**** BILL NO. ****

INTRODUCED BY ****

BY REQUEST OF THE ****

A BILL FOR AN ACT ENTITLED: “AN ACT REVISING ADMINISTRATIVE RULES RELATED TO CHILD AND ADOLESCENT DAY TREATMENT PROGRAMS; PROVIDING AN EFFECTIVE DATE.”

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

NEW SECTION. **Section 1.** The Department of Public Health and Human Services shall amend ARM 37.106.1936 to read:

"(1) In addition to the requirements established in this subchapter, each mental health center providing a child and adolescent day treatment program shall comply with the requirements established in this rule.

(2) The Child and Adolescent Day Treatment program must be site based and occur in a location separate from the child and adolescent's regular classroom. Appropriate, supplemental day treatment services may be delivered off site. The program shall:

(a) operate at least five days per week for at least three hours per day, unless school holidays preclude day treatment activities. Preschool day treatment programs shall operate at least three days a week, three hours a day, unless school holidays preclude day treatment activities;

(b) employ or contract with a program supervisor who is knowledgeable about the service and support needs of children and adolescents with serious emotional disturbances. The program therapist or program supervisor must be site based;

(c) establish admission criteria which assess the child or adolescent's needs and the appropriateness of the services to meet those needs. Students still in school, 18 years of age or older, remain eligible for the program;

(d) provide mental health services according to the individualized treatment plan which may include individual therapy, family and group therapy, social skills training, life skills training, pre-vocational

training, therapeutic recreation services and ensure access to emergency services;

(e) coordinate its services with educational services provided through full collaboration with a school district recognized by the office of public instruction;

(f) provide referral and aftercare coordination with inpatient facilities, residential treatment programs, or other appropriate out-of-home placement programs;

(g) establish policies and procedures regarding the use of time-out and seclusion. Time-out and seclusion may not be used with a locked door. Mechanical restraints may not be used. If time-out is used, intermittent to continuous staff observation is required, as clinically indicated. If seclusion is used, continuous staff observation is required. Written permission from the parent or legal guardian must be obtained for the use of non-aversive and aversive interventions and must be placed in the client's clinical record. The clinical record must include signed orders by a licensed mental health professional for use of seclusion, a detailed description of the circumstances warranting such action, and the date, time and duration of the seclusion;

(h) require and ensure that the program supervisor and all staff shall each have a minimum of six contact hours of annual training relating to child and adolescent mental illnesses and treatment; and

(i) maintain progress notes for each client. The progress notes must be entered into the client's clinical record at least every 30 days and upon the occurrence of any significant change in the client's condition.

(3) The day treatment staff shall attend all child study team (CST) meetings and individual education planning meetings when clinically indicated and permission has been granted by the parent or legal guardian or child, when age appropriate. If the client requires an individualized education program (IEP), a copy of the IEP must be included in the client's treatment plan unless the parent or legal guardian or child, when age appropriate, refuses to authorize release to the mental health center.

(4) The program supervisor and day treatment program staff must be trained in the therapeutic deescalation of crisis situations to ensure the protection and safety of the clients and staff. The training must include the use of physical and non-physical methods of managing children and adolescents and must be updated, at least annually, to ensure that necessary skills are maintained.

(5) (a) The program must compose a written staffing plan that provides for the safety, supervision, and care of all patients in a manner consistent with their needs and acuity levels. The staffing plan must:

(i) provide for continuous staff coverage that allows staff to engage in active patient supervision,

develop and implement ongoing treatment plans, perform behavioral interventions, and respond to emergencies in a timely manner;

(ii) identify safe staffing levels for the program, including the program's staff-to-patient ratio and appropriate caseloads for program staff;

(iii) specifies an appropriate use of full-time, part-time, contract, temporary, and other staff types employed by the program;

(iv) include how the program will accommodate planned and unplanned staff absences; and

(v) enumerate any specific staffing requirements to ensure the best service delivery for the program's patient population.

~~Each program therapist or in-training mental health professional in the program shall carry an active caseload not to exceed 12 day treatment clients. The therapist or mental health professional who carries the caseload must also provide the therapy and must be on site during the entire day treatment hours of operation unless the therapist is attending a meeting offsite that pertains to one of the day treatment client's treatment.~~

(c) A program may hire in-training mental health professionals if permitted by the program staffing plan. Each in-training mental health professional may conduct duties within the scope of the trainee's license, and carry a caseload as determined by the staffing plan.

(d) The program supervisor may carry a caseload ~~of up to six day treatment clients~~ if permitted by the program staffing plan.

(6) There must be at least one full-time equivalent (FTE) clinical or mental health staff member for every six clients in the program. Support staff means an adult, under the supervision of the program supervisor or therapist, with experience in working with children and adolescents with severe emotional disturbances.

(a) For the purpose of this ratio, the number of participants in the program must be based on the average daily attendance. This ratio includes the ~~site based~~ site-based therapist or program supervisor, if the therapist or supervisor spends at least half of the time with the class and is readily available at other times when the need arises.

(b) The program therapist's office must be in close proximity to the day treatment classroom to provide timely interventions to clients. ~~Mental health staff must not be shared with other programs.~~

(c) ~~Either the~~ A mental health support staff member, ~~the~~ a full-time therapist, a part-time therapist, or the program supervisor must be in the classroom at all times during operation of the program.

(7) All program personnel must be appropriately trained and competent to perform the duties assigned by the program. A program must maintain documentation of staff qualifications and program staff training, including onboarding and ongoing training.

(8) The department may review patient outcomes, incident reports, the written staffing plan, and other records and documentation to ensure the facility's safety and ability to deliver adequate care. The department may find a facility noncompliant with staffing regulations if the staffing is demonstrably insufficient to maintain patient safety, regardless of staffing model used.

NEW SECTION. **Section 2. Effective date.** [This act] is effective June 15, 2027.

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