RESIDENTIAL TREATMENT CENTER – BEHAVIORAL HEALTH/DEVELOPMENTALLY DISABLED

(RTC-BH/DD)

Service Description

Residential Treatment Center – Behavioral Health/Developmental Disabilities (RTC-BH/DD) Intensity of Service (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 (I/DD). Youth receive individualized clinical interventions, psychopharmacology services (when clinically indicated), education, medical services, and structured programming within a safe, controlled environment with a high intensity of supervision and structure. The 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 I/DD challenges and to stabilize symptomology in preparing the youth for a less intensive 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 youth's safety and well-being. 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 youth's needs in order to assist the youth with acquiring, retaining, improving, and/or generalizing the behavioral, self-help, socialization, and adaptive skills. The transition plan should be focused on establishing the youth in a safe, healthy, and 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 I/DD cannot be sufficiently addressed at home or in another non-clinical setting. Program staff hold professional and experiential competencies in the fields of behavioral health and I/DD.

RTC- BH/DD IOS addresses 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, 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 IOS. All interventions must be directly related to the goals and objectives established by the CFT process in coordination with the multidisciplinary Care Plan.

Family/parent/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.

Criteria	
Admission Criteria	**The youth meets ALL of criteria:** 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 I/DD, and requires intensive out-of-home (OOH) therapeutic intervention; D. The CSOC Assessment and other relevant information indicate that the youth requires an RTC-BH/DD 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. 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. c. Behavioral challenges may include irritability, emotional dysregulation (often due to anxiety, phobias, and compulsions or at times of transition), oppositional behaviors toward tasks of daily living (tactile sensitivities, comprehension problems), and 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: i. Physical aggression and/or property destruction (possibly due to trauma, poor communication skills, etc.). ii. 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. iii. Verbal threats to peers, parents, authority figures, etc. iv. Sexualized behavior (possibly due to lack of insight about boundaries/healthy relationships, misinterpreted social cues, communication limitations, exposure to sexually explicit material, or sexual abuse victimization) that does not require sex offense specific treatment.

	v. History of substance use that does not require specialized substance use treatment. vi. Elopement behavior. vii. Isolated fire play/setting deemed a low risk. viii. 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. F. The youth exhibits receptive and expressive language skills and reasoning skills in the mildly impaired range or higher; G. As a result of her or his I/DD 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; H. The youth and parent/guardian/caregiver must consent for treatment; I. 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.
Exclusion Criteria	**Any of the following criteria are sufficient for exclusion from this IOS:** A. The youth and/or parent/guardian/caregiver (or young adult if age 18 and older) does not consent to admission or treatment; B. The youth is at imminent risk of engendering serious harm to self or others, and inpatient psychiatric hospitalization is indicated; C. The youth presents with problematic sexual behavior with a documented risk level of moderate risk or higher; D. The youth is unable to perform skills of daily living without continuous direct 1:1 supports and requires interventions that go beyond the capability of this setting; E. The youth has a medical condition or impairment that would prevent participation in services and/or that requires daily care that is beyond the capability of this setting. For example, the youth requires treatment by an on-site Registered Nurse/LPN 24-hours a day, including but not limited to, oral or nasal suctioning, intravenous medications, G-tube feeding, dialysis monitoring, or catheterization; F. The youth's behavioral symptoms are primarily related to a medical condition that warrants direct medical intervention and monitoring;

	G. The youth requires absolute physical assistance with transfers and mobility; H. The youth has significant communication limitations and is totally dependent on others to interpret his/her needs, regardless of access to assistive technology; I. The youth is diagnosed with a substance use disorder and has moderate to high substance use needs that require substance use treatment intervention; J. The youth has a sole diagnosis of an I/DD and there are no co-occurring diagnoses, symptoms, or behaviors consistent with a DSM 5 diagnosis; K. 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; L. 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; M. The youth has been determined ineligible for DD services after applying for DD eligibility; N. The youth is not in agreement with the Child Family Team's (CFT) plan for out of home treatment. There is evidence of multiple attempts by the CFT to engage the youth in the plan; O. The youth is engaging in a recent pattern of violent behavior that compromises the safety of the youth and others in the out of home program.
Continued Stay Criteria	**The following criteria are necessary for continuing services at this IOS:** A. The severity of the psychiatric/behavioral/emotional disturbance and co-occurring disability continues to meet the criteria for this IOS. 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; B. RTC-BH/DD IOS services continue to be required to support transition of the youth into a less restrictive environment; C. The Care Plan is appropriate to the youth's changing condition with realistic and specific goals and objectives that include target dates for accomplishment; D. 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.

	Individualized services and treatment are tailored to achieve optimal results in a time-efficient manner and are consistent with sound clinical practice; E. Collaboration between all 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; F. There is documented evidence of active, individualized transition planning; G. The youth is actively participating in treatment, is regularly attending treatment team meetings, and is adhering to program rules and guidelines.
Transitional Joint Care Review (TJCR) - Transition Request Criteria	**If the CFT is requesting transition to a different CSOC OOH treatment setting via TJCR, 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/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 IOS; D. The CFT's perspective on proposed transition; 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 reintegrating the youth to the community at this time; H. Community reintegration plan for youth and any barriers that may exist therein.
Transition Criteria	**Any of the following criteria are sufficient for transition from this IOS:** A. The youth's documented Care Plan goals and objectives for this IOS have been substantially met; B. The CSOC Assessment and other relevant information indicate that the youth requires a different clinical treatment focus; 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 IOS. However, with support, youth can adequately function in significant life

	domains and are expected to continue to make progress with a comprehensive community Care Plan; D. Consent for treatment is withdrawn by the parent/guardian/caregiver 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 IOS, have been secured and established; F. A transition plan with follow-up appointments and an appropriate living arrangement is in place; 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; G. The child/youth and/or the parent/guardian/caregiver are available but not participating in treatment or noncompliant with the treatment program's rules and regulations. The lack of participation or 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; H. The youth is engaging in a documented recent pattern of violent behavior that is compromising the safety of the youth and others in the out of home program.

;