

Public Behavioral Health ROLE DEFINITION

HUMAN SERVICE CENTERS (HSC)
NORTH DAKOTA STATE HOSPITAL (NDSH)

Human Services Committee
May 10-11, 2016

RESTORING HEALTH, HOME, AND COMMUNITY



Rosalie Etherington, PhD
NDSH Superintendent
HSC Director

HSC STATUTORY ROLE

42 CFR Public Health Service Act 1913(c)(1)

NDCC 25-10-01, NDCC 25-03.1-04

NDCC 50-06-06.5, NDCC 50-06-06.13

Emergency Services

Regional Intervention Services

Chronic Disease Management

EMERGENCY SERVICES

NDAC 75-05-01 and NDAC 75-05-03-02

24-hour services to manage and resolve crises in the least restrictive setting necessary, with referral to community services, in lieu of State Hospital, whenever appropriate

OPERATIONALIZING EMERGENCY SERVICES

Open Access Assessment

24-hour Crisis Line

Mobile Crisis Services

Social Detoxification Services

Crisis Residential Services

Emergency Services to Jails

REGIONAL INTERVENTION SERVICES

NDAC 75-05-03-08

The regional intervention services must refer to appropriate community service in lieu of State Hospital admission

OPERATIONALIZING REGIONAL INTERVENTION SERVICES

Assessment and Screening Services

Community Hospital Services

Resource Management

CHRONIC DISEASE MANAGEMENT

NDCC 50-06-06.05

Develop a plan for an integrated, multidisciplinary continuum of services for chronically mentally ill to be provided in the least restrictive setting necessary

CHRONIC DISEASE MANAGEMENT

NDAC 75-05-03-09

The Human Service Center must have an addiction program that meets requirements of 75-05 and 75-09.1

OPERATIONALIZING CHRONIC DISEASE MANAGEMENT

- **Self Management Support**
- **Rehabilitation & Recovery Services**
- **Targeted Case Management**
- **Medication Management Services**
- **Residential Services**

NDSH STATUTORY ROLE

NDCC 25-02 and NDCC 25-03.3

- **Chronic Disease Management**
- **Specialized Sex Offender Treatment**
- **Specialized Addiction Treatment**

CURRENT CHANGE PROCESS

- **Clinical Director Assignment**
- **Quality Management Development**
- **Accreditation Preparation**
- **Electronic Health Record Development**
- **Professional Training Partnerships**
- **Telehealth Expansion**

CLINICAL DIRECTOR ROLES

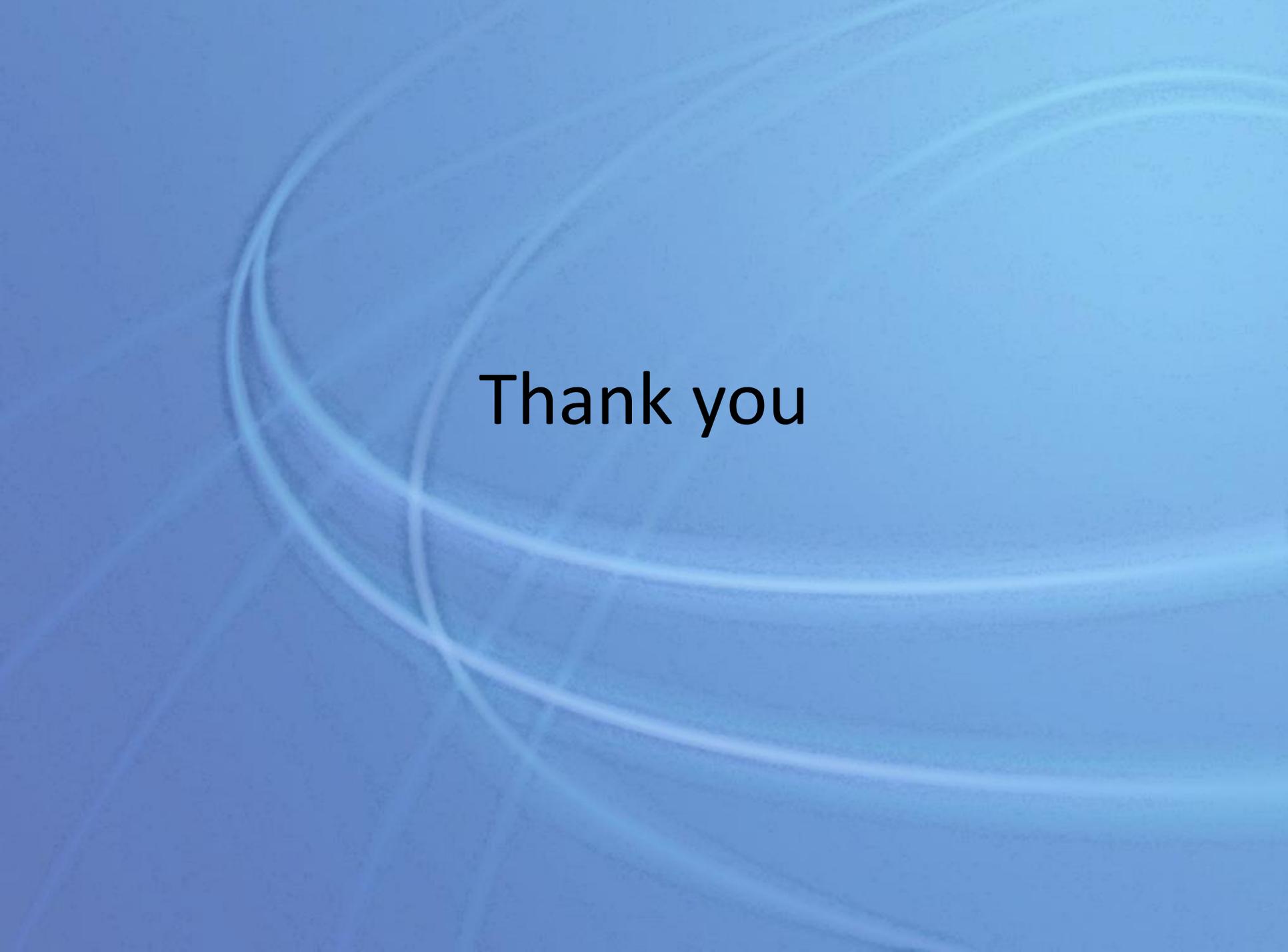
- **Clinical Best Practice**
- **Clinical Policy and Procedure**
- **Clinician Peer Review**
- **Quality Measurement**
- **Internship and Residency Partnerships**

REGIONAL DIRECTOR ROLES

- **Contract Management**
- **Regional Advisory Council**
- **Community Partnerships**
- **Business Policy & Procedure**
- **Accreditation Management**

OPERATIONALIZING ROLES





Thank you

BEHAVIORAL HEALTH WALK-IN: An Overview

Access to timely behavioral health care is a key to providing quality service where lives are improved and people recover.

A behavioral health walk-in service is centered on the open access model, a philosophy supporting individuals at the time of their need.

HOW DOES IT WORK?

- 1 Individual walks in to a behavioral health program with any need
- 2 Immediate triage is provided
- 3 Individual's need is categorized as one of the following:

EMERGENT

Acute symptoms with high severity.

URGENT

Acute symptoms with moderate severity, where in the absence of intervention can become high severity.

ROUTINE

Need does not meet urgent or emergent. Routine services include but are not limited to an initial individual intake and assessment appointment.

- 4 Timing of service delivery is determined by the categorization of need:

EMERGENT

Immediate care

URGENT

Within a day

ROUTINE

Within a week

CHAPTER 25-10

MENTAL HEALTH SERVICES

25-10-01. Mental health services.

The department of human services shall perform the following functions in the field of mental health:

1. Cooperate in providing services to state and local departments and agencies and other groups for programs of prevention of mental illness, and other psychiatric disabilities.
2. Assist in providing informational and educational services regarding mental health to the public and lay and professional groups.
3. Assist in providing consultative services to schools, courts, and health and human service agencies, both public and private.
4. Assist in providing outpatient diagnostic and treatment services.
5. Assist in providing rehabilitation services for patients suffering from mental or emotional disorders and other psychiatric conditions, particularly those who have received prior treatment in an inpatient facility.

The above services must be undertaken by the department to the extent funds are available to the department for the performance of these functions.

25-10-01.1. Unified mental health delivery system.

The division of mental health services shall plan, develop, implement, and supervise a unified mental health delivery system. The system must include the mental health services provided by the regional human service centers, the state hospital, and contracted services with providers in accordance with the state mental health plan.

25-03.1-04. Screening and admission to a public treatment facility.

Under rules adopted by the department, screening of an individual to a public treatment facility for observation, diagnosis, care, or treatment for mental illness or chemical dependency must be performed, in person when reasonably practicable, by a regional human service center.

This screening must be performed in the region where the individual is physically located. Upon the request of a court, a law enforcement official, a qualified mental health professional, the individual's legal guardian, a minor's parent or legal custodian, or the individual requesting services, the regional human service center shall conduct a screening. If a request for screening is made by a qualified mental health professional and the individual that is the subject of the screening does not authorize the disclosure of the individual's protected health information, upon the request of the regional human service center, any mental health professional who has treated the individual within the previous six months shall disclose, subject to the requirements of title 42, Code of Federal Regulations, part 2, to the human service center any relevant protected health information regarding that treatment. Upon receipt of the request, the regional human service center shall arrange for a screening of the individual and must, if appropriate, treat the applicant, or refer the applicant to the appropriate treatment facility. Upon admittance to a public treatment facility, the superintendent or director shall immediately designate a physician, psychiatrist, psychologist, advanced practice registered nurse, or mental health professional to examine the individual.

50-06-06.5. Continuum of services for chronically mentally ill individuals.

The department of human services shall develop a plan for an integrated, multidisciplinary continuum of services for chronically mentally ill individuals. The continuum may consist of an array of services provided by private mental health professionals, private agencies, county social service agencies, human service centers, community-based residential care and treatment facilities, and private and public inpatient psychiatric hospitals. To the extent feasible, access to the continuum must be through human service centers. Within the limits of legislative appropriations, the plan for a continuum may include:

1. Programs, and appropriate related facilities, to provide socialization skills.
2. Programs, and appropriate related facilities, to provide basic living skills.
3. Appropriate residential facilities.
4. Appropriate training, placement, and support to enhance potential for employment.
5. Appropriate delivery and control of necessary medication.
6. Appropriate economic assistance.
7. An inpatient facility with appropriate programs to respond to persons who require hospitalization.

The continuum of care must provide that a person requiring treatment be submitted to the least restrictive available conditions necessary to achieve the purposes of treatment. The department shall ensure appropriate cooperation with county social service agencies and private providers in achieving the continuum of care.

50-06-06.13. Treatment services for children with serious emotional disorders.

The department shall establish in all human service regions a program to provide out-of-home treatment services for a medicaid-eligible child with a serious emotional disorder.

The department may not require a parent or legal guardian to transfer legal custody of the child in order to have the child placed in an out-of-home treatment program when the sole reason for the placement is the need to obtain services for the child's emotional or behavioral problems.

With departmental approval, a parent with legal and physical custody of the child may obtain treatment services for the child through the program. A parent without physical custody of a child, who disagrees with a child's treatment under this section, may request a judicial determination regarding the child's treatment.

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75-05-01-01. Definitions.

51. "Regional intervention service" means a service unit within a human service center which provides crisis intervention and support services in a community as an alternative to state hospital admission.

19. "Emergency services" means a service that is available at all times to handle crisis situations.

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.

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.

75-05-03-09. Substance abuse treatment.

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

25-03.3-13. Sexually dangerous individual - Commitment proceeding - Report of findings.

Within sixty days after the finding of probable cause, the court shall conduct a commitment proceeding to determine whether the respondent is a sexually dangerous individual. The court may extend the time for good cause. At the commitment proceeding, any testimony and reports of an expert who conducted an examination are admissible, including risk assessment evaluations. Any proceeding pursuant to this chapter must be tried to the court and not a jury. At the commitment proceeding, the state's attorney shall present evidence in support of the petition and the burden is on the state to show by clear and convincing evidence that the respondent is a sexually dangerous individual. An individual may not be committed unless expert evidence is admitted establishing that the individual has a congenital or acquired condition that is manifested by a sexual disorder, a personality disorder, or other mental disorder or dysfunction that makes that individual likely to engage in further acts of sexually predatory conduct. The respondent has a right to be present, to testify, and to present and cross-examine witnesses. If the respondent is found to be a sexually dangerous individual, the court shall commit the respondent to the care, custody, and control of the executive director. The executive director shall place the respondent in an appropriate facility or program at which treatment is available.

The appropriate treatment facility or program must be the least restrictive available treatment facility or program necessary to achieve the purposes of this chapter. The executive director may not be required to create a less restrictive treatment facility or treatment program specifically for the respondent or committed individual. Unless the respondent has been committed to the legal and physical custody of the department of corrections and rehabilitation, the respondent may not be placed at and the treatment program for the respondent may not be provided at the state penitentiary or an affiliated penal facility. If the respondent is found not to be a sexually dangerous individual, the court shall discharge the respondent.

25-02-03. Object of state hospital.

The state hospital is an institution for mental diseases serving specialized populations of the mentally ill, including persons suffering from drug addiction or alcoholism. The state hospital is one component of the North Dakota mental health delivery system and serves as a resource to community-based treatment programs. The state hospital shall, pursuant to rules adopted by the department of human services, receive and care for all mentally ill persons, including persons suffering from drug addiction or alcoholism, residing within this state in accordance with this title, and shall furnish to those mentally ill persons all needed food, shelter, treatment, and support that may tend to restore their mental health or to alleviate their illness or suffering.