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NEW YORK STATE OFFICE OF MENTAL HEALTH
RESIDENTIAL TREATMENT FACILITIES ~ WESTERN REGION

WHAT IS A RESIDENTIAL TREATMENT FACILITY?

Residential treatment facilities (RTF) provide fully integrated mental health treatment services to seriously emotionally disturbed (SED) youth between the ages of 5 and 21. The RTF admission is voluntary on the part of the youth and family and cannot be court ordered. The facility is within the continuum of services provided and regulated by the Office of Mental Health. Residential treatment facilities are less restrictive, unlocked and less intensively staffed than psychiatric centers and are operated by non-profit agencies.

WHAT IS THE TARGET POPULATION?

The target population for residential treatment facilities is seriously emotionally disturbed (SED) children and adolescents between the ages of five (5) and twenty-one (21) who have an I.Q. greater than 51 and whose needs cannot be met in the community or a less restrictive setting other than a hospital setting. Most often, these youth require more extensive residential mental health treatment (9-12 months).

Additionally, the residential treatment facility target population has relatively stable symptomatology and, in accordance with Mental Hygiene Law, may not present a likelihood of serious harm to others, and that the RTF can reasonably be expected to improve or prevent further regression so that services will no longer be needed.

(See Chapter XIII Part 583 of the Commissioner of Mental Health's Rules and Regulations (14NYCRR))

WHERE IS THE TARGET POPULATION CURRENTLY?

Prior to the establishment of residential treatment facilities, SED youth in need of continuing residential mental health services were identified throughout the generic child care system as either under-served in programs operated or certified by the Department of Social Services, State Education Department, or Office of Children & Family Services; placed out of the state; over-served in the Office of Mental Health psychiatric centers; or underserved.

The establishment of residential treatment facilities has helped complete the continuum of services for SED youth in New York State.

HOW DID THE PROGRAM COME ABOUT?

In the late 1970's, the Council on Children and Families, working with the Office of Mental Health, other state agencies with responsibilities for services to children, and voluntary child care agencies across the state, identified a major gap in the continuum of residential mental health services for children and adolescents. In response, the Office of Mental Health convened an interagency work group and an advisory group of voluntary child care providers to study these needs further.

The work group put forth a variety of clinical, programmatic, and fiscal recommendations, providing the basis for legislation which was enacted by the New York State Legislature as Chapter 947 of the Laws of 1981.

This legislation established residential treatment facilities as a sub-category of the hospitals for the mentally ill class, granted the Office of Mental Health authority to set reimbursement rates, linked residential treatment facilities to the educational funding model (Institutional Schools Act) established for child care institutions, and established regional interagency preadmission certification committees as the sole means through which a child may be placed in a residential treatment facility.

For federal reimbursement purposes, residential treatment facilities are classified as inpatient psychiatric facilities for individuals under age 22. Federal requirements include accreditation by the Council on Accreditation (COA) *or* Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

WHAT ARE THE PROGRAM REQUIREMENTS?

Part 584 of the Commissioner of Mental Health's Rules and Regulations (14NYCRR) establishes the minimum standards governing the operation of residential treatment facility programs in the areas of organization and administration, staffing, admission criteria and policies, service requirements, treatment teams and treatment planning, and record keeping.

These regulations require residential treatment facilities to comply with the following standards:

- Residential treatment facilities must have discrete and identifiable staff, program, and space. Although residential treatment facilities may share some staff and other-than-living unit space with other programs, each residential treatment facility must be separately identifiable within programs which a particular agency may operate.
- Residential treatment facilities may be from 14 to 56 beds in size.
- Residential treatment facilities must provide or insure the provision of a fully integrated range of services including verbal therapies, medication therapy, case coordination, therapeutic recreation, task and skills training, educational and vocational services, dietary services and physical health care.
- Each residential treatment facility must provide a 24-hour-a-day, seven-day-a-week treatment program and environment which are therapeutic, predictable, and consistent. The procedures defining this environment must insure the integration of and be consistent with each resident's individual treatment plan.
- The New York State Education Department is responsible for the regulation of education services. Each residential treatment facility, however, is required by the Office of Mental Health to insure the availability of mandatory education services in compliance with State Education Department regulations.
- An interdisciplinary team must be responsible for planning and providing services to each of the residents. Disciplines which must be available to participate in teams include psychiatry, psychology, social work, nursing, recreational therapy, child care and education.

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- An interdisciplinary team must develop, monitor, periodically review and revise, as needed, an individual treatment plan which specifies all the services required by each individual resident.

WHAT ARE PREADMISSION CERTIFICATION COMMITTEES?

Part 583 of 14NYCRR, which governs the operation of regional preadmission certification committees, addresses the membership, organization and administration, and operating procedures for these interagency committees. Additionally, Part 583 defines the eligibility criteria for referral to a residential treatment facility program and defines the functions, responsibilities, and membership of an advisory committee for each of the preadmission certification committees.

The preadmission certification committees have the following characteristics:

- One committee is established to serve each of the five Office of Mental Health regions.
- The State Commissioners of Mental Health, Office of Children and Family, and Education each appoint one clinical professional to each regional committee.
- Each committee must include a physician. If a physician is not included in the first three appointees, the Commissioner of Mental Health must appoint a physician to serve on each committee.
- Each committee must have a five member advisory board representing the interests of at least local governments, voluntary agencies and parents.

These preadmission certification committees all receive referrals from the Single Point of Access (SPOA) Committees or Parents/Guardians who choose to refer directly to the PACC. These referral sources may include, but are not limited to the following: parents, guardians, service providers, officials of public agencies, directors of facilities operated or licensed by the offices of Mental Health, Social Service officials and other authorized child care agencies.

In order to be considered complete, all referral applications must submit the specific required documentation. This referral is available from your local NYS Office of Mental Health Field Offices, or your County SPOA Coordinators. Once *completed*, and the referral is received by the field office prior to the identified closing date; it will be reviewed within 30 days by PACC

Following a favorable committee determination, a residential treatment facility has 30 days to review the appropriateness of the youth to their program and treatment milieu, make a decision whether or not to admit the youth and respond in writing to the field office. Each youth is then prioritized based upon their individual requirements/needs and admitted when a bed becomes available at the facility.

HOW CAN A CHILD OR ADOLESCENT BE REFERRED FOR ADMISSION?

The referral application should be completed by a person who is familiar with the case and must include: completed cover sheet, consents, referral summary that includes the most salient features Referral letter that includes most salient features of case, including examples & descriptions of behaviors typical in current placement, current age appropriate activities, self-care skills & ability to relate to others. Also needed, current

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psychiatric evaluation that includes a multi-axis diagnosis – within the past 30 days- and signed by a psychiatrist or physician, psychological evaluation (with a full scale IQ), psychosocial, educational summary and individual education plan, health summary /physical and immunization record. Other Additional documentation might include: Parent and/or Youth statement, Child and Adolescent Needs Assessment (CANS), past & current treatment plans, psychiatric evaluations, behavioral assessments and risk assessments. (At a later date, other documentation to clarify case materials may be requested by the PACC.)

HOW IS THE RESIDENTIAL TREATMENT FACILITY PROGRAM TO BE FUNDED?

Residential treatment facilities have been designed to be eligible for Medicaid reimbursement of all but direct educational costs. The federal government will pay approximately 50 percent of the non-educational costs, with New York State and local governments sharing the remaining non-educational costs according to currently applicable state law.

Residential treatment facilities will be reimbursed through cost related Medicaid per diem rates set by the Office of Mental Health and approved by the Division of the Budget. It is expected that the average Medicaid rate will be substantially lower than the reimbursement rates for state-operated children's psychiatric centers but above those for voluntary foster care institutions.

IN THE WESTERN REGION ...

WHAT ARE THE NAMES OF AGENCIES and WHERE THE RTF ARE'S LOCATED?

Baker Victory Services ~ Lackawanna, NY 14218

Conners Children's Center ~ Buffalo, NY 14209

Crestwood Children's Center (Affiliate of Hillside Family of Agencies) ~ Rochester, NY 14623

Hillside Children's Center (Affiliate. of Hillside Family of Agencies) ~ Rochester, NY 14620

St. Joseph's Villa ~ Rochester, NY 14616

For further information please contact:

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