

RESIDENTIAL TREATMENT CENTER (RTC)

Service Description

Residential Treatment Center (RTC) IOS provides 24-hour staff supervised all-inclusive clinical services in a community-based therapeutic setting for children/youth/young adults who present severe and persistent challenges in social, emotional, behavioral, and/or psychiatric functioning. Children/youth/young adults 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, and educational services. RTC IOS also provides programming for several special populations, which includes co-occurring substance use, DD/MI, Mommy-and-Me, and older adolescents preparing for independent living.

The purpose of RTC IOS is to engage the child/youth/young adult to address clearly identified needs, stabilize symptomology, and prepare the child/youth/young adult for a less restrictive environment. Treatment practices would include trauma-informed care which focuses on respect for the individual's safety and well-being and minimizes the use of any type of physical restraint practices. The goal is to facilitate the child/youth/young adult's reintegration with their 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 child/youth/young adult's treatment planning needs. The goal of RTC IOS is to create a safe, holistic, consistent, and therapeutically supportive environment with a comprehensive array of services. These services will assist the child/youth/young adult 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 field of behavioral health and clearly display the capacity to provide appropriate care, supervision, and targeted clinical, behavioral, and self-care interventions to the children/youth/young adults served in these programs. Service Delivery varies from program to program based on contracted deliverables.

RTC IOS addresses child/youth/young adult'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 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 JCR/treatment plan. Family/guardian/caregiver involvement is essential, and, unless contraindicated, should occur consistently and on a regular basis (or as determined in the JCR/treatment plan). The recommended length of stay for this program is typically a 9 to 12 month period.

Criteria	
Admission Criteria	<p><i>The youth meets <u>ALL</u> of criteria A through J:</i></p> <ul style="list-style-type: none"> A. The child/youth/young adult 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 child/youth/young adult presents symptoms consistent with a DSM IV-TR or DSM V diagnosis and requires intensive out-of-home therapeutic intervention. C. The child/youth/young adult is between the ages of 5 and 21. Youth under the age of 11 are provided with more in-depth review. Eligibility for services is in place until the young adult’s 21st birthday. D. The CSOC Assessment and other relevant information indicate that the child/youth/young adult requires a 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: <ul style="list-style-type: none"> 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 child/youth/young adult exhibits significant maladaptive behaviors (i.e., aggression, depression, 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 child/youth/young adult 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. If the youth/young adult is a parent and requires “Mommy and Me” services, their child is younger than the age of five. J. The child/youth/young adult must have cognitive functioning abilities in

	<p>the moderately impaired range or higher, as evidenced by an IQ of 60 or higher. Special considerations will be made for IQ's between 55 and 60.</p> <p><i>If the child/youth/young adult is diagnosed with a co-occurring developmental/intellectual disability, he/she must also meet criteria K:</i></p> <p>K. The child/youth/young adult has a behavioral or psychiatric disorder of mood, affect, thought or impulse control 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 or an emotional disorder, 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 which could benefit from the provision of therapeutic services, which are rehabilitative in quality.</p>
<p>Psychosocial, Occupational, Cultural and Linguistic Factors</p>	<p><i>These factors may change the risk assessment and should be considered when making level of care or placement decisions.</i></p>
<p>Exclusion Criteria</p>	<p><u>ANY</u> 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 voluntarily consent to admission or treatment and/or there is no court order requiring such placement. B. The child/youth/young adult is at imminent risk of causing serious harm to self or others, and inpatient psychiatric hospitalization is indicated. C. The child/youth/young adult's presenting challenges compromise the safety of the currently therapeutic environment. D. The child/youth/young adult 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 child/youth/young adult 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. F. The child/youth/young adult 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 IOS OR the youth's co-occurring substance use needs require acute detoxification and/or cannot

	<p>be safely maintained at this intensity of service.</p> <p>G. If the youth/young adult is a parent and requires “Mommy and Me” services, their child is older than the age of five.</p> <p>H. If the child/youth/young adult’s intellectual/developmental disability includes one of the following:</p> <ul style="list-style-type: none"> i. The child/youth/young adult has a sole diagnosis of Autism Spectrum Disorder and there are no co-occurring diagnoses, symptoms, or behaviors consistent with a DSM IV TR/DSM V mental health diagnosis. ii. The child/youth/young adult has a sole diagnosis of an Intellectual/Developmental Disability and there are no co-occurring diagnoses, symptoms, or behaviors consistent with a DSM IV TR/DSM V mental health diagnosis. iii. The child/youth/young adult 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 IV TR/DSM V mental health diagnosis. <p>I. The child/youth/young adult’s level of cognitive functioning falls below a FSIQ of 60 (special considerations will be made for FSIQ of 55-59) and his/her level of functioning does not allow him/her to benefit from this type of milieu and therapeutic intervention.</p> <p>J. The child/youth/young adult’s symptomology of trauma and/or other clinical needs cannot be adequately maintained and effectively treated within this intensity of service.</p> <p>K. The child/youth/young adult 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.</p>
<p>Continued Stay Criteria</p>	<p><u>ALL</u> 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 continues to meet the criteria for this intensity of service. B. The CSOC Assessment and other relevant information indicate that the child/youth/young adult continues to require the RTC Intensity of Service. C. RTC Intensity of Service services continue to be required to support reintegration of the child/youth/young adult into a less restrictive

	<p>environment.</p> <p>D. The JCR/treatment plan is appropriate to the child/youth/young adult’s changing condition with realistic and specific goals and objectives that include target dates for accomplishment.</p> <p>E. The child/youth/young adult’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 JCR/ treatment.</p> <p>F. Individualized services and treatment are tailored to achieve optimal results in a time efficient manner and are consistent with sound clinical practice.</p> <p>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 JCR/treatment plan include strategies for achieving these unmet goals.</p> <p>H. When clinically necessary, an appropriate psychopharmacological evaluation has been completed and ongoing treatment is initiated and monitored.</p> <p>I. Collaboration between all Child Family Team (CFT) members, which may include, but not limited to, CMO, DCP&P, parent/legal guardian, child/youth/young adult, and RTC provider, is clearly document in the treatment plan.</p> <p>J. There is documented evidence of active, individualized discharge planning.</p>
<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 child/youth/young adult requires a different clinical treatment focus within a different OOH treatment setting. This documentation must include the following:</p> <p>A. Treatment needs that were addressed in current episode of care and or any previous episodes of OOH treatment.</p> <p>B. Treatment interventions that were successful and/or unsuccessful in</p>

	<p>current episode of care and or any previous episodes of OOH treatment.</p> <ul style="list-style-type: none"> C. Behaviors/needs that warrant a different OOH intensity of service D. The child/youth/young adult’s perspective on proposed transition (applicable based on cognitive abilities) E. Justification as to why another OOH treatment episode is in the 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 child/youth/young adult and any barriers that may exist therein.
<p>Discharge Criteria</p>	<p><u>ANY</u> of the following criteria is sufficient for discharge from this intensity of service:</p> <ul style="list-style-type: none"> A. The child/youth/young adult’s documented JCR/treatment plan goals and objectives for this Intensity of Service have been substantially met. B. The CSOC Assessment and other relevant information indicate that the child/youth/young adult requires a different clinical treatment focus. C. 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. D. Support systems (which allow the youth to be maintained in a less restrictive intensity of service) have been secured and established. E. A discharge 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.