Kansas Administrative Regulations

Kansas Department for Children and Families

Article 60.—Licensing of Community Mental Health Centers

30-60-64. Required basic community support services.

(a) Each center shall provide as appropriate, through the center, a contractor, or any affiliated center or other provider with which the center has an affiliation agreement, each of the following basic community support services:

(1) Orientation services, including a means by which any person can discover, or become oriented to the center or its contractors or affiliated providers, through information concerning the following:

(A) What services are offered by the center, its contractors, its affiliated centers, or any other affiliates, and how to access those services, in a manner consistent with the requirements of K.A.R. 30-60-15;

(B) what the requirements or expectations are for each service offered, whether to qualify for or to continue to receive those services;

(C) what fees are charged for any service, and under what circumstances those fees may be adjusted, as required by K.A.R. 30-60-17; and

(D) what rights a consumer has, in a manner consistent with the requirements of K.A.R. 30-60-50;

(2) public education, including community education programs concerning the following:

(A) What mental illness or severe emotional disturbance is;

(B) what the symptoms of mental illness or severe emotional disturbance are;

(C) what treatments are available;

(D) what the community can do to assist and support persons with a mental illness or a severe emotional disturbance; and

(E) what individuals can do to dispel the myths about mental illness and severe emotional disturbance;

(3) emergency treatment and first response services, which shall be provided on a 24-hour-per-day, seven-day-per-week basis and shall include the following:

(A) Crisis responsiveness, including, when appropriate, staff going out of the office and to the individual for personal intervention, for any person found within the service area of the center who is thought to be experiencing a crisis or other emergency;

(B) referral to psychiatric and other community services, when appropriate, for any person found within the service area of the center;

(C) emergency consultation and education when requested by law enforcement officers, other professionals or agencies, or the public for the purposes of facilitating emergency services;

(D) evaluation of any person found within the service area of the center to determine the need for either inpatient or involuntary psychiatric care and treatment. This evaluation shall meet the following criteria:

(i) Be completed as soon as possible, but in any case not later than 24 hours after the initial request for that evaluation is made by any individual or agency. The evaluation shall be completed sooner if necessary to provide the certificate required by K.S.A. 59-2957(c)(1) and amendments thereto; and

(ii) be conducted in a place and manner that address the needs of that person;

(E) screening for admission to a state psychiatric hospital, when applicable and required by K.A.R. 30-61-10; and

(F) follow-up with any consumer seen for or provided with any emergency service and not detained for inpatient care and treatment, to determine the need for any further services or referral to any services;

(4) basic outpatient treatment services, including the following:

(A) Evaluation and diagnosis;

(B) individual, group, and family therapy;

(C) medication management, including a means by which a consumer can receive the following under the direction and supervision of a licensed physician:

(i) A prescription for any medication required to treat the consumer's mental illness or severe emotional disturbance;

(ii) assistance with obtaining any medication prescribed for the treatment of the consumer's mental illness or severe emotional disturbance;

(iii) education concerning the effects, benefits, and proper usage and storage of any medication prescribed for the treatment of the consumer's mental illness or severe emotional disturbance;

(iv) assistance with the administration of, or with monitoring the administration of, any medication prescribed for the treatment of the consumer's mental illness or severe emotional disturbance; and

(v) any physiological testing or other evaluation necessary to monitor that consumer for adverse reactions to, or for other health-related issues that might arise in conjunction with, the taking of any medication prescribed for the treatment of the consumer's mental illness or severe emotional disturbance; and

(D) referral to other community treatment providers and services, when appropriate;

(5) basic case management services for adults, which shall be provided to any adult consumer who has a severe or persistent mental illness and who is determined to be in need of case management services. Case management services shall be provided either by a single individual acting as the case manager or by a team of individuals jointly acting as the case manager. If a team is jointly acting as the case manager, an individual from that team shall be assigned the responsibility for overseeing the provision of case management services to each consumer. Each individual case manager and each member of a team of case managers shall be sufficiently qualified by education and experience, and shall have completed, or shall have completed within six months, a case management training program that has been approved by the division and is specifically focused upon adults. Each case manager shall have the responsibility to provide, through a mutually acceptable process involving the consumer, the following:

(A) Engagement services and activities, including the following:

(i) Engaging the consumer in a purposeful, supportive, and helping relationship;

(ii) eliciting the consumer's choices concerning basic needs, including determining where the consumer desires to reside, what supports the consumer desires to rely upon, what productive activities the consumer desires to engage in, and what leisure activities the consumer desires to participate in; and

(iii) understanding the consumer's personal history and either satisfaction or dissatisfaction with services and treatments, including medications, that have been provided to or prescribed for that consumer in the past;

(B) strengths assessment services and activities, including the following:

(i) Identifying and assessing the consumer's wants and needs, the consumer's aspirations for the future, the resources that are or might be available to that consumer, the sources of motivation available to the consumer, and the strengths and capabilities the consumer possesses;

(ii) identifying and assessing what the consumer's preferences are with regard to having designated members of the consumer's family involved in the consumer's treatment, or with regard to having other designated individuals involved in the consumer's treatment, and depending upon what those preferences are, determining how best to involve those designated family members or other individuals in the consumer's assessment, treatment, and rehabilitation;

(iii) identifying and researching what educational and vocational, financial, and social resources are or might be available to the consumer and might facilitate that consumer's recovery; and

(iv) identifying, researching, and understanding the cultural factors that might have affected or that might affect the consumer's experience with receiving treatment and other services, the role that family and other natural supports play in the life of that consumer, the effects that these factors might have on the treatment process, and the ways in which these factors might be used to support the consumer's recovery;

(C) goal-planning services and activities, including the following:

(i) Helping the consumer to identify, organize, and prioritize the consumer's personal goals and objectives with regard to independent living, education and training, employment, and community involvement;

(ii) assisting and supporting the consumer in choosing and pursuing activities consistent with achieving those goals and objectives at a pace consistent with that consumer's capabilities, resources, and motivation;

(iii) teaching the consumer goal-setting and problem-solving skills, and living, social, and selfmanagement skills;

(iv) identifying critical stressors that negatively affect the consumer's mental status and those interventions, coping strategies, and supportive resources that have been successful or helpful in addressing or relieving those stressors in the past; and

(v) developing relapse-prevention strategies, including wrap-around plans and advance directives, which the consumer may choose to utilize;

(D) resource acquisition services and activities, including the following:

(i) Assisting the consumer to access housing, transportation, education, job training, employment, public assistance, and recreational services available in the community;

(ii) assisting the consumer in finding and utilizing services provided by peer-companion programs, mutual support groups, and self-help organizations; and

(iii) ensuring that the consumer is knowledgeable of, and assisting the consumer in accessing, necessary and available medical and dental services and treatment;

(E) emergency services coordination during periods of crisis;

(F) advocacy services and activities, including the following:

(i) Acting as a liaison between the consumer and that consumer's other service providers;

(ii) coordinating the treatment and supportive efforts of all the consumer's service providers, family members, and peers;

(iii) advocating for the consumer, as appropriate, in developing goals and objectives within the consumer's individualized treatment plan during the course of that consumer's treatment, and in acquiring the resources necessary for achieving those goals and objectives;

(iv) identifying factors that place the consumer at high risk for suicide, violence, substance abuse, victimization, or infection with serious medical disorders, including HIV, and assisting that consumer to develop strategies to eliminate or mitigate these risks; and

(v) providing ongoing education to the consumer, to members of that consumer's family, and to other individuals involved with that consumer about mental illness, treatment, medication and its side effects, rehabilitation, empowerment, and supportive resources;

(6) basic community-based support services for children, adolescents, and their families, which shall include consultative and advocative services and activities designed to assist professionals, service agencies, governmental and educational entities, and other individuals in understanding, planning for, developing, and comprehensively meeting the special needs of children and adolescents who either have a severe emotional disability or disorder or are mentally ill, and are therefore considered to be at risk of hospitalization or other out-of-home placement, and meeting the special needs of their families; and

(7) basic case management services for children, adolescents, and their families, which shall be provided to any child or adolescent consumer who either has a severe emotional disability or disorder or has been diagnosed as mentally ill and who is determined to be in need of case management services, and to the immediate family with whom that child or adolescent consumer resides or with whom it is intended that child or adolescent consumer will reside. Case management services shall be provided either by a single individual acting as the case manager or by a team of individuals acting jointly as the case manager. If a team is jointly acting as the case manager, an individual from that team shall be assigned the responsibility for overseeing the provision of case management services to each child or adolescent and the family. Each individual case manager and each member of a team of case managers shall be sufficiently qualified by education and experience, and shall have completed, or shall have completed within six months, a case management training program that has been approved by the division and is specifically focused upon children, adolescents, and their families. Each case manager shall have responsibility to provide the following:

(A) Engagement services and activities, including the following:

(i) Engaging the child or adolescent and members of the child's or adolescent's family in a purposeful, supportive, and helping relationship;

(ii) eliciting the family's choices concerning what supports the family desires to utilize; and

(iii) understanding both the child's or adolescent's and the family's experiences and either satisfaction or dissatisfaction with services and treatments, including medications, that have been provided to or prescribed for that child or adolescent in the past;

(B) strengths assessment services and activities, including the following:

(i) Identifying and assessing the child's or adolescent's and the family's wants and needs, their goals, the resources that are or might be available to them, and the strengths and capabilities that both the child or adolescent and the family possess;

(ii) identifying and researching what educational, financial, and social resources are or might be available to the child or adolescent, or to the family, and that might facilitate that child's or adolescent's or the family's treatment; and

(iii) identifying, researching, and understanding the cultural factors that might have affected or that might affect the child's or adolescent's or the family's experience with receiving treatment and other services, the role that natural supports play in the life of that child or adolescent or in the functioning of the family, the effects that these factors might have on the treatment process, and the ways in which these factors might be used to support the child or adolescent, or the family;

(C) goal-planning services and activities, including the following:

(i) Helping the child or adolescent and the child's or adolescent's family to identify and prioritize specific goals and objectives based upon needs identified during the strengths assessment;

(ii) assisting and supporting the child or adolescent and the child's or adolescent's family in choosing and accessing the services and supports necessary for achieving those goals and objectives and for increasing that family's community integration;

(iii) identifying critical stressors that negatively affect the child's or adolescent's or the family's ability to function, and developing interventions and coping strategies to address or relieve those stressors; and

(iv) developing crisis strategies that the child or adolescent or a member of the child's or adolescent's family can utilize to control symptomatic behavior in order to avoid crisis situations that present a risk of harm to either the child or adolescent or to others, or that result in an out-of-home placement of that child or adolescent;

(D) resource acquisition services and activities, including the following:

(i) Assisting the child or adolescent and the child's or adolescent's family to obtain needed benefits and services that are available in the community;

(ii) assisting the child or adolescent and the child's or adolescent's family in finding and utilizing services provided by peer-companion programs and groups, and other support organizations; and

(iii) ensuring that the family is knowledgeable of, and assisting the family in accessing, necessary and available medical and dental services and treatment;

(E) emergency services coordination during periods of crisis;

(F) transitional services and activities, which shall meet the following criteria:

(i) Commence in early adolescence in order to assist the adolescent to move into adulthood and to transition to services intended for adults; and

(ii) include the utilization of a wrap-around approach to services involving the appropriate persons and agencies necessary to coordinate and collaborate with the educational, employment, living, and supportive services necessary to ensure community integration and tenure; and

(G) advocacy services and activities, including the following:

(i) Acting as a liaison between the child or adolescent, or the child's or adolescent's family, and that child's, adolescent's, or family's other service providers;

(ii) coordinating the treatment and supportive efforts of all the child's or adolescent's or the family's service providers, including educational, child welfare, and juvenile justice agencies;

(iii) advocating for the child or adolescent or for the child's or adolescent's family, as appropriate, in developing goals and objectives within that child's or adolescent's individualized treatment plan during the course of that child's or adolescent's treatment and in acquiring the resources necessary for achieving those goals and objectives;

(iv) identifying factors that place the child or adolescent at risk for suicide, violence, substance abuse, victimization, or infection with serious medical disorders, including HIV, and assisting both the child or adolescent and the members of the child's or adolescent's family to develop strategies to eliminate or mitigate those risks; and

(v) providing ongoing education to the child or adolescent, to the members of the child's or adolescent's family, and to other persons involved with that child or adolescent about severe emotional disturbances and behavior disorders, treatment, medication and its side effects, rehabilitation, empowerment, and supportive resources.

(b) Each center shall adopt and adhere to written policies and procedures, which shall include the following requirements:

(1) The services required to be provided by this regulation shall be provided by staff who are supervised by professionals who are sufficiently qualified by education and experience.

(2) The caseloads of staff providing these services shall be monitored and managed in a manner that ensures the quality of the services provided.

(3) Supervision of case managers shall be provided by supervisors who are sufficiently qualified by education and experience and who have completed a supervisory training program approved by the division.

(4) No consumer shall be denied access to any of these services solely on the basis of any previous unsuccessful intervention or experience.

(5) Continuity shall be maintained, whenever possible, in any relationship that might be established between a consumer and a staff member that provides any services to that consumer.

(6) Appropriate staff shall be encouraged to provide the majority of their services to consumers in settings outside of the offices of that center or those of any affiliated center or other provider with which the center has an affiliation agreement.

(c) Each center shall ensure that each affiliated center or other provider with which the center has an affiliation agreement adheres to the center's policies and procedures adopted in compliance with subsection (b) of this regulation.

(d) If a center elects to provide any of these basic community support services through any contractor, affiliated center, or other provider with which the center has an affiliation agreement, the center shall regularly monitor the services provided by that contractor or affiliated center or other affiliate to ensure the quality of the services that are provided and compliance with the requirements of this regulation.

(Authorized by K.S.A. 39-1603(r), 65-4434(f), and 75-3307b; implementing K.S.A. 39-1603, 65-4434(f), 75-3304a, and 75-3307b; effective July 7, 2003.)