

Policy and Procedure Juvenile Crisis Intervention Center Blanket Exceptions

I. POLICY

An exception is hereby granted to Juvenile Crisis Intervention Center Regulations included below. Juvenile Crisis Intervention Center Program type shall be renamed to Juvenile Stabilization Center.

1. This exception will remain in effect until rescinded.
2. This exception may be rescinded if it is determined to no longer be in the best interest of a child or children and their families.
3. Promulgated regulations are published for Juvenile Stabilization Center.

II. PROCEDURES

This exception is effective on the date stated above and remains in effect until rescinded. The exception may be rescinded if the Department determines the exception is no longer in the best interest of children and families.

III. PURPOSE

The purpose of this exception is to rename Juvenile Crisis Intervention Center to Juvenile Stabilization Center and meet the statutory requirement of KSA 65-536 and amendments thereto.

AUTHORITY

The Secretary of the Kansas Department for Children and Families has the authority to grant exceptions to regulations when it is in the best interest of children and families pursuant to K.A.R. 30-47-104(f)(1).

GRANTED REGULATORY EXCEPTIONS:

K.A.R. 30-47-102. Definitions. For the purpose of K.A.R. 30-47-101 through K.A.R. 30-47-127, the following terms and definitions shall apply:

(j) "Clinical director" means the individual at a juvenile crisis intervention center who is responsible for the mental health services and who meets the requirements for a clinical director in K.A.R. 30-47-108.

K.A.R. 30-47-103. Application Process.

(f) Each applicant shall notify the school district where the center is to be located within 90 calendar days of the planned opening date. The timely notification to the local school district may be waived by the secretary upon receipt of a written agreement by the local school district. The notification to the school district shall include the following:

- (1) The planned opening date and the number, age range, gender, and anticipated special education needs of the juveniles to be served;
- (2) a statement that the juveniles will receive educational services on-site at the center, partially through

coordination with the juvenile's home school district; and

(3) documentation that the notification was received by the school district within 90 calendar days of the planned opening date.

K.A.R. 30-47-104. Terms of temporary permit or license.

(g) Amendments to license. Any licensee may submit a written request for an amended license.

(2) Each request for a change in the maximum number, the age range, or the gender of juveniles to be served shall include written documentation of the notification to the school district where the center is located, as specified in K.A.R. 30-47-103.

K.A.R. 30-47-106 Operations.

(a) Each permittee and each licensee shall be responsible for the operation of the juvenile crisis intervention center, including the following:

(4) employing a clinical director

K.A.R. 30-47-107. Environmental requirements.

(d) Structural requirements and use of space. Each permittee and each licensee shall ensure that the center's design, structure, interior and exterior environment, and furnishings promote a safe, comfortable, and therapeutic environment for the juveniles.

(3) Each sleeping room shall meet the following requirements:

(A) Each room shall be assigned to and occupied by only one juvenile. No juvenile's room shall be in a basement.

K.A.R. 30-47-108 Personnel qualifications.

(f) Each clinical director shall be licensed by the Kansas behavioral sciences regulatory board, the Kansas board of nursing, or the Kansas board of healing arts to diagnose and treat mental and behavioral disorders.

(i) Each juvenile crisis intervention center shall have a clinical director who is responsible for oversight and implementation of the program.

K.A.R. 30-47-110. Scheduling and direct supervision.

(a) Each permittee and each licensee shall develop and implement a written schedule for professional staff members and shall include requirements for scheduling staff members as follows:

(1) A psychiatrist or advanced practice registered nurse shall be available 24 hours per day, seven days per week.

(2) Nursing staff shall be available on-site from 7 a.m. to 11 p.m.

K.A.R. 30-47-110. Scheduling and direct supervision.

(b) Each permittee and each licensee shall develop and implement a written daily staff member schedule. The schedule shall meet the required staffing ratios of direct care staff members to juveniles at all times.

(2) The schedule shall provide for a minimum staffing ratio of one direct care staff member for every six juveniles.

(3) At least one direct care staff member of the same sex as the juveniles shall be present, awake, and available to the juveniles at all times. If both male and female juveniles are present in the center, at least one male and one female direct care staff member shall be present, awake, and available.

K.A.R. 30-47-112. Admission policies.

(a) A juvenile shall be admitted if all of the following conditions are met:

(1) The clinical director determines that the juvenile is in need of treatment and likely to cause harm to self or others.

(2) A qualified mental health professional has given written authorization for the juvenile to be admitted to a juvenile crisis intervention center.

(3) No other more appropriate treatment services are available and accessible to the juvenile at the time of admission.

K.A.R. 30-47-116. Program

(a) General requirements.

(2) An interdisciplinary treatment team shall develop a case plan for each juvenile admitted to the juvenile crisis intervention center within three days of admission. The team shall review the case plan every seven days and shall update the case plan as necessary. Each review shall be documented and signed by the clinical director or the clinical director's designee.

** Exception is limited to the final sentence of (a)(2) requiring the review be signed by the clinical director or the clinical director's designee. Interdisciplinary treatment team creation and review of a case plan is still required.

(3) The treatment team shall be headed by the clinical director or the clinical director's designee.