



Children's Treatment Services Level of Care Determinations

Children's Treatment Services- Level of Care Determination

North Dakota Health and Human Services, Behavioral Health, Children and Family Services and Medical Services partnered across sections to implement a unified clinical assessment to aid in securing treatment services for children.

Purpose

- Determine the least restrictive most appropriate level of care.
- Ensure community services have been exhausted before seeking out-of-home or residential treatment for children.
- Ensure children receive the right services, at the right time, for the right duration.

Eligibility

- Children aged 6 through 17 in need of treatment services.
- Families or case workers seeking out-of-home or residential treatment for a child in their care.

Assessments by Third Party Vendor (Maximus)

- Contracted employees residing in ND use an evidence-based assessment tool.
- Interview with the child, family, therapist, and treatment providers.
- Review clinical and treatment services supporting documentation.
- Review every 90 days when a child is in a residential treatment facility (QRTP/PRTF)
- Review every 180 days when a child is in treatment foster care (TFC)

Placements

- Emergency placements can occur, while the assessment is taking place.
- TFC and QRTP, emergency placements can occur for up to 30 days.
- PRTF, emergency placements can occur for up to 10 days.

Changing the Trajectory

- Data and outcomes show that children do better in family settings. Research indicating placement in institutional/group setting are associated with poorer outcomes.
- Treatment in out-of-home or residential treatment should be short-term.
- Supporting HHS mission in providing services closer to home.

Children and Family Services Section

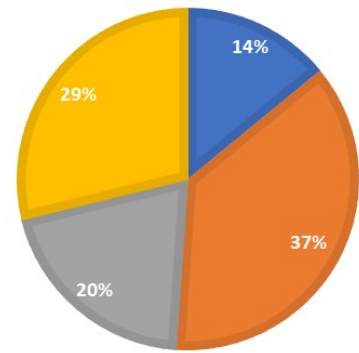
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[Maximus Website](#)
[HHS Website](#)

HHS Clinical Alignment Team

The HHS Clinical Alignment Team has employees from Behavioral Health, Children and Family Services, Medical Services and Maximus. The team meets weekly to review cases, the clinical decision support model, trainings for stakeholders, process changes or policy modifications.

CTS-LOC Determinations issued since July 1, 2024

Since July 1, 2024, there have been 413 assessments, completed **234 (57%)** for children in public custody. Majority 89% have been approved for treatment to remain in or enter a PRTF, QRTP or TFC foster home.



Treatment Foster Care

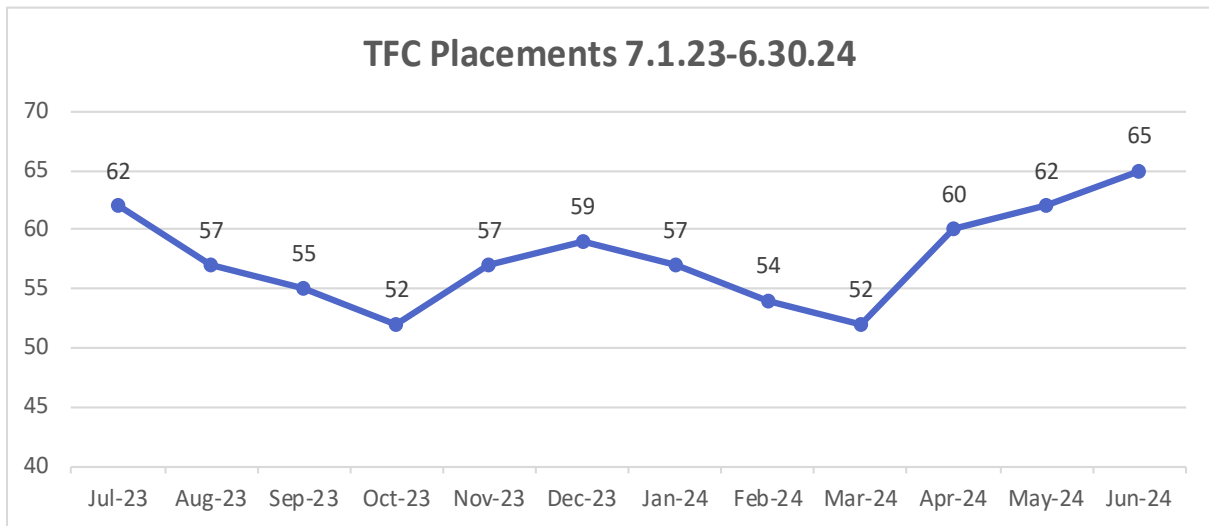
Treatment Foster Care is provided by Nexus PATH

Family Healing as a Licensed Child Placing Agency

(LCPA) licensed and paid for by HHS Children and Family Services. Treatment Foster Care (TFC) providers receive extra training and support by the agency as children placed in their home require additional in-home supports and services. TFC is an alternative to institutional and residential facilities offering a home environment to meet the complex mental and behavioral health needs of children in a least restrictive family setting. This level of care is for children ages six through 17 who experience frequent, co-occurring symptoms and behaviors that result in the need for increased services, supports and provider training to address complex trauma.

■ Family or Community ■ PRTF ■ QRTP ■ TFC

From July 1, 2023, to June 30, 2024, the chart below shows the number of children served in treatment foster care through Nexus PATH Family Healing:



Qualified Residential Treatment Programs

North Dakota has two Qualified Residential Treatment Programs (QRTP), Home on the Range located in Sentinel Butte averaging 94% occupancy in the last six months and Dakota Boys and Girls Ranch located in Minot averaging 69% occupancy in the last six months.

QRTP's are licensed and paid for by HHS Children and Family Services. QRTP's are short-term residential treatment providers offering trauma-informed treatment designed to address the serious complex behavioral health needs of children ages 10 through 17. QRTPs must have a trauma-informed treatment model, a registered or licensed nurse and other clinical staff available 24/7. QRTP's must facilitate participation of family members in a child's treatment program, and provide aftercare supports for at least 6 months post discharge.