

## RESIDENTIAL TREATMENT CENTER BEHAVIORAL HEALTH/SUBSTANCE USE (RTC-BH/SU)

### Residential Treatment Center (RTC-BH/SU)

#### Program Description

Residential Treatment Center Behavioral Health/Substance Use (RTC-BH/SU) Intensity of Service (IOS) provides 24-hour staff supervised all-inclusive clinical services in a community-based therapeutic setting for adolescents ages 13 through 18 within their educational entitlement. RTC-BH/SU programs are grounded in an integrated service delivery model and provide individualized services that target substance use and mental health challenges. Youth receive trauma informed and evidence based clinical interventions, psychopharmacology services (when clinically indicated), medical services, structured vocational training, and independent living skills programming within a safe, controlled environment with a high degree of supervision and structure. Services are individualized and will assist youth in acquiring, retaining, improving, and generalizing healthy, adaptive, and effective coping strategies, socialization skills, and independent living skills. All interventions are aligned with 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). Ultimately the goal is to support a youth’s reintegration in the community with their family/caregiver or transition to an alternative living environment that is focused on preparation for independent living. Length of stay is individualized based on each youth’s treatment planning needs.

#### Criteria

##### Admission Criteria

The youth must meet all of the following criteria:

1. The youth is between the ages of 13 and 18 within their educational entitlement and 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 (OOH) therapeutic intervention.
2. The youth’s reported substance use has directly impacted their daily functioning across multiple domains. Examples of functional impairment directly related to substance use may include but is not limited to:

	<ul style="list-style-type: none"> <li>a. A change in overall attitude/personality with no other identifiable cause.</li> <li>b. A change in activities or hobbies.</li> <li>c. A general lack of motivation.</li> <li>d. School tardiness or absenteeism.</li> <li>e. An acute decline in school grades with no previous history of academic delays or learning difficulties.</li> <li>f. Change in personal grooming habits.</li> <li>g. Legal charges related to possession of drug paraphernalia.</li> <li>h. A change in physical appearance.</li> <li>i. Increased socially isolative behavior.</li> <li>j. A change in peer group.</li> <li>k. Promiscuity and/ or engaging in illegal activity</li> <li>l. Behaviors outside of the norms of the family.</li> </ul> <p>3. 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:</p> <ul style="list-style-type: none"> <li>a. The physical safety of the youth or others is at risk.</li> <li>b. And/or 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.</li> </ul> <p>4. The youth is exhibiting emotional and behavioral symptomatology related to substance use, which may include but is not limited to:</p> <ul style="list-style-type: none"> <li>a. Decreased energy.</li> <li>b. Decreased self-esteem.</li> <li>c. Recently developed concentration difficulties.</li> <li>d. Increased irritability.</li> <li>e. Increased anxiety symptoms.</li> <li>f. Paranoia.</li> <li>g. Changes in sleep or appetite.</li> </ul> <p>5. 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.)</p>
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	<p>that cannot be successfully and safely maintained in a non-clinical setting or less restrictive IOS.</p> <ol style="list-style-type: none"> <li>6. The parent/guardian/caregiver (or young adult if age 18 and older) must consent for treatment.</li> <li>7. The youth has cognitive functioning that would enable them to benefit from the psychotherapeutic interventions offered at the RTC BH SU program.</li> <li>8. 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.</li> </ol> <p>If the youth is diagnosed with a co-occurring Intellectual/Developmental Disability, they must also meet the following criteria:</p> <ol style="list-style-type: none"> <li>9. The youth has a behavioral health disorder, which interferes with their 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.</li> <li>10. The youth can access their educational entitlement and is enrolled or can be enrolled in school.</li> </ol>
<p><b>Exclusionary Criteria</b></p>	<p>Any of the following criteria are sufficient for exclusion from this IOS:</p> <ol style="list-style-type: none"> <li>1. 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.</li> <li>2. The youth is at imminent risk of causing serious harm to self or others, and inpatient psychiatric hospitalization is indicated.</li> <li>3. 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.</li> <li>4. The youth has a medical condition, which would prevent the necessary participation in treatment services, or alternatively, the youth’s substance use treatment needs require acute detoxification/withdrawal management and/or cannot be safely maintained at this IOS.</li> </ol>

	<ol style="list-style-type: none"> <li>5. The youth does not have an identified co-occurring mental health and substance use diagnoses.</li> <li>6. The youth is a parent and requires “Mommy and Me” treatment program.</li> <li>7. The youth’s cognitive functioning precludes them from benefitting from the psychotherapeutic interventions offered at the RTC BH SU program.</li> <li>8. 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.</li> <li>9. 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.</li> <li>10. 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.</li> </ol>
<p><b>Continued Stay Criteria</b></p>	<p>All of the following criteria are necessary for continuing treatment at this IOS:</p> <ol style="list-style-type: none"> <li>1. The required clinical information indicates that the youth requires a RTC-BH/SU IOS and that these services continue. The youth’s treatment does not require a higher IOS, and a lower IOS would not be appropriate, as it may cause a disruption to maintenance of progress.</li> <li>2. The youth’s care plan is appropriate to their changing condition with specific goals and objectives, which are attainable and realistic.</li> <li>3. The parent/guardian/caregiver has been actively invested in treatment, as evidenced by regular attendance at treatment team meetings, participation in family therapy, and involvement with transition planning.</li> <li>4. When clinically necessary, an appropriate psychopharmacological evaluation has been completed, and ongoing treatment is initiated and monitored.</li> <li>5. 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.</li> </ol>

	<ol style="list-style-type: none"> <li>6. There is documented evidence of active, individualized transition planning.</li> <li>7. The youth is actively participating in treatment, is regularly attending treatment team meetings, and is adhering to program rules and guidelines.</li> </ol>
<p><b>Transitional Joint Care Review (TJCR) - Transition Request Criteria</b></p>	<p><b>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:</b></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> <ol style="list-style-type: none"> <li>1. Treatment needs that were addressed in current episode of care and any previous episodes of OOH treatment.</li> <li>2. Treatment interventions that were successful and/or unsuccessful in current/previous IOS in OOH treatment.</li> <li>3. Behaviors/needs that warrant a different OOH IOS.</li> <li>4. The youth’s perspective on proposed transition (applicable based on cognitive abilities).</li> <li>5. Justification as to why another episode of OOH treatment is in the youth and family’s best interest.</li> <li>6. Identify barriers for reintegrating the youth to a non-clinical setting at this time.</li> <li>7. Describe what is necessary for successful community reintegration.</li> </ol>
<p><b>Transition Criteria</b></p>	<p>Any of the following criteria are sufficient for transition from this IOS:</p> <ol style="list-style-type: none"> <li>1. The youth’s documented care plan goals and objectives for this IOS have been substantially met.</li> <li>2. The required clinical information indicates that the youth requires a different clinical treatment focus.</li> </ol>

	<ol style="list-style-type: none"> <li>3. 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 treatment.</li> <li>4. The youth is not making progress toward care plan goals, and there is no reasonable expectation of progress at this IOS, despite revisions to care plan.</li> <li>5. 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.</li> <li>6. 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.</li> </ol> <p>In addition to the above criteria, the following must also be achieved:</p> <ol style="list-style-type: none"> <li>7. Support systems, which allow the youth to be maintained safely in a less restrictive IOS, have been thoroughly explored and/or secured.</li> <li>8. A transition plan with follow-up appointments arranged by Care Management Organization (CMO). First follow-up appointment by CMO will take place within 10 calendar days of transition.</li> </ol>
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