

RESIDENTIAL TREATMENT CENTER (RTC)

RTC Clinical Criteria

Service Description

The Residential Treatment Center (RTC) IOS provides 24-hour staff supervised all-inclusive clinical services in a community-based therapeutic setting for youth who present severe and persistent challenges in social, emotional, behavioral, and/or psychiatric functioning. Youth receive individualized clinical interventions, psychopharmacology services (when applicable), educational services, 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. The 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 the RTC IOS is to engage the youth to address clearly identified needs, stabilize symptomology, and prepare the youth for a less restrictive environment. Treatment practices include trauma-informed care that 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 youth's reintegration with their caregiver, family, and community, or in an alternative living environment, preparing for independent living. The transition plan should be focused on establishing the youth in a safe, healthy, supportive, community-based living environment. Length of stay is individualized and is based on each youth's treatment planning needs.

The goal of the RTC Intensity of Service is to create a safe, holistic, consistent, 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 optimal health and wellness.

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 youth served in these programs.

The RTC IOS addresses the youth'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 independence within 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 the development of 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 JCR/treatment plan). The recommended length of stay for this program ranges from 9 to 12 months.

Criteria	
Admission Criteria	<p><i>The youth meets ALL of criteria A through J:</i></p> <ul style="list-style-type: none"> A. The youth is between the ages of 5 and 21. Youth ages 10 and under are provided with a supervisory review. Eligibility for services is in place until the young adult’s 21st birthday. B. The youth presents symptoms consistent with a DSM 5 diagnosis and requires intensive out-of-home therapeutic intervention. C. The CSOC Assessment and other relevant clinical documentation indicate that the youth requires a RTC Intensity of Service (IOS). D. 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"> a. The psychological or physical safety of the youth or others is at risk; and/or b. 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. E. The youth 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 a less restrictive Intensity of Service treatment setting. F. The youth demonstrates a capacity to respond favorably to rehabilitative programming and skill development within a structured milieu. G. The parent/guardian/caregiver (or young adult if age 18 and older) must consent for treatment. H. If the youth is a parent and requires “Mommy and Me” services, their child is younger than the age of five. I. The youth must have cognitive functioning abilities in the moderately impaired range or higher. J. 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. <p><i>If the youth is diagnosed with a co-occurring developmental/intellectual disability, he/she must also meet criteria K:</i></p> <ul style="list-style-type: none"> K. The youth has a behavioral disorder which interferes with her/his ability to adequately function in significant life domains: family, school, social or

	<p>recreational/vocational activities. The presenting behaviors seem directly correlated with a behavioral disorder, independent of the developmental disability or substance use disorder; and it is clearly evident that the youth’s presenting behaviors could benefit from the provision of therapeutic services, which are rehabilitative in quality.</p>
<p>Exclusion Criteria</p>	<p>ANY 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 youth is at imminent risk of causing serious harm to self or others, and inpatient psychiatric hospitalization is clinically indicated. C. The youth’s presenting challenges compromise the safety of the currently therapeutic environment. D. The youth is unable to perform basic daily living skills and requires specialized treatment interventions that go beyond the capability of this IOS. E. The youth has medical conditions or physical health impairments that would prevent participation in behavioral health services. . F. The youth’s primary treatment needs pertain specifically to Substance Use and/or medical intervention or medical monitoring or management is indicated prior to addressing behavioral health treatment needs. G. If the youth is a parent and requires “Mommy and Me” services, their child is older than the age of five. H. If the youth’s intellectual/developmental disability includes one of the following: <ul style="list-style-type: none"> a. The youth has a sole diagnosis of Autism Spectrum Disorder and there are no co-occurring diagnoses, symptoms, or behavioral symptoms consistent with a DSM 5 behavioral health diagnosis. b. The youth has a sole diagnosis of an Intellectual/Developmental Disability and there are no co-occurring diagnoses, symptoms, or behavioral symptoms consistent with a DSM 5 behavioral health diagnosis. c. The youth has a diagnosis of Autism Spectrum Disorder and an intellectual disability and there are no co-occurring diagnoses, symptoms, or behavioral symptoms consistent with a DSM IV TR/DSM 5 mental health diagnosis. I. The youth’s level of cognitive functioning is consistent with limitations in adaptive functioning which precludes his/her ability to benefit from the milieu and therapeutic intervention offered at the RTC Intensity of Service.

	<p>J. The youth’s trauma-related symptomology and/or other clinical needs cannot be adequately addressed and effectively treated within this intensity of service.</p> <p>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.</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> <p>A. The severity of the emotional, behavioral disturbance continues to meet the criteria for this intensity of treatment service.</p> <p>B. The CSOC Assessment and other relevant clinical information indicate that the youth continues to require the RTC Intensity of Service.</p> <p>C. RTC Intensity of Service services continue to be required to support reintegration of the youth into a less restrictive living environment.</p> <p>D. Care plan is appropriate to the youth’s changing condition with realistic and specific goals and objectives that include target dates for accomplishment.</p> <p>E. The youth’s parent/guardian/caregiver has been actively engaged 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/ Guardian/Caregiver involvement with treatment will be monitored by the CFT and documented in the Care Plan.</p> <p>F. Progress in relation to specific treatment needs 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.</p> <p>G. When clinically necessary, an appropriate psychopharmacological evaluation has been completed and ongoing treatment is initiated and monitored.</p> <p>H. Collaboration between all Child Family Team (CFT) members, which may include, but not limited to, CMO, DCP&P, parent/legal guardian, youth, and RTC provider, is clearly document in the treatment plan.</p> <p>I. There is documented evidence of active, individualized transition 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, <u>ALL</u> of the additional following criteria must be met:</p> <p>The CSOC Assessment and other relevant information indicate that the youth requires</p>

	<p>a different clinical treatment focus within a different OOH treatment setting. This documentation must include the following:</p> <ul style="list-style-type: none"> 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 intensity of service. D. The youth’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 youth and any barriers that may exist therein.
<p>Transition Criteria</p>	<p>ANY of the following criteria is sufficient for transition from this intensity of service:</p> <ul style="list-style-type: none"> A. The youth’s documented Care Plan goals and objectives for this Intensity of Service have been substantially met. B. The CSOC Assessment and other relevant clinical information indicate that the youth 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 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.