

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.

