



ADMINISTRATIVE RULES OF MONTANA



37.106.1455 ADOLESCENT FACILITIES

- (1) In addition to policies required throughout this rule, a SUDF licensed to serve adolescents must have written policies and procedures that address:
 - (a) limiting admission to adolescents 17 years of age or younger or adolescents 18, 19, and 20 years of age if a client is enrolled in certified secondary school, and the assessment completed by a LAC or mental health professional with substance use in the scope of their license determines their appropriateness for adolescent treatment;
 - (b) age-appropriate treatment;
 - (c) separation of adolescents from adults in all characteristics of the treatment process;
 - (d) separation of adolescents from adults in all non-treatment aspects including eating, sleeping, bathing, and recreation activities; and
 - (e) staffing patterns to ensure staff members of the same sex as clients are present at all times.
- (2) The SUDF must maintain the minimum client to direct care staff ratios:
 - (a) from 7:00 a.m. to 11:00 p.m.: eight adolescents to one direct care staff;
 - (b) from 11:00 p.m. to 7:00 a.m.: 12 adolescents to one direct care staff; and
 - (c) programs must have at least one awake night staff in each building or unit housing adolescents.
- (3) The SUDF must:
 - (a) allow communication between the adolescent and the adolescent's parent or legal guardian a minimum of one time per week and facilitate the communication when clinically appropriate;
 - (b) provide family therapy as indicated in the individualized treatment plan or document reasons why family therapy may not be provided;
 - (c) notify the parent or legal guardian within two hours of any serious incident as defined in ARM 37.106.1413 involving the adolescent;
 - (d) discharge the adolescent to the care of the adolescent's parent or legal guardian. For emergency discharge and when the parent or legal guardian is not available, the program must contact the appropriate authority; and
 - (e) only admit adolescents with the written consent of the adolescent's parent or legal guardian.

- (4) The SUDF must have protocols for evaluating the treatment implications and safety concerns for determining whether being placed in a room with another specific adolescent is appropriate.
- (5) In no circumstances should adolescents of more than three years age difference be placed in the same room.
- (6) Adolescent facilities utilizing physical restraints must have written policies and procedures governing the appropriate use of crisis intervention and physical restraint strategies including:
 - (a) training for all staff in crisis intervention, de-escalation, and physical restraint by a state approved or nationally recognized program;
 - (b) that crisis prevention and de-escalation techniques are the preferred methods and must be used first to manage behavior;
 - (c) physical restraint must only be used to safely control an adolescent until the adolescent can regain control of the adolescent's own behavior;
 - (d) prohibit the use of physical restraint if an adolescent has a documented physical condition that would contradict its use unless a health care professional has previously and specifically authorized its use in writing. Documentation must be maintained in the adolescent's client record; and
 - (e) prohibiting the use of prone physical restraints.
- (7) Physical restraint must only be used in the following circumstances:
 - (a) when the adolescent has failed to respond to de-escalation techniques, and it is necessary to prevent harm to the adolescent or others; or
 - (b) when an adolescent's behavior puts themselves or others at substantial risk of harm and the adolescent must be forcibly moved.
- (8) Physical restraint must be used only by staff members who are specifically trained and certified in physical restraint techniques.
- (9) The SUDF must document the following for each physical restraint:
 - (a) adolescent's behavior which required the physical restraint;
 - (b) specific attempts to de-escalate the situation before using physical restraint;
 - (c) length of time the physical restraint was applied, including documentation of the time the restraint began and ended;
 - (d) identity of specific staff member(s) involved in administering the physical restraint;
 - (e) type of physical restraint used;
 - (f) any injuries to the adolescent resulting from the physical restraint; and
 - (g) a face-to-face debriefing completed within 24 hours of the restraint, including:
 - (i) the staff member(s) and adolescent involved in the physical restraint;
 - (ii) providing the adolescent and staff involved the opportunity to discuss the circumstances resulting in the use of the restraint; and

- (iii) strategies that could be used by the staff, the adolescent, and/or others that could prevent the future use of restraint.
- (10) The SUDF must provide access to an educational program appropriate to the needs of the youth and comply with state school attendance laws, as provided in Title 20, chapter 5, MCA.
- (11) Group counseling sessions must be provided by a licensed addiction counselor or mental health professional and must not exceed eight adolescents to one adult staff member.
- (12) All staff members working directly with adolescents must be at least 21 years of age.
- (13) The SUDF must not employ any staff member that has a substantiation of child abuse or neglect.

Authorizing statute(s): 50-5-103, MCA

Implementing statute(s): 50-5-103, MCA

History: NEW, 2022 MAR p. 1889, Eff. 9/24/22.