Intensive Residential Treatment Services - IRTS

Clinical Criteria

Service Description

A highly structured non-hospital based treatment setting that brings comprehensive and specialized diagnostic and treatment services to youth and their families. The youth entering these programs require intensive treatment services on a 24/7 basis in a safe environment with continuous line-of-sight supervision, medication monitoring and management, and a concentrated individualized treatment protocol.

Youth entering the IRTS program may be referred by one of the designated Children's Crisis Intervention Service (CCIS) or a private psychiatric hospital and cannot be maintained in a lower level community program with a reasonable degree of safety. The IRTS programs are not authorized to use mechanical restraint or any form of locked seclusion. The IRTS treatment setting is not a secured locked facility.

	Criteria
Admission Criteria	**The youth must meet criteria A through E.** A. The child/youth meets the age range for the specific IRTS program. Age ranges consist of 11-13 or 14-17. Special consideration will be given to youth whose age is outside of these age ranges but have treatment needs consistent with the IRTS Intensity of Service. B. The youth presents symptoms consistent with a DSM 5 diagnosis, other than a sole primary Disruptive Behavioral Diagnosis, and requires therapeutic intervention. C. The youth's emotional and behavioral presentation is not stable enough to be treated outside of a highly structured therapeutic environment, which offers 24 hour monitoring and supervision. D. The Strength and Needs Assessment (SNA) and other relevant clinical information indicate that the youth's presenting treatment needs are consistent with the IRTS level of care. **The youth meets any ONE of the following:** E. The youth is a potential danger to self as evidenced by self-injurious behaviors or suicidal ideation, without a specific plan or intent. . F. The youth exhibits acts of physical aggression or verbal aggression, which compromises the safety of others in their proximity.

	G. The youth manifests psychotic symptoms that impair daily functioning, but do not require inpatient hospitalization. Symptoms may include loose associations, thought blocking, tangential thought process, delusions of paranoia, or responding to internal stimuli. H. The youth demonstrates a disturbance of mood that interferes with personal, family, or school functioning and/or responsibilities. Symptoms may include depressed mood, irritability, diminished interest in pleasurable activities, social withdrawal or isolation, fatigue, an overall decline in motivation, decreased appetite, sleeping difficulties, or concentration difficulties. I. The youth demonstrates acute, episodic fluctuations in mood with associated symptoms of grandiosity, increased goal directed activity, and acutely impulsive, injudicious, high-risk behaviors across multiple settings including home, school and the community. These behaviors could be perceived as compromising the general safety of the youth and/or others. J. The youth is unable to adequately function in multiple areas and requires continuous supervision and assistance in order to carry out activities of daily living such as self-care and appropriately communicating with others. K. The youth manifests poor judgment and lacks problem- solving skills to the extent that he/she might inadvertently place him/herself in life threatening situations.
Psychosocial, Occupational, Cultural and Linguistic Factors	These factors may change the risk assessment and should be considered when making intensity of service decisions.
Exclusion Criteria	Any of the following is sufficient for exclusion from this level of care: A. The youth is at imminent risk of causing serious harm to self or others. B. The Strengths and Needs Assessment (SNA) and other relevant clinical information indicate that the child/youth needs a higher intensity treatment program or a lower intensity treatment program. C. The youth and/or the parent/guardian/ caregiver does not voluntarily consent to treatment and there is no court order requiring treatment. D. The youth has primary treatment needs, which are consistent with a Substance Use Disorder and require immediate medical treatment or intervention, such as withdrawal management or detoxification services. E. The youth presents with symptoms and behaviors consistent with a sole diagnosis of a Disruptive Behavioral diagnosis, such as Oppositional Defiant

	Disorder and/or Conduct Disorder.
Continued Stay Criteria	All of the following criteria are necessary for continuing treatment at this level of care: A. The severity of the behavioral/emotional disturbance continues to meet the criteria for this level of care. B. The SNA Assessment and other relevant information indicate that the youth continues to need the Intensive Residential Treatment Service Intensity of Service. C. The youth's treatment does not require a higher Intensity of Service treatment program or a lower Intensity of Service treatment program. D. Services at this Intensity of Service continue to be required to support reintegration of the child/youth into a less restrictive environment. E. The individualized treatment plan is appropriate to the child/youth's presenting treatment needs, with realistic and specific goals and objectives that include target dates for accomplishment. F. The child/youth and the parent/guardian/caregiver are actively participating in treatment to the extent all parties are able. G. Individualized services and treatments are tailored to achieve optimal results in a time efficient manner and are consistent with sound clinical practice. H. 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 treatment plan include strategies for achieving these unmet goals. I. When clinically necessary, appropriate psychopharmacological evaluation has been completed and ongoing treatment is initiated and monitored. J. There is documented evidence of active, individualized discharge planning.
Transitional Joint Care Review (TJCR) - Transition Request Criteria	**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:** 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: A. Treatment needs that were addressed in current episode of care and any previous episodes of OOH treatment; B. Treatment interventions that were successful and/or unsuccessful in current

	episode of care and any previous episodes of OOH treatment; C. Behaviors/needs that warrant a different OOH intensity of service; D. The child/youth's perspective on proposed transition (applicable based on cognitive abilities); E. Justification as to why another OOH treatment episode is in the child/youth's and family's best interest; F. Barriers for the reintegrating the youth to the community at this time; G. Community reintegration plan for the youth.
Discharge Criteria	Any of the following criteria are sufficient for discharge from this intensity of service: A. The youth's documented treatment plan goals and objectives for this Intensity of Service, as reported in their individualized treatment plan, have been met. B. The youth meets the criteria for a higher Intensity of Service treatment program or a lower Intensity of Service treatment program. C. The SNA Assessment and other relevant information indicate that the youth needs a higher intensity treatment program or a lower intensity treatment program. D. Consent for treatment is withdrawn by the parent/guardian/ caregiver and/or the child/youth. E. Support systems and specific therapeutic services (which allow the youth to be maintained in a lower Intensity of Service treatment program) have been identified and set up prior to the discharge of the youth. F. The child/youth and the parent/guardian/ caregiver are competent but non-participatory in treatment or non-compliant with the treatment program's rules and regulations. The noncompliance is significant enough to negatively impact the overall treatment course and compromises the child/youth's ability to have a successful, positive response to treatment. G. The youth is not making progress toward treatment goals and there is no reasonable expectation of progress at this Intensity of Service, despite attempts to modify and revise treatment planning for the benefit of the youth. H. A discharge plan with follow-up appointments is in place; and the first follow-up appointment will take place within 10 calendar days of discharge.