

CHAPTER 75-05-03 CLINICAL SERVICES

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75-05-03-01. Outpatient services.

Outpatient services. An outpatient service is an organized, nonresidential service or an office practice which provides professionally directed aftercare, individual, group, and other services to consumers.

1. Each human service center shall offer a range of outpatient services to consumers based on consumers' needs regarding emotional, social, and behavioral problems. These outpatient services include services provided or arranged for:
 - a. Individual counseling;
 - b. Group counseling;
 - c. Family counseling;
 - d. Psychological and psychometric evaluations of testing; and
 - e. Psychiatric assessments.
2. Each human service center shall define and provide general outpatient services to vulnerable children, adolescents, adults, elderly, and families who are experiencing psychosocial, psychiatric, or substance use issues, including any combination of those issues.
3. Each human service center shall develop written program descriptions of each program provided by the center.
4. Outpatient services must be available to consumers during the day and on designated evenings or weekends.
5. All significant consumer contacts and treatment provided must be documented in the consumer's record.
6. With the consumer's permission, acute treatment outpatient services must be coordinated with other private and public agencies.

History: Effective November 1, 1987; amended effective December 1, 1991; February 1, 1996; January 1, 2009; July 1, 2020.

General Authority: NDCC 50-06-05.2

Law Implemented: NDCC 50-06-05.2

75-05-03-02. Emergency services.

An "emergency service" is a service that is available at all times to handle crisis situations.

1. The human service center shall maintain or contract for a twenty-four-hour emergency service. Telephone or face-to-face contact must be part of the service. All contacts must be documented.
2. Emergency service personnel must be trained to handle crisis situations. Training must include suicide intervention; violent behavior of consumers; and crisis telephone calls. The human service center shall document training in each employee's personnel file.
3. Face-to-face crisis counseling must be provided in an environment conducive to treatment and control of the consumer in the event of suicidal or violent behavior.
4. A complete list of community resources must be available to emergency service personnel and updated by the human service center on an annual basis.
5. An individual receiving emergency services must be given information concerning available resources and treatment services.

History: Effective November 1, 1987; amended effective December 1, 1991; February 1, 1996; January 1, 2009.

General Authority: NDCC 50-06-05.2

Law Implemented: NDCC 50-06-05.2

75-05-03-03. Extended care services.

1. Community residential services.
 - a. The regional director shall designate a community living supervisor to supervise the community residential services.
 - b. The human service center shall provide or contract for at least two of the following services:
 - (1) SMI group care.
 - (a) SMI group care facilities must:
 - [1] House no more than sixteen consumers;
 - [2] Have the ability to house both male and female consumers while accommodating privacy for individuals;
 - [3] Provide at least one full bathroom, consisting of at least a sink, toilet, and shower, for every four consumers;
 - [4] Have bedrooms which are outside rooms with a window that is in good working order and may operate as a secondary exit from the room, accommodate one or two consumers, provide each consumer with a bed appropriate for the consumer's size and weight, with a clean and comfortable mattress, bedding appropriate for weather and climate, and provide other appropriate bedroom furniture;
 - [5] Comply with the provisions of the chapter governing lodging or rooming houses as outlined in the most recent edition of the national fire protection association's life safety code; and
 - [6] Have an annual fire and safety inspection by the state or local fire marshal's office or other accepted local authority.

- (b) The staff of the SMI group care facility shall:
 - [1] Assure that the consumer's individual plan includes input from the community home counselors and the residential treatment team.
 - [2] Maintain an inventory of the consumer's personal belongings when the consumer enters the SMI group care facility.
 - (c) A brochure of consumers' rights according to section 75-05-01-10 must be given to all new residents of the SMI group care facility upon admission and explained in terms the resident can understand.
- (2) Semi-independent living arrangement. A semi-independent living arrangement is one which, through the use of intensive, in-home support services, gives a consumer the ability to reside in the consumer's own home.
- (a) The human service center shall develop policies and procedures which facilitate conformance with all local building and fire safety codes to encourage that safe and sanitary conditions are maintained.
 - (b) Human service center staff shall develop policies and procedures to ensure that semi-independent living services are being provided in the consumer's residence.
 - (c) An evaluation of the consumer's progress in semi-independent living services must be documented in the consumer's record on at least a monthly basis or in response to a significant event that has an impact on life domains.
- (3) Crisis residential services.
- (a) Human service center staff shall develop policies and procedures to assure that safe and effective crisis residential services are provided.
 - (b) Human service center staff shall document the consumer's progress, or lack thereof, on a daily basis.
2. Work skills development.
- a. The human service center shall either provide or contract for:
 - (1) Methods to assess the abilities of adults diagnosed with serious mental illness as related to employment;
 - (2) Prevocational skills development and training;
 - (3) Job exploration; and
 - (4) Followup.
 - b. The human service center shall document the consumer's progress in work skills development at least monthly.
3. Case management and aftercare services for an adult diagnosed with serious mental illness.
- a. Case management services must be available to adults diagnosed with serious mental illness and a functional impairment.
 - b. Case management for an adult diagnosed with serious mental illness must be identified on the consumer's individual plan and must be documented in the progress notes.

- c. Aftercare services must be available to all adults diagnosed with serious mental illness in a treatment or correctional facility who are returning to the community after discharge. The regional director shall designate one or more staff members to provide aftercare services. Services must include the following activities, pursuant to appropriately signed releases and adherence to applicable privacy provisions:
 - (1) Regular visits or communication by aftercare staff with the treatment facility to monitor progress of those consumers who are admitted to the facility from the human service center's service area.
 - (2) Regular visits or communication by aftercare staff with the correctional facility when contacted by the facility regarding a consumer's pending release to monitor progress of those consumers who are admitted to the facility from the human service center's service area.
 - (3) Attendance by aftercare staff at meetings established for the purpose of improving communication and coordination between the treatment or correctional facility and the regional human service center.
 - (4) Provision of knowledge and communicating by aftercare staff to other regional human service center staff regarding treatment or correctional facility admission and discharge procedures.
 - d. The human service center, through case management services, shall ensure that extended services are provided for an adult diagnosed with serious mental illness who has completed the training and stabilization components of the supported employment program and continues to require ongoing support services to maintain competitive employment.
 - e. If individual plans dictate, case management services must provide or arrange for daily living skills training in the community.
4. Recovery centers.
- a. The human service center shall provide or contract for the operation of a recovery center.
 - b. The recovery center shall provide services that support adults diagnosed with serious mental illness in their recovery by providing opportunities for learning appropriate socialization and leisure or recreational skills through social and recreational milieu, information and referral, and community awareness activities.
 - c. The recovery center must be open a minimum of forty hours per week. The hours of operation for the recovery center must be determined with member participation during a regularly held and announced membership meeting. Documentation of the meeting, including a compilation of consumer comments and votes, must be maintained by the recovery center and be open for review.
 - d. The recovery center shall employ a full-time director and part-time staff sufficient to provide services.
 - e. The recovery center must have a mechanism for member participation in policy formation. The recovery center shall maintain documentation of this participation and the documentation must be open for review.
 - f. The recovery center shall develop a calendar of events seven to ten days in advance which must be made available to the membership and the regional human service center.

- g. The regional director shall appoint a human service center staff member as a liaison between the human service center and the recovery center.

History: Effective November 1, 1987; amended effective December 1, 1991; February 1, 1996; March 1, 1997; August 1, 1997; January 1, 2009; July 1, 2020.

General Authority: NDCC 50-06-05.2

Law Implemented: NDCC 50-06-05.2

75-05-03-04. Medications.

1. The human service center must have written policies and procedures designed to ensure that all medications, including those medications administered or supervised by contracted providers, are administered safely and properly in accordance with state laws.
2. Medication orders must be written only by a physician or other professional licensed by law and permitted by license to write medication orders and who is in direct care and treatment of consumers.
3. All medications, including those prescribed by a prescribing professional employed by the human service center, prescribed by non-human service center prescribing professionals, or those taken over the counter must be recorded in the consumer's record at admission and reviewed at each psychiatric appointment, and any changes must be documented in the record.
4. When medications are prescribed by a prescribing professional and administered by human service center staff who are certified or licensed to administer medications, the prescribing professional's orders must be signed and a record of the administration of the medications must be kept.
5. There must be a system of checking to detect unhealthy side effects or toxic reactions of medications administered to a consumer.
6. Medication storage areas must be well-lighted, safely secured, and maintained in accordance with the security requirements of federal, state, and local laws. Only those individuals certified or licensed to administer medications may have access to medication storage areas.
7. The human service center staff shall inform each consumer who receives medications prescribed at a human service center or shall inform a consumer's family, custodian, or guardian, as appropriate, of the benefits, risks, side effects, and consequences of medication noncompliance. At a minimum, the prescribing professional prescribing the medication shall record that this information was provided. A consumer's signed informed consent statement is acceptable in addition to the record, but not in lieu of the record. The record must include:
 - a. An entry documenting that a discussion regarding medications prescribed has occurred.
 - b. Documentation that a specific discussion of tardive dyskinesia has occurred, if that is a potential side effect of any prescribed antipsychotic medication.
8. An assessment instrument used to detect signs of tardive dyskinesia must be administered every six months or sooner if medically indicated to all consumers on antipsychotic medications for which tardive dyskinesia is a potential side effect. Documentation of the results must be entered into the consumer record. Each human service center must have a mechanism for tracking when the assessment is due for each consumer.
9. Each human service center must have written policies and procedures for any supported medication program performed at the center or performed under a contract for services. A supported medication program includes filling pill boxes, supervising medication, or other

self-administered medication programs. Documentation in the consumer's record will show education and training provided to a consumer to move or to attempt to move the patient toward medication independence.

History: Effective November 1, 1987; amended effective December 1, 1991; February 1, 1996; January 1, 2009.

General Authority: NDCC 50-06-05.2

Law Implemented: NDCC 50-06-05.2

75-05-03-05. Psychiatric services.

1. The regional director shall employ or contract with a psychiatrist to be the medical director. The medical director shall provide consultation, treatment, and psychiatric evaluations for consumers at the human service center and shall provide input in program planning and development of services.
2. Psychiatric services must be available at a minimum of one hundred sixty hours per month. This includes psychiatrist, clinical nurse specialist, and nurse practitioner time combined.

History: Effective November 1, 1987; amended effective December 1, 1991; February 1, 1996; January 1, 2009.

General Authority: NDCC 50-06-05.2

Law Implemented: NDCC 50-06-05.2

75-05-03-06. Community consultation and education.

The human service center shall:

1. Provide information to the general public and local agencies regarding center services.
2. Inform consumers and agencies about center services and how to access those services.
3. Respond to requests for educational presentations and inservice training for public and private agencies, as staff time allows, or refer the requests to other community resources.
4. Provide technical assistance to communities in assessing mental health needs and service options.
5. Document the number of hours, consumers, and type of activity spent on community consultation and education.

History: Effective November 1, 1987; amended effective December 1, 1991; February 1, 1996; January 1, 2009.

General Authority: NDCC 50-06-05.2

Law Implemented: NDCC 50-06-05.2

75-05-03-07. Psychological services.

1. The regional director shall employ or contract with one or more psychologists who meet the requirements of North Dakota Century Code chapter 43-32.
2. Psychological services include psychological evaluations, psychometric testing, psychological consultations, and psychotherapy services.

History: Effective November 1, 1987; amended effective December 1, 1991; February 1, 1996; January 1, 2009.

General Authority: NDCC 50-06-05.2

Law Implemented: NDCC 50-06-05.2

75-05-03-08. Regional intervention service.

1. The regional director shall designate staff to coordinate, administer, and supervise the regional intervention service.
2. The regional intervention service must refer consumers to appropriate community-based treatment in lieu of state hospital admission, when available.

History: Effective December 1, 1991; amended effective February 1, 1996; January 1, 2009.

General Authority: NDCC 50-06-05.2

Law Implemented: NDCC 50-06-05.2

75-05-03-09. Substance use and other addictive disorders.

The human service center must have an addiction program which meets the requirements of articles 75-05 and 75-09.1.

History: Effective January 1, 2009; amended effective July 1, 2020.

General Authority: NDCC 50-31

Law Implemented: NDCC 50-31