COMMUNITY MENTAL HEALTH CENTER PROVIDER REQUIREMENTS
Division of Behavioral Health Accredits Community Mental Health Centers and Substance Abuse Providers (Administrative Rule of SD 46:05 and 46:20)

Accredited Behavioral Health agencies follow administrative requirements for policies and procedures relating to:

- Governance – Board of Director responsibilities, general management requirements
- Program Services – policies and procedures for provision of services, clinical requirements, collection of statistical data and outcome measures
- Personnel – staffing requirements, new employee orientation, TB screenings for substance use treatment providers, staff training and clinical supervision
- Medication Control – residential substance use treatment providers

Department of Health is contracted to conduct inspections for Environmental, Sanitation, Life Safety and Fire Prevention requirements.
Accredited Behavioral Health agencies maintain clinical records with required documentation of:

- Client Orientation
- Integrated Assessments
- Treatment Plans
- Supervisory Reviews
- Crisis Planning
- Transition Planning
- Continued Service Criteria
- Progress Notes
- Discharge Summaries
- Medical evaluation requirements for residential/inpatient substance use disorder treatment services
- Other required documentation
PERSONNEL REQUIREMENTS

■ Executive Director’s Qualifications (46:20:25:02):
  ▪ Knowledge of mental health services
  ▪ Administrative skills
  ▪ Knowledge at time of employment of ARSD pertaining to community mental health services and programs

■ Clinical Director’s Qualifications (46:20:25:03):
  ▪ At least a master’s degree in psychology, social work, counseling, or nursing
  ▪ Currently hold license in that field
  ▪ Two years of supervised postgraduate clinical experience in a mental health setting
  ▪ An additional two years experience in a mental health setting

■ Clinical Supervisor’s Qualifications (46:20:18:01(4)):
  ▪ At least a master’s degree in psychology, social work, counseling, or nursing
  ▪ Currently hold license in that field
  ▪ Two years of supervised postgraduate clinical experience in a mental health setting
Qualifications of staff providing direct services and supports to clients (46:20:25:04):

Staff hired after 12/31/2010 must meet one of the following:

- At least an associate’s degree in the social sciences or human services field to provide the following direct services:
  - Intake services
  - Case management
  - Family education and support
  - Liaison services
  - Direct assistance
  - Psychosocial rehabilitative services
  - Recovery support services

- To provide mental health services, employees must have a master’s degree in psychology, social work, counseling, or nursing; a social work license as defined in SDCL 36-26-15; or a bachelor’s degree in a human services field and two years of related experience
- A licensed physician or psychiatrist, or a resident operating within the Board of Medical and Osteopathic Examiners guidelines, or a licensed physician assistant or licensed certified nurse practitioner practicing within his or her scope of practice, to provide psychiatric services.

- A registered nurse or licensed practical nurse to provide psychiatric nursing services.
ARSD 46:20:25:05 requires all CMHC staff providing direct services to clients be supervised by a clinical supervisor.

The amount and type of supervision is based on the CMHC’s staff needs for supervision and level of education, training, and experience.

Clinical supervisors are responsible for ensuring center staff who do not meet clinical supervisor criteria are operating within the scope of their education, training, and competencies.

ARSD 46:20:25:08 requires CMHCs to provide ongoing training and consultation to enable staff and supervisors to carry out responsibilities effectively.

PERSONNEL SUPERVISION
CMHCs serve the counties designated to them by the Division of Behavioral Health and provide services to clients with acute mental health issues or serious mental health difficulties. A center must provide services to children, youth, adults, and elderly residents of the catchment area assigned to the center either directly or by affiliation with other agencies. The following services must be available:

- Emergency services available 24 hours per day, seven days a week;
- Assessment services in order to determine the best service match;
- Outpatient services pursuant to chapter 46:20:29;
- Specialized outpatient services for children or youth pursuant to chapter 46:20:30 (Child or Youth and Family Services (CYF Services));
- Specialized outpatient services for adults pursuant to chapter 46:20:31 (Comprehensive Assistance with Recovery and Empowerment (CARE)).

Optional services may include room and board as defined in subdivision 46:20:21:01(1) and Individualized Mobile Programs of Assertive Community Treatment (IMPACT) pursuant to chapter 46:20:32.
Case Management ensures the delivery of a seamless continuum of highly coordinated services to assist the client in gaining access to needed services and supports in each life domain.

- **Direct assistance**: services to ensure the client obtains the basic necessities of daily life and performs basic daily living activities.
- **Psychosocial rehabilitation**: services provided to assist the client to gain or relearn self-care, interpersonal, and community living skills needed to live independently, sustain psychiatric stability, and progress towards recovery.
- **Liaison services**: facilitates treatment planning and coordination of services between mental health and other entities.
- **Collateral contacts**: contacts (phone or face-to-face) with others to plan treatment, assist others to respond therapeutically regarding the client’s illness, or link the client, client’s family, or both to other community supports.
CLINICAL PROCESS

- Initial Assessment
  - 17 areas required
- Treatment Plan
  - Includes 4 key areas
- 6 month Treatment Plan Review
- Yearly Supervisory Reviews
- Crisis Intervention Plans
- Transition Planning
- Documentation of Individual and Group Progress Notes
- Discharge Summary
A CMHC must serve any client who meets SED or SMI criteria pursuant to § 46:20:30:02 or 46:20:31:02 and financial eligibility criteria. If a center refuses services to a client who meets these criteria, the Division of Behavioral Health has the authority to reduce the contract for the center in order to purchase necessary services from an alternative provider. A center may not refuse services to any child with a SED or an adult with a SMI unless:

- The center provides written notice of the refusal to the Division of Behavioral Health within 72 hours of this action;
- The center offers emergency services to the client until the client can be relocated to another service area or alternative services are arranged; and
- The center arranges for appropriate mental health services for the client with another provider.
OUTPATIENT SERVICES

- Outpatient services - nonresidential diagnostic and treatment services for individuals who don’t meet full Serious Emotional Disturbance (SED) or Serious Mental Illness (SMI) criteria. Outpatient services must be individualized according to the needs of the client and the client's family if appropriate, and must be responsive to cultural differences and special needs.

- Services Provided;
  - Screening, assessment, and evaluation
  - Individual therapy
  - Group therapy
  - Family therapy
  - Psychiatric services, with the primary purpose of prescribing or reviewing a client's use of pharmaceuticals, including psychiatric assessments, treatment, and prescription of pharmacotherapy
  - Collateral contacts
**CYF SERVICES**

- **CYF Services** - comprehensive, community based services provided to children under the age of 18 who meet the Serious Emotional Disturbance (SED) criteria (46:20:30)

- **Eligibility:**
  - Mental disorder diagnosis
  - Functional impairment
  - Demonstrated need for services in addition to mental health services
  - If a youth is diagnosed before age 18 they can receive CYF Services until age 21
Services are provided in a location preferred by the child or youth and the child or youth's parent or guardian, including settings outside of the center.

Services are provided within an integrated system of care. The parents or guardian and family of the child or youth with SED should be full participants in the planning, delivery, and evaluation of services.

Services are provided according to the individualized needs and strengths of the child or youth and the child or youth's family or guardian, if applicable, and shall be responsive to cultural differences and special need.
The following CYF services are provided by the center according to the individualized needs of each child or youth:

- Integrated screening, assessment, and evaluation
- Case management
- Group therapy
- Parent or guardian group therapy
- Family education, support, and therapy
- Crisis assessment and intervention services
- Psychiatric services with the primary purpose of prescribing or reviewing a client's use of pharmaceuticals, including psychiatric assessments, treatment, and prescription of pharmacotherapy
- Psychiatric nursing services including components of physical assessment, medication assessment and monitoring, and medication administration for clients unable to self-administer their medications;
- Collateral contacts
- Liaison services to facilitate treatment planning and coordination of services between mental health and other entities
Client was an elementary school child who was removed from the home because of abuse and neglect. She developed severe depression and anxiety and had difficulties both in school and in her foster home. With CYF services, she was able to rebuild a sense of trust and is now able to engage trusted adults for emotional support, her symptoms of depression have substantially decreased, and her anxiety does not interfere with her ability to function.

Client experienced severe depression and came into services following an incident where she reported suicidal ideations. She was failing all classes in high school and had very limited social relationships. Following CYF services, she has been able to successfully complete high school and go on to attend college.
CARE (46:20:31)

Adult client must meet one of the following:
- Undergone psychiatric treatment more than once
- Experienced an episode of psychiatric hospitalization and with an Axis I or II diagnosis
- Been on psychotropic medication for a year
- Has frequent crisis contact with CMHC for the last 6 months

AND must meet three of the following:
- Unemployed and has poor job skills
- Inappropriate social behavior
- Unable to obtain public services without assistance
- Requires public financial assistance for out-of-hospital maintenance/budgeting
- Lacks social support systems
- Unable to perform basic daily living skills
CARE SERVICES

- Services are provided in a location preferred by the adult client, including settings outside of the center.

- Services are provided within an integrated system of care.

- Services are provided according to the individualized needs and strengths of the client and shall be responsive to cultural differences and special needs.
The following CARE services are provided by the center according to the individualized needs of the adult client:

- Integrated screening, assessment, and evaluation
- Crisis assessment and intervention
- Case management
- Psychiatric services, including psychiatric assessments, treatment, and prescription of pharmacotherapy
- Psychiatric nursing services including components of physical assessment, medication assessment and monitoring, and medication administration
- Symptom assessment and management, including medication monitoring and education
- Individual therapy or counseling
- Group therapy
- Recovery support services
- Direct assistance to ensure ongoing opportunities for the client to obtain and perform basic daily living activities
- Psychosocial rehabilitation services to assist the client to gain or relearn self-care, interpersonal, and community living skills needed to live independently, sustain psychiatric stability, and progress towards recovery
- Liaison services to facilitate treatment planning and coordination of services between mental health and other entities
- Encouragement for active participation of family and supportive social network
- Collateral contacts
Client had a history of working with numerous other providers and frequent hospitalizations prior to coming into CARE services. She used the on-call system on a regular basis. She had very few coping skills, low confidence, little hope, and a history of significant trauma. Once this client began to receive CARE services she was assessed to need skills development to help manage her mental health. The individual worked with a therapist and case manager. She met with a therapist twice a week and a case manager three times a week at the beginning of services. As time went on, she was able to meet with a therapist and case manager weekly. Her use of the on-call services was dramatically reduced. She currently meets with a case manager, regularly attends groups, and has been a peer group leader for these groups. She is actively involved in NAMI and is a good natural support to others in the community.
IMPACT (46:20:32)
- Highest level of outpatient treatment for adults meeting SMI criteria who can’t be served in less restrictive services
- Based on the Assertive Community Treatment evidence-based model
- Organized as a mobile group of mental health professionals within one service delivery team
- Services similar to CARE but provided at a more intensive level with a team approach to treatment
  - 1 therapist to 12 clients with a minimum of 16 contacts per month

Eligibility:
- Same as CARE along with no other appropriate community-based services available, multiple psychiatric hospitalizations or other inpatient/residential services
- Must be approved by the Division of Behavioral Health
- Services are provided in 6 communities: Yankton, Sioux Falls, Huron, Rapid City, Pierre, and Aberdeen
Client was raised by a father with severe schizophrenia. Client also developed schizophrenia in early adulthood and was hospitalized at HSC for 15 years. She began receiving IMPACT services in 1992. She has had only 2 short hospitalizations since that time. She has taken college courses and has worked successfully as a Certified Nursing Assistant.

Prior to IMPACT, the client had 54 admissions to HSC. In the first 3 years of receiving IMPACT services (2001 to 2004) she only had 3 admissions, and she has not had any admissions to HSC since that time.
Residential housing provides room and board for individuals ages 18 and older who have a serious mental illness, including those with co-occurring substance use disorders, and who, due to their illness, are unable to function in an independent living arrangement.

Individuals are provided the broad range of services available through CARE or IMPACT, based on individual needs. Staff must be on the premises of each facility from the hours of 8pm to 8am daily.