RESIDENTIAL TREATMENT CENTER BEHAVIORAL HEALTH/SUBSTANCE USE

(RTC-BH/SU)

Definition

Residential Treatment Center Behavioral Health/Substance Use (RTC-BH/SU) IOS provides 24-hour staff supervised all-inclusive clinical services in a community-based therapeutic setting for adolescents ages 13 through 18 who present with severe and persistent challenges in social, emotional, behavioral, and/or psychiatric functioning and present with co-occurring substance use treatment needs. Youth receive individualized clinical interventions, psychopharmacology services (when applicable), education, medical services, and structured programming within a safe, controlled environment with a high degree of supervision and structure. Treatment provides rehabilitative services including, but not limited to, social, psychosocial, clinical, medical, substance use intervention, and supportive educational services.

The purpose of RTC-BH/SU IOS is to provide a treatment framework that merges behavioral health and substance use clinical services into an integrated service delivery model. RTC-BH/SU focuses on treatment approaches that specifically address the youth's individualized needs, which include, but are not limited to developmental considerations such as school atmosphere and peer influences. Service interventions target adolescent co-occurring treatment needs, which tend to be more symptomatic, present with high risk behaviors, exhibit multiple health and social challenges, often unwittingly include self-medication for their mental health challenges, and therefore requires a greater intensity of support and service delivery. The goal of treatment is to engage the youth to address clearly identified needs, stabilize symptomology, and prepare him/her for a less restrictive environment.

Treatment practices include trauma-informed care and evidence-based substance use interventions that focus on the youth's safety and well-being and minimizes the use of any type of physical restraint practices. The goal is to facilitate the youth's reintegration with his/her family/caregiver and 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. Length of stay is individualized based on each youth's treatment planning needs.

The goal of RTC-BH/SU IOS is to create a safe, holistic, consistent, predictable and therapeutically supportive environment with a comprehensive array of services. 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, proactive and productive activities in the home and community. Program staff hold professional and experiential competencies in the field of behavioral health, substance use treatment, and clearly display the capacity to provide appropriate care, supervision, and targeted clinical, behavioral, and self-care

interventions to the youth served in these programs.

BH-SU RTC IOS addresses the youth's individualized needs though cyclical assessments, services, and treatment that focus on identified strengths and the development of social skills, problem solving, and coping mechanisms. The treating provider integrates resources for planned, purposeful, and therapeutic activities that encourage developmentally appropriate autonomy and self-determination within the community. Robust interactions based on group psycho-metrics are encouraged in order to better prepare for the youth's return to 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 youth's care plan).

Criteria	
Admission Criteria	**All** of the following criteria are necessary for admission/treatment: A. 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. B. The youth presents with a combination of behavioral health and substance use symptoms consistent with a DSM-5 behavioral health diagnosis and requires intensive out-of-home therapeutic intervention. Although one set of symptoms may predate the other, the disorders may exacerbate one another making it difficult to extricate the symptoms caused by one disorder from the other. C. The youth's reported substance use has directly impacted his/her daily functioning across multiple domains. Examples of functional impairment directly related to substance use may include, but is not limited to: i. A change in overall attitude/personality with no other identifiable cause; ii. A change in activities or hobbies; iii. A general lack of motivation; iv. School tardiness or absenteeism; v. An acute drop in school grades with no previous history of academic delays or learning difficulties; vi. Change in personal grooming habits; vii. Legal charges related to possession of drug paraphernalia; viii. A change in physical appearance;

ix. Increased socially isolative behavior;
x. A change in peer group;
xi. Promiscuity and/ or engaging illegal activity (criminal/gang involvement).
xii. Behaviors outside of the norms of the family

D. The CSOC Assessment and other relevant information indicate that the youth requires a BH/SU RTC 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:

i. The psychological or physical safety of the youth or others is at risk; and/or
ii. The youth has been (or is) at risk of being excluded from normal community, home, or school activities due to significantly disruptive symptoms and/or behaviors.

F. The youth exhibits significant maladaptive behaviors (i.e., aggression, depression, anxiety, non-acute harmful behavior to self or others, co-occurring substance use, runaway behavior, reaction to trauma, etc.) that cannot be successfully and safely maintained in a non-clinical setting or less restrictive IOS.

G. The youth demonstrates a capacity to respond favorably to rehabilitative programming and skill development within a structured milieu.

H. The parent/guardian/caregiver (or young adult if age 18 and older) must consent for treatment.

I. The youth must have cognitive functioning abilities in the borderline range or higher, as evidenced by an IQ of 70 or higher. Special considerations will be made for an IQ between 60 and 69.

J. The youth is exhibiting emotional and behavioral symptomatology related to substance use, which may include, but not limited to:

i. Decreased energy
ii. Decreased self-esteem
iii. Recently developed concentration difficulties
iv. Increased irritability
v. Increased anxiety symptoms
vi. Paranoia
vii. Changes in sleep or appetite

	If the youth is diagnosed with a co-occurring developmental/intellectual disability, he/she must also meet criteria K: K. The youth has a behavioral health disorder which interferes with her/his ability to adequately function in significant life domains: family, school, social or recreational/vocational activities. The presenting behaviors seem directly correlated with a behavioral disorder that is independent of the developmental disability or substance use, and it is clearly evident that the youth's presenting behaviors indicate a change from their baseline functioning.
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	***<u>ANY</u> of the following criteria is sufficient for exclusion from this intensity of service:*** A. The parent/guardian/caregiver (or young adult if age 18 and older) does not voluntarily consent to admission or treatment ***and/or*** there is no court order requiring such treatment. B. The youth is at imminent risk of causing serious harm to self or others, and inpatient psychiatric hospitalization is indicated. C. The youth's presenting challenges compromise the safety of the currently therapeutic environment. D. The youth is unable to perform skills of daily living and requires custodial care and/or interventions that go beyond the capability of this setting. E. The youth has a medical condition which would prevent the necessary participation and which would be needed to benefit from treatment services. F. The youth has a sole diagnosis of Substance Use and there are no identified co-occurring emotional or behavioral disturbances, which would potentially benefit from a RTC-BH/SU IOS **OR** the youth's co-occurring substance use needs require acute detoxification/withdrawal management and/or cannot be safely maintained at this intensity of service. G. The youth is a parent and requires "Mommy and Me" treatment program. H. The youth's intellectual/developmental disability includes one of the

	following: i. The youth has a sole diagnosis of Autism Spectrum Disorder and there are no co-occurring diagnoses, symptoms, or behaviors consistent with a DSM-5 behavioral health diagnosis. ii. 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. iii. The youth has a diagnosis of Autism Spectrum Disorder and an intellectual disability and there are no co-occurring diagnoses, symptoms, or behaviors consistent with a DSM-5 behavioral health diagnosis. I. The youth's level of cognitive functioning falls below a FSIQ of 70 (special considerations will be made for FSIQ of 60-69) and his/her level of functioning does not allow him/her to benefit from this type of milieu and therapeutic intervention. J. The youth's symptomology of trauma and/or other clinical needs cannot be adequately maintained and effectively treated within this intensity of service. K. 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.
Continued Stay Criteria	***ALL* of the following criteria are necessary for continuing services at this intensity of service:** A. The CSOC Assessment Tool and other relevant information indicate that the youth's treatment needs are consistent with BH/SU IOS and that these services continue. B. The youth's treatment does not require a higher intensity of service, and a lower intensity of service would not be appropriate, as it may cause a disruption to maintenance of progress. C. The youth's care plan is appropriate to his/her changing condition with specific goals and objectives which are attainable and realistic. D. The parent/caregiver/guardian has been actively invested in treatment (if involved), as evidenced by regular attendance to treatment team meetings, participation in family therapy, and involvement with transition planning. Documentation of family involvement is evident based upon the

	CFT note. E. Individualized services and treatment are tailored to achieve optimal results in a time efficient manner and are consistent with sound clinical practice. F. When clinically necessary, an appropriate psychopharmacological evaluation has been completed and ongoing treatment is initiated and monitored. 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 youth's care plan include strategies for achieving these unmet goals. H. There is documented evidence of active, individualized transition 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, ALL of the additional following criteria must be met and clearly documented within the youth's Transitional Joint Care Review (TJCR):** A. Treatment needs that were addressed in current care and any previous OOH treatment. B. Treatment interventions that were successful and/or unsuccessful in current/previous intensity of service in OOH treatment. C. Behaviors/needs that warrant a different OOH intensity of service. D. The youth's perspective on proposed transition. E. Justification as to why another episode of out-of-home treatment is in the youth and family's best interest. F. Identify barriers for the reintegrating the youth to a non-clinical setting at this time. G. Describe what is necessary for successful community reintegration.

Transition Criteria	***ANY* of the following criteria is sufficient for transition from this intensity of service:** 1. The youth's documented care plan goals and objectives for this Intensity of Service have been substantially met. 2. The CSOC Assessment and other relevant information indicate that the youth requires a different clinical treatment focus or lower intensity of service. 3. Consent for treatment is withdrawn by the parent/custodian/guardian or young adult if age 18 and older, and there is no court order requiring such treatment. 4. The youth is not making progress toward care plan goals and there is no reasonable expectation of progress at this intensity of service, despite revisions to care plan. **The treating agency in conjunction with the placing agency is responsible for continued care until a more appropriate clinical setting is secured.** **In addition to the above criteria, the following shall be achieved:** 5. Support systems (which allow the youth to be maintained in a less restrictive intensity of service) have been thoroughly explored and/or secured. 6. A transition plan with follow-up appointments arranged by CMO and an appropriate living arrangement is secured; the first follow-up appointment will take place within 10 calendar days of transition. 7. The youth's documented care plan goals and objectives for this Intensity of Service have been substantially met. 8. The CSOC Assessment and other relevant information indicate that the child/youth/young adult requires a different clinical treatment focus. 9. 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. 10. Support systems (which allow the youth to be maintained in a less restrictive intensity of service) have been secured and established. 11. 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 transition from the RTC-BH/SU program.