Prevention Services provider and begins delivering services within six months of grant award, all grant funds must be returned. Likewise, if grantee fails to maintain its status as an active provider of Title IV-E Prevention sSrvices for at least 12 months after receiving required approval to do so, all grant funds must be returned.

## **Schedule**

Applications may be submitted any time before May 31, 2021. Applications will be reviewed as they are received.

DHS will award Title IV-E Prevention Services Provider Training Grants through May 31, 2021, as funds are available.

The Grant Application and supporting documentation should be submitted by email to Tracy Miller, Program Administrator, [tramiller@nd.gov](mailto:tramiller@nd.gov).

## **ND FFPSA Agency Approved Services**

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### **Healthy Families**

Healthy Families America (HFA) is a home visiting program for new and expectant families with children who are at-risk for maltreatment or adverse childhood experiences. HFA is a nationally accredited program that was developed by Prevent Child Abuse America. The overall goals of the program are to cultivate and strengthen nurturing parent-child relationships, promote healthy childhood growth and development, and enhance family functioning by reducing risk and building protective factors. HFA includes screening and assessments to identify families most in need of services, offering intensive, long-term and culturally responsive services to both parent(s) and children, and linking families to a medical provider and other community services as needed.

### **Homebuilders**

Homebuilders provides intensive, in-home counseling and support services for families who have a child 0-17 years old at imminent risk of out-of-home placement or who is in placement and cannot be reunified without intensive in-home services. Homebuilders uses behavioral assessments to determine outcome-based goals and help families identify strengths and problems associated with child safety and intervention maintenance of change. It aims to support families during crises using tailored intervention strategies and a diverse range of services, such as support with basic needs, service navigation, and psychotherapy. Providers use cognitive and behavioral practices to teach family members new skills and facilitate behavior change.

Homebuilders services are concentrated during a period of four to six weeks with the goal of preventing out-of-home placements. Homebuilders therapists typically have small caseloads of two families at a time. Families typically receive 40 or more hours of direct face-to-face services. The family's therapist is available to family members 24 hours per day, 7 days per week. Treatment services primarily take place in the client's home. Providers are required to have a master's degree in social work, psychology, counseling, or a closely related field or a bachelor's degree in social work, psychology, counseling, or a closely related field with at least 2 years of related experience.

### **Nurse-Family Partnership**

Nurse-Family Partnership (NFP) is a home-visiting program that has specially trained nurses regularly visit first-time moms-to-be, who are 28 weeks or less, meet income requirements and continuing through the child's second birthday. The primary outcomes of NFP are to improve the health, relationships, and economic well-being of mothers and their children. The content of the program can vary based on the needs and requests of the mother. Mothers, babies, families and communities all benefit. Through the partnership, the nurse provides new moms with the confidence and the tools they need not only to assure a healthy start for their babies, but to envision a life of stability and opportunities for success for both mom and child.

### **Parents as Teachers**

Parents as Teachers (PAT) is a home-visiting parent education program that teaches new and expectant parents skills intended to promote positive child development and prevent child maltreatment. PAT aims to increase parent knowledge of early childhood development, improve parenting practices, promote early detection of developmental delays and health issues, prevent child abuse and neglect, and increase school readiness and success. The PAT model includes four core components:

- Personal home visits,
- Supportive group connection events,
- Child health and developmental screenings, and
- Community resource networks.

PAT is designed so that it can be delivered to diverse families with diverse needs, although PAT sites typically target families with specific risk factors. Families can begin the program prenatally and continue through when their child enters kindergarten. Services are offered on a biweekly or monthly basis,

depending on family needs. Sessions are typically held for one hour in the family's home, but can also be delivered in schools, child-care centers, or other community spaces. Each participant is assigned a parent educator who must have a high school degree or GED with two or more years of experience working with children and parents. Parent educators must also attend five days of PAT training.

### **Brief Strategic Family Therapy**

Brief Strategic Family Therapy (BSFT) uses a structured family systems approach to treat families with children or adolescents 6 to 17 years old who display or are at risk for developing problem behaviors including substance abuse, conduct problems, and delinquency. There are three interventions components; (1) counselors establish relationships with family members to better understand and join the family system; (2) counselors observe how family members behave with one another in order to identify interactional patterns that are associated with problematic youth behavior; and (3) counselors work in the present, using reframes, assigning tasks and coaching family members to try new ways of relating to one another to promote more effective and adaptive family interactions.

BSFT is delivered by trained therapists and are required to participate in four phases of training and are expected to have training and/or experience with basic clinical skills common to many behavioral intervention and family systems theory. BSFT is typically delivered in 12 to 16 weekly sessions in community centers, clinics, health agencies, or homes.

### **Functional Family Therapy**

Functional Family Therapy (FFT) is a short-term prevention program for at-risk youth and their families. FFT aims to address risk and protective factors that impact the adaptive development of 11 to 18-year-old youth who have been referred for behavioral or emotional problems. The program is organized in five phases that consist of: (1) developing a positive relationship between therapist/program and family; (2) increasing hope for change and decrease blame/conflict; (3) identifying specific needs and characteristics of the family; (4) supporting individual skill-building of youth and family; and (5) generalizing changes to a broader context. Typically, therapists will meet with the family face-to-face for at least 90 minutes per week and for 30 minutes over the phone, over an average of three to five months. Master's level therapists provide FFT, are part of an FFT-supervised unit and receive ongoing support from their local unit and FFT LLC.

### **Multisystemic Therapy**

Multisystemic Therapy (MST) is an intensive family and community-based treatment program for youth 12 to 17 years old delivered in multiple settings. This program aims to promote pro-social behavior and reduce criminal activity, mental health symptomology, out-of-home placements, and substance use in youth. The MST program addresses the core causes of delinquent and antisocial conduct by identifying key drivers of the behaviors through an ecological assessment of the youth, his or her family, and school and community. The intervention strategies are personalized to address the identified drivers. The program is delivered for an average of three to five months, and services are available 24/7, which enables timely crisis management and allows families to choose which times will work best for them. Master's level therapists from licensed MST providers take on only a small caseload at any given time so that they can be available to meet their clients' needs.

### **Parent Child Interaction Therapy**

Parent-Child Interaction Therapy (PCIT) is a program for two to seven-year old children and their parents or caregivers that aims to decrease externalizing child behavior problems, increase positive parenting behaviors, and improve the quality of the parent-child relationship. During weekly sessions, therapists coach parents and caregivers in skills such as child centered play, communication, increasing child compliance, and problem-solving. Therapists use "bug-in-the-ear" technology to provide live coaching to parents and caregivers from behind a one-way mirror or with same room coaching. Parents and caregivers progress through treatment as they master specific competencies, thus, there is no fixed length of treatment. Most families can achieve mastery of the program content in 12 to 20 one-hour sessions. Master's level therapists who have received specialized training provide PCIT services to children and their parents or caregivers.