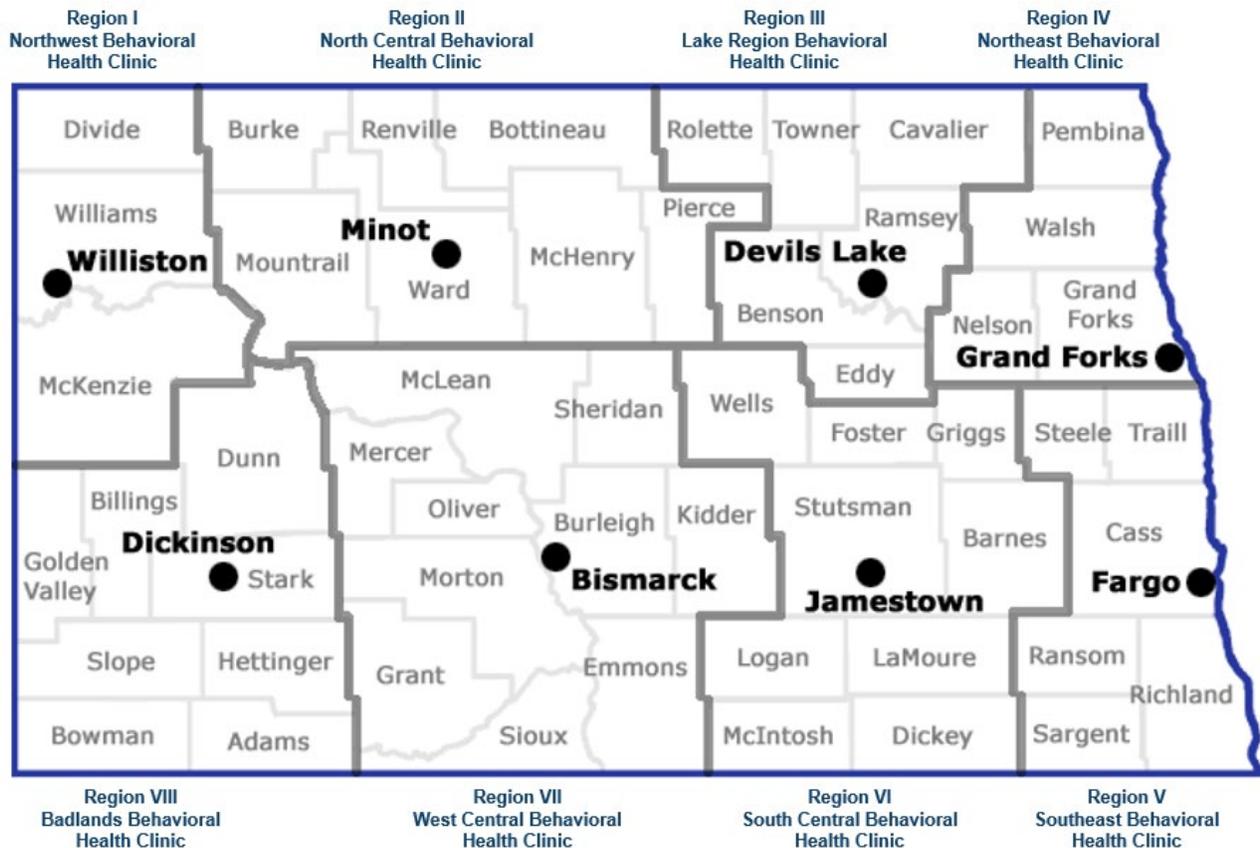


DEPARTMENT OF HEALTH AND HUMAN SERVICES

HUMAN SERVICES

Behavioral Health Clinics

CLIENT HANDBOOK



MISSION STATEMENT

To provide timely and effective behavioral health services to citizens of North Dakota to improve the quality of life through achieving and sustaining recovery.

Last Revised: 1/26/2026

TABLE OF CONTENTS

WELCOME STATEMENT	4
CORE VALUES.....	5
PERSON-CENTERED CARE.....	5
RECOVERY-ORIENTED.....	5
TRAUMA-INFORMED.....	5
INTEGRATED	5
TRANSPARENT	5
ACCOUNTABILITY	5
EVIDENCE-BASED PRACTICE	5
DATA-DRIVEN	5
SERVICE OVERVIEW.....	6
RESTORING HEALTH, HOME, AND COMMUNITY.....	6
COMMUNICATION ASSISTANCE.....	6
SERVICE PROVISION.....	6
CRISIS SERVICES.....	6
OPEN ACCESS.....	6
COMPREHENSIVE ASSESSMENTS.....	7
INTEGRATED SERVICE PLANS.....	7
OUTPATIENT SERVICES.....	7
RESIDENTIAL SERVICES.....	7
ATTENDENCE.....	8
YOUR RIGHTS AND RESPONSIBILITIES	8
CIVIL RIGHTS.....	8
YOU HAVE THE RIGHT TO:	8
IF YOU ARE RECEIVING SERVICES AT A RESIDENTIAL FACILITY	9
YOUR RESPONSIBILITIES	9
YOUR FINANCIAL RESPONSIBILITIES	10
ADVANCE DIRECTIVES	11
GENERAL INFORMATION	11
CODE OF ETHICS.....	11

CONFIDENTIALITY	12
ACCESS TO RECORDS.....	12
FEE/SLIDING FEE SCALE.....	12
SERVICE ANIMALS	12
HEALTH AND SAFETY INFORMATION	12
SAFETY AND SECURITY.....	12
NICOTINE/TOBACCO/E-CIGARETTE USE.....	13
USE OF CELL PHONES AND RECORDING DEVICES.....	13
QUALITY OF CARE AND FORMAL GRIEVANCE	13
PROTECTION AND ADVOCACY (P&A)	13
APPENDIX.....	14

WELCOME STATEMENT

Welcome to the Department of Health and Human Services Behavioral Health Clinic. Thank you for choosing us for your care and service. Your health, safety, privacy, and overall well-being are our highest priorities. It is our mission to foster health and healing for the people and communities we serve. We are committed to protecting your personal information and maintaining the highest standards of security and confidentiality in all that we do. Our dedicated staff serve with honor, providing outstanding quality care and superior service. We promise to offer you and your loved ones exceptional care, compassion, and respect. We are your provider and your partner in your journey of recovery.

Dr. Daniel Cramer
Chief Clinical Officer

Alanna Zeller
Director of Clinic
Operations

Dr. Laura Kroetsch
Chief Medical Officer

CORE VALUES

PERSON-CENTERED CARE

The unique characteristics, preferences, and goals of each client will be respected and at the center of all service planning and provision.

RECOVERY-ORIENTED

Recovery from Mental Health and Substance Use Disorders is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential (SAMHSA, 2011).

TRAUMA-INFORMED

A trauma-informed system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including clients, caregivers, and service providers.

INTEGRATED

It is recognized that quality care is integrative. Assessment and service planning include awareness of mental health, substance abuse, and physical health concerns. Necessary services are provided in a seamless and integrated manner.

TRANSPARENT

The Behavioral Health Clinics will strive always to be open and honest in business practices and clinical work. Individuals served are partners in service plans developed and services provided.

ACCOUNTABILITY

It is critical to demonstrate that quality and effective services are provided to all served. Input will be sought from clients regarding their experience with services and adjustments will be made as necessary to meet identified needs.

EVIDENCE-BASED PRACTICE

The Behavioral Health Clinics shall provide high quality evidence-based practices across all areas of service provision.

DATA-DRIVEN

Data regarding key outcome and access areas is collected and reviewed in real-time to inform practice decisions to individually improve/individualize care for each client as well as inform agency level successes and quality improvement targets.

SERVICE OVERVIEW

RESTORING HEALTH, HOME, AND COMMUNITY

The Department of Health and Human Services (HHS) is dedicated to assisting all served in achieving wellness and the greatest overall quality of life including the restoration of health, home, and community. Services to assist with this are person-centered and rehabilitative in nature and include the provision of skills training, education, and community integration. This approach focuses on life functioning and has demonstrated long-term effectiveness for those with severe substance use disorders and/or serious mental illnesses/serious emotional disturbance.

COMMUNICATION ASSISTANCE

HHS contracts with an external language service for telephone interpretation services for people with Limited English Proficiency. A quick phone call is all it takes to set up the services that are available 7 days per week, 24 hours per day. Please inform staff that you are requesting assistance, and this will be coordinated for you.

SERVICE PROVISION

All services will begin with an assessment to determine recommendations for services. Services will be determined based on medical necessity and level of care that best supports your recovery journey. HHS will align with your preference for provider and services, which may include HHS programming or alternative community providers, and will work with you on developing your person-centered treatment.

CRISIS SERVICES

24-hour Crisis Services are available to all residents of North Dakota through the eight (8) regional Behavioral Health Clinics. This may include telephone support, face-to-face screening, assessment, and crisis services. Behavioral Health Clinics are mandated under NDCC 25-03.1 Commitment Procedures to provide Risk Assessments as deemed necessary.

Individuals from all regions may access crisis services by calling 988.

OPEN ACCESS

Each Regional Behavioral Health Clinic has walk-in assessments available Monday through Friday from 8am to 5pm.

Open Access allows you to engage in services on the day you are ready. You will receive an initial assessment to match services to best meet your need. If services are recommended to be provided at the Behavioral Health Clinic, a comprehensive assessment will be provided by a qualified professional.

COMPREHENSIVE ASSESSMENTS

A comprehensive assessment at the beginning of service delivery assesses for current level of functioning impacted by diagnosis of mental health and/or substance use. This allows for your needs to be identified with one evaluation.

INTEGRATED SERVICE PLANS

Based on your needs, you and your treatment provider(s) will collaboratively develop a service plan identifying goals to assist and improve your quality of life.

OUTPATIENT SERVICES

Behavioral health programs for adults, youth and families are matched to your needs and may be provided by multi-disciplinary teams with a combination of clinical interventions for both mental health and substance use. Services may include any combination of the services listed below:

- a. Case Management
- b. Care Coordination
- c. Individual Therapy
- d. Group Therapy
- e. Peer Support
- f. Family Peer Support
- g. Skills Building
- h. Psychiatric Management and Education
- i. Withdrawal Management
- j. Ongoing Recovery Support

Our approach is to make it easy and comfortable for you to access care with a goal of being accessible and responsive to your needs. These services may be provided in office, through a telehealth platform, community based, and/or home visits.

To help your team focus on your care, the following requests are made:

- If services are being provided in the community or at your home, please be sure any pets are placed in a location where it won't interfere with your session.
- It's important to have privacy during sessions. If you prefer to have others involved in your sessions, please let your team know.
- All guns, weapons, drug paraphernalia, and illicit substances need to be secured and not in the immediate area of a session location.

RESIDENTIAL SERVICES

1. Residential services for Crisis Stabilization, Substance Use Disorder Treatment, and/or Transitional Living are offered regionally.
2. Each residential facility has guidelines and program requirements that will be provided at the time of admission.

ATTENDENCE

All services are considered voluntary by this organization, even in cases where you are court-ordered to complete treatment services. By consenting to services, you are encouraged to be an active participant in your care.

It is important that you keep all scheduled appointments. If you are unable to attend a scheduled appointment or will be late, please notify the agency as soon as possible.

We request that you maintain communication with your treatment provider(s). If there is a period of no contact or risks of safety identified, the behavioral health clinic staff may attempt outreach you in the community.

If you are court ordered to attend evaluation and/or follow treatment recommendations and you fail to show for those appointments, the court will be notified as allowed.

YOUR RIGHTS AND RESPONSIBILITIES

HHS is committed to providing a treatment experience that is respectful. Employees are expected to adhere to organization's standards of practice and uphold client rights.

CIVIL RIGHTS

HHS, and any providers contracted by HHS, are committed to ensuring compliance with all applicable civil rights laws and other relevant federal, state, and local nondiscrimination laws. For further information on our nondiscrimination policies, please refer to the [HHS Nondiscrimination Policy webpage](#). Information regarding civil rights concerns or complaints can be found at the end of this document, on the HHS website, posted at your local HHS office, and is available upon request.

YOU HAVE THE RIGHT TO:

1. Be treated with dignity and respect.
2. Appropriate care based on individual needs to accommodate visual, auditory, linguistic, and motor abilities.
3. Receive complete and current information concerning your diagnosis, treatment, alternatives, risks, and prognosis as required. This information shall be in terms and language that is understandable.
4. Participate in the planning of your health care.
5. Refuse treatment based on the information provided.
6. Respect and privacy as it relates to your care. Case discussion, consultation, examination, and treatment are confidential and shall be conducted discreetly.
7. Confidential treatment of your personal and medical records, and the right to approve or refuse your release to any individual outside the facility.

8. Consideration of your privacy, individuality, and cultural identity related to your social, religious, and psychological well-being.
9. Voice grievances and recommend changes.
10. Prompt resolution of any grievance without retaliation.
11. Participate in development and implementation of your care plan.
12. Reasonable access to care.
13. Receive appropriate and prompt treatment of my psychiatric, substance abuse, and physical ailments.
14. Not be subject to physical, emotional, or sexual abuse or harassment by employees or another client.
15. Have services for all clients specific to gender needs.
16. Receive notice of federal confidentiality requirements.
17. The least restrictive conditions necessary to achieve treatment.
18. Freedom from discrimination because of race, age, sex, religion, sexual orientation, gender identity, disability, creed, color, national origin, or payment issues.
19. Request and receive an explanation of your bill.

IF YOU ARE RECEIVING SERVICES AT A RESIDENTIAL FACILITY

YOU HAVE THE RIGHT TO:

1. Communicate privately with persons of your choice.
2. Correspond with others in writing (at your expense).
3. Send and receive mail without interference.
4. Telephone correspondence.
5. Gender specific accommodations (sleeping, bathing quarters, etc.)

YOUR RESPONSIBILITIES

YOU HAVE THE RESPONSIBILITY TO:

1. Be honest, direct, and respectful.
2. Respect other individuals' right to privacy and dignity.
3. Know and follow the Behavioral Health Clinic rules and regulations.
4. Cooperate with caregivers and follow your agreed upon treatment plan.
5. Notify the staff if you do not understand your diagnosis, treatment, or expected behaviors.
6. Understand not following instructions or treatment plan may result in an undesirable outcome.
7. Ask questions if you don't understand something.
8. Provide accurate and complete information about your symptoms, reasons for admission, past illnesses, past hospitalizations, and medication (including prescribed and non-prescribed medications and herbal remedies).
9. Provide the name of any contact person to whom information may be released.
10. Meet financial commitments related to your care.

YOUR FINANCIAL RESPONSIBILITIES

1. As a client of HHS, you, or the party responsible for payment, are obligated to ensure that all charges accrued which exceed the amount of insurance payments, application of sliding fee discounts, or other adjustments, are paid in full. Statements will be issued monthly to the billing address provided at the time of registration, unless otherwise updated. Any statement returned as undeliverable may result in the account being referred to a collection agency.
 - a. It is your responsibility to promptly update all personal information with HHS, including changes in address, billing address, telephone number, legal name, financial status, and insurance coverage.
 - b. Monthly payments must be made on your account balance to avoid charges being forwarded to collections. Payment arrangements are available on request.
 - c. All payment, payment arrangements, or statement inquiries must be directed to the Client Financial Services Department: 1-866-275-2007 or 701-328-7050
2. Sliding Fee Discounts- HHS utilizes a sliding fee scale to provide discounted services based on family size and income eligibility. You are responsible for providing all required eligibility information by filing SFN 1226 Financial Redetermination. You are required to reapply annually and whenever there are changes in household size or income. Proof of income is required.
 - a. Recipient Liability and Copays are not eligible for sliding fee discounts.
 - b. You are responsible for notifying the business office of any changes in eligibility that may affect your ability to pay for services. -This program is intended for uninsured or underinsured clients who meet the eligibility guidelines. DHHS utilizes the [Federal Poverty Level Guidelines](#) to determine the level of discount.
3. Clients with private insurance coverage-You are responsible for providing complete and accurate insurance policy information to enable DHHS to submit claims for all services rendered. This includes a copy of your current insurance card or the full name, address, and telephone number of the insurance carrier along with your member ID, and, if applicable, policyholder information.
 - a. All non-covered services are subject to the sliding fee discount.
 - b. Failure to disclose or provide necessary information to bill insurance will result in ineligibility of participation in sliding fee discounts.
 - c. You may request to restrict disclosure of protected health information to your insurance company; however, if you do so, any accrued charges will not qualify for a sliding fee discount. To request restrictions, please complete and submit the SFN 1980 "Request to Restrict the Use and Disclosure of Protected Health Information" with your Behavioral Health Clinic.
4. Clients with Medicaid/Medical Assistance- Medicaid/Medical Assistance is the payer of last resort. If you have any other health insurance or coverage, those must be billed first. Failure to disclose or provide other applicable health insurance or coverage information will result in services being charged in full and ineligible for participating in sliding fee discounts.

- a. You are responsible for the full amount of any assessed Recipient Liability and Copay amounts.
 - b. All non-covered services are submit to the sliding fee discount.
5. Authorizations and Disclosures
- a. 42 CFR Part 2 requires you to authorize a disclosure of information to bill your insurance for Substance Use Disorder (SUD) services. Services become your financial responsibility without signed consent.
6. You are responsible for any charges sent to collections. Please call 1-866-822-1798 for any collection inquiries.
7. Any unpaid claims, at the time of your death, are subject to estate recovery under NDCC § 50-06.3-07. This is separate from the Medicaid/Medical Assistance estate recovery process that may also occur if you were also a Medicaid/Medical Assistance recipient.

ADVANCE DIRECTIVES

If you have concerns regarding your healthcare or mental health now or in the future, you are encouraged to consider completing an Advance Directive. The Advance Directive will assist you and your providers in meeting your medical or psychiatric needs.

At a time of medical or mental health crisis, you may not be able to make your wishes known. If you have an advance directive, your wishes will be clearer to others. Mental Health Advance Directives take effect only if and when you lack capacity to make decisions and your physician makes this conclusion in your medical record. Advance

Directives stop being in effect when your physician decides that you have recovered the capacity to make decisions.

If you are interested in additional information about advance directives, speak to your treatment team or access other useful resources below.

1. [Legal Services of North Dakota Website](#)
2. [North Dakota Protection and Advocacy Website](#)
3. [North Dakota Medical Association Website](#)
4. [National Hospice and Palliative Care: Caring Connections Website](#)
5. [The National Alliance on Mental Illness Website](#)
6. [SAMSHA Website](#)

GENERAL INFORMATION

CODE OF ETHICS

HHS is committed to providing services in a professional and ethical manner. Employees will protect your client rights and treat you with respect and dignity. If you ever feel that an employee is violating the organization's standard of ethical behavior, you may report this behavior by submitting a grievance to the agency director.

CONFIDENTIALITY

Your information will remain confidential. Policies and Procedures are designed to protect your information as well as information for others you may be with in programming.

ACCESS TO RECORDS

You have the right to review and/or request copies of your clinical records. If requesting electronic or hard copy of your record a fee may be assessed when applicable. A copy of the Notice of Private Practices is included in this handbook which tells you how to request this information. The policy also explains the circumstances under which information can be provided without authorization and tells you how to submit a grievance should you feel that your rights have been violated.

FEE/SLIDING FEE SCALE

HHS utilizes a sliding fee scale to assist those with an inability to pay for services based on income eligibility. This will be determined at the time of registration for services.

It is your responsibility to update any changes with the business office that may impact your responsibility to pay for services.

SERVICE ANIMALS

HHS is committed to providing reasonable accommodations to persons with disabilities in fulfilling its responsibilities under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA). Persons with disabilities may be accompanied by working service animals in the Behavioral Health Clinics and its department sites consistent with the provisions of the state policy. Review NDCC §25-13-02 for further information or request information at your HHS location.

HEALTH AND SAFETY INFORMATION

SAFETY AND SECURITY

HHS is committed to providing safe Behavioral Health Care environment and workplaces for all. All HHS facilities, contract facilities, and properties are weapons-free, including administrative offices and State Fleet Vehicles. Guns, knives, pepper spray, tasers or other weapons are not allowed in any HHS Behavioral Health Clinic. (With the exception of Law Enforcement) Anyone who brings a weapon into an HHS Behavioral Health Clinic will be asked to remove the weapon from the building and securing it in their personal vehicle or returning it to their residence before remaining in the clinic.

It is prohibited to use, manufacture, solicit, trade, and/or offer for sale alcohol, illegal drugs, unauthorized prescription medication or intoxicants on or in the property of the Department of Health and Human Services.

In the event of an emergency safety protocols and procedures will be followed as directed.

It is the policy of the Behavioral Health Clinic to utilize Therapeutic Options techniques as a protective measure to manage safety. Behavioral Health Clinics do not utilize physical or chemical restraints and/or seclusion measures.

NICOTINE/TOBACCO/E-CIGARETTE USE

All North Dakota Behavioral Health facilities, including contracted residential services, are nicotine, tobacco, and vape free zones. The Behavioral Health Clinic can provide medication assisted options if you need assistance to refrain from nicotine/tobacco use while in programming.

USE OF CELL PHONES AND RECORDING DEVICES

To ensure safety and privacy for all, reasonable access to cell phones may be permitted with varying guidelines for cell phone usage. Each facility will provide cell phone usage guidelines. Misuse of cell phones will be addressed by treatment provider.

To ensure everyone's privacy and safety, recording (audio or video), livestreaming, or photographing treatment services or within shared agency spaces is not allowed. Any recording, livestream, or photograph by individuals receiving or requesting services, their legal guardian, or an authorized representative may only occur if the agency has provided written authorization in the client's treatment record, documenting the necessity for capturing the service and clearly identifying the portions of the service that may be recorded or photographed.

QUALITY OF CARE AND FORMAL GRIEVANCE

The North Dakota Department of Health and Human Services is committed to providing quality care and recovery-based services. You have the right to be free from discrimination, harm, sexual harassment, sexual abuse and retaliation by other individuals receiving services, staff members, contractors, or volunteers.

You have a right to express your dissatisfaction and/or grieve services without fear of retaliation or discrimination. We encourage you to express concerns to your treatment provider(s) directly. If you feel your concerns are not addressed, you may request a Grievance Form from any staff at the behavioral health clinic. Your grievance will be reviewed and responded to by a member of local leadership, ensuring staff identified in the grievance will not lead the review.

If you feel your concerns regarding your civil rights were not addressed and satisfactorily resolved with your local provider, please see attached document for who you may contact to file a formal civil rights grievance.

PROTECTION AND ADVOCACY (P&A)

An independent state agency that protects and advocates for the rights of people with disabilities within established priorities. You may want to contact P&A to request assistance with a disabilities rights issue or to report abuse/neglect/exploitation. You may contact P&A by calling their centralized intake at 1-800-472-2670.

APPENDIX

Notice of Privacy Practices For Behavioral Health Clinics and NDSH ([DN 908](#)) Civil Rights Complaint ([SFN 143](#))