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## FIRST ENGROSSMENT

Sixty-eighth Legislative Assembly of North Dakota

## **ENGROSSED HOUSE BILL NO. 1043**

Introduced by

**Human Services Committee** 

(At the request of the Department of Health and Human Services)

- 1 A BILL for an Act to amend and reenact sections 25-03.2-01, 25-03.2-03, and 25-03.2-06 of the
- 2 North Dakota Century Code, relating to licensure of a psychiatric residential treatment facility for
- 3 children and admission criteria.

## 4 BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

- 5 **SECTION 1. AMENDMENT.** Section 25-03.2-01 of the North Dakota Century Code is amended and reenacted as follows:
- 7 **25-03.2-01. Definitions.**

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- 8 In this chapter, unless the context otherwise requires:
- 9 1. "Child" or "children" means a person or persons under the age of twenty-one.
- "Clinical supervision" means the oversight responsibility for individual treatment plans
   and individual service delivery.
- 12 3. "Department" means the department of health and human services.
- "Diagnostic assessment" means a written summary of the history, diagnosis, and
   individual treatment needs of a mentally ill person using diagnostic, interview, and
   other relevant assessment techniques.
- 16 5. "Individual treatment plan" means a written plan of intervention, treatment, and
   17 services for a mentally ill person that is developed under the clinical supervision of a
   18 mental health professional on the basis of a diagnostic assessment.
  - 6. "Mentally ill person" has the same meaning provided for in section 25-03.1-02.
- 7. "Psychiatric residential treatment facility for children" means a facility or a distinct part
  of a facility that provides to children a total, twenty-four hour, therapeutic environment
  integrating group living, educational services, and a clinical program based upon a
  comprehensive, interdisciplinary clinical assessment, and an individualized treatment
  plan that meets the needs of the child and family. The services are available to

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- children in need of and able to respond to active psychotherapeutic intervention and who cannot be effectively treated in their own family, in another home, or in a less restrictive setting. The facility must meet the requirements of a psychiatric residential treatment facility as set out in title 42, Code of Federal Regulations, part 483.352.
  - 8. "Residential treatment" means a twenty-four hour a day program under the clinical supervision of a mental health professional, in a community residential setting other than an acute care hospital, for the active treatment of mentally ill persons.
  - 9. "Serious risk of harm" means a substantial likelihood of:
  - <u>Suicide</u>, as manifested by current suicidal threats, attempts, or significant depression creating immediate risk of suicide;
    - b. Killing or inflicting serious bodily harm to self or another person, as manifested by current act; or
      - c. Substantial deterioration in physical health or substantial injury, disease, or death based on current poor self-control or judgment.
  - **SECTION 2. AMENDMENT.** Section 25-03.2-03 of the North Dakota Century Code is amended and reenacted as follows:

## 25-03.2-03. Requirements for license.

- The department shall issue a license for the operation of a psychiatric residential treatment facility for children upon a showing that:
  - 1. The premises to be used are in fit, safe, and sanitary condition and properly equipped to provide good care and treatment;
  - 2. The program director of the facility holds, at a minimum, a master'sbachelor's degree in social work, psychology, or in a related field with at least two years of professional experience in the treatment of children suffering from mental illnesses or emotional disturbances. The executive director of the facility must have, at a minimum, a bachelor's degree in a behavioral science or a bachelor's degree in any field and two years of experience in administration;
    - 3. The staff employed by the facility is supervised by the program director and qualified by training and experience to provide services to children suffering from mental illnesses or emotional disturbances. The facility annually must provide training to staff which is relevant to the needs of the client population;

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- The health, safety, and well-being of the children cared for and treated in the facility
   will be properly safeguarded;
- There are sufficient treatment, educational, recreational and leisure, and physical
   facilities and services available to the children in the facility;
  - 6. The facility will provide for a medical and psychological examination of each child within seventy-two hours of admission and thereafter as needed by the child;
- 7 7. An interdisciplinary team will review each individual treatment plan at least monthly and update or amend the plan to meet the needs of the child;
  - 8. The facility develops postdischarge plans and coordinates facility services and related community services with partial discharge plans with each child's family, school, and community upon discharge to ensure continuity of care; and
  - 9. The facility is in compliance with requirements for psychiatric residential treatment facilities under 42 U.S.C. 1396d [Pub. L. 89-97; 79 Stat. 351] and title 42, Code of Federal Regulations, part 441, and with this chapter and rules adopted under this chapter.
  - **SECTION 3. AMENDMENT.** Section 25-03.2-06 of the North Dakota Century Code is amended and reenacted as follows:
  - 25-03.2-06. Admission criteria.
  - A child may be admitted to a psychiatric residential treatment facility for children if, the :
- 1. The child has been diagnosed by a psychiatrist or psychologist as suffering from a
   mental illness or emotional disturbance and the child is in need of and able to respond
   to active psychotherapeutic intervention and cannot be effectively treated in the child's
   family, in another home, or in a;
  - 2. The child's situation meets the definition of serious risk of harm; and
- 3. A less restrictive setting. The facility must take into account the age and diagnosis of
   the child in order to provide an environment that is safe and therapeutic for all children
   cannot meet the immediate treatment need.