

**Bitterroot Valley Education Cooperative**  
**Mental Health Center**  
**Clinical Manual**

**Revised: 8/18/2009**

# **Bitterroot Valley Education Cooperative**

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## **Clinical Manual**

**Mission Statement: Our mission is to assist children, adolescents and families in attaining and maintaining optimal psychosocial wellbeing and mental health.**

### **Section 1**

#### **CLINICAL POLICY AND PROCEDURES (1.0)**

##### **TRAINING OF STAFF (1.1)**

**PURPOSE:** To ensure that all Bitterroot Valley Cooperative (hereafter referred to as Co-op) staff have adequate training to assure high quality services to youth and families. All staff will be trained to meet the organization's standards and expectations.

##### **PROCEDURE:**

##### **STAFF TRAINING WILL ADDRESS:**

1. Responsibilities of the employee as outlined in specific job descriptions:
  - Therapist (see appendix 1)
  - Behavior Consultant (see appendix 2)
  - Behavior Aide
2. Standards for supervision. All new employees will be assigned a mentor to provide clinical supervision and support for the first year of employment.
3. Standards for Comprehensive School and Community Treatment and Children's Case Management, Psychiatric Rehabilitation and Support and other mental health services offered by the Co-op.
4. Clinical policies and procedures.
5. Non-aversive treatment policies (see appendix 3).
6. All staff will receive a minimum of 18 hours per year of training on research validated behavior interventions.
7. Special education law.

## **PERSONNEL RECORDS**

1. Before employment and by January 15 of each year, current licensure for clinical professional counselors and social workers will be verified on the State of Montana's professional licensing website.
2. Employee files will contain a job description, licensure documentation, documentation of orientation training and continued education. All files will be updated annually.

## **MISCELLANEOUS STAFF POLICIES**

1. If policies or state regulations are changed, all staff will be given written and verbal notification and any additional training necessary within 30 days of the change.
2. Any student, intern or volunteer working for the Co-op will be interviewed to determine his/her level of training and experience before assignment of duties. The student, intern or volunteer will provide services consistent with his/her level of expertise.
3. All students, interns and volunteers will receive training and orientation outlined in Section 1.1.
4. All students, interns or volunteer assisting in the delivery of mental health services to consumers will receive a minimum of 2 hours per week supervision by a licensed mental health professional employed by the Co-op in addition to any supervision received through an educational program.
5. Monthly reports to the program supervisor will be provided by the licensed mental health professional regarding a student's, intern's or volunteer's job performance.

## **MEDICATION MANAGEMENT**

1. Co-op mental health staff will not administer prescription or over the counter medication. Clients will receive their medication under the supervision of the school nurse during school hours.
2. The school nurse will monitor and record all self-administered medications.
3. Co-op will develop agreements with licensed health care professionals to provide medication management services for its clients. The licensed health care professional will be responsible for prescribing medication, documenting medications and dosages, client's compliance, measures taken to obtain compliance and providing rationale for use and changes of client's medication.
4. Co-op mental health staff will regularly conduct observations, interview parents, school personnel and the client and administer psychological tests to determine efficacy of medication. The results of these assessments will be sent to the client's licensed health care professional and parents to assist in prescribing medication.
5. Mental health staff will keep a current, chronological and dated record of medication orders and dosage in the clinical file. The school nurse will log missed doses and the reason for omission. These logs will be shared with the prescribing licensed health care professional.
6. Any medication errors or adverse drug reactions will be immediately reported to the prescribing licensed health care professional and the program supervisor.
7. The client's licensed health care professional will provide and document education regarding the effects, side effects, contraindications and management procedures when prescribing medications for Co-op clients.
8. The Co-op takes no responsibility for storing client medication. All medication must be stored with the school nurse. The school nurse will keep refrigerated medication segregated from food items and within the specified temperature range specified by the manufacturer. Additionally all pharmacy and over the counter medication will be stored in the container in which it was purchased with label intact and legible.

## **CLIENT SERVICE POLICY AND PROCEDURE (1.2)**

### **CLIENT RIGHTS (1.2.1)**

**PURPOSE:** To ensure all clients of the Bitterroot Valley Education Co-operative Mental Health Services are informed of their rights and responsibilities.

#### **PROCEDURE:**

The therapist or case manager is responsible for:

1. Ensuring that client are informed of their rights and responsibilities, including the rules governing client conduct and the types of infractions that can result in suspension or discontinuation of services offered by the mental health center.
2. Information in #1 is explained to the parent or student (if age 16-19) during an intake session. Intake must be completed before any therapeutic contact with a student.
3. Clients and their parents are informed both verbally and in writing of confidentiality laws and rights as outlined by HIPPA.
4. A copy of client rights is given to and signed by the parent and a list of client rights is posted in the Co-op office.
5. The client should report all violations of client rights to the program supervisor within 10 working days of the alleged violation.
6. If client rights are violated as a result of maintaining the safety of the client, the intervention is noted in the client's progress notes and the program supervisor is notified immediately.

## **MENTAL HEALTH RIGHTS IN MONTANA**

1. You have the right to be treated in a non-discriminatory manner with dignity and respect while receiving mental health services in a Montana mental health program/facility.
2. You have the right to participate in developing an individualized treatment plan that addresses the needs of your child, family or self. You have the right to receive a reasonable explanation of your general condition, treatment objectives, the nature and possible significant adverse effects of recommended treatment, reasons this treatment is considered appropriate and if any alternative services are available.
3. You have the right to be free from excessive or unnecessary medication. You have the right to give or not to give informed consent to take antipsychotic or other medications if they are prescribed to you unless: a) the court has ordered differently or, b) an emergency situation exists where your life or the life of others is in danger.
4. You have the right to access and review your confidential records. All records will be kept in a locked filing cabinet unless a staff member is present in the room. You must give written consent for your records to be released to another person, unless the exceptions to this policy under Montana law apply. You may also ask to have your records corrected. You can obtain more information about the records from your therapist or case manager.
5. You are entitled to the maximum amount of privacy consistent with the delivery of services provided to you.
6. You have the right to appropriate treatment under conditions that are supportive of your personal liberty.
7. You have the right to refuse participation in research. Co-op staff must obtain your informed voluntary and written consent to initiate experimental treatment.
8. You have a right to be free from abuse and neglect or threats of abuse and neglect while receiving services at any mental health office or facility.

9. You have a right to a humane psychological and physical environment while in treatment. You have the right to know the Co-op's grievance procedure. If you need assistance in filing a grievance and you do not feel safe being assisted by another Co-op staff member, you will be referred to a local or state advocacy group.
10. You may have additional rights listed in Montana Statute, most of which apply to inpatient settings and rights during an involuntary commitment process. Your primary therapist or case manager will explain those rights to you if you have concerns about them.

**PROGRAM ETHICS (1.2.2):**

**PURPOSE: To state ethical guidelines for staff and the process for reporting allegations of violations to appropriate authorities.**

**PROCEDURE:**

1. All licensed and unlicensed staff members will be held accountable to the ethical standards established by the Board of Social Work Examiners and Professional Counselors (see appendix 4).
2. Additional standards are as follows:
  - Staff shall treat all clients with respect at all times.
  - Staff shall work within the guidelines of their job responsibilities and limits of competency.
  - Staff shall not impose their personal beliefs and values on the clients.
  - Staff shall consult with the program supervisor when they cannot be impartial toward a client.
  - Any financial relationship between a client and staff is inappropriate.
  - Staff shall not have any social relationships with client outside of the professional relationship

3. Any staff that violates the ethical standards, or has information in which s/he believes someone has violated the ethical standards of the Co-op will discuss the matter immediately with the program supervisor. The program supervisor will record the violation and bring it to the attention of the program director within one week. A decision will be made and documented as to the appropriate action to be taken. The program supervisor will give the program director a written report of the alleged violation within one week of becoming aware of the violation. The program director and program supervisor will jointly decide what action shall be taken and will notify the violating employee in writing of their decision.
4. In addition, the allegations of ethics violations will be reported to the Board of Social Work Examiners and Professional Counselors as described in 8.61.302 ARM which follows:

8.61.302 COMPLAINT PROCEDURE (1) A person, government or private entity may submit a written complaint to the board charging a licensee or license applicant with a violation of board statute or rules, and specifying the grounds for the complaint.

(2) Complaints must be in writing, and shall be filed on the proper complaint form prescribed by the board, which shall include a statement on release of confidentiality and shall require a notarized signature by complainant.

(3) Upon receipt of the written complaint form, the board office shall log in the complaint and assign it a complaint number. The complaint shall then be sent to the licensee complained about for a written response within 20 calendar days from the date licensee receives the request for response. Upon receipt of the licensee's written response, both complaint and response shall be considered by the screening panel of the board for appropriate action including dismissal, investigation or a finding of reasonable cause of violation of a statute or rule. The board office shall notify both complainant and licensee of the determination made by the screening panel.

(4) If a reasonable cause violation determination is made by the screening panel, the Montana Administrative Procedure Act shall be followed for all disciplinary proceedings undertaken. (History: Sec. 37-22-201, 37-23-103, MCA; IMP, Sec. 37-1-308, 37-1-309, MCA; NEW, 1997 MAR p. 986, Eff. 6/3/97.)

## **CLIENT GRIEVANCE (1.2.3)**

**PURPOSE:** To ensure all clients have access to a fair and impartial investigation subsequent to an alleged violation by a Bitterroot Valley Co-operative employee. A copy of the grievance procedure listed below must be given to client/client's parents at the intake.

### **PROCEDURE:**

#### **Informal Resolution**

##### **STEP 1**

Any client who believes a staff member of the Co-op has violated his/her rights can file a grievance. Clients are encouraged to discuss the grievance with the involved staff member seeking resolution. In the interim, the program supervisor will be notified immediately by the staff member in question and inform him/her of the proceedings.

#### **Formal Resolution**

##### **STEP 2**

If the client does not feel resolution has been reached after step 1, s/he is entitled to an impartial hearing with the program supervisor. The client must put his/her complaint in writing and give it to the program supervisor. The client will meet with the program supervisor within 10 working days of submitting the written report for resolution of the grievance. If the program supervisor is directly involved in the grievance, then the Co-op director will hear the grievance for resolution.

##### **STEP 3**

If the client is not satisfied with the results of step 2, s/he may submit the grievance in writing to the Co-op director. A hearing shall be completed within 10 days of notifying the Co-op director of the failure to reach resolution.

##### **STEP 4**

If the issue remains unsolved, the client may, within 10 working days, submit the grievance to the Co-op Board. The Board may request a meeting with the client and the Co-op director, prior to making a decision concerning resolution. The Board must make a decision within 20 working days of notification that resolution has not been reached.

## **STEP 5**

If the client is not satisfied with the decision of the Co-op Board, he/she can request a hearing with an Independent Committee established by the State Department of Public Health and Human Services. The Bitterroot Valley Education Cooperative staff will assist the client with names, addresses and phone numbers of state officials to whom their concerns can be addressed. There are no time limitations by the State Department of Public Health and Human Services. A client may elect at any time to have their grievance heard by a State or Federal court of law. The client will also be informed of the opportunity for appeal and be given a list of advocacy organizations to assist them.

### **INITIATION AND DISCHARGE OF SERVICES TO CLIENTS (1.2.4)**

**PURPOSE: To define the referral process, equal opportunity of care, and criteria for admission and discharge. Service is dependent on availability, the appropriateness of services being offered, and if the services meet client needs and funding constraints.**

#### **PROCEDURE:**

##### **The Referral Process**

Schools, outside agencies, parents and students can refer a client to the Co-op's mental health programs. A treatment team consisting of family members, school personnel, mental health professionals, health care providers and/or custodial agents as clinically appropriate meet to review past interventions and determine what mental health services best suits the client's need. A formal clinical assessment and review of all client rights must take place before services can be implemented. Clients will be selected for the program based on severity of the disorder and need for services.

**Following are clinical guidelines suggested for program admission:**

1. The client's age is between the age of 3 and 18 (21 if still enrolled in secondary education).
2. The client's behavior is negatively affecting to a significant degree his/her ability to learn, develop appropriate peer relationships, and be successful in the community and is identified as a Seriously Emotionally Disturbed youth as defined by the State of Montana.
3. There have been documented, failed interventions designed to ameliorate the clients behavior or psychological difficulties (i.e. counseling, special education or 504 plans, case management) for admission into the CSCT program.
4. The client and his/her parents or guardian are willing participants. After age 16, a youth can engage in treatment without parent's approval. A minor at any age can consent to treatment if there is risk of lethality for the child or others. However, it is best practice to have informed consent by parents for intervention until a child is age 18, unless the child is emancipated or his/her need for treatment is urgent and presents a danger to self or others.

**The following are clinical guidelines used for program discharge:**

1. The client and treatment team mutually agree that the treatment goals have been met, or the treatment team believes a different approach is most appropriate.
2. If the treatment team determines the client needs to be referred to another program, the therapist/children's case manager will provide links to appropriate services with permission from client and/or guardian.
3. If a client is a danger to self and others and/or s/he cannot be maintained in a less restrictive placement in the community, a voluntarily referral or involuntary commitment may be made to a psychiatric facility.

4. If a client is suspended from part of the program (e.g., violating a group confidentiality rule, physical aggression against a staff member), the therapist/children's case manager must have documentation of an incident and explain the infraction to the client and parent.

The following steps will occur immediately after the incident:

- The program supervisor will meet with the client, parent and therapist/children's case manager to review the infraction.
  - The parent and client are informed in writing of the suspension and steps or conditions needed to resume treatment.
  - The client and parent will be informed of the grievance procedure with both verbal and written information.
  - The program supervisor will monitor status to ensure that the client returns to treatment as soon as possible.
  - The therapist/children's case manager will determine what services can be offered in the interim period and inform the client and parents/guardians.
  - The program supervisor will continue to review the situation every 30 days.
5. A client and his/her parent wish to be discharged from the program.

### **Waiting Lists (1.2.5)**

**PURPOSE: To ensure that clients are offered services as soon as possible.**

**PROCEDURE:**

1. All clients on the wait list will be monitored monthly for changes and admission status.
2. Services will be linked with other community agencies or professionals as appropriate.
3. Therapists will review their caseload on a regular basis to ensure that clients currently being served are benefiting from the program. If a client is not benefiting after a reasonable amount of time he/she will be discharged and a wait list client will be considered for that service.

4. Any client that is on the wait list and is a risk to harm self or others will receive crisis intervention services by a licensed therapist and/or referred to appropriate agencies for additional support until services can be offered.

**Confidentiality (1.2.6)** (see IDEA and ADA Guidelines Where Applicable)

**PURPOSE: To provide clients with privacy as mandated by State and Federal guidelines.**

**PROCEDURE:**

1. All information recorded by a therapist/children's case manager will be kept confidential and placed in consumer file that is locked when staff is absent. Files will be kept in the office unless:
  - They are being transferred to another office by hand or certified mail.
  - They have been requested by court order or law enforcement.
  - They are needed for medication management
  - Removal is authorized by a program supervisor
2. School personnel access files only if they have a legitimate educational interest in the student in question. All educational staff must sign-in on the consumer's file indicating date and reason for access.
3. The therapist/children's case manager will request a signed release of information to access information from other professionals and agencies who are, or have been, providing services to the client. The client and parent will be informed as to what information is being shared before s/he is asked for approval. The purpose of sharing information is to assist in the provision of quality treatment, reduce duplication of services and make team decisions in the best interest of the client. After a client discharges from services, information can be shared with previously authorized persons until the releases are out of date, unless a client submits a written request to revoke further disclosure.

4. Under the following circumstances, therapist/children's case manager can share information without the approval of a client and his/her parent/guardian:
  - When the therapist/children's case manager believes that the client may be in imminent physical danger to himself/herself or others, at which time the proper authorities will be notified. If a threat has identified a particular victim, the therapist/children's case manager is legally obligated to warn the intended victim.
  - As required by Montana State Law, if the therapist/children's case manager has a reasonable cause to suspect abuse or neglect of a child, it must be reported to the Department of Public Health and Human Services (See MCA 41-3-201, Reports, appendix 8).<sup>1</sup>
  - Licensure Surveys by the State of Montana per Administrative Rules, or other authorized agencies may require that client files be reviewed to determine compliance with policies, procedures and treatment forms.
  - Law enforcement can have access to files when required by Montana State Law.
5. All mental health staff are trained and given clear guidelines on confidentiality rules. Any breach of confidentiality is taken very seriously and addressed immediately by the program supervisor. Violations of confidentiality rules may lead to suspension or dismissal.

### **Referrals to Other Providers (1.2.7)**

**PURPOSE: To ensure access to appropriate services outside of Bitterroot Valley Education Co-operative.**

#### **PROCEDURE:**

1. During the course of treatment, some clients may need assessment services not provided by the Co-op. The Co-op shall maintain a current list of providers who accept referrals for assessment and services not provided by the Co-op. Clients will be provided with the names and phone numbers of providers who offer the necessary assessment and/or services and assist the client in obtaining these assessments. The Co-op will also offer names of outside providers at the request of a client, or as deemed appropriate, such as in the process of discharge planning, or when a lower level of care is appropriate.

2. The Co-op shall encourage a level of care which best meets the client's needs.
3. The Co-op will screen all new clients for chemical dependency. The Co-op shall refer all clients needing chemical dependency assessment and treatment to a licensed addiction counselor. Co-op staff will coordinate with the licensed addiction counselor to develop a treatment plan and integrate any chemical dependency treatment goals into their treatment plans when appropriate.

### **Quality Assessment (1.3)**

**PURPOSE: To provide quality care to clients through the review of programming by staff, students and parents and program administrator.**

#### **PROCEDURE:**

##### **Clinical Peer Review:**

1. All employees will have a minimum of 2 hours per month of clinical supervision. Each therapist will staff his/her cases through a process of peer review using case history, diagnosis, treatment and medication plans. The therapist will be responsible for bringing all case studies to the mental health team on a quarterly basis.
2. Each staff member will offer insights to assist with case planning.

##### **Administrative Review:**

1. The program supervisor, to ensure compliance with administrative rule, will annually review all files including forms, progress notes, weekly reviews and treatment plans. Random checks of files will be done on a monthly basis.
2. All staff members will report any occurrences where crisis/emergency intervention occurred or client exhibited bizarre or unusual behavior to the program supervisor.

##### **Client Questionnaires:**

1. Client questionnaires will be sent to all clients, his/her parents, mental health professionals and a random sample of community referral sources at the end of each school year (see appendix 5).
2. The program supervisor and program director will review the responses to the questionnaire and assess possible changes to the program.

3. The program supervisor will review, on an ongoing basis, incident reports, grievances, complaints, medication errors, and the use of seclusion and/or physical restraint. The supervisor will give special attention to patterns and make necessary changes to services delivery and behavior management.
4. The Co-op will maintain records on occurrence, duration and frequency of seclusion and physical restraint.
5. A report of improvements made as a result of the quality assessment program will be written annually and kept on file in the Co-op office.

### **Incident Reports (1.4)**

**PURPOSE: To ensure safety of clients and staff.**

**PROCEDURE:**

1. Any interaction between client and staff that causes harm to either party will be documented and reported to the program supervisor. Harm is defined as any physical or verbal interaction that results in an injury or perceived threat. Documentation will include the following:
  - Date of the incident
  - Description of the incident
  - Response to the incident
  - Follow up if appropriate

### **Client Records (1.5)** (See FERPA Guidelines Where Applicable)

**PURPOSE: To ensure all clients have clinically accurate records of their treatment.**

**PROCEDURE:**

1. The therapist/children's case manager is responsible for compiling and arranging all necessary information placed in the student's IEP and special education file if applicable.

2. All client's mental health files will contain the following:

(See Sections 1.2.4a, 1.2.4b and 1.2.4c for IDEA and ADA File Regulations)

- Initial referral and clinical assessment including psychological, medical, social history and a diagnosis(es) using the Diagnostic Statistical Manual of Mental Disorders (Fourth Edition).
- Additional assessments or evaluations, if clinically indicated
- Financial records if appropriate
- Client information sheet
- Consent for treatment
- Consent for aversive treatment
- Statement of confidentiality
- Client Bill of Rights
- Signed Release of information forms
- Progress notes
- Disclosure log
- Educational disclosure log
- Physician signature when appropriate
- Initial treatment plan and subsequent 90 day reviews of treatment plan, or more often if there is a significant change in consumer condition.
- Medication orders and documentation of the administration of all medications
- Signed orders by a licensed mental health professional for any restrictions of rights and privileges accorded clients of the mental health center including reasons for the restriction
- Discharge summary

## **Clinical Assessment Requirements**

1. Clinical assessments must be conducted by a trained licensed mental health professional. Assessments must include in narrative form the presenting problems and history of presenting problem, family history, substance abuse history and screening if necessary, educational history, psychological history, placement history and current living situation, legal history, medical information (current medication and medication history), mental status evaluation (thought processes, affect, memory functioning and orientation, lethality and risk factors), diagnostic impressions, financial resources, legal history relevant to the mental illness including guardianships, civil commitments, criminal mental health commitments and prior criminal background, and initial treatment plan goals.
2. Based on the client's clinical needs, the Co-op will conduct additional assessments which may include, but are not limited to, physical, psychological, emotional, behavioral, psychosocial, recreational, vocational, psychiatric, and chemical dependency evaluations.
3. A current list of providers who accept referrals for assessments and services not provided by the Co-op will be maintained. Based on clients' need and chemical dependency screening results, they will be referred for additional assessments including but not limited to, physical, psychological, emotional, behavioral, psychosocial, recreational, vocational, psychiatric, and chemical dependency evaluations.

## **Treatment Plan Requirements**

1. Treatment plans must be completed within 5 contacts or 21 days from the first contact, whichever is later.
2. A treatment plan must identify treatment team members from within and outside of the Co-op who are involved in the client's treatment and care. The client will be included in the formation and implementation of the treatment plan.
3. Treatment plans will state measurable treatment objectives that serve the client in the least restrictive and most culturally appropriate therapeutic environment.

4. For each objective a description of the goal, service specifications and service provider will be indicated. The plan will specify how the service will assist the client in achieving the objective.
5. The licensed mental health professional will sign and date the treatment plan. If other staff members are involved in carrying out the goals of the treatment plan, then they are also required to sign and date the treatment plan. If intensive case management is the only service being received, the program supervisor must sign and date the treatment plan indicating review and appropriateness.
6. All treatment plans must be signed by the client and/or guardian.
7. Treatment plans will include criteria for discharge including client's level of functioning that indicates when a particular service is no longer required.
8. The treatment team will review treatment goals and documented response to treatment every 90 days or more often if there is a significant change in client condition, client's level of care changes, or referrals for additional mental health services are needed.
9. A treatment review team will meet face to face and include the client and client's guardian, and case manager when appropriate. The review will include client's response to treatment and will result in either an amended treatment plan or a statement of the continued appropriateness of the existing plan. The results of the review must be entered into the clinical record and describe the client's functioning and justification for each goal.
10. If a client is receiving case management and/or medication management services along with one or more other services from Co-op, the treatment plan review must be conducted by at least one licensed mental health professional from the Co-op and include persons with primary responsibility for implementing the plan.
11. If the Co-op develops separate treatment plans for each service, the treatment plans must be integrated with one another and a copy of each plan must be kept in the client's record.

## **Other Clinical Documentation Requirements**

1. Progress notes will be entered for each individual, family and/or group therapy session, and must indicate whether or not the stated treatment plan has been implemented, and the degree to which the client is progressing, or failing to progress, toward stated objectives.
2. Peer reviews will be documented in the file.
3. For clients that have had a placement in residential care, every attempt will be made to obtain records of the treatment received during that placement for the current file.
4. Medical records from a psychiatrist or family physician will be used to assist in corroboration with the DSM IV diagnosis and review of medication(s) needs. Medication consultation documentation will be placed in the file. The therapist/children's case manager is responsible for gathering pertinent information of current symptoms to be sent monthly to the psychiatrist for medication management.
5. Discharge summaries will be written for each client no longer receiving services and will include: reason for discharge, summary of the services provided by the mental health staff, recommendations for aftercare and referrals made, evaluation of client's progress as measured by the treatment plan and overall impact of services for the client, the signature of the staff member who prepared the report and date of preparation. Treatment teams will determine an appropriate discharge date.
6. Discharge summaries will be filed within 1 month of the date of formal discharge from services or within 3 months of the date of the client's last service when no formal discharge occurs.

## **Emergency Procedures (1.6):**

**PURPOSE:** To have clear evacuation procedures for clients and staff in the case of an emergency.

### **PROCEDURE:**

Mental Health Staff will be trained in emergency and evacuation procedures.

1. Staff will have emergency phone numbers of police, poison control center, fire department, hospital, building supervisor, and program supervisor near the telephone. In each room there will be map of the evacuation route from the building. The mental health staff will know and follow the emergency procedures of each individual school building where s/he is providing services.
2. Clients will have access to emergency mental health services 24 hours a day; During the intake process consumers will be told how and when it is appropriate to contact emergency services. Clients will be told to call 911 for help immediately if a person is at risk of injury to self or others. This would include instances of self-mutilation. During normal work hours (8 a.m. - 4 p.m.) clients will contact the mental health staff. After normal work hours the client will access Co-op staff through a designated on-call number.
3. All crisis calls will be logged and stored at the Co-op office.
4. Staff will have current first aid training and CPR.
5. On Call staff will receive training on Co-op crisis policies and procedures, crisis intervention techniques and assessment of risk of harm to self or others and prevention approaches.
6. Staff will be trained in the use of MANDT (or other validated techniques), a non-physical and physical intervention program for assisting clients in crisis.
7. Staff will have access to the program supervisor during normal work hours by telephone.

8. All mental health activities occurring off the school campus must follow these guidelines:
- A parent/guardian will be informed of the activity and sign a permission slip giving authorization for the client to participate in the activity.
  - All off campus activities will have emergency procedures set up with emergency phone numbers. The program supervisor will know expected arrival times and monitor the status of the activity. An itinerary will be given to the supervisor so that an immediate search can begin if the group has not arrived at their destination within a reasonable amount of time.
  - All activities will be structured with maximum safety rules.
  - Staff will have an appropriate level of first aid training for the activity and a complete first aid kit.

### **Children's Case Management (1.7):**

**PURPOSE: To have a uniform standard of services for all case managers**

#### **PROCEDURE:**

The following standards apply to all case management services.

1. Staff is required to have a minimum of a Bachelor's degree in a related field to psychology, social work or human services and one year experience working with youth that are seriously emotionally disturbed (SED). If the educational degree is not related to working with students identified as SED, then extensive successful experience with children must be documented.

2. Progress notes will be recorded by the case manager at least every 30 days and placed in the client's file. Progress notes will address the following:
  - Crisis interventions (all situations that involve lethality will be reviewed with program supervisor)
  - Systemic family issues and relevancy to treatment objectives
  - Coordination of services with other agencies or professionals and treatment team meeting documentation
  - Educational activities and needs
  - Progress of the client's issues that are a focus of the treatment plan.
3. The staff to client ratio will not exceed 20. Number of face-to-face contacts per month will be minimally one hour per client with actual face-to-face contact time expected to exceed one hour.
4. Case managers are expected to provide services in the client's home. The case manager will observe how the home environment affects the emotional well being of the consumer and his/her family.
5. Case managers will meet with all service related providers to assist in coordinating the client's overall service delivery. If residential placement is required, a case manager will assist with admission, transfer of clinical information, support to the family and discharge planning with the facility and family. All out of home placements will first be reviewed with the program supervisor.
6. Case management treatment plans will be completed within five contacts or within 21 days from the first contact and will be reviewed every 90 days or more if significant change in the client condition.
7. A "strength based" assessment will be completed before developing the treatment plan. The assessment will cover the following areas of daily living: home environment, vocational and educational status, financial and transportation needs, social supports, legal issues, leisure activities, family composition and crisis plan.

### **Case Management Role as an Advocate (1.7.1)**

**PURPOSE:** To ensure that the case manager operates independently and the role of advocate is defined, clear, and treated equally for all clients.

#### **PROCEDURE:**

1. A case manager is an advocate for his/her client in the community. Case managers can attend meetings to support and advocate for client in a variety of venues such as: schools, probation offices, therapy offices, medical appointments, agencies etc.
2. When a client is at serious risk of intentionally causing harm to self and others the case manager has legal responsibility to assist with a procedure that will keep the client from harm to self or others, including testifying in a court of law. If the client is committed involuntarily, upon return to the community, the client will be referred to a different case manager for services if the client's and case management's relationship is damaged.
3. If a client is in conflict with another agency, the case manager will gather information from the parties involved and act as an objective mediator to facilitate a solution. Anytime the client is in conflict with the Co-op, the case manager will refer client to an outside advocate.
4. If the case manager believes the client is better served by another professional or agency, s/he will give the appropriate referral without hesitation.
5. When the case manager shares a client with another intra or inter-agency mental health professional, they will meet frequently to exchange information and review the treatment plan and client's progress. If differences arise in treatment philosophy, a treatment meeting will be called to resolve the conflict.

When a client is served by multiple agencies, the case manager will obtain a signed release allowing the case manager to discuss the client's case with any individual or agency involved. If the client is unwilling to sign a release, the case manager will consult with program supervisor. At a minimum, case managers must be able to share information freely with their staff and program supervisor to offer quality treatment. A case manager must discontinue treatment if s/he is unable to access or share information with the appropriate authority when circumstances put the child at risk.

6. The case manager will advocate for the client by contacting an advocacy agency or giving the client the number for state and local advocacy agencies when necessary.
7. The availability of case management services will not be contingent upon the client's willingness to receive other services.

### **Comprehensive School and Community Treatment(1.8)**

**PURPOSE: To ensure uniform standards for all CSCT programs.**

**PROCEDURE:**

1. Treatment plans must address CSCT client needs during school holidays and over summer vacation.
2. Employees will have a minimum of six hours of staff training provided annually.
3. The CSCT caseload will not exceed 12 clients per therapist and behavioral consultants a day.

## Appendix 1

# BITTERROOT VALLEY EDUCATION COOPERATIVE JOB DESCRIPTION

<b>TITLE:</b>	<b>Mental Health Therapist</b>
<b>CLASSIFICATION:</b>	<b>CERTIFIED</b>
<b>QUALIFICATIONS:</b>	Must possess a license as a Montana Mental Health Professional.
<b>REPORTS TO:</b>	The Therapist shall report to the Co-op Mental Health Program Supervisor and to the Co-op Assistant Director.
<b>FUNCTION:</b>	Performs professional counseling with emotionally disturbed students and their families in cooperation with a school based team or YEP team. Provides supervision to unlicensed Behavior Consultant.

### **GENERAL DUTIES:**

- Actively participates in staff meetings and offers constructive feedback and suggestions.
- Demonstrates ability to critically analyze job performance, respond to feedback and seek training and resources to improve service to students.
- Demonstrates high quality of work, including accuracy, neatness, thoroughness, punctuality, time management and technical expertise.
- Follows organizational master contract, policies, procedures, practices and professional ethics.
- Demonstrates adaptability to meet changing conditions and technology and positively respond to new opportunities, practices, and program improvement procedures.
- Understands and appropriately interprets the public law, rules, procedures, and best practices as they relate to students with disabilities.
- Demonstrates ability to consult with school personnel as needed and interacts in a positive manner with co-workers, school and community agency personnel.
- Exercises initiative and good judgment and demonstrates effective problem solving skills.

**GENERAL DUTIES:** (continued from page 1)

- Participates, as required, in school wide improvement plans.
- Treats all matters of students' disabilities and Co-op business in a confidential manner.
- Demonstrates ability to supervise and direct students as needed.

**SPECIFIC DUTIES:**

- Is clinically responsible for the delivery of evaluative, diagnostic and treatment services to assigned clients.
- Develops appropriate therapeutic treatment plans that involve necessary team members.
- Provides therapeutic counseling skills and techniques to the treatment of emotional disorders and dysfunctional behavior.
- Provides consultation to staff and participates in staffing of cases with mental health staff, school staff and other agencies.
- Maintains complete clinical records on all clients as required by Co-op policies and administrative law.
- Completes paperwork and billing requirements.
- Provides supervision to less experienced clinical staff members as assigned by management.
- Provides individual, group and family therapy.
- Performs emergency services both during and after normal work hours including on call duty.
- Provides consultation and education services to individuals, agencies, and institutions as assigned.
- Bills Medicaid and other third parties according to standards established by management to sustain financial viability of mental health programs.
- Performs other duties as assigned by management.

\*The Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act (Section 504) both allow for reasonable workplace accommodations for qualified employees in need of such accommodations. While some duties may be modified for a qualified employee upon written request and agreement, all duties described in this job description are considered essential.

**Revised Date 8/20/2007**

## BITTERROOT VALLEY EDUCATION COOPERATIVE JOB DESCRIPTION

- TITLE:** **Mental Health Behavior Consultant - I**
- CLASSIFICATION:** **Certified**
- QUALIFICATIONS:**
- Bachelor's degree in human service area typically – Psychology, Social Work, Sociology or Education. This is a salaried position and falls under the bargaining agreement. Experience preferred.
- REPORTS TO:** The Behavior Specialist shall report to the Co-op Mental Health Program Supervisor and Co-op Assistant Director.
- FUNCTION:** Provides therapeutic and behavior management support to mentally and emotionally disturbed students and their families under the direction and supervision of a licensed mental health professional. Works in cooperation with a school based team or IEP team.
- GENERAL DUTIES:**
- Actively participates in staff meetings and offers constructive feedback and suggestions.
  - Demonstrates ability to critically analyze job performance, respond to feedback and seek training and resources to improve service to students.
  - Demonstrates high quality of work, including accuracy, neatness, thoroughness, punctuality, time management and technical expertise.
  - Follows organizational master contract, policies, procedures, practices and professional ethics.
  - Demonstrates adaptability to meet changing conditions and technology and positively respond to new opportunities, practices, and program improvement procedures.
  - Understands and appropriately interprets the public law, rules, procedures, and best practices as they relate to students with disabilities.
  - Demonstrates ability to consult with school personnel as needed and interacts in a positive manner with co-workers, school and community agency personnel.
  - Exercises initiative and good judgment and demonstrates effective problem solving skills.
  - Participates, as required, in school wide improvement plans.
  - Treats all matters of students' disabilities and Co-op business in a confidential manner.
  - Demonstrates ability to supervise and direct students as needed.

**SPECIFIC DUTIES: (Duties requiring clinical supervision):**

- Implements instructions of supervisors.
- Assists with functional based assessments that address all necessary components to design effective interventions.
- Leads the development of classroom and school-wide behavioral interventions that support the goals in a student's treatment and/or IEP behavior plan.
- Collaborates with classroom teachers, key school personnel, parents and therapists to develop positive behavioral and educational interventions.
- Provides direct classroom support (implement behavior interventions, role model, deescalate student behavior).
- Develops data collection systems to monitor student progress on treatment goals and uses data to make treatment planning decisions.
- Assists with social skills training.
- Co-leads or leads recreational activities.
- Maintains paperwork and billing requirements.
- Provides ongoing information to therapist for evaluation of student behavior and treatment planning.
- Assists in therapy groups as requested by therapist.
- Attends IEP, CST and IAT meetings as requested.
- Provides crisis intervention, follows crisis intervention procedure if lethality involved.

\*The Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act (Section 504) both allow for reasonable workplace accommodations for qualified employees in need of such accommodations. While some duties may be modified for a qualified employee upon written request and agreement, all duties described in this job description are considered essential.

**Revised Date 5/28/09**

## BITTERROOT VALLEY EDUCATION COOPERATIVE JOB DESCRIPTION

**TITLE:** **Mental Health Behavior Consultant - II**

**CLASSIFICATION:** **Classified**

**QUALIFICATIONS:** (Must meet one of the three sets of criteria below)

- Associate's degree in related education or human service area and two or more years of experience in mental health or education.
- Bachelor's degree other than Psychology, Social Work, Sociology, Education, related human service area and two or more years of experience working in education or mental health.
- High school diploma and 2 or more years experience working with children in mental health or education that includes program leadership or coordination and development of services for children (Beyond "aide" or direct service only position).

**REPORTS TO:** The Behavior Specialist shall report to the Co-op Mental Health Program Supervisor and Co-op Assistant Director.

**FUNCTION:** Provides therapeutic and behavior management support to mentally and emotionally disturbed students and their families under the direction and supervision of a licensed mental health professional. Works in cooperation with a school based team or IEP team.

## **GENERAL DUTIES:**

- Actively participates in staff meetings and offers constructive feedback and suggestions.
- Demonstrates ability to critically analyze job performance, respond to feedback and seek training and resources to improve service to students.
- Demonstrates high quality of work, including accuracy, neatness, thoroughness, punctuality, time management and technical expertise.
- Follows organizational master contract, policies, procedures, practices and professional ethics.
- Demonstrates adaptability to meet changing conditions and technology and positively respond to new opportunities, practices, and program improvement procedures.
- Understands and appropriately interprets the public law, rules, procedures, and best practices as they relate to students with disabilities.
- Demonstrates ability to consult with school personnel as needed and interacts in a positive manner with co-workers, school and community agency personnel.
- Exercises initiative and good judgment and demonstrates effective problem solving skills.
- Participates, as required, in school wide improvement plans.
- Treats all matters of students' disabilities and Co-op business in a confidential manner.
- Demonstrates ability to supervise and direct students as needed.

**SPECIFIC DUTIES: (Duties requiring clinical supervision):**

- Implements instructions of supervisors.
- Assists with functional based assessments that address all necessary components to design effective interventions.
- Leads the development of classroom and school-wide behavioral interventions that support the goals in a student's treatment and/or IEP behavior plan.
- Collaborates with classroom teachers, key school personnel, parents and therapists to develop positive behavioral and educational interventions.
- Provides direct classroom support (implement behavior interventions, role model, deescalate student behavior).
- Develops data collection systems to monitor student progress on treatment goals and uses data to make treatment planning decisions.
- Assists with social skills training.
- Co-leads or leads recreational activities.
- Maintains paperwork and billing requirements.
- Provides ongoing information to therapist for evaluation of student behavior and treatment planning.
- Assists in therapy groups as requested by therapist.
- Attends IEP, CST and IAT meetings as requested.
- Provides crisis intervention, follows crisis intervention procedure if lethality involved.

\*The Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act (Section 504) both allow for reasonable workplace accommodations for qualified employees in need of such accommodations. While some duties may be modified for a qualified employee upon written request and agreement, all duties described in this job description are considered essential.

**Revised Date 5/28/09**

**BITTERROOT VALLEY EDUCATION COOPERATIVE  
JOB DESCRIPTION**

- TITLE:** **Mental Health Behavior Consultant - III**
- CLASSIFICATION:** **Classified**
- QUALIFICATIONS:**
- High school diploma and relevant experience in education, mental health, related field.
  - Associates degree in education or human service area with less than 2 years of relevant job experience.
  - Bachelor's degree other than Psychology, Social Work, Sociology, Education related human service area with less than two years relevant job experience.
- REPORTS TO:** The Behavior Specialist shall report to the Co-op Mental Health Program Supervisor and Co-op Assistant Director.
- FUNCTION:** Provides therapeutic and behavior management support to mentally and emotionally disturbed students and their families under the direction and supervision of a licensed mental health professional. Works in cooperation with a school based team or IEP team.

## **GENERAL DUTIES:**

- Actively participates in staff meetings and offers constructive feedback and suggestions.
- Demonstrates ability to critically analyze job performance, respond to feedback and seek training and resources to improve service to students.
- Demonstrates high quality of work, including accuracy, neatness, thoroughness, punctuality, time management and technical expertise.
- Follows organizational master contract, policies, procedures, practices and professional ethics.
- Demonstrates adaptability to meet changing conditions and technology and positively respond to new opportunities, practices, and program improvement procedures.
- Understands and appropriately interprets the public law, rules, procedures, and best practices as they relate to students with disabilities.
- Demonstrates ability to consult with school personnel as needed and interacts in a positive manner with co-workers, school and community agency personnel.
- Exercises initiative and good judgment and demonstrates effective problem solving skills.
- Participates, as required, in school wide improvement plans.
- Treats all matters of students' disabilities and Co-op business in a confidential manner.
- Demonstrates ability to supervise and direct students as needed.

**SPECIFIC DUTIES: (Duties requiring clinical supervision):**

- Implements instructions of supervisors.
- Assists with functional based assessments that address all necessary components to design effective interventions.
- Leads the development of classroom and school-wide behavioral interventions that support the goals in a student's treatment and/or IEP behavior plan.
- Collaborates with classroom teachers, key school personnel, parents and therapists to develop positive behavioral and educational interventions.
- Provides direct classroom support (implement behavior interventions, role model, deescalate student behavior).
- Develops data collection systems to monitor student progress on treatment goals and uses data to make treatment planning decisions.
- Assists with social skills training.
- Co-leads or leads recreational activities.
- Maintains paperwork and billing requirements.
- Provides ongoing information to therapist for evaluation of student behavior and treatment planning.
- Assists in therapy groups as requested by therapist.
- Attends IEP, CST and IAT meetings as requested.
- Provides crisis intervention, follows crisis intervention procedure if lethality involved.

\*The Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act (Section 504) both allow for reasonable workplace accommodations for qualified employees in need of such accommodations. While some duties may be modified for a qualified employee upon written request and agreement, all duties described in this job description are considered essential.

**Revised Date 5/28/09**

## Appendix 3

# BITTERROOT VALLEY EDUCATION COOPERATIVE JOB DESCRIPTION

<b>TITLE:</b>	<b>CHILDREN'S CASE MANAGER</b>
<b>CLASSIFICATION:</b>	<b>CERTIFIED</b>
<b>QUALIFICATIONS:</b>	<p>Must have a Bachelor's degree in the field in psychology, social work or some related field.</p> <p>Must have at least one year of experience with seriously emotionally disturbed youth.</p>
<b>REPORTS TO:</b>	The Children's Case Manager reports to the Program Supervisor.
<b>FUNCTION:</b>	To support children, adolescents and their families by assessing clinical needs, providing linkage to services, advocating for consumers in public meetings, monitoring progress, coordinating regular treatment team meetings, and managing crisis interventions, or referring to a licensed therapist for lethal situations, when appropriate.
<b>GENERAL DUTIES:</b>	<ul style="list-style-type: none"><li>• Treats all matters of student's disabilities and Co-op business in a confidential manner.</li><li>• Follows organizational master contract, policies, procedures, practices and professional ethics.</li><li>• Understands and appropriately interprets the public law, rules, procedures, and best practices as they relate to students with disabilities.</li><li>• Demonstrates ability to consult with school, agency, and community personnel, and interacts in a positive manner.</li><li>• Carries out assigned tasks in a timely, accurate manner and utilizes time punctually and effectively.</li><li>• Demonstrates high quality of work, including accuracy, neatness, thoroughness, and technical expertise.</li><li>• Exercises initiative and good judgment and demonstrates effective problem solving skills.</li><li>• Demonstrates adaptability to meet changing conditions and technology and respond a new opportunities, practices, and procedures.</li></ul>

## **SPECIFIC DUTIES:** (continued)

The case manager performs the following services:

1. **Advocacy**  
Advocacy is the act of enhancing parent or guardian involvement in treatment planning and delivery of services for a consumer, and of empowering the consumer to speak or act on behalf of themselves whenever possible.
2. **Assessment**  
Assessment is the act of identifying the resources and services needed to carry out the therapeutic case plan. Assessment includes identifying the strengths, abilities, potentials, skills and aspirations of the consumer and their family. Assessment enables the case manager to determine the nature and extent of brokering, coordination, transportation and advocacy needed.
3. **Case Planning**  
Case planning is the development of a written individualized case management plan for the consumer and family, which is arrived at by participation with the consumer, parent and the case manager. The plan includes:
  - a. identification of objectives and goals for behavior problems
  - b. specification of strategies to achieve defined objectives
  - c. identification of abilities, strengths and potentials of the consumer and family which will be a base upon which coordinated services will be provided
  - d. identification of agencies, service providers and contracts, which will assist in meeting the objectives and specify how they will assist
4. **Crisis Assistance and Intervention**  
Crisis assistance and intervention is the act of assessing the nature and severity of the consumer's crises, identifying appropriate resources to provide the support service which will alleviate the crisis, and arranging for service delivery.
5. **Monitoring**  
Monitoring means the ongoing act of:  
Assessing the impact of services being provided to a consumer and their family.  
Identifying services included in the plan and assuring that appropriate services are continued.  
Identifying needed changes and the provisions of reports or feedback to the providers when appropriate.  
Assisting with linkage to regular medication management.
6. **Service Coordination**  
Service Coordination is the act of linking the consumer and family with service providers and facilitating development of service resources.
7. Performs emergency services both during and after normal work hours including on call duty.

**\*The Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act (Section 504) both allow for reasonable workplace accommodations for qualified employees in need of such accommodations. While some duties may be modified for a qualified employee upon written request and agreement, all duties described in this job description are considered essential with the exception of those marked with an asterisk.**

## Appendix 4

### BITTERROOT VALLEY EDUCATION COOPERATIVE JOB DESCRIPTION

- TITLE:** THERAPEUTIC AIDE
- CLASSIFICATION:** CERTIFIED
- QUALIFICATIONS:** High School Diploma, GED, or enrollment in school based employment program leading to diploma.
- Demonstrated ability and interest in working with children who have mental illness or emotion disturbance.
- Proven physical stamina to meet daily obligations including restraint of children up to 100 pounds and ability to properly lift and carry a child up to 50 pounds.
- REPORTS TO:** The Therapeutic Aide shall report to the Co-op Mental Health Program Supervisor.
- EXPECTATIONS:**
- Demonstrates neat and clean appearance that reflects proper grooming at all times.
  - Shows willingness to accept criticism.
  - Demonstrates dependable and punctual work habits.
  - Exercises initiative and good judgment.
  - Carries out assigned tasks in a timely manner and utilizes time effectively.
  - Maintains strict confidentiality on all matters relating to student disabilities.
  - Attends training and workshop opportunities as directed.
  - Demonstrates ability to supervise and direct students.
  - Follows all Cooperative and district policies and procedures.
- GENERAL DUTIES:**
- Evaluate behavioral, social and environmental barriers to independent living and/or community integration under the direct supervision of a licensed mental health therapist.
  - Works in harmony with and supports the decisions of the supervisor.
  - Assists client to develop communication skills, develop self-management of psychiatric symptoms, and develop social networks necessary to increase opportunities for community integration.
  - Assists client to recover daily living skills and behaviors necessary for maintenance of a home, family appropriate education, employment or vocational situation and productive leisure and social activities.

**GENERAL DUTIES:** (continued)

- Provide immediate intervention in a crisis situation and referral to necessary and appropriate care and treatment.
- Consults with supervisor concerning the need for changes in the client's individual plan.
- Keeps data according to procedures and standards set by the supervisor.
- Actively participates and offers constructive support with Co-op program improvement initiatives.
- Completes other such duties as assigned by the Co-op Mental Health Program Supervisor.

\*The Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act (Section 504) both allow for reasonable workplace accommodations for qualified employees in need of such accommodations. While some duties may be modified for a qualified employee upon written request and agreement, all duties described in this job description are considered essential.

**Revised Date :** 8/21/2007

## Appendix 5

### Consent for physical constraint

Co-op policy requires non-aversive treatment plans for all clients. Co-op personnel will design treatment plans that focus on proactive strategies focusing on ecological changes, skill development and reinforcing desired behaviors. Plans will also include reactive strategies designed to de-escalate behavior and maintain the dignity of our clients.

In the unlikely event a student is unable to gain control of his/her behavior and is directly harming himself/herself or others and reactive strategies are not successful in deescalating behavior, Co-op staff may restrain client using MANDT. If a restrain is used, Co-op staff will notify parent on that same day and call a treatment team meeting to review and revise treatment plan to minimize chances another hold will be necessary. A treatment plan change and review must be conducted within 5 working days of the occurrence where a physical restraint was used. Staff is also required to submit a report detailing antecedents and responses to the behavior requiring the physical restraint to program supervisor within 10 working days. Every effort will be made to assist a student without using physical contact.

*I understand and accept the Co-op physical restraint policy.*

---

Parent/Guardian initials

This document has been reviewed and initialed this date:

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Signature of Parent/Guardian

---

Date

---

Signature of Licensed Therapist

---

Date

## Appendix 7

**8.61.1204 UNPROFESSIONAL CONDUCT** (1) Violation of any of the following constitutes unprofessional conduct:

- (a) Misrepresent the type or status of license held by the licensee.
- (b) Intentionally cause physical or emotional harm to a client.
- (c) Misrepresent or permit the misrepresentation of his or her professional qualifications, affiliations or purposes.
- (d) Have sexual relations with a client, solicit sexual relations with a client or to commit an act of sexual misconduct or a sexual offense if such act, offense or solicitation is substantially related to the qualifications, functions or duties of the licensee.
- (e) Engage in sexual acts with a client or with a person who has been a client within the past 18 months. A licensee shall not provide licensed professional counselor services to a person with whom the licensee has had a sexual relation at any time.
- (f) Perform or hold himself or herself out as able to perform professional services beyond his or her field or fields of competence as established by his or her education, training and/or experience.
- (g) Permit a person under his or her supervision or control to perform or permit such person to hold himself or herself out as competent to perform professional services beyond the level of education, training and/or experience of that person.
- (h) Prior to the commencement of treatment, fail to disclose to the counselee, or prospective counselee, the fee to be charged for the professional services, or the basis upon which such fee will be computed. (History: Sec. 37-1-319, 37-23-103, MCA; IMP, Sec. 37-1-316, 37-1-319, MCA; NEW, 1986 MAR p. 662, Eff. 4/25/86; AMD, 1994 MAR p. 298, Eff. 2/11/94; AMD, 1997 MAR p. 986, Eff. 6/3/97.)

**8.61.1205 APPLICATION TO CONVERT AN INACTIVE STATUS LICENSE TO AN ACTIVE STATUS LICENSE** (1) An inactive status license does not entitle the holder to practice as a licensed professional counselor in the state of Montana. Upon application and payment of the appropriate fee, the board may reactivate an inactive license if the applicant does each of the following:

- (a) signifies to the board in writing that, upon issuance of the active license, the applicant intends to be an active practitioner in the state of Montana; and
- (b) presents satisfactory evidence that the applicant has not been out of active practice for more than five years; and that the applicant has attended 20 hours of continuing education per year of inactive status with a maximum of 40 hours of continuing education which comply with the continuing education rules of the board, and is approved by the board. The continuing education hours must have been acquired within the 24 months immediately preceding application to reactivate;
- (c) submits certification from the licensed professional counselor licensing body of all jurisdictions where the applicant is licensed or has practiced that the applicant is in good

standing and has not had any disciplinary action taken against the applicant's license, or if the applicant is not in good standing by that jurisdiction, an explanation of the nature of the violation(s) resulting in that status, including the extent of the disciplinary treatment imposed. (History: Sec. 37-1-319, 37-23-103, MCA; IMP, Sec. 37-1-319, MCA; NEW, 1994 MAR p. 298, Eff. 2/11/94; AMD, 1997 MAR p. 986, Eff. 6/3/97.)

**8.61.1206 LICENSURE OF OUT-OF-STATE LICENSED PROFESSIONAL COUNSELOR APPLICANTS** (1) A license to practice as a licensed professional counselor in the state of Montana may be issued to the holder of an out-of-state licensed professional counselor or equivalent license at the discretion of the board, provided the applicant completes and files with the board an application for licensure and the required application fee. The candidate must meet the following requirements:

(a) The candidate holds a valid and unrestricted license to practice as a licensed professional counselor or equivalent in another state or jurisdiction, which was issued under standards substantially equivalent to or greater than current standards in this state. Official written verification of such licensure status must be received by the board directly from the other state(s) or jurisdiction(s);

(b) the candidate holds a graduate degree which meets the requirements of 37-23-202, MCA, and shall supply a copy of the certified transcript sent directly from an accredited college, university or institution, and shall complete the degree summary sheet provided by the board;

(c) The candidate shall supply proof of successful completion of the national counselor examination or another board-approved licensing examination. Candidate scores on the examination must be forwarded directly to the board.

(d)(i) The candidate shall submit proof the candidate has previously completed 3,000 hours of supervised counseling practice as defined in 37-23-202, MCA. The candidate may verify the experience hours by affidavit, and need not supply a supervisor's signature upon reasonable explanation of why the supervisor's signature is unavailable to the candidate; or

(ii) The candidate shall submit proof the candidate has been in continuous practice as a licensed professional counselor or equivalent in another jurisdiction for the two years immediately preceding the date of application in Montana. (History: Sec. 37-23-103, MCA; IMP, Sec. 37-1-304, MCA; NEW, 1997 MAR p. 986, Eff. 6/3/97.)

## Appendix 8

**41-3-201. Reports. (1) When the professionals and officials listed in subsection (2) know or have reasonable cause to suspect, as a result of information they receive in their professional or official capacity, that a child is abused or neglected, they shall report the matter promptly to the department of public health and human services or its local affiliate.**

**(2) Professionals and officials required to report are:**

- (a) a physician, resident, intern, or member of a hospital's staff engaged in the admission, examination, care, or treatment of persons;**
- (b) a nurse, osteopath, chiropractor, podiatrist, medical examiner, coroner, dentist, optometrist, or any other health or mental health professional;**
- (c) Christian Science practitioners and religious healers;**
- (d) school teachers, other school officials, and employees who work during regular school hours;**
- (e) a social worker, operator or employee of any registered or licensed day-care or substitute care facility, staff of a resource and referral grant program organized under [52-2-711](#) or of a child and adult food care program, or an operator or employee of a child-care facility;**
- (f) a foster care, residential, or institutional worker;**
- (g) a peace officer or other law enforcement official;**
- (h) a member of the clergy;**
- (i) a guardian ad litem or a court-appointed advocate who is authorized to investigate a report of alleged abuse or neglect; or**
- (j) an employee of an entity that contracts with the department to provide direct services to children.**

**(3) Any person may make a report under this section if the person knows or has reasonable cause to suspect that a child is abused or neglected.**

**(4) (a) Except as provided in subsection (4)(b) or (4)(c), a person listed in subsection (2) may not refuse to make a report as required in this section on the grounds of a physician-patient or similar privilege.**

- (b) A member of the clergy or a priest is not required to make a report under this section if:**
- (i) the knowledge or suspicion of the abuse or neglect came from a statement or confession made to the member of the clergy or priest in that person's capacity as a member of the clergy or priest;**
  - (ii) the statement was intended to be a part of a confidential communication between the member of the clergy or priest and a member of the church or congregation; and**
  - (iii) the person who made the statement or confession does not consent to the disclosure by the member of the clergy or priest.**
- (c) A member of the clergy or priest is not required to make a report under this section if the communication is required to be confidential by canon law, church doctrine, or established church practice.**
- (5) The reports referred to under this section must contain:**
- (a) the names and addresses of the child and the child's parents or other persons responsible for the child's care;**
  - (b) to the extent known, the child's age and the nature and extent of the child's injuries, including any evidence of previous injuries;**
  - (c) any other information that the maker of the report believes might be helpful in establishing the cause of the injuries or showing the willful neglect and the identity of person or persons responsible for the injury or neglect; and**
  - (d) the facts that led the person reporting to believe that the child has suffered injury or injuries or willful neglect, within the meaning of this chapter.**

## Appendix 9 YOUTH ENHANCEMENT PROGRAM (YEP)

### Client Satisfaction Questionnaire

1. How would you rate the quality of services you/your child receives?  
4 - excellent      3 - good      2 - fair      1 - poor
2. Are you receiving the types of services from YEP that you feel you need (i.e. in-school behavior support, family, group and individual therapy)?  
4 - yes, definitely      3 - yes, in general      2 - somewhat      1 - no
3. To what extent has our program met your/your families needs?  
4 - almost always      3 - most of the time      2 - seldom      1 - not at all
4. When you entered YEP and since then, have you met with your therapist to discuss what areas are problems for your child and planned ways to make changes?  
4 - definitely      3 - generally      2 - not really      1 - definitely not
5. Were you asked to meet with YEP staff and review whether their services were helping your child?  
4 - frequently      3 - sometimes      2 - rarely      1 - never
6. Are you receiving adequate and timely feedback regarding your child(s) school performance?  
4 - definitely      3 - yes, somewhat      2 - not really      1 - not at all
7. Do your therapist and behavior specialist listen to your concerns and ideas in helping you?  
4 - definitely      3 - most of the time      2 - somewhat      1 - definitely not
8. Has the Youth Enhancement Program helped you to handle problems better than before you began receiving services?  
4 - definitely      3 - mostly      2 - not really      1 - definitely not
9. How would you sum up your overall treatment experience at this time?  
4 - very positive      3 - mostly positive      2 - mostly negative      1 - very negative
10. Did YEP staff inform you of your rights and what to do if you were opposed to their services or treatment decisions?  
Yes      No
11. Which services have you participated in?  

<i>Behavior Management</i>	<i>Family Therapy</i>
<i>Group Therapy</i>	<i>Family Nights</i>
<i>Individual Therapy</i>	<i>Other</i>
<i>Treatment Planning</i>	

12. What do you appreciate most about the services you receive?

13. What concerns do you have? List suggestions for program improvements.

14. If your child was physically restrained or put in isolated time out, did YEP staff document what happened, how long restraint or time out lasted and how often these techniques were used?

Yes    No    Do not know