

Intensive Residential Treatment Services Behavioral Health/Developmental Disability – IRTS BH/DD

Intensive Residential Treatment Services BH/DD (IRTS BH/DD)

Service Description

Intensive Residential Treatment Services BH/DD (IRTS BH/DD) is a highly structured non-hospital-based treatment setting that offers comprehensive and specialized diagnostic and therapeutic services to youth with a wide range of complex emotional and behavioral needs and their families with a co-occurring intellectual/developmental disability (I/DD). Youth entering these programs require intensive clinical services on a 24/7 basis in a structured environment with continuous line-of-sight supervision, medication monitoring and management, and a concentrated and individualized treatment program. There is a focus on transferring skills necessary to foster and maintain the outcomes of increased independence, productivity, enhanced family functioning, and inclusion in the community.

Youth can be referred to an IRTS BH/DD program by one of the designated Children's Crisis Intervention Service (CCIS) or a private psychiatric hospital and cannot be maintained in a lower intensity community program with a reasonable degree of safety. IRTS BH/DD programs are not authorized to use mechanical restraint or any form of locked seclusion. The IRTS BH/DD treatment setting is not a secured, locked facility.

Criteria

Admission Criteria

All of the following criteria are necessary for admission:

1. The youth is between the ages of 14-18. Special consideration will be given to youth whose age is outside of these age ranges but have treatment needs consistent with the IRTS BH/DD Intensity of Service.
2. The youth present with symptoms consistent with a DSM 5 diagnosis and requires therapeutic intervention.
3. The youth has been diagnosed with a developmental or intellectual disability.
4. As a result of their 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.

	5. The youth's emotional and behavioral presentation is not stable enough to be treated outside of a highly structured therapeutic environment, which offers 24-hour monitoring and supervision. 6. The Clinical assessments, hospital documentation and other relevant clinical information indicate that the youth's presenting treatment needs are consistent with the IRTS BH/DD IOS. The youth meets any ONE of the following: 7. The youth is a potential danger to self as evidenced by self-injurious behaviors or suicidal ideation, without a specific plan or intent. 8. The youth is behaviorally dysregulated which can compromise the safety of self and others in the absence of 24/7 supervision. 9. The youth manifests psychotic symptoms that impair daily functioning, but do not require inpatient hospitalization. 10. The youth demonstrates a disturbance of mood that interferes with personal, family, or school functioning and/or responsibilities. Symptoms may include depressed mood, irritability, diminished interest in pleasurable activities, social withdrawal or isolation, fatigue, an overall decline in motivation, decreased appetite, sleeping difficulties, or concentration difficulties. 11. The youth demonstrates acute or chronic fluctuations in mood with associated impulsive, injudicious, high-risk behaviors across multiple settings including home, school and/or the community. 12. The youth manifests poor judgment and lacks problem-solving skills to the extent that they might inadvertently place themselves in life threatening situations.
Exclusionary Criteria	Any of the following is sufficient for exclusion from this Intensity of Service: 1. The youth is at imminent risk of causing serious harm to self or others. 2. The youth presents with IDD challenges consistent with a moderate to high level of severity. 3. Clinical assessments, hospital documentation and other relevant clinical information indicate that the youth needs a higher or lower intensity treatment program. 4. The youth and/or the parent/guardian/ caregiver does not voluntarily consent to treatment.

	5. The youth's primary treatment needs are consistent with a substance use disorder and require immediate medical treatment or intervention, such as withdrawal management or detoxification services. 6. The youth presents with symptoms and behaviors consistent with a sole diagnosis of Disruptive, Impulse-Control and /or Conduct Disorders. 7. 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. 8. 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	All of the following criteria are necessary for continuing treatment at this IOS: 1. The severity of the behavioral/emotional challenges continue to meet the criteria for this IOS. 2. The CSOC Assessment and other relevant information indicate that the youth continues to need the IRTS BH/DD intensity of service. 3. The youth's treatment does not require a higher intensity of service treatment program or a lower intensity of service treatment program. 4. Services at this intensity of service continue to be required to support reintegration of the youth into a less restrictive environment. 5. The individualized treatment plan is appropriate to the youth's presenting treatment needs, with realistic and specific goals and objectives that include target dates for accomplishment. 6. The youth and the parent/guardian/caregiver are actively participating in treatment to the extent all parties are able. 7. Individualized services and treatments are tailored to achieve optimal results in a time efficient manner and are consistent with evidence based and trauma-informed clinical practice. 8. 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 treatment plan include strategies for achieving these unmet goals.

	9. When clinically necessary, an appropriate psychopharmacological evaluation has been completed and ongoing treatment is initiated and monitored. 10. There is documented evidence of active, individualized transition planning. 11. 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 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: 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: 1. Treatment needs that were addressed in current episode of care and any previous episodes of OOH treatment. 2. Treatment interventions that were successful and/or unsuccessful in current episode of care and any previous episodes of OOH treatment. 3. Behaviors/needs that warrant a different OOH intensity of service. 4. The youth's perspective on proposed transition (applicable based on cognitive abilities). 5. Justification as to why another OOH treatment episode is in the youth's and family's best interest. 6. Barriers for the reintegrating the youth to the community at this time. 7. Community reintegration plan for the youth.
Transition Criteria	Any of the following criteria are sufficient for transition from this intensity of service: 1. The youth's documented treatment plan goals and objectives for this intensity of service, as reported in their individualized treatment plan, have been met. 2. The CSOC Assessment and other relevant information indicate that the youth needs a higher intensity treatment program or a lower intensity treatment program. 3. Consent for treatment is withdrawn by the parent/guardian/ caregiver and/or the youth.
PerformCare	Revision Date: 08/08/2025

- | | |
|--|---|
| | <ol style="list-style-type: none">4. Support systems and specific therapeutic services (which allow the youth to be maintained in a lower intensity of service treatment program) have been identified and set up prior to the transition of the youth. The first follow-up appointment will take place within 10 calendar days of transition.5. The youth is not making progress toward treatment goals and there is no reasonable expectation of progress at this intensity of service, despite attempts to modify and revise treatment planning for the benefit of the youth.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.7. 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. |
|--|---|