

RESIDENTIAL TREATMENT CENTER - BEHAVIORAL HEALTH / DEVELOPMENTAL DISABILITIES

(RTC-BH/DD)

Service Description

Residential Treatment Center - Behavioral Health/Developmental Disabilities (RTC-BH/DD) IOS provides all-inclusive integrated programming with comprehensive therapeutic and clinical services in a 24 hour staff supervised, community-based setting for youth who present severe and persistent challenges in social, emotional, behavioral, and/or psychiatric functioning with a co-occurring intellectual / developmental disability. Youth receive individualized clinical interventions, psychopharmacology services (when applicable), education, medical services, and structured programming within a safe, controlled environment with a high intensity of supervision and structure. The agency/program provides rehabilitative services including, but not limited to, social, psychosocial, clinical, medical, and educational services, which are integrated with coordinated supports, and training that may include behavioral supports, adaptive skill training, assistance with activities of daily living and community integration as is deemed appropriate in the Care Plan.

The purpose of RTC-BH/DD IOS is to engage the youth in addressing clearly identified behavioral health and intellectual/developmental disability challenges and to stabilize symptomology in preparing the youth for a less restrictive environment. There is a particular focus on transferring skills necessary to foster and maintain the outcomes of increased independence, productivity, enhanced family functioning and inclusion in the community. Treatment practices include trauma-informed care, which focuses on the individual's safety and well-being through engagement and an emphasis on de-escalation techniques and eliminating the use of any type of physical restraint practices. Development of a formal behavioral support plan, which may include a Functional Behavior Assessment (FBA) and/or environmental modification, is required as deemed relevant to the individual's needs in order to assist the youth with acquiring, retaining, improving, and/or generalizing the behavioral, self-help, socialization, and adaptive skills necessary to reside in the least restrictive setting appropriate to his or her needs. The goal is to facilitate the youth's reintegration with her/his parent/guardian/caregiver within the community or in an alternative permanency plan preparing for independent living. The transition plan should be focused on establishing the youth in a safe, healthy, supportive community-based environment.

The goal of RTC-BH/DD IOS is to create a safe, holistic, consistent, predictable, and therapeutically supportive environment with a comprehensive array of professional treatment services which are designed to maintain a treatment milieu that is functionally relevant to youth, whose significant behavioral health challenges and intellectual and developmental disabilities (I/DD) cannot be sufficiently addressed at home or in another non-clinical setting. These services will assist the youth with acquiring, retaining, improving, and generalizing the behavioral, self-help, socialization, and adaptive skills needed to achieve objectives of improved health, welfare, and the realization of individuals' maximum physical, social, psychological, and vocational potential for useful and productive activities in the home and community. Program staff hold professional and experiential competencies in the fields of behavioral health and I/DD. Staff must also clearly display the capacity to provide

appropriate care, supervision, and targeted clinical, behavioral, and self-care interventions to the youth served in these programs.

RTC- BH/DD IOS addresses youth’s individualized needs through cyclical assessments, services, and treatment that focus on identified strengths and the development of social skills, problem solving, and coping mechanisms. The treating provider, in collaboration with the Child Family Team (CFT), integrates resources for planned, purposeful, and therapeutic activities that encourage developmentally appropriate autonomy and self-determination within the community. Treatment issues must be addressed by means of a therapeutic milieu, which is fundamental at this intensity of service. All interventions must be directly related to the goals and objectives established by the Child Family Team (CFT) process in coordination with the multidisciplinary Care Plan. Family/guardian/caregiver involvement is essential, and, unless contraindicated, should occur consistently and on a regular basis (or as determined in the Care Plan). The length of stay is individualized based each youth’s needs. The length of stay will be based on individual treatment needs and closely monitored by CSOC’s Contracted Systems Administrator (CSA), via the Joint Care Review (JCR) process.

Criteria

Admission Criteria

- The youth meets ALL of criteria A through K:
- A. The youth is between the ages of 12 and 21. Eligibility for services is in place until the young adult’s 21st birthday.
 - B. DD eligibility is not required. Youth who are not DD eligible must apply for DD eligibility upon admission to the program.
 - C. The youth presents with symptoms consistent with a DSM 5 behavioral health disorder, as well as a co-occurring Intellectual and/or Developmental Disability (I/DD), and requires intensive out-of-home therapeutic intervention.
 - D. The CSOC Assessment and other relevant information indicate that the youth requires an RTC-BH/DD Intensity of Service (IOS).
 - E. The youth is in need of 24-hour staff supervision due to emotional and/or behavioral challenges in the home and/or community to such an extent that:
 - a. The psychological or physical safety of the youth or others is at risk; and/or
 - b. The youth has been (or is) not able to function in regular community, home, or school activities due to significant symptoms and/or behaviors.
 - F. The youth cannot successfully and safely function in a non-clinical setting or less restrictive IOS and requires behavior supports and close supervision. Common behavioral issues may include: Irritability, emotional outbursts, (often due to anxiety, phobias, and compulsions or at times of transition); oppositional behaviors toward tasks of daily living (tactile sensitivities, comprehension problems); resisting requests to change task or shift from one activity to another. Such challenging/risk taking behaviors may manifest as, but are not limited to:
 - a. Physical aggression and/or property destruction (possibly due to trauma, poor communication skills, etc.);

	<ul style="list-style-type: none"> b. Low frustration level, social isolation, involvement with negative peer groups, etc., which may result in behavior that leads to juvenile justice involvement, home and school disciplinary issues, psychiatric hospitalization; etc.; c. Verbal threats to peers, parents, authority figures, etc.; d. Problematic sexual behavior (possibly due to lack of insight about boundaries / health relationships, misinterpreted social cues, communication limitations, exposure to sexually explicit material, or sexual abuse victimization) that does not require sex offense specific treatment. e. History of substance use that does not require specialized substance use treatment; f. Elopement behavior (including AWOL and bolting); g. Isolated fire play/setting (low risk); fire setting evaluation is required if fire setting behaviors have occurred within the past 2 year period. h. Minor legal infractions (e.g. truancy, curfew, repeated probation violations, etc.) and/or at risk of involvement in the juvenile justice system due to poor judgment and/or impulse control. <p>G. The youth exhibits receptive and expressive language skills and reasoning skills in the mildly impaired range or higher.</p> <p>H. Based upon information provided in a completed clinical assessment, the youth exhibits limitations in his/her functional capacity within school, home, and the community. The youth is also able to benefit from the RTC BH/DD services, such as the utilization of direct support, skills training, and therapeutic services delivered at this IOS.</p> <p>I. As a result of her or his intellectual/developmental disability and co-occurring behavioral health disorder, the youth is unable to consistently function independently in significant life domains potentially involving: self-care, self-direction, capacity for independent living, or economic self-sufficiency. Close supervision, monitoring, and targeted clinical/behavioral intervention are indicated in order to improve the youth’s ability to adequately function and work toward proficiency in the identified functional domains.</p> <p>J. The parent/guardian/caregiver (or young adult if age 18 and older) must consent for treatment.</p> <p>K. The youth is a resident of New Jersey. For minors under 18 years of age, the legal residency of the parent or legal guardian shall determine the residence of the minor.</p>
<p>Psychosocial, Cultural and Linguistic Factors</p>	<p>These factors may change the risk assessment and should be considered when making intensity of service decisions.</p>

<p>Exclusionary Criteria</p>	<p>ANY of the following criteria is sufficient for exclusion from this intensity of service:</p> <ul style="list-style-type: none"> A. The parent/guardian/caregiver (or young adult if age 18 and older) does not consent to admission or treatment and/or there is no court order requiring such placement; B. The youth is at imminent risk of engendering serious harm to self or others, and inpatient psychiatric hospitalization is indicated; C. The youth’s presenting challenges compromise the safety of the current environment; D. The youth presents with problematic sexual behavior with a documented risk level of moderate risk or higher. E. The youth is unable to perform skills of daily living without total supports and requires interventions that go beyond the capability of this setting; F. The youth has a medical condition or impairment that would prevent participation in services and that require daily care that is beyond the capability of this setting; G. The youth has one or more medical conditions that requires treatment by an on-site Registered Nurse/LPN 24-hours a day, including but not limited to: oral or nasal suctioning, intravenous medications, tube feeding, dialysis monitoring, or catheterization; H. The youth’s behavioral symptoms are primarily related to a medical condition that warrants direct medical intervention and monitoring. I. The youth requires absolute physical assistance with transfers and mobility. J. The youth has significant communication limitations and is totally dependent on others to interpret his/her needs, regardless of access to assistive technology. K. The youth is diagnosed with a substance use disorder and has moderate to high substance use needs that require specialized substance use treatment intervention. L. The youth has a sole diagnosis of an Intellectual/Developmental Disability and there are no co-occurring diagnoses, symptoms, or behaviors consistent with a DSM 5 mental health diagnosis; M. The youth’s cognitive functioning falls below a moderately impaired level and the severity of cognitive impairment does not allow him/her to actively participate in this type of milieu and therapeutic intervention; N. The youth is not a resident of New Jersey. For minors under 18 years of age, the legal residency of the parent or legal guardian shall determine the residence of the minor; O. The youth has been determined ineligible for CSOC services; P. CSOC Assessment Tools and other relevant clinical information indicate that the youth requires a higher intensity of service.
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<p>Continued Stay Criteria</p>	<p>ALL of the following criteria are necessary for continuing services at this intensity of service:</p> <ul style="list-style-type: none"> A. The severity of the psychiatric/behavioral/emotional disturbance and co-occurring disability continues to meet the criteria for this intensity of service. B. The CSOC Assessment and other relevant information indicate that the youth continues to require the RTC-BH/DD Intensity of Service. C. RTC-BH/DD Intensity of Service services continue to be required to support integration of the youth into a less restrictive environment. D. The Care Plan is appropriate to the youth’s changing condition with realistic and specific goals and objectives that include target dates for accomplishment. E. The youth’s parent/caregiver/guardian has been actively integrated in the treatment planning process, as evidenced by regular attendance of treatment team meetings, participation in family therapy, routine visitation with their child, and active involvement with transition planning. Parent/ Caregiver/Guardian involvement with treatment will be monitored by the CFT and documented in the Care Plan. F. Individualized services and treatment are tailored to achieve optimal results in a time efficient manner and are consistent with sound clinical practice. G. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms. However, some goals of treatment have not yet been achieved and adjustments in the Care plan include strategies for achieving these unmet goals. H. When clinically necessary, an appropriate psychopharmacological evaluation has been completed and ongoing treatment is initiated and monitored. I. Collaboration between all Child Family Team (CFT) members, which may include, but is not limited to CMO, DCP&P, parent/legal guardian, youth, DDD, and RTC provider, is clearly documented in the Care Plan. J. There is documented evidence of active, individualized discharge planning.
<p>Transitional Joint Care Review (TJCR) - Transition Request Criteria</p>	<p>If the Child Family Team (CFT) is requesting transition to a different CSOC out-of-home treatment setting via TJCR, ALL of the additional following criteria must be met:</p> <p>The CSOC Assessment and other relevant information indicate that the youth requires a different clinical treatment focus within a different OOH treatment setting. This documentation must include the following:</p> <ul style="list-style-type: none"> A. Treatment needs that were addressed in current episode of care and/or any previous episodes of OOH treatment; B. Treatment interventions that were successful and/or unsuccessful in current episode of care and or any previous episodes of OOH treatment; C. Behaviors/needs that warrant a different OOH intensity of service; D. The CFT’s perspective on proposed transition;

	<ul style="list-style-type: none"> E. The youth’s perspective on proposed transition (applicable based on cognitive abilities); F. Justification as to why another OOH treatment episode is in the youth’s and family’s best interest; G. Barriers for the reintegrating the youth to the community at this time; H. Community reintegration plan for youth and any barriers that may exist therein.
<p>Discharge Criteria</p>	<p>ANY of the following criteria is sufficient for transition from this intensity of service:</p> <ul style="list-style-type: none"> A. The youth’s documented Care Plan goals and objectives for this Intensity of Service have been substantially met. B. The CSOC Assessment and other relevant information indicate that the youth requires a different clinical treatment focus. The treating agency is responsible for continued care until a more appropriate clinical setting is secured. C. After making adjustment in the treatment plan to include strategies for achieving unmet goals, the youth’s ability to acquire, retain, improve, and/or generalize the behavioral, self-help, socialization, and adaptive skills plateaus and there is no reasonable expectation of progress at this intensity of service; however with support, youth can adequately function in significant life domains. These youth are expected to continue to make continued positive progress with a comprehensive community care plan. D. Consent for treatment is withdrawn by the parent/caregiver/guardian or young adult if age 18 and older and there is no court order requiring such placement. E. Support systems, which allow the youth to be maintained in a less restrictive intensity of service, have been secured and established. F. A transition plan with follow-up appointments and an appropriate living arrangement is in place; and the first follow-up appointment will take place within 10 calendar days of discharge. The CFT and parent/guardian/caregiver will be responsible for assuring that the youth attends these appointments.