North Dakota FamilyFirst Services Training and Implementation Grant Overview

The North Dakota FamilyFirst Services Training and Implementation Grant is intended to facilitate development of service providers and/or agencies that can deliver evidence-based services as identified in North Dakota's Family First Title IV-E Prevention Services Plan, in accordance with the Family First Prevention Services Act (FFPSA).

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. When delivered with fidelity to the approved practice models, these services reduce the likelihood of child abuse and neglect and divert children from out of home and foster care placement.

The North Dakota Department of Health and Human Services, Children and Family Services Section (STATE) is seeking proposals from:

- New service providers/agencies that intend to receive training and implement one or more of the approved evidence-based services as identified in the North Dakota Family First Title IV-E Prevention Services Plan in locations where there is a demonstrated unmet service need that these services can address.
- Existing FamilyFirst service providers/agencies that intend to expand current FamilyFirst services by training additional staff; expanding existing service to additional geographic areas of the state where there is a demonstrated unmet need; and/or train and implement an additional FamilyFirst service.

Service Provider/Agency Grantee

Defined as an individual service provider or agency intending to be trained and implement at least one evidence-based service identified in the North Dakota Family First Title IV-E Prevention Services Plan, in at least one North Dakota community. STATE will award grants to assist with costs associated with training and implementation of the approved FamilyFirst service. Grant award available for:

- One staff - not to exceed $17,000
- Two staff - not to exceed $34,000
- Three or more staff - not to exceed $50,000

Funds will be available until the full amount of $400,000 has been allocated or until the application deadline has passed.

Grant funding will be based on documented expenses incurred and must be expended by June 30, 2027.

Eligibility to Apply

- Entities organized to legally conduct business in the state of North Dakota, whose principals have demonstrated experience in human service delivery to children and families.
- Able to provide evidence of intent to serve in North Dakota locations where there is a demonstrated unmet service need that can be met by the approved Title IV-E prevention services, for children and families for whom the North Dakota Title IV-E Prevention Services Plan is designed to serve.
- Commitment to trauma-informed practice, to adhere to evidence-based practice standards, and to deliver approved services with fidelity.

Entities can apply for these funds by submitting Attachment A – North Dakota FamilyFirst Services Training and Implementation Grant Application that outlines the services they intend to provide and the counties they intend to serve, and a project budget utilizing Attachment B – North Dakota FamilyFirst Services Training and Implementation Grant Budget Worksheet.

Eligible Use of Funds

- Training and professional development, as delivered by an approved training provider, in accordance with the requirements of FFPSA. Approved training providers can be found at https://preventionservices.acf.hhs.gov/program.
- Travel and other allowable costs related to approved training and implementation of the service.
- New service or agency providers may use funds to support startup operating and implementation costs for no more than two months. Existing providers may use funds for staff training expenses, including wages paid while staff attend training.
- Outreach and promotional materials to support implementation of new service.
- Technology and equipment costs that are necessary to support service delivery and implementation.

Funding

- Maximum funding per application is based on the number of staff getting trained:
    - One staff - not to exceed $17,000
    - Two staff - not to exceed $34,000
    - Three or more staff - not to exceed $50,000
- Grants are one-time only and will not be renewed.
- Grants will be dependent upon availability of funds and if there is a service need in the identified area.
- Partial awards are possible depending on funding availability.
- Payment will be based on documented expenses incurred, as provided by Grantee.

Approval Criteria

Upon receipt of Attachment A – North Dakota FamilyFirst Services Training and Implementation Grant Application, the STATE Program Administrator shall review the application to determine whether the application is responsive to all requirements as described in this overview.

If the application meets the program eligibility requirements, and if STATE determines that an unmet service need exists in the service area identified, the application will be approved, subject to availability of funding.

Expectations of Grantee

- Meet with the STATE Program Administrator before the grant begins to review business plan, including budget, timeline, and requirements.
- Enroll and agree with requirements of the North Dakota FamilyFirst Title IV-E Provider Application within six months of grant receipt or within model guidelines.
- Report monthly to the STATE Program Administrator on work plan progress, including training and credentialing of staff as per the selected model, client referrals received, and services delivered.
- Provide monthly request for reimbursements on the SFN 1763 for expenses which have been incurred.
- Grant funds may have to be returned or paid back to STATE if Grantee fails to fulfill the expectation of becoming an approved FamilyFirst Services agency or provider and does not begin delivering services within six months of grant award or within model guidelines. Likewise, if Grantee fails to maintain its status as an approved provider of the FamilyFirst service for at least 12 months after receiving required approval to do so, all grant funds may have to be returned at the discretion of STATE.

Schedule

Applications may be submitted any time before March 1, 2027. Applications will be reviewed as they are received.
STATE will award the North Dakota FamilyFirst Services Training and Implementation Grants until the full amount of $400,000 has been allocated or until the application deadline has passed. Grant funding must be expended by June 30, 2027.

Attachment A – North Dakota FamilyFirst Services Training and Implementation Grant Application, Attachment B – North Dakota FamilyFirst Services Training and Implementation Grant Budget Worksheet, and supporting documentation shall be submitted by email to Tracy Miller, Program Administrator, at tramiller@nd.gov.

Reference information:

- ND Family First Title IV-E Prevention Services Plan
- ND FamilyFirst Services Provider Application and Agreement

North Dakota Approved Title IV-E Prevention Services

Family Check Up®

The Family Check-Up® model is a brief, strengths-based intervention for families with children ages 2 through 17. The intervention aims to promote positive family management and addresses child and adolescent adjustment problems. The Family Check-Up® has two phases: 1) An initial assessment and feedback and 2) Parent management training.

Phase one includes three main components: (1) an initial interview that involves rapport building and motivational interviewing to explore parental strengths and challenges related to parenting and the family context; (2) an ecological family assessment that includes parent and child questionnaires, a teacher questionnaire for children that are in school, and a videotaped observation of family interactions; and (3) tailored feedback that involves reviewing assessment results and discussing follow-up service options for the family. Follow up services will include Everyday Parenting and may include clinical or other support services in the community. Phase two is parent management training. North Dakota will require Everyday Parenting as its designated parent management training. Everyday Parenting is a skills-based curriculum designed to support development of positive parenting skills. The curriculum is modular, and sessions can be tailored to the family's specific needs and readiness based on the FCU assessment.

The Family Check-Up® can be delivered in a variety of settings, including in the home, schools, community mental health settings, health centers, hospitals, primary care, and Native American tribal communities.

Healthy Families America

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 provide 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 use 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 service. The family's therapist is available to family members 24 hours per day, seven 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 two 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 six to 17 years old who display or are at risk for developing problem behaviors including substance abuse, conduct problems, and delinquency. There are three intervention 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 eleven 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.

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.