

Durham SOC Care Review LEVELS OF RESIDENTIAL CARE

The following is a description of the levels of residential care available to the children of North Carolina. These services can be provided in a variety of locations from urban to rural, from facility based to community based and from public sector to private sector. They are all a part of the North Carolina System of Care. As such, each must be considered as serving a unique role in the clinical continuum of services. A clear understanding of the treatment and management capabilities as well as target population of each level of care is paramount to successfully individualizing treatment services to the needs of each child and family served.

LEVEL II-Family:

One or Two Parent homes where the parents have received special training and have access to additional support.

1. Moderate level of structure and supervision to support age appropriate behavior
2. Family may be asleep during child's sleeping hours
3. Family/Caretaker must be available to meet child's treatment needs 24 hours a day (except for planned respite time)

Children who are appropriate for this service may have the following behaviors:

1. Difficulty following directions
2. Frequent arguments with caretakers, siblings, teachers etc...
3. Mild Self-Injurious behavior, risk taking, sexual promiscuity
4. Suicidal thoughts
5. Frequent fights at home, school or community
6. Frequent verbally aggressive outbursts
7. Frequent property damage
8. Inability to engage in age appropriate activities without constant supervision (little league, scouts etc.)
9. Low to moderate risk for sexually victimizing others
10. Possible involvement with the legal system
11. Infrequent school suspensions

These children have experienced a level of dysfunction that makes it impossible to function at an age appropriate level in their own homes or in a lower level of care. This may be as a result of a combination of factors including their own level of disruptive and maladaptive behavior as well as the nature of their previous living situation. This service provides a structured and supervised environment for the acquisition of skills necessary to enable the child to improve level of functioning to achieve and/or to maintain the most realistic level of independent function where earlier treatment gains are somewhat fragile and the child is subject to regression.

Child is fairly accepting of treatment process.

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LEVEL 2- Program Type:

The staffing structure may include family and program type settings.

Children who are appropriate for this service may have the following behaviors:

Same as for Level II – Family Type

The child has displayed difficulty in a family setting such that placement with a family would not be indicated. Many of these children have suffered abuse/neglect within their own families and as a result have a great deal of trouble adjusting to a family setting. This level of service is responsive to the need for intensive, interactive, therapeutic interventions, which still fall below the level of a staff secure/24 hour supervision or secure treatment facility.

Child is fairly accepting of treatment process

LEVEL III**Children who are appropriate for this service may have the following behaviors:**

1. Inability to follow directions and conform to structure of school, home or community
2. Constant, sometimes violent arguments with caretakers, peers, siblings and/or teachers
3. Moderate level of self-injurious behavior, risk taking, sexual promiscuity
4. Suicidal actions/history of serious suicidal actions
5. Almost daily physical altercations in school, home or community
6. Constant verbally aggressive and provocative language
7. Frequent and severe property damage
8. Probable legal system involvement
9. Frequent school suspensions
10. Moderate to high risk for sexually victimizing others

Child is in need of:

- A higher level of supervision and structure than can be provided in a level 2 facility.
- Supervision by awake staff during times when the child is sleeping in order to maintain the child.
- A facility that is “staff secure”. There are no locks, but the child needs a high level of constant supervision to be maintained in the community

Child is only minimally accepting of treatment

This service is responsive to the need for intensive, active, therapeutic intervention, which requires a staff secure treatment setting in order to be successfully implemented. This setting has a higher level of consultative and direct service from psychiatrists, psychologists, therapists, medical professionals, etc.

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LEVEL IV

Children who are appropriate for this service may have the following behaviors:

1. Refusal to follow directions and conform to structure of school, home or community
2. Constant, and frequently violent arguments with caretakers, peers, siblings and/or teachers
3. Severe level of self-injurious behavior, risk taking, sexual promiscuity
4. Frequent suicidal actions/history of multiple, serious suicidal actions
5. Daily physical altercations in school, home or community
6. Constant verbally aggressive and provocative language
7. Frequent and severe property damage
8. Probable legal system involvement
9. Frequent school suspensions or expulsion
10. High risk for sexually victimizing others
11. May be related to the presence of severe affective, cognitive or developmental delays/disabilities

Child is in need of:

- A higher level of supervision and structure than can be provided in a level 3 facility.
- Supervision by awake staff during times when the child is sleeping in order to maintain the child.
- A facility that is "physically secure". There are locks and the child needs a high level of constant supervision to be maintained within the treatment facility A higher level of clinical intervention than in a level III facility.
- The use of a time out room.
- The possible use of seclusion and/or restraint to control aggressive or self-injurious behaviors.

The child is not at all accepting of the treatment process and requires the security of a locked facility to begin the treatment process. The Child may have a history of elopement from treatment facilities. The child's educational needs must also be met in a secure setting provided by the residential provider.

Typically, the treatment (psychiatric, psychological, medical, vocational, recreational, educational) needs of consumers at this level are so extreme that these activities can only be undertaken in a therapeutic context. These services are conducted in a manner that is fully integrated into ongoing treatment.

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PRTF LEVEL

A Psychiatric Residential Treatment Facility (PRTF) is intended to serve as an entirely different type of care from the Residential Treatment Levels I - IV facilities. A PRTF is intended to be a more clinically intense type of treatment delivered to children that are more acutely or chronically psychiatrically ill than those served in the other levels of care. PRTF is more appropriately seen in the continuum of hospital services than in the continuum of the other levels of residential care. PRTF's must provide treatment under the daily supervision of a psychiatrist with experience in treating the types of children in the facility and must also provide a high level of nursing specialty/coverage along with the necessary staffing to meet the management needs of the population served. PRTF's must also provide for the education of children in care.

Children who are appropriate for this service may have the following behaviors:

- Need extensive and clinically intensive workup to determine appropriate diagnosis and treatment plan.
- Have a major mental illness that is under sufficient control to allow for discharge from an inpatient hospital
- Need extended monitoring while undergoing medication trials/stabilization but who no longer met acute stay hospitalization criteria
- Need of highly intensive, clinically specialized therapies that require a specially trained and clinically sophisticated milieu for effective delivery (such as but not limited to: sexually aggressive youth, deaf/hard of hearing, substance abusing youth)
- Failed treatment in services along the outpatient and other residential continuum of care and whose presentation is clinically challenging enough to warrant the level of clinical intensity provided by PRTF

Management Intensity of PRTF

PRTF services can be delivered in a non-secure or secure setting. The child's clinical presentation should be considered in order to refer to the proper type facility.

Non-secure PRTF's are "staff secure" meaning that the staffing ration should allow for adequate supervision without the use of locked doors, seclusion or restraint. The child may display many of the same behaviors as those children in a Level III facility, however, the Child and Family Team has determined that there is a need for a higher level of clinical intensity than would be provided in a Level III facility.

Secure PRTF's are locked, "physically secure" facilities. They still maintain a very high staffing ratio in order to meet the intense clinical and management needs of the children they serve. These children are not highly engaged in treatment, and may at times require seclusion and/or restraint to progress or even maintain current function. Again, similar behaviors to those of children served in Level III or IV facilities may be seen. These children

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are seen as resisting treatment, or too low functioning to be able to maintain in an unlocked setting.

PRTF LEVEL

Admissions to PRTF should not be taken lightly. PRTF is a high level of care. Referred children should have been tried in less intensive and restrictive levels of care prior to determining the need for PRTF. Referrals to PRTF can also come as step down from an inpatient hospitalization when the Child and Family Team determines the need for further workup, monitoring or clinically intense treatment after the child no longer meets acute stay criteria.

WRIGHT SCHOOL

Wright School is a State of North Carolina run center located in Durham, NC that focuses on the treatment needs of school age children from around the state. Wright school functions on a “Re-Education” model that teaches children appropriate ways of interacting in their environment. Children must be able to go home/alternative community placement on weekends. The Wright School incorporates the child’s home environment into treatment at every step.

Admission

Children referred to the Wright display many of the same characteristics as those in Level III residential care. The local Area Mental Health Program is the portal of entry for Wright Area Programs are given a quota of slots in the program and can choose to use them for whichever clients they prefer.

Population Served

The Wright School serves children that have been difficult to treat and/or have failed treatment attempts in other settings. Wright is seen as the placement of last resort for most of these children. They have usually failed treatment or have been rejected for treatment at private facilities due to the level of clinical and management intensity needed to effectively treat their conditions.

Services

Wright provides a staff secure setting for treatment and has 24 hour awake staff available to ensure appropriate supervision. The program provides residential as well as Day Treatment services.

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WHITAKER SCHOOL

The Whitaker School is another State of North Carolina run center that focuses on the treatment needs of adolescents from around the state. Whitaker is located on the grounds of John Umstead Hospital in Butner, NC. Whitaker functions with a Re-Education model similar to Wright's. Children are encouraged to go home/or to an alternative community placement on weekends, however this is not mandatory. Many children in the program are not stable enough to travel home on weekends.

Admission

A Secure Residential Packet is the first step in the admissions process; when complete that packet should be brought before the Care Review Team. The Care Review Team reviews the appropriateness of the referral, if appropriate the Care Review Team will assist the CFT Coordinator in obtaining the signatures of the Community Collaborative Chair and the Director of the LME.

Population Served

Children served at Whitaker share many of the same characteristics of children served in Level IV facilities. They have usually been through multiple out of home placements and treatment settings before referral to Whitaker. Whitaker is seen as the placement of last resort for most of these children. They have usually failed treatment or have been rejected for treatment at private facilities due to the level of clinical and management intensity needed to effectively treat their conditions.

Services

Whitaker is a locked, physically secure treatment setting. There are awake staff available on a 24 hour basis to meet the needs of children served. The program provides residential as well as Day Treatment Services.

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INPATIENT HOSPITALIZATION

Inpatient hospitalization is the level of service that provides the most clinically intensive treatment along with a level of patient management sufficient to meet the needs of severely psychiatrically ill or acting out youth. Inpatient hospitalization is intended to meet the acute needs of the child. It is intended to provide the highest level of care for a child who is in need of temporary stabilization and/or evaluation. A child may usually function at a level indicating placement in his own home, but has decompensated due to an acute stress that has lead to short term stabilization in a hospital setting.

Inpatient hospitalization is appropriate for children such as:

1. Acutely suicidal or homicidal children
2. Children with major mental illnesses such as Schizophrenia, Affective Disorders, Anxiety Disorders, PTSD etc...whose condition is such that treatment outside of a hospital is unsafe due to their low level of current function
3. Children whose current behaviors present a clear and present threat of harm to self or others
4. Children whose presentations require an intensive evaluation and workup to determine appropriate diagnosis and treatment plan and who are unable to receive this in a PRTF or other level of care

Inpatient Hospitalization can occur on a voluntary or involuntary basis. Inpatient hospital psychiatric units are locked, secure facilities. They often utilize seclusion, restraint or even chemical restraint when indicated in order to ensure the safety of children served.

Admissions to Hospitals can come from any level of care from outpatient to Levels I-IV to PRTF. The deciding factor must be the level of clinical and management intensity needed at that time.

Children served by inpatient hospitals may be stepped down to a lower level of care in either a PRTF, Level I-IV facility, or to the community. The step down plan must be developed by the Child and Family Team along with the hospital in order to meet the current needs of the child.

Community, University and State Psychiatric Hospitals exist within our state. Each should be set up to serve a certain type of child. Although there is no official demarcation between the populations of children served, the following is a recommendation for streamlining the system and allowing for a more efficient and effective division of service:

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Community Hospital

Community hospitals exist free-standing facilities dedicated to serving children with psychiatric needs, or as units within larger general hospitals.

Community Hospitals would serve children needing acute/short term stabilization.

1. Acutely suicidal, homicidal, self-injurious or severely aggressive children who are expected to stabilize quickly and have a clear discharge plan in place
2. Children with a clearly diagnosed major mental illness who are in generally good control but who have experienced a transient or stress related decompensation of function and have a clear discharge plan in place

University Hospital

University hospitals exist as a part of a larger University affiliated hospital organization.

University Hospitals would serve children needing more extensive evaluation and treatment in order to make appropriate progress.

1. Acutely suicidal, homicidal, self-injurious or severely aggressive children who are expected to stabilize quickly and have a clear discharge plan in place
2. Children with a clearly diagnosed major mental illness who are in generally good control but who have experienced a transient or stress related decompensation of function and have a clear discharge plan in place
3. Children needing a high degree of specialized evaluation in order to make a clear and accurate diagnosis
4. Children needing specialized services or procedures available only through major research institutions

Public (State) Hospital

Child/ Adolescent units exist as component parts of the four state run psychiatric hospitals in North Carolina.

State Psychiatric Hospitals would serve the most difficult to treat and challenging children in the system in addition to meeting overflow needs of Community and University Hospitals.

1. Children who have been hospitalized repeatedly and have not improved sufficiently to succeed for extended periods outside of a hospital.
2. Children who require a very high level of clinical and management intensity for an extended period of time due to mental illness
3. Children who require extensive evaluation and assessment (greater than can be provided in PRTF) in order to arrive at an appropriate diagnosis and treatment plan
4. Children whose treatment and management needs are too high to be safely met in Community or University Hospitals

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5. Children who have not responded to treatment in lower level (PRTF) facilities

6. Children who are not able to be served in Community or University Hospitals due to capacity issues

State Hospitals should develop relationships with Community and University Hospitals in order to facilitate sharing of services and smooth transition of clients between facilities.

State Psychiatric Hospitals have a long and sometimes controversial history. What is not controversial is the State Hospital's role in providing a public safety net to care for the most challenging and difficult to treat children in the North Carolina System of Care.

CRITERION 5

Criterion 5 is the payment method that was devised to meet the needs of Medicaid eligible children who have been psychiatrically hospitalized, responded to treatment and no longer meet acute stay criteria but have a step down plan that is not yet ready to be fully implemented. It is intended to allow a hospital to be reimbursed for the care of these children.

This may be due to a variety of reasons such as:

1. Step down resources being inappropriate
2. Step down resources being unavailable
3. Step down resources being geographically inaccessible.

Children certified for continued stay in hospitals under Criterion 5 must have their cases actively managed both on the state and local levels. They must be discharged as soon as an appropriate step down plan can be implemented. They may be discharged to any level of care from Home with community supports/follow to a Level I-IV residential facility to a PRTF. It is up to the Child and Family Team to determine the appropriate level of care.