

75-03-17-05. Diagnosis and treatment while at the facility.**1. Duties of the facility.** The facility shall:

- a. Provide for a medical and psychological assessment of each child within seventy-two hours of admission and thereafter as needed by the child;
 - b. Keep the child in contact with the child's family and relatives by initiating family therapy upon admission and developing a plan for continued family therapy throughout placement for timely reunification of the child with the family. The plan must include therapeutic telemedicine options, such as web cam, polycom access, telephone therapy, or other means of electronic contact to provide ongoing therapeutic connection with the child's family;
 - c. Involve the families and the person who may lawfully act on behalf of the child in the person-centered treatment plan;
 - d. Provide ongoing and consistent family therapy for all residents with supporting documentation that ties therapeutic treatment to the person-centered plan. When family therapy is not occurring or is not in the best interest of the child, the child's case file must include documentation explaining why family therapy is not occurring;
 - e. Provide conferences involving the facility, the person who may lawfully act on behalf of the child, the referring agency, and when appropriate, the child, to review the case status and progress on a monthly basis;
 - f. Provide a progress report to the referring agency, and the person who lawfully may act on the child's behalf every ~~three~~two months;
 - g. Complete for each child admitted for care within five business days an individual person-centered treatment plan that includes:
 - (1) A psychiatric history;
 - (2) A mental status examination, including a suicide screening;
 - (3) A trauma screening;
 - (4) Intelligence and projective tests, as necessary; and
 - (5) A behavioral rating scale completed by the custodian, facility, and child;
 - (6) A brain injury screening;
 - (7) A behavioral appraisal family and child substance use history to include substance use during pregnancy; and
 - (8) A fetal alcohol spectrum disorder screening; and
 - h. Therapeutic leave such as weekend overnight visits or day passes with family must be documented in the child's case file and be tied to family therapy and therapeutic goals of the child and family, or it must be documented in the child's case file why weekend overnight visits or day passes are not tied to therapy and therapeutic goals of the child and family.
2. **Specialists.** The services of specialists in the fields of medicine, psychiatry, nursing, psychology, and education must be used as needed.

Each facility shall provide a minimum of one-half hour per week per bed of psychiatric time and twenty hours per week of nursing time.

3. **Individual person-centered treatment plan.**

a. The facility shall develop and implement an individual person-centered treatment plan that includes the child's input giving the child a voice and a choice in the treatment planning and interventions used. The plan must be based upon a comprehensive interdisciplinary diagnostic assessment, which includes the role of the family, identifies the goals and objectives of the therapeutic activities and treatment and it must be developed by an interdisciplinary team. The plan provides a schedule for accomplishing the therapeutic activities and treatment goals and objectives, and identifies the individuals responsible for providing services to children consistent with the individual person-centered treatment plan. Clinical supervision for the individual person-centered treatment plan must be accomplished by full-time or part-time employment of or contracts with ~~qualified mental health professionals~~ a licensed physician who is a psychiatrist, a licensed psychologist, a licensed independent clinical social worker, or a nurse who holds advanced licensure in psychiatric nursing. Clinical supervision must be documented by the ~~qualified mental health professionals~~ clinical supervisor cosigning individual person-centered treatment plans and by entries in the child's record regarding supervisory activity. The child, and the person who lawfully may act on the child's behalf, must be involved in all phases of developing and implementing the individual person-centered treatment plan. The child may be excluded from planning if excluding the child is determined to be in the best interest of the child and the reasons for the exclusion are documented in the child's plan

b. The plan must be:

- (1) Based on a determination of a diagnosis using the ~~first three axes of the multi-axial classification of the current~~ Diagnostic and Statistical Manual of Mental Disorders and a biopsychosocial assessment. In cases where a current diagnosis ~~by a mental health professional~~ has been completed within thirty days preceding admission, only updating is necessary;
- (2) Developed within five business days of admission; and
- (3) Reviewed at least monthly and updated or amended to meet the needs of the child by ~~an~~ the interdisciplinary team ~~including one qualified mental health professional~~.

c. The person-centered treatment plan must identify:

- (1) Treatment goals that address the therapeutic treatment needs of the child and family;
- (2) Timeframes for achieving the goals;

- (3) Indicators of goal achievement;
 - (4) The individuals responsible for coordinating and implementing child and family treatment goals;
 - (5) Therapeutic intervention or techniques or both for achieving the child's treatment goals;
 - (6) The projected length of stay and discharge plan; and
 - (7) Referrals made to other service providers based on treatment needs, and the reasons referrals are made.
4. **Work experience.**
- a. If a facility has a work program, it shall:
 - (1) Provide work experience that is appropriate to the age and abilities of the child, therapeutically relevant to the child's treatment plan and treatment needs, and approved by the treatment team;
 - (2) Differentiate between the chores that the child is expected to perform as the child's share in the process of living together, specific work assignments available to the child as a means of earning money, and jobs performed in or out of the facility to gain vocational training; and
 - (3) Give the child some choice in the child's chores and offer change from routine duties to provide a variety of experiences.
 - b. Work may not interfere with the child's time for school study periods, play, sleep, normal community contacts, or visits with the child's family.
 - c. The facility shall obtain written authorization for work experience in writing from a person who lawfully may act on behalf of the child.
5. **Solicitation of funds.** A facility may not use a child for advertising, soliciting funds, or in any other way that may cause harm or embarrassment to a child or the child's family. A facility may not make public or otherwise disclose by electronic, print, or other media for fundraising, publicity, or illustrative purposes, any image or identifying information concerning any child or member of a child's immediate family, without first securing the child's written consent and the written consent of the person who may lawfully act on behalf of the child. The written consent must apply to an event that occurs no later than ninety days after the date the consent was signed and must specifically identify the image or information that may be disclosed by reference to dates, locations, and other event-specific information. Consent documents that do not identify a specific event are invalid to confer consent for fundraising, publicity, or illustrative purposes. The duration of an event identified in a consent document may not exceed fourteen days.

History: Effective December 1, 1989; amended effective September 1, 1998; April 1, 2008; April 1, 2014; April 1, 2016.

General Authority: NDCC 25-03.2-10

Law Implemented: NDCC 25-03.2-03, 25-03.2-07

75-03-17-06. Special treatment procedures.

A facility shall have written policies and procedures regarding implementation of special treatment procedures. Special treatment procedures must be therapeutic and meaningful interventions and may not be used for punishment, for the convenience of staffemployees, or as substitute for therapeutic programming. Upon admission, the facility shall inform the child and the person who may lawfully act on behalf of the child of the facility policy on restraint and seclusion procedures during an emergency safety situation. The facility shall provide education to the children, providing each child the opportunity to express the child's opinion and educating the child on alternative behavior choices to avoid the use of special treatment procedures. Alternatives to behaviors must be documented in each child's individual person-centered treatment plan. The health, safety, and well-being of children receiving care and treatment in the facility must be properly safeguarded. A physician shall review the use of special treatment procedures.

1. Timeout. StaffEmployees shall supervise the use of timeout procedures at all times, and shall document the use of timeout procedures in the child's file. The use of the resident's bedroom for timeout is prohibited.
2. Physical escort. StaffEmployees shall supervise the use of physical escort procedures at all times and shall document the use of physical escort in the child's file.
3. Physical restraints.
 - a. Physical restraints must be ordered by a physician ^{removed clinical psychiatrist or other} ~~and~~, or in the absence of a physician by a licensed psychologist, a licensed independent clinical social worker, or a nurse who holds advanced licensure in psychiatric nursing. Staff authorized to order physical restraint must be trained in the use of emergency interventions and a physician must review and sign the order within forty-eight hours after the ordered physical restraint. Physical restraints may be imposed only in emergency circumstances and must be used with extreme caution to ensure the immediate physical safety of the child, ~~a staff member~~ an employee, or others after all other less intrusive alternatives have failed or have been deemed inappropriate;
 - b. All physical restraints must be applied by staffemployees who are certified in the use of restraints and emergency safety interventions; and
 - c. The facility staff shall have established protocols that require:
 - (1) Entries made in the child's file as to the date, time, staffemployee involved, reasons for the use of, and the extent to which physical restraints were used, and which identify less restrictive measures attempted;
 - (2) Notification within twenty-four hours of the individual who lawfully may act on behalf of the child; and

- (3) Face-to-face assessment of children in physical restraint completed by a physician, registered nurse, or other licensed health care professional or practitioner who is trained in the use of safety, emergency interventions. The face-to-face assessment must be documented in the child's case file and include assessing the mental and physical well-being of the child. The face-to-face assessment must be completed as soon as possible, and no later than one hour after the initiation of physical restraint or seclusion.

4. Seclusion. Seclusion must be ordered by the attending physician ~~and/or~~ ^{clinical} in the absence of a physician by a licensed psychologist, a licensed independent clinical social worker, or a nurse who holds advanced licensure in psychiatric nursing. Staff authorized to order seclusion must be trained in the use of emergency interventions and a physician must review and sign the order within forty-eight hours after the ordered seclusion. Seclusion may be imposed only in emergency circumstances after all other less intrusive alternatives have failed or have been deemed inappropriate. Seclusion is to be used with extreme caution, and only to ensure the immediate physical safety of the child, ~~a staff member~~ an employee, or others. A child's bedroom may not be used for seclusion. If seclusion is indicated, the facility shall ensure that:
- a. The proximity of the staff/employee allows for visual and auditory contact with the child at all times;
 - b. Staff/Employees conduct assessments of the child every fifteen minutes and document the assessments in the child's case file;
 - c. The seclusion room is not locked, or is equipped with a lock that only operates with staff/an employee present such as a push-button lock that only remains locked while it is being pushed;
 - d. All nontherapeutic objects are removed from the area in which the seclusion occurs;
 - e. All fixtures within the room are tamperproof, with switches located outside the room;
 - f. Smoke-monitoring or fire-monitoring devices are an inherent part of the seclusion room;
 - g. Security mattresses used are made of fire-resistant material;
 - h. The room is properly ventilated;
 - i. Notification of the individual who lawfully may act on behalf of the child is made within twenty-four hours of a seclusion and is documented in the child's case file;
 - j. A child under special treatment procedures is provided ~~the same~~ similar diet that other children in the facility are receiving;
 - k. No child remains in seclusion:
 - (1) For more than four hours in a twenty-four-hour period; and
 - (2) Without physician approval;

- l. Seclusion is limited to the maximum timeframe per episode for fifteen minutes for children aged nine and younger and one hour for children aged ten and older; and
 - m. Face-to-face assessment of children in seclusion is completed by a physician, registered nurse, or other licensed health care professional or practitioner who is trained in the use of safety, emergency interventions and is documented in the child's case file. The face-to-face assessment must include assessing the mental and physical well-being of the child. The face-to-face assessment must occur no later than one hour after the initiation of restraint or seclusion.
5. Within twenty-four hours of each use of seclusion or physical restraint, the facility shall conduct a ~~debriefing~~face-to-face discussion which includes ~~appropriate personnel and the child and~~ all employees involved in the emergency intervention, except when the involvement of a particular employee may jeopardize the wellbeing of the child, and which:
 - a. Evaluates and documents in the child's case file the well-being of the child served and identifies the need for counseling or other therapeutic services related to the incident;
 - b. Identifies antecedent behaviors and modifies the child's individual person-centered treatment plan as appropriate; and
 - c. Analyzes the incident and identifies needed changes to policy and procedures, ~~staff~~employee training, ~~or both~~and strategies that could have been used by an employee, by the child, or by others which could prevent the future use of seclusion or physical restraint.
 6. Within twenty-four hours after the use of physical restraint or seclusion, all employees involved in the emergency safety intervention, and appropriate supervisory and administrative employees, shall conduct a debriefing session that includes, at a minimum a review and discussion of:
 - a. Precipitating factors to the emergency situation;
 - b. Alternative techniques that might have prevented the use of physical restraint or seclusion;
 - c. The procedures, if any, that employees are to implement to prevent any recurrence of the use of physical restraint or seclusion; and
 - d. The outcomes of the intervention, including any injuries that may have resulted from the use of the physical restraint or seclusion.
 7. Employees shall document in the child's record both the face-to-face discussion and debriefing sessions identified in subsections 5 and 6 and the names of employees involved, employees excused, and any changes to the child's treatment plan as a result of the face-to face discussion and debriefing. The facility also shall document that the person who may lawfully act on behalf of the child was notified.
 8. Special treatment procedure training. Each facility must have policies and procedures regarding annual training in the use of all special treatment procedures listed in this section, which comply with the standards set forth by the facility's accrediting body.

- 7.9. Reporting requirement for serious occurrences that include a death, serious injury, or suicide attempt, inappropriate sexual contact, restraint, or seclusion.
- a. Each facility shall notify the medical services ~~division~~ and the behavioral health divisions of the department of each serious occurrence that occurs at the facility as follows:
 - (1) The report must include the name and date of birth of the child involved.
 - (2) The facility shall provide the report within twenty-four hours of the serious occurrence.
 - (3) The report must contain information ~~on the use of any specialized treatment procedures for the child involved~~ preceding the serious occurrence identified in subsection 6 of this section on any serious occurrence involving seclusion or restraint or any other serious occurrence involving a death, serious injury, suicide attempt, or inappropriate sexual contact if seclusion or restraint preceded the occurrence.
 - b. Each facility shall notify its accrediting body of any serious occurrence.
 - c. Each facility shall notify the regional supervisor of child welfare programs at the human service center serving the region within which the facility is located of any serious occurrence.
 - d. Each facility shall report all deaths to the committee on protection and advocacy, unless prohibited by state law, by the close of business the day following the date the death was discovered.

History: Effective December 1, 1989; amended effective September 1, 1998; April 1, 2008; April 1, 2014; April 1, 2016.

General Authority: NDCC 25-03.2-10

Law Implemented: NDCC 50-11-03, 50-11-03.2