Residential Treatment Services

DEFINITION

Residential Treatment Services provide a time-limited, interdisciplinary, psycho-educational, and therapeutic 24-hour-a-day structured program. Specialized services and interventions are delivered in a respectful, non-coercive, coordinated manner by an interdisciplinary team. Community linkages are established to ensure that all of residents' individual needs are met. The level of restrictiveness for residential treatment programs is greater than other group care settings given the treatment needs of residents. Residential treatment services provide highly individualized care to individuals - following either a community-based placement or more intensive intervention - with the aim of moving individuals toward a stable, less intensive level of care or independence. Short-Term Diagnostic Centers provide comprehensive assessments, observation, and monitoring in a highly structured setting and make recommendations for additional services that will address identified needs.

Crisis Stabilization Units provide assessment and stabilization services for individuals in acute psychiatric crisis. Residents are offered services in a safe, structured environment under trained professional care in order to return to their previous level of functioning.

Interpretation: *Service recipients of residential treatment services may include, but are not limited to:*

- *children, adolescents or adults with behavioral health disorders severe enough to prevent them from functioning well in their community, but not so severe as to warrant hospitalization or incarceration;*
- *adolescents or adults involved with the justice system;*
- *individuals who are pregnant or parenting;*
- *children or adolescents who have been victims of human trafficking;*
- *individuals needing highly structured, intensive treatment for substance use conditions;*
- *individuals needing specialized and intensive settings for the purposes of clinical assessment; and*
- *individuals needing psychiatric stabilization.*

Research Note: *The importance of providing trauma-informed care is reinforced by a growing body of research on the impact of adverse childhood experiences. A national network of providers, researchers, peer advocates, and families working collaboratively to raise the standard of care has defined a trauma-informed organization as one in which all programs:*

a. *routinely screen for trauma exposure and related symptoms;*
b. *use culturally and linguistically appropriate evidence-based assessment and treatment for traumatic stress and associated mental health*

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symptoms;

c. *make resources available to children, families, and providers on trauma exposure, its impact, and treatment;*
d. *engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma;*
e. *address parent and caregiver trauma and its impact on the family system;*
f. *emphasize continuity of care and collaboration across child-serving systems; and*
g. *maintain an environment of care and provides access to needed services for staff that addresses, minimizes, and treats secondary traumatic stress, and that increases staff resilience.*

Research Note: *Organizations that create environments where there is little to no coercion help reduce the use of restrictive behavior management interventions, such as restraint and seclusion, and reinforce trauma-informed care practices. Establishing non-coercive environments actively promotes interpersonal and cognitive skill development, as well as other positive outcomes for residents.*

Research Note: *Within the residential care field, there is a growing national movement for strategically creating closely coordinated partnerships between families, youth, communities, and residential and community-based service providers in order to ensure that services and supports are family-driven, youth-guided, strength-based, culturally and linguistically competent, individualized, and consistent with the research on sustained positive outcomes.*

Research Note: *The Trafficking Victims Protection Act of 2000 (TVPA) defines "severe forms of human trafficking" as: The recruitment, harboring, transportation, provision, or obtaining of a person for*

- *sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or*
- *labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.*

Coercion includes threats of physical or psychological harm to children and/or their families. Any child (under the age of 18) engaged in commercial sex (including prostitution, pornography, stripping) is a victim of trafficking.

Research Note: *Victims of human trafficking are in need of a comprehensive array of services, including residential treatment services. Increasingly, first responders, including law enforcement and social service providers, are being trained to seek support services for human trafficking victims rather than prosecuting them for criminal activities they may have engaged in while being trafficked, such as prostitution, theft, undocumented status, and wage/hour violations. Recognizing that these individuals are*

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victims rather than criminals is a paradigm shift still under way in our society. This paradigm shift is critical as trafficking victims are eligible for services and protections under federal and some state laws that may not be provided to them otherwise.

Note: *The Residential Treatment Services standards are designed to accommodate a variety of residential treatment programs that serve a wide range of populations.*

Organizations that only operate a Crisis Stabilization Unit will complete RTX 1, RTX 2, RTX 3, RTX 4, RTX 5, RTX 7, RTX 8, RTX 9, RTX 11, RTX 12, RTX 14, RTX 16, RTX 17, RTX 18, RTX 20, RTX 21, RTX 22 and have the option to take NAs on practice standards where noted. Organizations will also complete RTX 13 and RTX 15 if applicable.

Organizations that only operate a Short-Term Diagnostic Center will complete RTX 1, RTX 2, RTX 3, RTX 4, RTX 5, RTX 7, RTX 8, RTX 9, RTX 10, RTX 11, RTX 16, RTX 17, RTX 18, RTX 20, RTX 21, RTX 22 and have the option to take NAs on practice standards where noted. Organizations will also complete RTX 12, RTX 13, and RTX 15 if applicable.

Note: *Residential Treatment Services (RTX) are distinct from Group Living Services (GLS), which provide community-based care and are less restrictive. When residents are ready to leave residential treatment, they may be stepped down to a group living program or a less restrictive setting.*

Residential treatment programs with substance use as a primary focus will also complete Services for Mental Health and/or Substance Use Disorders (MHSU).

Organizations that provide adventure-based programming will also complete the Experiential Education Supplement (EES).

Recognizing that transition planning is an essential component of all residential treatment programs, organizations that have a separate program or department that offers targeted services to youth transitioning to independent living will complete Youth Independent Living (YIL).

Note: *Though the language in this section often refers to the individual or resident seeking care, these standards are also supportive of families and parents with children who are in care.*

Note: *The resident defines "family" based on who fulfills the role of a family member or family-like connection, including current or former foster family members, adoptive family members, legal guardians, extended family members, significant others, siblings or peers. As such, the term "family" as it is referred to throughout this section of standards will vary depending on each resident's definition.* **Note:** *Though the term trafficking is used throughout this section, there are additional terms that may be utilized, including sex trafficking, commercial sexual exploitation of children (CSEC),*

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domestic minor sex trafficking, and minor prostitution. The term victim is commonly used when referring to individuals who have been trafficked to emphasize that they have been coerced and exploited, though the term survivor may also be used.

Note: *The Residential Treatment Services (RTX) standards were revised in June 2014 to reflect current best practice. For more information, please see the RTX Standards Updates Summary - Private, Public, Canadian.*

Note: *Please see the RTX Reference List and Human Trafficking Reference List - Private for a list of resources that informed the development of these standards.*

Table of Evidence

Self-Study Evidence

- Provide an overview of the different programs being accredited under this section. The overview should describe:
  a. the program's approach to delivering services;
  b. eligibility criteria;
  c. any unique or special services provided to specific populations; and
  d. major funding streams.
- If elements of the service (e.g., assessments) are provided by contract with outside programs or through participation in a formal, coordinated service delivery system, provide a list that identifies the providers and the service components for which they are responsible. Do not include services provided by referral.
- Provide any other information you would like the peer review team to know about these programs.
- A demographic profile of persons and families served by the programs being reviewed under this service section with percentages representing the following:
  a. racial and ethnic characteristics;
  b. gender/gender identity;
  c. age;
  d. major religious groups; and
  e. major language groups
- As applicable, a list of groups or classes including, for each group or class:
  a. the type of activity/group;
  b. whether the activity/group is short-term or ongoing;
  c. how often the activity/group is offered;

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d. the average number of residents per session of the activity/group, in the last month; and
e. the total number of residents in the activity/group, in the last month

- A list of any programs that were opened, merged with other programs or services, or closed
- A list or description of program outcomes and outputs being measured
- Residential Treatment Services (RTX) Grouping Chart - Private, Public, Canadian, Network

On-Site Evidence

No On-Site Evidence

On-Site Activities

No On-Site Activities

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RTX 1: Service Philosophy, Modalities, and Interventions

A service philosophy:

a. sets forth a logical approach for how services, supports, activities, and interventions will empower and meet the needs of individual residents;
b. ensures that services are resident-guided, family-driven, culturally and linguistically competent, and trauma-informed;
c. guides the implementation and development of individualized services based on the best available evidence of effectiveness; and
d. outlines the service modalities, interventions, and activities that personnel may employ.

Interpretation: *A functional service philosophy, logic model, or similar framework guides program development and implementation by linking the organization's mission or purpose with strategies, practices, or tools needed to integrate these into daily work. A well-defined and visible practice framework will help staff and stakeholders think systematically about how the program can make a measureable difference by drawing clear connections between program values, service population needs, available resources, program activities and interventions, program outputs, and desired outcomes.*

Interpretation: *Organizations that are resident-guided empower, educate, and facilitate voice and choice of those served by the program. Offering residents decision-making power leads to more positive long-term outcomes.*

Organizations that are family-driven empower, educate, engage, and promote voice and choice of families.

Research Note: *Organizational self-assessments can evaluate the extent to which organizations' policies and practices are trauma-informed, as well as identify strengths and barriers in regards to trauma-informed service delivery and provision. For example, organizations can evaluate staff training and professional development opportunities and review supervision ratios to assess whether personnel are trained and supported on trauma-informed care practices. Organizations can also conduct an internal review of their assessments and service planning processes to ensure that services are being delivered in a trauma-informed manner.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

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2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g., Â

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Written service philosophy needs improvement or clarification; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- In a few rare instances required consent was not obtained; or
- Monitoring procedures need minor clarification; or
- With few exceptions the policy on prohibited interventions is understood by staff, or the written policy needs minor clarification.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- The written service philosophy needs significant improvement; or
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Documentation is inconsistent or in in some instances is missing and no corrective action has not been initiated; or
- Required consent is often not obtained; or
- A few personnel who are employing non-traditional or unconventional interventions have not completed training, as required; or
- There are gaps in monitoring of interventions, as required; or
- Policy on prohibited interventions does not include at least one of the required elements; or
- Service philosophy is not clearly related to expressed mission or programs of the organization; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There is no written service philosophy; or
- There are no written policy or procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or Â
- Two or more Fundamental Practice Standards received a rating of 3 or

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4.

Table of Evidence

Self-Study Evidence

- Service philosophy
- Policies for prohibited interventions
- Procedures related to the use of non-traditional or unconventional practices
- Table of contents of training curricula related to the use of non-traditional or unconventional practices

On-Site Evidence

- Documentation of training related to the use of non-traditional or unconventional practices

On-Site Activities

- Interview:
  a. Program director
  b. Personnel
  c. Residents and their families
- Review case records

RTX 1.01

The program is guided by a philosophy that provides a logical basis for services and supports to be delivered in a trauma-informed and culturally and linguistically competent manner, based on program goals and the best available evidence of service effectiveness.

(FP) RTX 1.02

If the organization permits the use of service modalities and interventions it defines as non-traditional or unconventional, it:

a. explains any benefits, risks, side effects, and alternatives to the resident or a legal guardian;
b. obtains the written, informed consent of the resident or a legal guardian;
c. ensures that personnel receive sufficient training, and/or certification when it is available; and

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d. monitors the use and effectiveness of such interventions.

Related: RPM 2.02

Interpretation: *Examples of non-traditional and unconventional service modalities or interventions include, but are not limited to: hypnosis, acupuncture, and modalities or interventions that involve physical contact, such as massage therapy.*

Interpretation: *Organizations that choose to permit non-traditional or unconventional service modalities or interventions should ensure that practices do not cause physical or psychological harm by demonstrating in their procedures that they have acknowledged the potential risks of implementing these methods and subsequently taken appropriate measures to minimize those risks.*

NA *The organization does not permit non-traditional or unconventional modalities or interventions.*

(FP) RTX 1.03

Organization policy prohibits:

a. corporal punishment;
b. the use of aversive stimuli and/or therapies;
c. interventions that involve withholding nutrition or hydration, or that inflict physical or psychological pain;
d. the use of demeaning, shaming, or degrading language and bullying activities;
e. unwarranted use of invasive procedures or activities as a disciplinary action;
f. unnecessarily punitive restrictions, including restricting contact with family as a disciplinary action;
g. forced physical exercise to eliminate behaviors;
h. punitive work assignments;
i. punishment by peers; and
j. group punishment or discipline for individual behavior.

Related: BSM 2.02

(FP) RTX 1.04

An intervention is discontinued immediately if it produces adverse side effects or is deemed unacceptable according to prevailing professional

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standards.

Related: RPM 2.02, RPM 2.03

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RTX 2: Access to Service

The organization makes every effort to ensure that services are only available to individuals who require and will benefit from a total milieu environment, active psychotherapeutic and psycho-educational interventions, and around-the-clock care for a specified period of time.

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Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information Â or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or Â

- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Admission policy
- Access, screening, and intake procedures
- Written materials describing the program
- Admission materials outlining permitted and prohibited items

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
  a. Program director
  b. Intake personnel
  c. Residents and their families
- Review case records

RTX 2.01

The organization defines in writing:

a. eligibility criteria, including age, and developmental stage;
b. scope of services and supports, special areas of expertise, and range of client issues addressed;
c. service options and levels of care;
d. opportunities for active family participation and support;
e. opportunities for active participation in community activities; and
f. promotion of housing unit compatibility based on age, interests, and group composition.

Interpretation: *Eligibility criteria states whether the organization accepts individuals with special risks, such as children and youth who engage in fire setting; individuals who exhibit sexually reactive behaviors; victims of physical, psychological or sexual abuse; and youth who have committed a delinquent act or violated a criminal law.*

Interpretation: *In regards to element (f), COA recognizes that organizations, particularly those that receive clients by referral only, may*

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have limited control of group composition. In these instances, organizations should identify the population(s) served, state how residents' diverse service needs will be met, and include strategies for promoting living unit compatibility.

RTX 2.02

The organization screens and informs residents of:

a. how well the their request matches the organization's services; and
b. what services will be available and when.

Interpretation: *The screen is a preliminary test administered to residents to determine whether he or she meets the program's eligibility criteria. Screenings will vary based on the program's target population and services offered, and can include information to identify any of the following: trauma history, substance use conditions, mental illness, and/or individual's risk of harm to self or others.*

NA *Another organization is responsible for screening, as defined in a contract.*

(FP) RTX 2.03

Prompt, responsive intake practices:

a. ensure equitable treatment;
b. give priority to urgent needs and emergency situations;
c. support timely initiation of appropriate services; and
d. provide for placement on a waiting list and referrals to interim services, if applicable.

Interpretation: *Vulnerable populations, such as youth that are lesbian, gay, bisexual, transgender, and questioning (LGBTQ), are at high risk of violence and harassment while in residential placement. The organization should ensure these youth are safe and welcomed by staff.*

RTX 2.04

Residents who cannot be served, or cannot be served promptly, are referred or connected to appropriate resources.

NA *The organization accepts all clients.*

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RTX 2.05

During intake, the organization gathers information to identify critical service needs and/or determine when a more intensive service is necessary, including:

a. personal and identifying information;
b. emergency health needs; and
c. safety concerns, including imminent danger or risk of future harm.

RTX 2.06

Admission decisions are made by experienced and licensed personnel in collaboration with the resident and his or her family and/or legal guardian.

Interpretation: *When facilities provide activities under contract with a "no reject" provision the interdisciplinary team carefully reviews admission decisions to ensure the organization is prepared to address any special needs or services the resident may require.*

Interpretation: *Experienced and licensed personnel can include psychiatrists, qualified medical practitioners, psychologists, educators, and other professionals.*

RTX 2.07

The resident and his or her family and/or legal guardian are engaged in an informative placement process and are:

a. apprised of any available options, benefits, and consequences of planned services;
b. prepared for admission, and given the opportunity for a pre-admission visit, whenever possible;
c. informed of how the organization can support the achievement of his or her desired outcomes; and
d. provided with information on the effectiveness of treatment, when available.

(FP) RTX 2.08

The organization describes:

a. personal items residents may bring with them, consistent with a safe,

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therapeutic setting;

b. items that are discouraged or prohibited; and
c. any safety procedures the program follows or consequences that can result when prohibited items are brought to campus.

Interpretation: *Personal items residents might bring with them may include: photos, books, cellphones, computers, or other electronics.*

Interpretation: *Given the rise in information and communication technologies, it is important for organizations to specify in their admission materials what electronic devices are permitted and prohibited.*

Research Note: *Research on trauma-informed systems emphasizes the importance of children not only feeling physically safe, but also psychologically safe. Psychological safety is defined as feeling safe within one's self and safe from external harm. One way to promote psychological safety in residential facilities is by giving children control and choice, for example, asking a child what personal items will help him or her feel safe while in care. Organizations should allow children to bring the items that provide them with comfort or work with children and their families to determine what can be arranged.*

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RTX 3: Family Involvement

The organization works with the resident and his or her family to determine and maintain an optimal level of family involvement in all treatment activities.

Interpretation: *Each resident defines "family" differently, whether it be blood relatives, legal guardians, foster families, adoptive families, extended family members, significant others, peer groups or other family-like relationships. Organizations should work with the resident to understand their definition of "family" in order for residents to develop and sustain permanent, lifelong connections.*

Interpretation: *In cases where the resident is a victim of human trafficking, it is important to be aware that the resident's parent or caregiver may be the trafficker or complicit in the trafficking. In such cases, determining appropriate family supports and level of involvement should include the input of the resident.*

Interpretation: *Level of family involvement will vary given the age and expressed wishes of the resident and as permitted by law. Program model and structure can also impact family involvement. For example, programs that provide crisis stabilization are short term and primarily focused on stabilizing the individual; therefore, the organization may have limited opportunities to engage family members in the treatment process. Furthermore, it may not be appropriate to engage family members due to the resident's mental and emotional state.*

Research Note: *Innovative programs are also taking steps to establish family advisory councils to involve family members in the hiring and training of staff, training family members to lead treatment team meetings, and supporting their involvement as advocates and mentors within the program in order to thoroughly engage families in the treatment process.*

Note: *Please refer to the Note at the service definition for how COA defines "family" throughout this service section.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted,

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however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information Â or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or Â
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Procedures for facilitating family involvement

On-Site Evidence

- Documentation of family involvement

On-Site Activities

- Interview:

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a. Program director
b. Relevant personnel
c. Residents and their families

- Review case records

RTX 3.01

The organization helps every resident to:

a. express the nature of family connection desired;
b. develop problem-solving skills and resolve conflicts in family relationships;
c. identify family strengths that help members meet challenges;
d. cope with family separation and grieve the loss of family;
e. maintain relationships with family members through time spent at home and shared activities;
f. participate in family and neighborhood activities; and
g. prepare for return to the family, if appropriate.

Interpretation: *Unless contraindicated by court-order, residents have the opportunity to spend time with their family at home and receive visits from family and friends. The organization will not permit withholding of family contact, restrictions on, or cancellation of planned time home for disciplinary reasons. For adults, and some young adults, every attempt should be made to include family members such as a spouses, siblings, children, parents, and/or significant others identified by the resident. In cases where the adult resident does not want family involvement the resident receives help to identify friendship/peer support opportunities based on common interests, and for young adults efforts are made to help them connect with a non-custodial parent and/or other extended family members.*

Interpretation: *Every attempt should be made to prevent residents from being in a program that is a long distance from their home and community. Residents should be located close to their families and home communities so they can retain natural connections (including extended family, neighbors, mentors, etc.) and continue to participate in community programs. As such, organizations should attempt to accept individuals who live nearby to allow frequent in-person contact with families. All efforts to avoid loss of connection with family and friends should be made via web-based or electronic communication.*

Interpretation: *The organization should work with the resident to identify individuals with whom they wish to maintain a relationship, especially when trafficking is suspected. Traffickers may pose as a significant other, older relative, or communicate through another individual and utilize visitation to*

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continue the exploitation of the victim.

Research Note: *Residential treatment programs should have open door policies, allowing families to spend time and/or communicate with residents to the greatest extent possible. Innovative programs are promoting family member involvement by having staff members work with residents and families in their homes and communities on a regular basis.*

Note: *Some standards elements may not be applicable for crisis stabilization and short-term diagnostic programs due to length of stay and program design.*

RTX 3.02

Engagement activities support the development and maintenance of a therapeutic partnership with family members that, when possible, precedes, continues throughout, and follows the resident's stay.

Interpretation: *Family engagement activities should occur as often as possible unless the child and family team has determined that there are compelling reasons to limit contact.*

Research Note: *Research suggests that contact and involvement with family is positively associated with treatment outcomes.*

(FP) RTX 3.03

The organization supports active family participation:

a. at admission;
b. in assessments;
c. in service planning and decision-making;
d. during the treatment process and discharge planning, including preparation for return to family and community; and
e. in family counseling and services, unless involvement is contraindicated.

Interpretation: *Examples of ways to engage families and encourage their participation in treatment activities can include asking family members directly about their needs and having family advocates available to offer assistance.*

RTX 3.04

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When services cannot be provided close to a resident's home, the organization facilitates maintenance of family ties, and involvement of the family in service planning and delivery, by:

a. assisting the family with travel arrangements;
b. coordinating or facilitating family services to be delivered in the community; and/or
c. employing methods for telecommunication through web-based or electronic systems.

Interpretation: *The organization must support family involvement and provide alternative services through cooperating community-based service providers. Transportation costs should be paid to facilitate residents spending time at home on a regular basis, when possible. Documented exceptions can be made in situations that meet special needs and when family involvement is contraindicated.*

RTX 3.05

Family members receive information and support to help them understand the needs of the resident and promote successful reintegration with their family and community.

Interpretation: *Organizations should educate family members on any important information related to the resident's treatment that will aid in the resident's transition from care and offer supports to families such as individual mentoring and family and/or parent coaching.*

Interpretation: *Educating parents on sex trafficking is an important component to prevention, identification, and treatment. Information provided should address how parents can raise their children in an environment free of abuse, neglect, and exploitation, through information on topics such as internet safety, how to respond when a child runs away, and developing healthy relationships. Additionally, information for parents of trafficking victims should emphasize the issue of stigma associated with prostitution to help the family provide a healthy, nonjudgmental home environment, supportive of a successful reintegration.*

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

RTX 4: Assessment

Residents and their families participate in a comprehensive, individualized, trauma-informed, strengths-based, and culturally and linguistically competent assessment process that informs and guides service delivery, discharge planning, and aftercare services.

Interpretation: *Assessments should be child, youth, adult, and/or family-focused, as appropriate to the needs and wishes of the resident, the service population, or program type.*

Interpretation: *When the organization is working with an Indian family, tribal representatives or other tribal community members must be involved in the assessment process, as determined by the tribe and the family.*

Interpretation: *The Assessment Matrix - Private, Public, Canadian, Network determines which level of assessment is required for COA's Service Sections. The assessment elements of the Matrix can be tailored according to the needs of specific individuals or service design.*

Research Note: *For an assessment to be trauma-informed, it assumes that every individual has likely been exposed to experiences that are traumatic, including abuse (physical, psychological or sexual), neglect, out-of-home placements, or persistent stress. Adopting this assumption in all levels of treatment ensures the organization actively avoids instances that traumatize the resident.*

Research Note: *All children, youth, and families have areas of strength and resilience. Staff should engage residents and their families in an open and safe dialogue about their strengths, struggles, fears, and experiences during the assessment process to ensure that residents and their families are the focus of treatment efforts. Comprehensive assessment that guides effective service planning will be best achieved when families are engaged as partners in identifying their strengths and needs.*

Note: *Organizations should review state Medicaid plans or other third party reimbursement requirements to ensure they are meeting required timeframes for conducting assessments.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g., Â

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Culturally responsive assessments are the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.05); or
- Active client participation occurs to a considerable extent; or
- Diagnostic tests are consistently and appropriately used, but interviews with staff indicate a need for more training (TS 2.08).

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Â Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Assessment and reassessment timeframes are often missed; or
- Assessment are sometimes not sufficiently individualized;
- Culturally responsive assessments are not the norm and this is not being addressed in supervision or training; or
- Staff are not competent to administer diagnostic tests , or tests are not being used when clinically indicated; or
- Client participation is inconsistent; or
- Assessments are done by referral source and no documentation and/or summary of required information present in case record; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or Â
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

Table of Evidence

Self-Study Evidence

- Assessment and reassessment procedures, including strategies for family engagement
- Interdisciplinary assessment tools and/or criteria included in the assessment

On-Site Evidence

- Data on timeliness of assessments

On-Site Activities

- Interview:
  a. Program director
  b. Relevant personnel
  c. Residents
- Review case records

RTX 4.01

The information gathered for assessments is strengths-based, comprehensive, directed at concerns identified in the initial screening, and limited to material pertinent for meeting service requests and objectives.

RTX 4.02

Residents actively participate in a timely, individualized interdisciplinary assessment of:

a. family, environmental, cultural, and religious or spiritual factors;
b. educational and vocational accomplishments;
c. social skills, hobbies, and recreational activities and interests; and
d. strengths, skills, and special interests.

Interpretation: *Assessments are completed within timeframes established by the organization and are updated periodically.*

Interpretation: *Standardized and evidence-based assessment tools are recommended to inform decision-making in a structured and consistent manner.*

(FP) RTX 4.03

Clinical personnel conduct a bio-psychosocial evaluation with the

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

participation of a licensed psychiatrist, psychologist, or other qualified mental health professional, or review a recent evaluation that includes:

a. a psychiatric history;
b. a mental status examination;
c. a trauma assessment, when appropriate;
d. intelligence and projective tests, as necessary; and
e. a behavioral appraisal.

Interpretation: *Personnel that conduct evaluations should be aware of the indicators of a potential trafficking victim, including, but not limited to:*

a. *evidence of mental, physical, or sexual abuse; physical exhaustion;*
b. *working long hours;*
c. *living with employer or many people in confined area;*
d. *unclear family relationships;*
e. *heightened sense of fear or distrust of authority;*
f. *presence of older significant other or pimp;*
g. *loyalty or positive feelings towards an abuser;*
h. *inability or fear of making eye contact;*
i. *chronic running away or homelessness;*
j. *possession of excess amounts of cash or hotel keys; and*
k. *inability to provide a local address or information about parents.*

?Several tools are available to help identify a potential victim of trafficking and determine next steps toward an appropriate course of treatment. Examples of these tools include, but are not limited to, the Rapid Screening Tool for Child Trafficking and the Comprehensive Screening and Safety Tool for Child Trafficking.

Interpretation: *Other mental health professionals can include: psychiatric nurse practitioners, licensed social workers, or professionals with specialized training and skills in the nature and treatment of mental illness.*

Interpretation: *The organization should have mechanisms in place for sharing information among service providers that respects confidentiality and encourages continuity of care and treatment.*

Research Note: *A trauma screen refers to a brief measure or tool that determines whether an individual has experienced specific traumatic events. Trauma screening tools usually detect exposure to potentially traumatic events or experiences or the presence of traumatic stress symptoms and reactions.*

If there is an indication of trauma during the trauma screen then the individual should also receive a comprehensive, evidence-based trauma assessment. The trauma assessment is a diagnostic process that is conducted by a clinician or trained mental health professional and determines whether clinical symptoms of traumatic stress are present as

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

well as the severity of symptoms that impact the individual's level of functioning and treatment options.

Personnel with specialized trauma-related education, skills, and training, or a qualified cooperating service provider, screen and assess individuals for trauma symptoms.

RTX 4.04

Assessments consider factors related to successful group living including:

a. possible reciprocal individual and group effects;
b. the individual's ability to adjust to a group;
c. previous placements; and
d. trauma history.

Interpretation: *Safety issues may arise when placing individuals, with little or no notice, into a residential living environment prior to completion of a full assessment. The organization must ensure the smoothest transition possible for both new and current residents.*

RTX 4.05

Assessments are conducted in a culturally and linguistically competent manner and identify resources that can increase service participation and support the achievement of agreed upon goals.

Interpretation: *Culturally and linguistically competent assessments can include attention to geographic location, language of choice, and the person's religious, spiritual, racial, ethnic, and cultural background. Other important factors that contribute to a responsive assessment include attention to age, sexual orientation, gender identity, and developmental level.*

(FP) RTX 4.06

When a resident's initial screening indicates a substance use condition, the organization:

a. records a thorough alcohol and drug use history, including an evaluation of the effects of alcohol and other drug use on the resident's family;
b. arranges for an appropriate level of care and detoxification, as necessary; and
c. provides referrals to the resident and/or family members, as

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

appropriate, when the program does not serve individuals with substance use conditions.

(FP) RTX 4.07

The organization assesses and treats or refers identified victims and perpetrators of abuse and neglect.

Interpretation: *The organization complies with mandatory reporting laws and only releases information with the written, informed consent of the person or legal guardian.*

Research Note: *The William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008 requires federal, state, and local officials who discover a minor who may be a victim of human trafficking to notify the U.S. Department of Health and Human Services within 24 hours to facilitate the provision of interim assistance.*

RTX 4.08

Reassessments are conducted as needed, including at specific milestones in the treatment process such as:

a. after significant treatment progress;
b. after a lack of significant treatment progress;
c. after new symptoms are identified;
d. when significant behavioral changes are observed;
e. when there are changes to a family situation or parental status;
f. when significant environmental changes occur; or
g. when a resident returns following an episode of running away.

Related: ASE 6.06

Interpretation: *Reassessments are completed within timeframes established by the organization depending on the population served.*
Interpretation: *Organizations should have protocols that address runaway episodes to welcome and reintegrate children back into the program, as well as respond to children's physical and clinical needs.*

Note: *For residents that return after an episode of running away, refer to RTX 9.01 for guidance on timeframes for medical screens.*

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

RTX 5: Service Planning and Monitoring

Residents and their families participate in the development and ongoing review of a comprehensive service plan that is the basis for delivery of appropriate services and supports.

Interpretation: *While a service plan may conform to a uniform format, plan content will be individualized through collaboration with the resident and, as appropriate, a parent, guardian, and/or legal advocate. Level of family involvement in the service planning process will vary by resident and/or program model.*

Interpretation: *When the organization is working with Indian children and families, tribal or local Indian representatives must be included in the service planning process and culturally relevant resources available through or recommended by the tribe or local Indian organizations should be considered when developing the service plan.*

Research Note: *Working collaboratively with residents and soliciting their perspective on service planning is critical to ensuring services are provided in a trauma-informed and culturally-sensitive manner.*

Research Note: *Research suggests that the development of a comprehensive family-driven service plan, which addresses family relationships, decision-making, goal setting, and communications can improve recovery outcomes for those receiving services in a residential program.*

Note: *When services are provided as part of a Medicaid contract, the service plan should be client-centered with all goals, services, and interventions being for the exclusive benefit of the client.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g., Â

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- In a few instances client or staff signatures are missing and/or not dated; or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- In a number of instances client or staff signatures are missing and/or not dated (RPM 7.04); or
- Quarterly reviews are not being done consistently; or
- Level of care for some clients is inappropriate; or
- Service planning is often done without full client participation; or
- Appropriate family involvement is not documented; or
- Documentation is routinely incomplete and/or missing; or
- Assessments are done by referral source and no documentation and/or summary of required information present in case record; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or Â
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Service planning and monitoring procedures, including strategies for active resident and family participation in service planning
- Service plan form/template

On-Site Evidence

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

- Documentation of case review

On-Site Activities

- Interview:
  a. Program director
  b. Relevant personnel
  c. Residents and their families
- Review case records

RTX 5.01

Residents participate in the development of an initial service plan within one week of admission and a comprehensive service plan within 30 days.

NA *The organization only operates a crisis stabilization unit or short-term diagnostic center.*

Note: *Organizations should review state Medicaid plans or other third party reimbursement requirements to ensure they are meeting required timeframes for completing service plans.*

Note: *Service planning timeframes for crisis stabilization units are addressed in RTX 12.04. Organizations that only operate a crisis stabilization unit will complete all other applicable service planning and monitoring standards.*

(FP) RTX 5.02

The comprehensive service plan is based on the assessment and includes:

a. measurable service goals and objectives, strengths, desired outcomes, and timeframes for achieving them;
b. services and supports to be provided, and by whom; and
c. the resident's and/or legal guardian's signature.

Interpretation: *Service planning is conducted so the resident retains as much personal responsibility and self-determination as possible. Individuals with limited ability in making independent choices due to developmental age or other circumstances receive assistance in learning how to make decisions consistent with healthy activities and goal achievement. When the resident is a minor, or an adult under the care of a guardian, the organization should follow applicable state laws or regulations requiring involvement of resident's legal guardian.* **Interpretation:** *Engagement strategies, including building rapport, establishing trust, and promoting*

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

physical and psychological safety are critical when working with victims of trauma to facilitate the development of realistic goals in an empowering and trauma-informed manner.

Research Note: *Research suggests that when residents receive information about their mental health diagnoses and are provided an opportunity to participate in their own treatment decisions, they are more likely to continue treatment once leaving the residential program leading to more positive long-term outcomes.*

RTX 5.03

The service plan also includes diagnoses made using standardized diagnostic tools and contains:

a. a diagnostic summary;
b. intended treatment outcomes;
c. specific treatment modalities to be used, appropriate to the cultural perspective and competencies of the individual; and
d. the estimated length of treatments and stay.

Interpretation: *Standardized diagnostic tools may include the current Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association (DSM), the International Statistical Classification of Diseases and Related Health Problems (ICD), or another comparable standardized diagnostic tool. Individuals in diagnostic settings may receive a working diagnosis while completing a full assessment.*

Research Note: *To better address the needs of girls and women, residential treatment programs can offer gender-responsive programming and treatment which emphasizes physical and psychological safety, empowerment, and encourages relationship building with other women.*

RTX 5.04

A family-driven service plan is developed with the participation of the resident's family and/or significant others as agreed to by:

a. a legal guardian when the resident is a minor;
b. the person being served when the resident is an adult not under the care of a guardian.

Interpretation: *The service plan addresses, as appropriate, matters that have a direct bearing on safety, a permanent living arrangement, and well-being, including:*

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

a. *the family strengths;*
b. *unmet family service and support needs, family relationships, siblings, other family members in care, and*
c. *the person's need for family and other informal network support in their community.*

Interpretation: *Safety concerns for victims of human trafficking often do not end when they are admitted to residential settings. The organization should work with the victim to develop a safety plan that focuses on increasing physical safety by securing needed documents, property, and services; maintaining the residence's location in confidence or restricting access by certain individuals; and linking efficiently to law enforcement, if needed. Psychological safety should also be prioritized as the emotional effects of trauma - mistrust, anxiety, and depression - can be persistent and overwhelming for victims.*

RTX 5.05

The treatment team, resident and, when appropriate, his or her family participates in a documented quarterly review of the service plan to assess:

a. service plan implementation;
b. progress toward achieving service goals and desired outcomes;
c. the continuing appropriateness of the service goals; and
d. the need to revise, cancel, or add new goals and/or objectives.

Interpretation: *Regarding documentation, any revisions to the service plan or service goals should be signed by a member of the treatment team and the resident or a parent and/or legal guardian when the resident is a minor.*

Interpretation: *Service plans are reviewed more frequently for young children, individuals with specialized care needs, and as acute needs and contractual requirements dictate. Timeframes for service plan reviews should be adjusted depending upon: issues and needs of persons receiving services; changes in residents' life situations or psychological conditions; frequency and intensity of services provided; and frequency of contact with informal caregivers and cooperating providers.*

NA *The organization only operates a crisis stabilization unit or short-term diagnostic center.*

RTX 5.06

Extended family members, significant others, and other supportive individuals, as appropriate and with the consent of the resident, may be invited to participate in case conferences and advised of ongoing progress.

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

Interpretation: *For children and youth, family members and/or legal guardians should always be involved in case conferences and advised of ongoing progress.*

Interpretation: *The organization facilitates the participation of extended family and significant others by, for example, helping arrange transportation, including them in scheduling decisions or utilizing web-based technologies and other electronic communications.*

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

RTX 6: Child and Youth Permanency

The organization participates in or facilitates permanency planning with residents and their families and/or legal guardians to promote physical, emotional, and legal permanence for children.

Interpretation: *Permanency planning is a child-centered process that aims to ensure children have enduring relationships that last a lifetime, offer the social and legal status of family membership, and support their connections with extended family, non-custodial parents, others identified by the child such as teachers, clergy, and mentors, and to their cultures and communities of origin.*

When the organization is not responsible for facilitating permanency planning, it documents all participation in the process and any efforts to connect children to positive relationships with significant adults.

In addition, organizations demonstrate their role in supporting timely permanency planning through regular case record documentation and official reports provided to the local child welfare agency or the court which comment on children's and/or families' progress towards permanency goal(s).

NA *The organization does not provide out-of-home care for children in custody of a public agency.*

NA *The organization only operates a crisis stabilization unit or short-term diagnostic center.*

Note: *Throughout this section of standards (RTX 6), the term "children" includes infants, toddlers, school-age children, and youth.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information Â or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or Â
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Permanency planning procedures
- Procedures for finding and notifying kin

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
  a. Program director
  b. Relevant personnel
  c. Residents
- Review case records

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

RTX 6.01

Residential Treatment Services

In compliance with applicable law and regulation, legal permanency planning occurs with children and families according to the following standard timeframes:

a. within 60 days of placement a court-determined permanency plan is developed;
b. at least every 6 months a court or administrative review of progress towards permanency occurs;
c. within 12 months of placement, and every 12 months thereafter, a permanency hearing evaluates the permanency goal and determines the need for an alternative goal; and
d. after a child has been in placement for 15 of the most recent 22 months, a legally-exempted permanency decision is made or proceedings are initiated for the termination of parental rights.

Interpretation: *Permanency planning should occur with the team of people that support and provide services for the family, as appropriate. This planning often occurs in conjunction with service planning. Resource parents are notified and entitled to participate in any review or hearing.*

The length of time a child has been in care cannot be the only justification for terminating parental rights. In order to support parents that are actively making progress towards reunification but need more time, the organization can work with the public authority to determine a compelling reason for not filing for the termination of parental rights. The mental health status and readiness of the child should also be taken into consideration when assessing permanency goal.

Interpretation: *When the organization is working with Indian children and families tribal representatives and service providers must be involved in the permanency planning process to ensure compliance with the Indian Child Welfare Act (in particular the placement preferences) and support culturally responsive planning. Tribal definitions of permanency and family should be recognized and incorporated into the permanency plan.*

Research Note: *When sanctioned by a state or tribal court, federal law permits Indian families to move forward with a customary adoption, without terminating parental rights. Customary adoptions are arranged through custom and tradition and allow for the transfer of custody while preserving parental rights.* **Research Note:** *The Adoption and Safe Families Act (ASFA) outlines three legal exemptions to the termination of parental rights requirement, including if:*

a. *the child is being cared for by a relative;*
b. *the case record contains documentation of a compelling reason why the termination of parental rights would not be in the best interest of the child, including failure to meet federal statutory requirements such as*

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

active or reasonable efforts; and

c. *the organization hasn't provided the family with services identified by the state to be necessary for the safe return of the child.*

ASFA does not override, amend, or repeal the requirements of the Indian Child Welfare Act.

NA *The organization only provides services to children in which there is no dependency/family court involvement.*

RTX 6.02

Permanency planning is child-driven and children are actively involved in the process as appropriate to their age and developmental level.

Interpretation: *Child-driven permanency planning involves youth at every stage of the process including conversations about what permanency means to them, the discovery of extended family and other significant adults, and the formation of a permanency team that will support their desired outcomes and have an ongoing role in their lives.*

Children's ages should not limit the consideration of all permanency options.

RTX 6.03

The organization collaborates with children, parents, and the local child welfare agency to identify, notify, and engage relatives, non-custodial parents, and other close, supportive adults that can be resources or supports for placement and permanency.

Interpretation: *The organization is expected to be diligent and purposeful in identifying and engaging supportive resources. As appropriate to their role, organizations should have established procedures for identification of kin that involves a combination of engaging children and family members in identification and the use of technological resources for family-finding. Notification should be provided in multiple forms, including written form in order to ensure accountability and maintain a record of efforts to notify.*

Research Note: *Family-finding efforts support the increased identification and involvement of incarcerated parents and their families in the permanency plan. Unless the court has determined that reasonable efforts to support reunification are suspended, public agencies are mandated to work with incarcerated parents as with other parents. This involvement is important for children's well-being and may increase motivation for incarcerated parents to work for reunification or participate in the development of an alternative plan.*

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

RTX 6.04

Concurrent planning includes:

a. early, preliminary, and reasoned assessment of the potential for reunification, the best interests of the child, and the need for an alternative plan;
b. full disclosure to all involved parties of permanency options, expectations, and legal timelines;
c. early identification and involvement of potential family resources including non-custodial parents, relatives of incarcerated parents, extended family members, family members outside of the country, and family-like supports;
d. early placement with a permanent family resource or pre-adoptive resource family; and
e. counseling parents about relinquishment and permanency options if needed.

Interpretation: *Federal and state statutes or administrative rules may provide guidance about when concurrent planning is appropriate, and how concurrent planning is to be conducted. When concurrent planning is not formalized, workers can be proactive with regard to the early identification of different permanency options for children, as is the intention of concurrent planning.*

RTX 6.05

Case records document efforts made to support parents towards reunification, including:

a. involvement in service planning, decision-making and service selection;
b. access to needed services;
c. ongoing, constructive, and progressive contact and time spent with the child;
d. reduction of barriers to contact , time together, and involvement in the child's care; and
e. use of formal and informal resources, supports, and community services to prepare the family for reunification and aid in the transition process.

Interpretation: *When the organization is working with American Indian and Alaska Native children and families, the Indian Child Welfare Act requires active efforts be provided to support reunification. Active efforts require affirmative, timely, and culturally responsive engagement with families to satisfy the case plan by accessing resources and services and partnering*

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

with the tribe. Early consultation with tribes is critical to ensuring that a full range of resources have been made available to the family and that active effort requirements are fulfilled.

Organizations may work with tribal leadership, religious figures, or professionals with expertise concerning the given tribe to determine culturally responsive active efforts and identify culturally appropriate servies for the family.

NA *The organization does not provide services to parents.*

Note: *Documentation must be in a format legally admissible as evidence to facilitate court proceedings.*

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

RTX 7: Coordinated, Individualized Team Approach

Team members are aligned in implementing a structured, individualized therapeutic program in collaboration with residents and families to ensure that residents' daily living experiences are well integrated and promote the development of positive skills and behaviors.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information Â or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or Â

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- A description of services that includes an overview of how teams align to coordinate and customize treatment and care
- A description of strategies for promoting family collaboration and engagement
- Procedures for involving residents in programming and treatment decisions

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
  a. Program director
  b. An interdisciplinary team or observe team meeting
  c. Residents and their families
- Review case records

RTX 7.01

In collaboration with the resident and their family, an interdisciplinary team coordinates, monitors, and, when necessary, advocates for services tailored to the needs of individual residents and makes decisions regarding service planning and implementation, including:

a. initial and additional needed assessments;
b. the appropriate level of care;
c. delivery of family services or referral to an agency that provides the needed services to resolve concerns that will otherwise extend the resident's stay;
d. transition planning and case closing; and
e. follow-up services.

Research Note: *Research has shown that individuals receiving a combination of clinical treatment and recovery supports have had improved outcomes. There has been a trend towards integrating peer support*

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

services within traditional delivery systems, including residential treatment programs. Some organizations are including peer support specialists, peer or youth advocates, mentors and/or family advocates in interdisciplinary treatment teams to ensure that residents feel supported and that their voices are heard throughout the treatment process.

Note: *Interdisciplinary program elements are discussed in RTX 8.01.*

RTX 7.02

Interdisciplinary teamwork:

a. encourages resident participation in treatment team meetings;
b. specifies the intended result of daily living experiences, activities, and interventions in the service plan;
c. engages residents in developmentally-appropriate and trauma-informed, culturally sensitive activities and interactions designed to alter or improve behavior, provide support, and promote healthy development and return to their community;
d. provides opportunities for participation by one or more consistent caring adults, taking into account the resident's strengths and interests;
e. coordinates therapeutic and educational and/or vocational activities with individual service and skill development plans; and
f. maintains predictable routines and activities.

Research Note: *Regarding element (d), a landmark longitudinal study following development of children from infancy to adulthood found that youth who made a successful transition tended in their formative years to seek out and rely on guidance and support of at least one consistent caring adult, usually a family, extended family or community member, or substitute caregiver.*

Research Note: *Regarding elements (a), (c), (d), and (e), residents in a qualitative study report that a lack of decision-making ability, the lack of a support system, and boredom, particularly during evening hours and on weekends and holidays, contribute to running away from care.*

(FP) RTX 7.03

A coordinated team approach promotes establishing and maintaining stable, ongoing, goal-directed caseworker-resident relationships.

Interpretation: *Organizations should establish a coordinated process to minimize the need for multiple case managers from different agencies, when possible. Identifying overlapping responsibilities and tasks; clarifying*

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

roles; and establishing guidelines and procedures that ensure collaboration across systems are ways organizations can streamline services and coordinate service goals.

Research Note: *Children that have experienced complex trauma have difficulty developing strong healthy attachments to caregivers. Research shows that for children, treatment progress is influenced by the presence of positive, caring adults. When it comes to establishing a therapeutic bond with a provider, the most important aspect of the relationship is safety, specifically the adult's ability to help the child feel safe.*

RTX 7.04

Residents participate in decision-making processes relating to their treatment and are given an opportunity to formally express feedback including dissatisfaction with aspects of care.

Interpretation: *The establishment of resident councils is one way to involve residents in all aspects of care and ensure that their voice is integrated into programming decisions. Residents should have an opportunity to provide feedback on staff, activities, rules, food, their overall experience, sense of safety and support, and the living environment. This type of activity also provides opportunities for peer advocacy, self-advocacy, and leadership.*

For programs serving for youth, family advisory councils can be established to involve families in the governance of the program.

Research Note: *Perceptual barriers have a strong effect on youth engagement. When youth perceive that residential providers dismiss their concerns and limit their opportunities to make choices they become frustrated with and disengaged in the treatment process. Providers that create opportunities for youth feedback and value the ideas of youth offer promote engagement and active program participation.*

Innovative programs are allowing youth to assume a leadership role in their own treatment team meetings to encourage taking control over decisions that impact their lives. Encouraging youth empowerment ensures young residents develop a sense of control over their lives and gives them the opportunity to recover from past trauma in order to become healthy adults.

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

RTX 8: Service Array

The residential treatment program utilizes residents' interests, strengths, and needs to develop a wide array of structured, supportive, therapeutic services, and educational and vocational components that combine residential and community activities, as appropriate, and offers residents choice and flexibility.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information Â or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

- Documentation is routinely incomplete and/or missing; or Â
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- A description of services and program activities
- Sample of activity schedules showing opportunities for choice and options according to needs, interests, skills and functioning

On-Site Evidence

- Activity schedules showing opportunities for choice and options according to needs, interests, skills and functioning
- Documentation that residents are able to participate in recreational or athletic activities

On-Site Activities

- Interview:
  a. Program director
  b. Relevant personnel
  c. Residents
- Review case records
- Observe the program

RTX 8.01

A structured, interdisciplinary program appropriate to the age, developmental level, social and emotional needs, strengths, and interests of individual residents, includes:

a. treatment for severe emotional disturbance or mental health and substance use conditions;
b. individual and group counseling;
c. family therapy;
d. educational and/or vocational programming;
e. recreational activities;
f. legal advocacy, as appropriate;
g. opportunities to participate in religious observances in a faith or spirituality of choice;
h. community cultural enrichment;

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

i. positive parenting techniques, as appropriate; and
j. independent living preparation.

Interpretation: *Unless contraindicated, family therapy occurs as frequently and practically as possible, as agreed upon by the family.* **Interpretation:** *Central coordination of services is one of the most important aspects of care for victims of human trafficking. It provides the opportunity to develop an important, consistent connection with the staff person while the complex myriad of needed services are accessed and coordinated.*

Note: *Some standards elements may not be applicable for crisis stabilization and short-term diagnostic programs due to length of stay and program design.*

RTX 8.02

Services provide predictability, structure, support, and a positive culture that includes:

a. a written, individualized program for each resident that reflects the voice and choice of the individual;
b. daily living experience to effect healthy behavior change;
c. advanced posting of schedules for structured and supervised activities;
d. encouragement of talents and interest in music and the arts; and
e. involvement in educational, vocational, social, athletic, and recreational programs.

Note: *Some standards elements may not be appropriate for crisis stabilization and short-term diagnostic programs due to length of stay and program design.*

RTX 8.03

When planning milieu activities, the organization takes into account:

a. developmental level and age;
b. emotional stability;
c. group characteristics;
d. personality;
e. skills and interests; and
f. gender.

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

RTX 8.04

Program activities provide opportunities for residents to interact with peers in a positive, respectful, and cooperative manner.

Interpretation: *Program personnel strive to anticipate, prevent, and reduce the occurrence of bullying and other unsafe or negative peer interactions.*

Interpretation: *Organizations should create a normative environment for residents while they are in care. One way this can be accomplished is by creating opportunities for children and adults to engage in activities with peers in the community. For example, sports teams, drama, choir, and musical groups promote pro-social behaviors and values.*

(FP) RTX 8.05

The organization evaluates residents for their ability to participate in athletic activities and obtains, as necessary:

a. a written, signed permission slip from the resident's legal guardian;
b. a medical records release;
c. a signed document from a qualified medical professional stating that the resident is physically capable of participating; or
d. adult waiver and release of liability.

NA *The organization does not offer athletic activities to residents.*

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

RTX 9: Healthcare Services

Residents receive comprehensive healthcare services to promote optimal physical, emotional, and developmental health.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information Â or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or Â
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

Table of Evidence

Self-Study Evidence

- Healthcare services procedures, including the initial medical screening, comprehensive medical examination, and dental care

On-Site Evidence

- Informational health and wellness materials

On-Site Activities

- Interview:
  a. Program director
  b. Relevant personnel
  c. Residents
- Review case records
- Verify employment of physician either directly or via contract

(FP) RTX 9.01

An initial health screening is conducted by a qualified medical practitioner for all residents within 24 hours of admission to identify the need for immediate medical care and assess for communicable disease.

Related: ASE 6.06

Interpretation: *Qualified medical practitioner refers to a licensed physician, registered nurse, nurse practitioner, physician's assistant, or other healthcare professional that is permitted by law and the organization to provide medical care and services without direction or supervision. When possible, the screening should be performed by the resident's primary care physician who has knowledge of the resident's medical history or a physician that can serve as the resident's medical home while in care.*

For the purposes of this standard, qualified medical practitioners are distinct from other clinicians who are not permitted by law to provide medical care and services without direction or supervision (e.g., clinical social workers, licensed vocational/practical nurses, and medical assistants). To meet the standard, the initial medical screening must be administered by a qualified medical practitioner.

Interpretation: *In situations where the resident is unable to receive an initial health screening by a qualified medical practitioner within 24 hours, the organization can receive a rating of 2 if it has procedures in place for accommodating exceptional circumstances and is able to provide evidence that the screening occurred within 72 hours of admission. Examples of*

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

exceptional circumstances include, but are not limited to:

- *weekend placements; and*
- *when a client is transferring from the care of a public agency that has arranged for an initial health screening to be conducted within 72 hours of admission to the program.*

Interpretation: *If the organization does not have a qualified medical practitioner on staff, it should research community resources and consider creating a formal arrangement or a memorandum of understanding (MOU) with a local physicians group, their local health department, federally-qualified health center, urgent care clinic, community-based health clinic, or telehealth providers.*

For children in care, the local child welfare agency may be responsible for ensuring the initial health screening is completed or may assist the organization to identify possible medical resources.

Interpretation: *Conditions that require immediate or prompt medical attention include, but are not limited to: signs of abuse or neglect, serious or accidental injury, signs of infection or communicable diseases, hygiene or nutritional problems, pregnancy, and significant developmental or mental health disturbances.*

Interpretation: *When a resident returns following a runaway episode, a health screen should be conducted within 24 of entry back into care to identify whether he or she was victimized or otherwise hurt or injured while on the run. For further guidance on protocols for preventing and responding to missing and runaway children and youth, please refer to ASE 6.06.*

(FP) RTX 9.02

Every resident receives:

a. a comprehensive medical examination five days after admission, unless the resident has received a medical exam within the last year, and annually thereafter; and
b. a dental examination six months prior to or one month after admission, with appropriate follow-up thereafter.

Interpretation: *When records from the most recent medical and dental examinations are unavailable, or examinations are incomplete, the organization must ensure that examinations are completed within the required timeframe.*

Interpretation: *The purpose of the medical examination is to identify and assess medical, developmental, and mental health conditions that require*

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

treatment, additional evaluation, and/or referrals to other healthcare professionals or specialists. The examination must be comprehensive, build on history gathered during the initial medical screening, and focus on specific assessments that are appropriate to the individual's age and developmental level. Findings from the exam are used to develop individualized treatment plans, as well as inform follow-up assessments and services. **Interpretation:** *In situations where resources are not available for preventive dental care to occur every six months, the organization can receive a rating of 2 if there is an annual preventive exam and evidence that recommendations from the dental practitioner indicate the child is not in need of more frequent care. Children with dental issues or at high risk of dental problems must be receiving the care they need. Families should be engaged in the process and solution for getting their child the needed dental care.*

Research Note: *Best practice indicates that the most common interval for dental exams is every six months though some individuals may require more frequent exams based on clinical, historical or radiographic findings. Individuals with dental issues or at high risk of dental problems benefit from exams at frequencies greater than every six months.* **Research Note:** *Traumatic stress can have a profound impact on an individual's physical wellbeing and health. Trauma can manifest itself in the body in the form of physical tension and/or health complaints. Traumatized individuals may experience problems with movement and sensation, including hypersensitivity to physical contact and insensitivity to pain, exhibit unexplained physical symptoms (e.g., aches, pains, and headaches), or increased medical problems.* **Research Note:** *Trafficking victims commonly suffer from multiple physical and psychological health issues as a result of inhumane living conditions, isolation, poor sanitation and hygiene, malnutrition, physical and emotional abuse from their traffickers, dangerous working situations, alcohol and other drug use, and overall lack of health care.*

NA *The organization only operates a crisis stabilization unit or a short-term diagnostic center.*

RTX 9.03

Health services include direct provision or referral for needed services, and health records include a written summary of the resident's and his or her family's known medical history, including immunizations, operations, medications, and medical conditions and illnesses.

Interpretation: *Copies of the medical history are provided to the resident and/or his or her legal guardian when requested and retained in the case*

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

record.

RTX 9.04

Direct service workers promote good health habits and healthy living.

Interpretation: *Examples of how personnel can promote good health habits and healthy living include:*

a. *offering a variety of physical and recreational activities;*
b. *implementing a youth education curriculum on healthy living;*
c. *facilitating support and education groups on proper nutrition and exercise, personal hygiene, and good health habits;*
d. *helping residents and their families make healthy choices by including them in nutrition planning; and/or*
e. *promoting good health habits and healthy living in day-to-day interactions with residents.*

Recognizing that there are communities where access to affordable, quality food is limited, it is important for personnel to take into consideration where residents will reside after they are discharged so healthy eating habits can continue long after they leave care.

(FP) RTX 9.05

A physician or other qualified medical practitioner assumes 24-hour on-call medical responsibility.

Interpretation: *The standard requires professional medical oversight to ensure that residents' health needs are identified and promptly addressed. Physicians or other qualified medical practitioners must be familiar with the needs of the resident population.*

Interpretation: *COA recognizes that geographic placement and resources can pose barriers. The use of an emergency room or urgent care facility is acceptable for overnight hours when protocols are established. Organizations can also leverage alternative service delivery methods such as telehealth when regional shortages of certain professional groups make in-person consultation impractical.*

NA *All residents have private physicians.*

(FP) RTX 9.06

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

Residents receive age and developmentally appropriate support and education regarding:

a. sexual development;
b. safe and healthy relationships;
c. pregnancy prevention and effective parenting;
d. HIV/AIDS prevention; and
e. prevention and treatment of sexually transmitted diseases.

NA *The organization only operates a crisis stabilization unite or short-term diagnostic center.*

RTX 9.07

The organization provides or arranges specialized health services to meet the needs of the service population, as appropriate.

Interpretation: *Specialized health services should be provided or arranged as necessary. Services may be needed by older adults, pregnant and parenting individuals, individuals with eating disorders, individuals with substance-use related conditions, or children with autism and pervasive developmental disorders. Health services may include but are not limited to:*

a. *tobacco cessation programs;*
b. *speech, language, and occupational therapy;*
c. *gender identity counseling; and*
d. *screening for the onset of or existence of common cancers.*

Note: *Services for pregnant and parenting individuals are addressed in RTX 13, services for substance use conditions are addressed in RTX 14, and populations with specialized care needs are addressed in RTX 15.*

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

RTX 10: Education Services

The organization provides or arranges for residents to receive education services and supports to help them achieve their educational and/or vocational goals.

Interpretation: *Organizations that do not offer services on-site are expected to coordinate with community-based providers to meet the educational needs of all residents. When organizations do not directly provide or arrange education services, individual case records should indicate that the treatment team ensures education plans are integrated into treatment plans and documents advocacy for areas of unmet educational need. Education services will vary depending on the population served.*

Interpretation: *Organizations should have a way to keep abreast of changing educational systems and the impact any changes have on their service population and the achievement of their educational goals.*

NA *The organization only operates a crisis stabilization unit.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

- Timeframes are often missed; or
- A number of client records are missing important information Â or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or Â
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Procedures for:
  a. Developing and/or integrating education plans
  b. Coordinating education services with community- based providers
  c. Ensuring family collaboration

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
  a. Program director
  b. Relevant personnel
  c. Residents and their families
- Review case records

RTX 10.01

A comprehensive, coordinated education plan is developed for residents with educational goals, or vocational goals that include an educational component, and is integrated into their service plan.

Interpretation: *If the organization does not participate in the development of the education plan it is responsible for integrating each individual's*

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

education plan into their service plan.

RTX 10.02

Residents pursuing educational goals are enrolled in an appropriate education program on site or, when possible, in the community.

RTX 10.03

For residents with diverse learning needs, the education plan and program incorporates effective instructional practices, quality curriculum design, and appropriate educational tools and supports.

Interpretation: *Children with diverse learning needs can include children who: require support due to a learning disability, are learning English as an additional language, and are intellectually gifted. Each education plan should include the individualized supports students need to successfully achieve their educational goals.*

NA *The organization does not provide residential services to school-age children or youth.*

NA *The organization does not directly provide the educational program nor develop the education plans for children or youth with diverse learning needs.*

RTX 10.04

Program personnel, in partnership with individuals and their parents or legal guardians, if applicable, regularly communicate and coordinate services with educational providers.

Interpretation: *Family members should be involved in communications with education providers to the greatest extent possible. Organizations should support parents and/or legal guardians in advocating for the educational needs of their children or the individuals in their care.*

RTX 10.05

The organization provides or arranges, as necessary:

a. tutoring;
b. preparation for a high school equivalency diploma;

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

c. college preparation;
d. parent/teacher conferences;
e. vocational or continuing education opportunities; and/or
f. advocacy and support.

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

RTX 11: Social and Community Connections

Residents cultivate and sustain connections with their community and social support network to promote positive well-being.

NA *The organization only operates a crisis stabilization unite or short-term diagnostic center.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information Â or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

- Documentation is routinely incomplete and/or missing; or Â
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Procedures for facilitating social and community connections
- Policy that prohibits exploitation of individuals in employment-related training or gainful employment

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
  a. Program director
  b. Relevant personnel
  c. Residents
- Review of case records
- Observe a variety of activities

RTX 11.01

The organization facilitates residents' ability to access all available services and successfully reintegrate into their community by:

a. remaining knowledgeable about local, regional, and state resources, including networking and leadership opportunities;
b. educating the community about the assets and needs of individuals receiving support to attain self-sufficiency; and
c. identifying and developing opportunities for individuals to develop positive ties to the community based on mutual interests and abilities.

RTX 11.02

Social and community connections are encouraged by providing residents opportunities to participate in:

a. social, recreational, educational, or vocational activities in their

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

community;
b. religious observances in the faith group or spirituality of choice; and
c. family and neighborhood activities consistent with the resident's ethnic and cultural heritage and tribal affiliation.

RTX 11.03

Residents are helped to develop social support networks and build healthy, meaningful relationships with caring individuals of their choosing.

Interpretation: *"Caring individuals" may include mentors, community members, friends, classmates, peers, siblings, cousins, grandparents, former foster parents, and extended family members.*

Research Note: *Although many youth in residential treatment programs are disconnected from long-term family relationships, research indicates that youth in out-of-home care often maintain relationships with their families and return to them upon exit from care. Residential treatment programs should have knowledge of any involvement youth may have with their family members and should support and foster positive relationships when possible, or assist youth in developing appropriate skills to cope with or avoid unhealthy relationships.*

RTX 11.04

Residents have opportunities to participate in group activities where they can meet, support, and share experiences with peers.

Interpretation: *Opportunities to participate in culturally and developmentally appropriate social, cultural, recreational, and religious or spiritual activities should be designed to expand the range of life experiences.*

RTX 11.05

The organization encourages social and community integration through the development of life skills necessary to:

a. navigate the surrounding environment;
b. access community resources, such as banks, employment agencies, government offices, and recreational and educational organizations;
c. pursue educational and occupational opportunities;

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

d. obtain housing;
e. manage finances;
f. access public assistance;
g. communicate effectively and resolve conflicts;
h. participate in recreational activities and/or hobbies; and
i. prepare for leaving care and family reintegration, independent living, or another less restrictive setting, if applicable.

Note: *This standard is applicable for all residents regardless of age. Organizations should tailor life skills training to meet the age and developmental level of the service population.*

RTX 11.06

Policy prohibits exploitation of residents in employment-related training or gainful employment.

Interpretation: *The organization should make reasonable efforts to match training and employment opportunities to the goals and interests of individual residents.*

NA *The organization does not provide employment-related training or jobs to residents.*

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

RTX 12: Crisis Stabilization

The organization provides residents in crisis with structured, trauma-informed stabilization and treatment services in order to help them return to their previous level of functioning.

Interpretation: *Children and adults seeking crisis stabilization services may be experiencing an acute psychiatric crisis, a substance use related crisis, or severe emotional or mental distress.*

NA *The organization does not operate a crisis stabilization unit.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information Â or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or Â
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Procedures for delivering crisis stabilization services
- Table of contents for training curricula specific to crisis stabilization

On-Site Evidence

- Documentation of training specific to crisis stabilization

On-Site Activities

- Interview:
  a. Program director
  b. Relevant personnel
  c. Residents
- Review case records

RTX 12.01

Crisis stabilization services focus on crisis resolution and are delivered in a trauma-informed, developmentally appropriate, and culturally and linguistically responsive manner by qualified personnel.

RTX 12.02

Organizations that offer crisis stabilization provide the following services on a 24/7 basis:

a. emergency reception;
b. assessment and evaluation;
c. observation and monitoring;
d. crisis counseling;
e. medication management;
f. structured, therapeutic activities;
g. support services and psycho-education for family members; and

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

h. referrals to specialists and other community-based services, as needed.

Related: RPM 3

Interpretation: *In regards to element (a), emergency reception means that individuals in crisis are accepted on a 24-hour basis without undue delays or barriers.* **Interpretation:** *Structured, therapeutic activities may be recreational, social, and/or educational in nature, and are consistently provided in accordance with the resident's service plan. Organizations can also address these services in RTX 8.*

RTX 12.03

Residents receive a crisis assessment within 24 hours of admission to determine the appropriate level of care.

Research Note: *A crisis assessment is an immediate, face-to-face evaluation that is conducted by a physician or licensed mental health professional to: determine the level of crisis; identify any immediate need for emergency services; and provide immediate intervention to de-escalate the resident's distress and/behavior.*

Note: *Organizations that operate a crisis stabilization unit will complete the applicable assessment standards in RTX 4.*

RTX 12.04

Residents participate in the development of an initial service plan within 24 hours of admission and a comprehensive service plan within five days.

Interpretation: *When care extends beyond thirty days the organization must review and update the resident's service plan according to the change in the individual's clinical condition.*

Note: *This standard is specific to service planning timeframes. Organizations that operate a crisis stabilization unit will also complete the applicable service planning and monitoring standards in RTX 5.*

RTX 12.05

Residents and their families participate in the development of a crisis plan to identify strategies and interventions that may be employed to prevent or minimize the escalation of a crisis and promote stabilization.

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

Related: BSM 2.05, BSM 2.06

Interpretation: *The crisis plan should specify interventions that may or may not be implemented by personnel in order to help the resident de-escalate his or her behavior. The plan can be part of, and reviewed with, the resident's overall service or treatment plan.*

RTX 12.06

Organizations arrange educational services and supports, as appropriate, to ensure that residents can pursue their educational goals once they achieve a crisis resolution.

RTX 12.07

During the first 48 hours a resident is in care, a minimum of two staff members must be on-duty 24 hours per day to ensure that adequate care and supervision are provided.

Note: *For care ratio requirements, please see RTX 18.04.*

RTX 12.08

Personnel who provide crisis stabilization services participate in ongoing training that addresses:

a. assessing needs in crisis situations;
b. special issues regarding age, gender identity/crisis, substance use and mental health conditions, developmental disabilities, and other needs typically presented by the service population;
c. de-escalation techniques for crisis situations;
d. culturally-sensitive, trauma-informed engagement techniques; and
e. procedures for making referrals.

Related: TS 1, TS 2

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

RTX 13: Services for Pregnant and Parenting Residents

The organization utilizes a family-driven treatment model to empower pregnant and parenting residents and supports and promotes the well-being of their children and other family members.

Research Note: *Research on women's substance use, dependence, and treatment shows that relationships, especially with their family and children, play an important role in women's substance use, treatment, and relapse. Integrated programs providing family-focused substance use treatment have shown efficacy in reducing substance use, higher rates of treatment completion, higher rates of post-treatment sobriety, improved parenting skills, as well as developmental improvements in the children accompanying them to care.*

NA *The organization does not serve pregnant and/or parenting residents.*

Note: *"Parenting residents" refers to residents that bring their children with them to the treatment program. Organizations will be responsible for determining whether a child should be admitted to the treatment program.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information Â or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or Â
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- A description of services
- Procedures for linking children to services and providing ongoing monitoring and follow-up
- Procedures for evaluating educational needs and collaborating with schools
- Policy prohibiting corporal punishment

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
  a. Program director
  b. Relevant personnel
  c. Residents
  d. Residents' children
- Review case records

RTX 13.01

The organization provides or arranges for children accompanying their parents in residential care to receive services that address, as appropriate:

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

a. health and medical needs;
b. mental health needs;
c. trauma history;
d. educational needs;
e. social and recreational needs;
f. developmental needs, including any developmental delays;
g. attachment to parents and extended family; and
h. behavioral issues.

Interpretation: *Many children accompanying their parents in care are in need of therapeutic, health, developmental, and other services to address specific delays and conditions. Simply allowing the children to stay with their parents is not adequate to meet the needs of the family. Older children may need additional services such as substance abuse education or treatment services, such as tobacco cessation.*

NA *The organization does not allow residents to bring their children to the treatment program.*

RTX 13.02

To promote child safety and well-being, the organization supports residents' efforts to care for and nurture their children, and:

a. offers age-appropriate programming that meets children's social, emotional, cognitive, and physical needs; or
b. links children with appropriate services offered by other community providers.

Interpretation: *Examples of appropriate programming services can include play groups, recreational activities, educational activities, counseling, and therapeutic services. Additional services for younger children may include therapeutic day care, Head Start, and other early childhood programs. Examples of programs for older youth may include peer support peer groups, afterschool programs and tutoring, recreational activities, and employment assistance.*

NA *The organization does not allow residents to bring their children to the treatment program.*

RTX 13.03

Organizations evaluate the educational status and needs of school-age children and youth and:

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

a. inform residents of their children's educational rights;
b. help residents coordinate educational services with relevant school districts; and
c. assist children and youth to stay current with the curricula.

Research Note: *Older youth often deal with problems related to delinquency, low academic performance which is caused by school disruptions, grade failure, learning disabilities, poor peer relationships, lack of a suitable homework environment, and truancy.*

NA *The organization does not allow residents to bring their children to the treatment program.*

RTX 13.04

The organization provides or arranges child care while the resident is receiving treatment services.

NA *The organization does not allow residents to bring their children to the treatment program.*

(FP) RTX 13.05

To promote positive parenting practices, the organization:

a. prohibits corporal punishment of children by either the parent or provider;
b. promotes, encourages, and educates both parents and providers about alternatives to corporal punishment; and
c. provides or refers parents to parent education classes or workshops.

Interpretation: *The organization must have a board-approved policy that prohibits corporal punishment and should maintain documentation that all providers and residents are informed of this policy.*

NA *The organization does not allow residents to bring their children to the treatment program.*

RTX 13.06

Pregnant residents are provided or linked with specialized services that include, as appropriate:

a. pregnancy counseling;

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

b. prenatal health care;
c. genetic risk identification and counseling services;
d. fetal alcohol syndrome screening;
e. labor and delivery services;
f. postpartum care;
g. mental health care;
h. pediatric health care, including well-baby visits and immunizations;
i. peer counseling services; and
j. children's health insurance programs.

Interpretation: *Regarding element (g), expectant mothers should be screened for depression, informed about postpartum depression, and connected to available support and treatment services.*

NA *The organization does not serve pregnant residents.*

RTX 13.07

Pregnant residents are educated about the following prenatal health topics:

a. fetal growth and development;
b. the importance of prenatal care;
c. nutrition and proper weight gain;
d. appropriate exercise;
e. medication use during pregnancy;
f. effects of tobacco and substance use on fetal development;
g. what to expect during labor and delivery; and
h. benefits of breastfeeding.

Interpretation: *These topics may be addressed by qualified medical personnel in the context of prenatal health care.*

NA *The organization does not serve pregnant residents.*

RTX 13.08

Pregnant and parenting residents are helped to develop skills and knowledge related to:

a. basic caregiving routines;
b. child growth and development;
c. meeting children's social, emotional, and physical health needs;
d. environmental safety and injury prevention;
e. parent-child interactions and bonding;
f. age-appropriate behavioral expectations and appropriate discipline;

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

g. family planning; and
h. developing supportive relationships with family members or caring adults and establishing functioning support network.

Interpretation: *Organizations should tailor how topics are addressed based on service recipients' needs. For example, when serving expectant parents or parents of young children, education on environmental safety and injury prevention should address topics such as safe practices for sleeping and bathing.*

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

RTX 14: Services for Substance Use Conditions

The organization provides substance use prevention and recovery services.

Interpretation: *RTX 14 applies to all residential treatment programs regardless of the population served to emphasize and support prevention and recovery for residents with substance use conditions. In addition, programs whose primary service is residential substance use treatment will also complete the applicable standards for Services for Mental Health and/or Substance Use Disorders (MHSU).*

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information Â or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or Â
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Procedures for providing or arranging substance use prevention and recovery services
- List of substance use resources and services continuum

On-Site Evidence

- Contracts/service agreements/MOUs for substance use prevention and education services

On-Site Activities

- Interview:
  a. Program director
  b. Relevant personnel
  c. Residents
- Review case records

RTX 14.01

The organization provides or makes formal arrangements with appropriate organizations to provide substance use prevention and education services according to the needs and developmental stage of the resident population.

RTX 14.02

The organization maintains a list of referral resources for a full continuum of services to meet the needs of residents with alcohol or other substance use-related problems.

Interpretation: *Organizations can maximize the likelihood of a successful referral by creating MOUs or linkage agreements with providers that specialize in substance use prevention and recovery services. These types*

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

of arrangements should outline the services provided, the goals and objectives of the collaboration, and the roles and responsibilities of all parties involved.

RTX 14.03

Referrals to self-help or peer support group services are provided to residents and family members, as appropriate.

Interpretation: *Organizations' policies and/or procedures should promote referrals to culturally and linguistically competent service providers.*

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

RTX 15: Populations with Specialized Care Needs

The organization brings in additional service providers and consultants and modifies program design, service planning, and staffing, as needed, to serve residents with specialized care needs.

Interpretation: *Examples of populations with specialized care needs include, but are not limited to:*

a. *older adults; children and youth with pervasive developmental disorders;*
b. *children and youth who engage in fire setting;*
c. *individuals who exhibit sexually reactive behavior;*
d. *victims of physical, psychological or sexual abuse;*
e. *LGBTQ population, especially those with gender identity issues;*
f. *individuals with eating disorders; and*
g. *individuals who have trouble communicating or being understood without special assistance.*

Services provided by specialists are integrated into each resident's service plan, as appropriate.

NA *The organization does not serve individuals with specialized care needs.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information Â or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or Â
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- A description of the services provided to residents with specialized care needs

On-Site Evidence

- Documentation of residents with specialized care needs

On-Site Activities

- Interview:
  a. Program director
  b. Relevant personnel
  c. Residents
- Review case records

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

RTX 16: Residential Facilities

Residential facilities contribute to a physically and psychologically safe, healthy, homelike, non-institutional, therapeutic environment.

Interpretation: *"Homelike" settings are assessed within the context of the organization's location and environment.*

Research Note: *Physical environments convey symbolic and concrete messages. The way in which organizations maintain, design, and decorate their residential facilities can greatly impact residents' perception of safety and security. For example, facilitates that are warm and inviting, and incorporate age, developmentally, and culturally appropriate decor into the aesthetic impart a sense of belonging to residents.*

Note: *Please see Facility Observation Checklist - Private, Public, Canadian for additional assistance with this standard.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information Â or

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or Â
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Procedures for establishing a homelike, therapeutic environment
- Procedures for maintain a clean and safe environment

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
  a. Program director
  b. Relevant personnel
  c. Residents
- Observe facilities and outdoor area/grounds

RTX 16.01

Living quarters are age, developmentally, gender, and culturally appropriate, and consist of separate cottages or units in a residential building that include:

a. a common room, dining and/or kitchen area, and space for indoor recreation;
b. private areas where residents can meet with family and friends;
c. private facilities for bathing, toileting, and personal hygiene; and
d. ready access to a telephone and other technology, as permitted, for use by residents and personnel.

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

Interpretation: *Programs must have gender-specific sleeping areas and private facilities for bathing, toileting, and personal hygiene to ensure a residents' privacy from residents of the opposite gender.*

Programs serving children should have facilities that are developmentally appropriate and culturally responsive, including separate bathrooms and shower areas, and outdoor and indoor play spaces with adequate toys, books, and other recreational supplies.

Research Note: *Literature emphasizes the importance of creating a sensitive and nonjudgmental service environment for LGBTQ individuals. Organizations can create and maintain a safe environment by posting a nondiscrimination policy that explicitly includes sexual orientation and gender identity, and by allowing transgender residents to use bathrooms and showers based on their gender self-identity and gender role.*

Note: *The organization is responsible for developing policies or procedures addressing the use of cellphones and other types of technology. See evidence at RTX 17.*

RTX 16.02

Personal accommodations for residents are age, developmentally, gender, and culturally appropriate and include:

a. single rooms, rooms for groups of two to four residents, and/or accommodations for larger groups, if appropriate for therapeutic reasons;
b. adequately and attractively furnished rooms with a separate bed for each resident, including a clean, comfortable, covered mattress, pillow, sufficient linens, and blankets;
c. a non-stacking crib for each infant and toddler that is 24 months or younger that meets federal safety regulations; and
d. a safe place such as a locker to keep personal belongings and valuables.

Interpretation: *Bedroom space should, at a minimum, meet state requirements and accommodate the basic furnishings the standard mentions. National advocacy standards suggest that single rooms have at least 100 square feet of floor space and rooms housing more than one individual have at least 80 square feet per person. Interpretation: Group assignments and room accommodations may be adjusted as appropriate to the service provided, therapeutic considerations, level of risk, or developmental appropriateness.*

Interpretation: *All cribs, including portable cribs that can be folded or*

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

collapsed without being disassembled, must meet current Consumer Product Safety Commission (CPSC) full-size and non-full size crib standards per Sections 1219 and 1220 of Title 16 of the Code of Federal Regulations to ensure safety.

The American Academy of Pediatrics recommends that cribs are used by children under 90 centimeters (35 inches) tall.

Note: *Element (c) will not apply to organizations that do not allow residents to bring their children to the treatment program.*

RTX 16.03

Organizations that serve families house families as a unit and keep sibling or family groups together, whenever possible.

Related: TS 1, TS 2

NA *The program does not serve families, or housing families as a unit is not possible or prohibited by law.*

RTX 16.04

Residents participate actively in:

a. decorating and personalizing their sleeping area;
b. choosing clothing based on their personal preferences;
c. food preparation and meal planning; and
d. contributing to decisions about how to make living areas inviting, comfortable, and reflective of the residents' interests and diversity.

Note: *Some standards elements may not be applicable for crisis stabilization and short-term diagnostic programs due to length of stay and program design.*

RTX 16.05

Facilities support quality therapeutic programs and settings and do not create obstacles to providing:

a. choice among individual, small, and large group activities;
b. activities that invite use of community resources;
c. a variety of after school, evening, weekend, holiday, and school break programs for use by residents, guests, family, and community members;
d. a variety of activities that are focused around resident's home,

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

community, and extended family and friends;
e. space for quiet reading, study hours, and help with school assignments;
f. space for individual hobbies and group projects that may be large and constructed over time; and
g. alternatives to watching television, such as art, photography, or other creative activities.

Note: *Some standards elements may not be applicable for crisis stabilization and short-term diagnostic programs due to length of stay and program design.*

RTX 16.06

Residential facilities provide:

a. sufficient and culturally appropriate supplies and equipment to meet residents' needs;
b. access to a computer and the internet;
c. adequate space for storage and maintenance needs;
d. rooms for providing occasional on-site services, as needed
e. accommodations for informal gathering of residents including during inclement weather;
f. at least one room suitably furnished for the use of on-duty personnel; and
g. private sleeping accommodations for personnel who sleep at the facility, if applicable.

RTX 16.07

The organization has adequate facilities for administrative support functions, food preparation, housekeeping, laundry, maintenance, and storage.

RTX 16.08

The residential facility and outdoor space should be clean and maintained in good condition to promote the health and safety of personnel and residents.

Interpretation: *The facility's outdoor area should be inviting and contain sufficient space for recreational activities. Outdoor equipment must meet all playground equipment safety standards and be appropriate for the number, age, and developmental level of residents.*

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

RTX 17: Privacy Provisions

The organization provides for resident comfort, dignity, privacy, and safety.

Research Note: *Establishing physical and psychological safety has been proven to have a significant impact on residents' long-term recovery and social and emotional well-being.*

Note: *Please see Facility Observation Checklist - Private, Public, Canadian for additional assistance with this standard.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information Â or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or Â
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Privacy policy and procedures, including protocols on the use of electronics
- Policy and procedures regarding searches of residents and their property

On-Site Evidence

- Judicial order, law, or contract, as applicable (RTX 17.02 b.)

On-Site Activities

- Interview:
  a. Program director
  b. Relevant personnel
  c. Residents
- Observe facility

(FP) RTX 17.01

The organization:

a. maintains doors on sleeping areas and bathroom enclosures unless there is clear, clinical written justification for their removal;
b. provides one- or two-person rooms to residents who need extra sleep, protection from sleep disturbance, or extra privacy for clinical reasons; and
c. requires employees to knock before entering a resident's room unless there is a safety or clinical concern.

Interpretation: *The organization should provide single rooms for developmentally disabled adults and for others with specialized care issues (e.g., history of being bullied, history of trauma, sexual abuse, sexual orientation or aggressive behavior).*

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

(FP) RTX 17.02

The organization:

a. establishes and implements policies for searches of residents or their property consistent with applicable state and federal law; and
b. prohibits the use of surveillance cameras or listening devices of persons in their bedrooms, unless required by judicial order, law, or contract.

Interpretation: *Residents should be apprised of the organizations policy regarding room checks and personal searches.*

Interpretation: *When organizations are required by judicial order, law, or contract, documentation must be provided to justify employing this practice which may include the judicial order, contract, or a copy of the state's safety plan involving the resident. Organizations will need to demonstrate in their privacy policy and procedures that they have taken measures to prevent any unintended violation of an individual's rights and privacy. Residents must have access to private areas for self-care and the changing of clothing.*

Sensitivity is taken to ensure that all residents, especially abuse or trauma survivors and the LGBTQ population, feel safe and not violated.

Interpretation: *The use of surveillance cameras or listening devices should not be used as a supplement to adequate staffing or supervision protocols.*

(FP) RTX 17.03

Searches of residents or their property are conducted in a trauma-informed manner that respects client rights, dignity, and self-determination and include, as appropriate to the frequency and invasiveness of searches:

a. timely notification of a parent and/or legal guardian;
b. definition and documentation of reasonable cause and assessed risk of harm to self or others;
c. trained, qualified staff; and
d. an administrative review process including documentation, notification, and a timetable for review.

Interpretation: *The invasiveness of the search to be conducted has a direct impact on all aspects of search procedures. Organizations must demonstrate and document that more invasive searches are associated with an increased level of risk, reasonable cause, and level of administrative review. More invasive searches should only be performed by specially trained and qualified staff.*

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

Research Note: *Routine activities such as room checks and property searches can trigger traumatic reenactment. Training staff on interventions that help children and youth identify and manage potential triggers supports a trauma-informed living environment.*

(FP) RTX 17.04

The organization respects residents' privacy by only reviewing mail when a previous incident involving the resident indicates that:

a. the mail is suspected of containing unauthorized, dangerous, or illegal material or substances, in which case it may be opened by the resident in the presence of designated personnel; or
b. receipt or sending of unopened mail is contraindicated.

Interpretation: *Mail refers to letters, packages, emails, and other forms of correspondence via electronic messaging. Organizations should have electronic messaging and social networking policies, procedures, and/or protocols for staff and residents and their families.*

Interpretation: *Correspondence between residents and their families, friends, and other social supports should be encouraged, and not monitored nor used as a reward or punishment.*

Interpretation: *Programs serving individuals with substance use conditions may require personnel to review mail without incident due to the reason for which residents are seeking treatment. If an organization employs this approach, they must provide justification for taking such measures, which may include health, safety, and other security concerns.*

(FP) RTX 17.05

Residents can have private telephone conversations, and any restriction is:

a. based on contraindications and/or a court order;
b. approved in advance by the program director or an appropriate designee;
c. documented in the case record; and
d. reauthorized weekly by the immediate supervisor of the direct service provider.

Note: *The organization will be responsible for developing protocols addressing the use of cellphones and other types of technology in the*

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

program.

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

RTX 18: Care and Supervision

The organization provides 24-hour-a-day care and supervision that is respectful, supportive, and tailored to each resident's developmental, educational, clinical, and safety needs.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information Â or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or Â
- Two or more Fundamental Practice Standards received a rating of 3 or

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

4.

Table of Evidence

Self-Study Evidence

- Resident/personnel care and supervision ratios
- Supervision and scheduling criteria
- Criteria and procedures used to assign and evaluate workloads

On-Site Evidence

- Resident/personnel care and supervision coverage schedules for the past year
- Workload data for direct care personnel for the past six months

On-Site Activities

- Interview:
  a. Program director
  b. Relevant personnel
  c. Residents
- Review case records

(FP) RTX 18.01

Each resident's basic daily living requirements are met in a culturally responsive manner, including necessary nutrition, clothing, and allowances.

Interpretation: *Residents should be provided with a variety of nutritious food options. Special diets should be planned to meet the modified needs of individual residents.*

(FP) RTX 18.02

Adults that provide direct care and supervision offer residents:

a. a positive adult role model;
b. nurturance, structure, support, respect, and active involvement;
c. predictable limit-setting;
d. flexibility, when appropriate and in the resident's best interest;
e. guided practice to learn effective communication, positive social interaction, and problem solving skills; and

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

f. education and skills training specific to risk-taking behaviors, including practice with decision making and anger management.

Interpretation: *Regarding element (d), providing individualized care that is tailored to the resident's needs requires being flexible with codified rules when they contradict what is best for the resident. For example, being flexible with bedtimes for a resident who may have experienced nighttime trauma rather than strictly enforcing a lights out time allows the organization to be responsive to the needs of residents.*

Interpretation: *Problem solving skills per element (e) should enable residents to resolve issues that can occur in both home and community settings.*

Research Note: *Positive factors associated with lower runaway rates include:*

a. *clarity about leadership and how the home should operate;*
b. *a high level of staff support and morale;*
c. *agreement on a consistent approach; and*
d. *involvement of youth in setting acceptable boundaries and patterns of behavior.*

RTX 18.03

Adults that provide direct care and supervision communicate and implement policies that promote security on-site including the prohibition of weapons and gang activity.

(FP) RTX 18.04

Resident care and supervision is provided by:

a. at least one on-duty worker for every four children during awake hours and every eight children during sleeping hours;
b. at least one on-duty worker for every five adults during awake hours and every ten adults during sleeping hours;
c. a sufficient number of qualified personnel on-site that can respond to emergency situations and meet the special needs of residents at busy or more stressful periods;
d. rotating after-hours and holiday coverage when needed; and
e. same-gender and cross-gender supervision when indicated by individual treatment needs.

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

Interpretation: *Staffing requirements and care ratios can vary depending on the age, developmental level, length of treatment, and the service needs of the population.*

Interpretation: *Electronic supervision is not an acceptable alternative to supervision by personnel.*

Interpretation: *Programs serving individuals with sexually reactive behaviors should provide supervision and monitoring that accommodates the individual's safety plan.*

Research Note: *National recommendations for the supervision of children in residential care is that there are no more than four children per worker during waking hours and no more than eight children per worker during overnight hours. Smaller ratios are recommended for intensive residential treatment programs and short-term diagnostic centers.*

Research Note: *Research suggests that staffing models impact children's experience in group care. For example, utilizing live-in staff creates a family-life environment and allows for more consistency in resident's everyday care compared to rotating shift staff.*

Note: *Organizations must also meet state licensing requirements for care ratios.*

RTX 18.05

Direct care personnel workloads do not exceed 12 residents and their families, and assignments are made, reviewed regularly, and adjusted based on:

a. case complexity and residents' special circumstances;
b. age, gender, and population characteristics including ethnic and cultural considerations;
c. the qualifications, competencies, and experience of personnel, and level of supervision needed;
d. work and time required to accomplish assigned tasks and job responsibilities; and
e. case status and progress toward achievement of desired outcomes.

Interpretation: *Direct care personnel are the residential treatment center's milieu counselors, case managers, and/or child, youth, adult care workers.*

Research Note: *Nationally recognized caseload guidelines recommend that direct care personnel have no more than eight children and their families assigned to their caseload at one time. For intensive residential treatment programs and short-term diagnostic centers, the recommended caseload is six children and their families.*

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

RTX 19: Transition from the Service System

Residents transitioning to the community participate in planning for a transition and are prepared with positive experiences and skills to make a successful move.

Interpretation: *The decision to develop a plan for returning to the community is based on the resident's preparedness and wishes unless the transition is mandated. Family members should also be involved in the transition process to the greatest extent possible.*

Interpretation: *When the organization serves young children, the parent and/or legal guardian is informed of and involved in the transition process from admission.*

Research Note: *Transitional periods in life are often particularly stressful for survivors of trauma who need to guide their own transition planning at a pace that feels comfortable for them and may require additional supports in order to have a safe experience of transition.*

NA *The organization only operates a crisis stabilization unit or short-term diagnostic center.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information Â or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or Â
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Transition planning procedures
- A description of services provided to residents who are transitioning from the service system

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
  a. Program director
  b. Relevant personnel
  c. Residents
- Review case records

RTX 19.01

The organization provides residents transitioning to the community with advance notice of the cessation of any health, financial, or other benefits that may occur at transition.

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

RTX 19.02

The organization works with residents and their families to develop a plan for living in the community.

Interpretation: *For adolescents, the transition from the service system often coincides with their transition to adulthood. Youth should be supported during their transition to adulthood through individualized planning and preparation that promotes emotional well-being, supportive relationships, access to needed resources, and skill development. Program personnel should also provide youth transitioning into adult systems of care with the knowledge they need to access specialized services and navigate adult-serving systems.*

Research Note: *As adolescents enter adulthood, services from child-serving systems end, often abruptly, even though the need continues. In order to maintain continuity of care, organizations should partner with residents and their families to develop a transition plan that builds strengths, and addresses their ongoing service needs.*

RTX 19.03

The organization prepares residents for a successful transition by providing:

a. for transfer or termination of custody for youth, as applicable;
b. information about rights and services to which the person may have access as a result of a disability;
c. information about availability of community resources, including affordable healthcare and counseling;
d. court and welfare systems information;
e. child care services information, as applicable; and
f. support through community volunteers, peers, or persons who have made a successful transition, as appropriate.

Research Note: *Literature indicates that while residential treatment services are essential to victims of human trafficking, successfully meeting the needs of this population depends on it being part of a continuum that includes prevention, education, outreach, and collaboration that reaches a wide array of community providers, such as schools, law enforcement, juvenile courts, child protective services, shelters, drop-in centers, parents, and the community at large.*

RTX 19.04

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

The organization works with the resident and their family and/or legal guardian to assess the independent living skills of residents 14 years and older, at regular intervals.

Interpretation: *Organizations should use a standardized assessment instrument as soon as possible after a child's 14th birthday to establish a benchmark for progress on the development of skills in the areas of:*

a. *educational and vocational development,*
b. *interpersonal skills,*
c. *financial management,*
d. *household management, and*
e. *self-care.*

Systematic assessment normally reoccurs at six or twelve month intervals.

NA *Residents are not transitioning to an independent living situation.*

RTX 19.05

During the transition process, and prior to case closing, the organization explores a range of housing options with residents and engages them in an evaluation of the risks and benefits of various living situations and independence from the organization.

Related: CR 2

Interpretation: *Options may include the full range of living situations from supported living to fully independent living environments.*

NA *Residents are not transitioning to an independent living situation.*

RTX 19.06

For every resident transitioning to independence, the organization ensures that basic resources are in place, including:

a. a safe, stable living arrangement with basic necessities;
b. a source of income;
c. affordable health care; and
d. access to education and career development.

Research Note: *Research indicates that many youth who have been separated from their homes experience high levels of housing instability and are at increased risk for homelessness. Accordingly, some experts emphasize the importance of providing concrete assistance to help youth*

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

secure appropriate housing and recommend that independent living programs subsidize rental costs or develop transitional housing programs. Financial assistance for room and board may be available to former foster youth through the Chafee Foster Care Independence Program.

Research Note: *The Affordable Care Act (ACA) will require states to provide Medicaid coverage for individuals under age 26 who were in foster care at age 18 and receiving Medicaid. Youth will be eligible for full Medicaid benefits which include Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) services.*

It is recommended that organizations train direct service personnel on their state's Medicaid eligibility requirements and healthcare options for youth transitioning out of care and conduct follow-up training as changes are implemented based on the ACA. Organizations should also work directly with state Medicaid agencies to connect eligible individuals to benefits.

NA *Residents are not transitioning to independent living situations.*

RTX 19.07

The organization ensures that residents transition from the service system with social supports in place, including, as appropriate:

a. access to at least one committed, caring adult;
b. access to cultural and community supports; and
c. access to positive peer support and mentoring, including peer advocates and peer support.

Research Note: *Healthy interpersonal relationships are positively correlated with successful outcomes for youth transitioning from care. As adolescents move into adulthood, continued support and guidance from concerned, nurturing adults has a profound impact on youth achieving an optimal level of independence. Even if youth are not living with their families after they leave the residential program, having relationships with family members increases the likelihood of a successful transition.*

Research Note: *Peer support is built on shared personal experience and empathy, and focuses on an individual's strengths, not weaknesses. Information provided by peers is often seen as more authentic as peers have similar lived experience and can better relate to those they support. Peer support has demonstrated positive outcomes in the areas of substance abuse, parenting, mental health, chronic illness, anxiety, and depression. Research shows that peer-run self-help groups can improve an individual's social support networks and enhance self-esteem and social functioning.*

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

RTX 19.08

The organization assists residents in obtaining or compiling documents necessary to function independently, including, as appropriate:

a. an identification card or a driver's license, when the ability to drive is a goal;
b. a social security or social insurance number;
c. a resume, describing work experience and career development;
d. medical records and documentation, including a Medicaid card or other health eligibility documentation;
e. an original copy of the birth certificate;
f. religious documents and information;
g. documentation of immigration or refugee history and status, when applicable;
h. death certificates if parents are deceased;
i. a life book or a compilation of personal history and photographs, as appropriate;
j. a list of known relatives, with relationships, addresses, telephone numbers, and permissions for contacting involved parties;
k. previous placement information and health facilities used, when age-appropriate; and
l. educational records, such as high school diploma or general equivalency diploma, and a list of schools attended, when age-appropriate.

RTX 19.09

As a continuing resource for information, crisis management, referral, and support, the organization provides each resident with:

a. a transition plan summary, including the individual's options;
b. a list of emergency contacts; and
c. the organization's contact information.

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

RTX 20: Case Closing

Case closing is a planned, orderly process.

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g., Â Â

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- In a few instances the organization terminated services inappropriately; or
- Active client participation occurs to a considerable extent; or
- A formal case closing summary and assessment is not consistently provided to the public authority per the requirements of the standard.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Services are routinely terminated inappropriately; or
- A formal case closing summary and assessment is seldom provided to the public authority per the requirements of the standard.; or
- A number of client records are missing important information; or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being

used; or
- Documentation is routinely incomplete and/or missing; or Â
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Case closing procedures
- Procedures for determination of responsibility when third-party payments or benefits end

On-Site Evidence

- Review contract with public authority, as applicable

On-Site Activities

- Interview:
  a. Program director
  b. Relevant personnel
  c. Residents
- Review case records

RTX 20.01

Planning for case closing:

a. is clearly defined and includes assignment of staff responsibility;
b. begins at intake; and
c. involves the worker, the resident, a parent or legal guardian, and others, as appropriate.

RTX 20.02

When an individual or family is asked to leave the program the organization makes every effort to ensure the resident is referred to appropriate services.

RTX 20.03

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

Upon case closing, the organization notifies any collaborating service providers, including the courts, as appropriate.

RTX 20.04

When a resident's third-party benefits or payments end, the organization determines its responsibility to provide services until appropriate arrangements are made and, if termination or withdrawal of service is probable due to non-payment, the organization works with the person or family to identify other service options.

Interpretation: *The organization must determine on a case-by-case basis its responsibility to continue providing services to persons whose third-party benefits have ended and who are in critical situations.*

NA *The organization does not receive third-party benefits or payments for service.*

RTX 20.05

When the organization has a contract with a public authority that does not include aftercare planning or follow-up, the organization:

a. conducts a formal termination-of-service evaluation and assessment of unmet needs; and
b. informs the public body of the findings, in writing, as appropriate to the contract and with the permission of the resident or his or her legal guardian.

NA *The organization does not have a relevant contract with a public authority.*

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

RTX 21: Aftercare and Follow-up

The organization and the resident and his or her family work together to develop an aftercare plan, and follow-up occurs when possible and appropriate.

Interpretation: *While the decision to develop an aftercare plan is based on the wishes of the resident, unless aftercare is mandated, the organization is expected to be proactive with respect to aftercare planning.*

NA *The organization has a contract with a public authority that prohibits or does not include aftercare planning.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g., Â

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Aftercare planning is not initiated early enough to ensure orderly transitions; or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or Â
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Aftercare and follow-up procedures

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
  a. Program director
  b. Relevant personnel
  c. Residents
- Review case records

RTX 21.01

An aftercare plan is:

a. developed with the resident, a parent or legal guardian, and others, as appropriate;
b. supported by the resident's service plan; and
c. developed sufficiently in advance of case closing to ensure an orderly transition.

Interpretation: *The decision to develop a plan for community living is based on the wishes of the resident, unless it is mandated. In some programs and services, aftercare planning is an integral part of the service and the organization is expected to be strongly proactive with respect to aftercare planning.*

RTX 21.02

Aftercare plans identify information and services needed or desired by the

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

resident, available supports, and specific steps for obtaining these services.

RTX 21.03

The organization takes the initiative to explore suitable resources within the community and contact service providers, when appropriate and with the permission of the resident, family, or legal guardian.

RTX 21.04

The organization follows up, as appropriate, when possible, and with the permission of the resident.

Interpretation: *Reasons why follow-up may not be appropriate include, but are not limited to, cases where the person's participation is involuntary, or where there may be a risk to the resident, such as in cases of abuse, neglect, or exploitation.*

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

RTX 22: Personnel

Personnel have the education, training, experience, skills, and supervision that are needed to meet the needs of residents and their families.

Note: *For additional standards guidance on the use of non-employee personnel, please refer to Volunteers, Interns, and Consultants: Applicability of COA Standards to Non-Employee Personnel - Private, Public, Canadian.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g., Â

- With some exceptions, staff (direct service providers, supervisors, and program managers) possess the required qualifications, including: education, experience, training, skills, temperament, etc., but the integrity of the service is not compromised.
  - Supervisors provide additional support and oversight, as needed, to staff without the listed qualifications.
  - Most staff who do not meet educational requirements are seeking to obtain them.
- With some exceptions staff have received required training, including applicable specialized training.
  - Training curricula are not fully developed or lack depth.
  - A few personnel have not yet received required training.
  - Training documentation is consistently maintained and kept up-to-date with some exceptions.
- A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies.
  - Supervisors provide structure and support in relation to service outcomes, organizational culture and staff retention.
- With a few exceptions caseload sizes are consistently maintained as required by the standards.
- Workloads are such that staff can effectively accomplish their assigned tasks and provide quality services, and are adjusted as necessary in accord with established workload procedures.
  - Procedures need strengthening.
  - With few exceptions procedures are understood by staff and are being used.

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

- With a few exceptions specialized staff are retained as required and possess the required qualifications.
- Specialized services are obtained as required by the standards.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Â Service quality or program functioning may be compromised; e.g.,

- One of the Fundamental Practice Standards received a rating of 3 or 4.
- A significant number of staff, e.g., direct service providers, supervisors, and program managers, do not possess the required qualifications, including: education, experience, training, skills, temperament, etc.; and as a result the integrity of the service may be compromised.
  - Job descriptions typically do not reflect the requirements of the standards, and/or hiring practices do not document efforts to hire staff with required qualifications when vacancies occur.
  - Supervisors do not typically provide additional support and oversight to staff without the listed qualifications.
- A significant number of staff have not received required training, including applicable specialized training.
  - Training documentation is poorly maintained.
- A significant number of supervisors do not meet the requirements of the standard, and the organization makes little effort to provide training and/or consultation to improve competencies.
- There are numerous instances where caseload sizes exceed the standards' requirements.
- Workloads are are excessive and the integrity of the service may be compromised.Â
  - Procedures need significant strengthening; or
  - Procedures are not well-understood or used appropriately; or
- Specialized staff are typically not retained as required and/or many do not possess the required qualifications; or
- Specialized services are infrequently obtained as required by the standards.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

For example:

- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Purpose

Residential Treatment Services provide individualized therapeutic interventions and a range of services, including education for residents to increase productive and pro-social behavior, improve functioning and well-being, and return to a stable living arrangement in the community.

Residential Treatment Services

Table of Evidence

Self-Study Evidence

- Program staffing chart that includes lines of supervision
- Job descriptions
- List of program personnel that includes:
  a. name;
  b. title;
  c. degree held and/or other credentials;
  d. FTE or volunteer;
  e. length of service at the organization;
  f. time in current position
- Table of contents of training curricula

On-Site Evidence

- Documentation of training
- Information and/or data describing staff turnover

On-Site Activities

- Interview:
  a. Supervisors
  b. Personnel
- Review personnel files
- Verify employment or contract with psychiatrist, psychologist, and other professionals

RTX 22.01

Residential counselors, youth workers, adult care, and child care workers have:

a. a bachelor's degree or are actively, continuously pursuing the degree;
b. knowledge and understanding of organizational mission and values;
c. the personal characteristics and experience to collaborate with and provide appropriate care to residents, gain their respect, guide their development, and participate in their overall treatment program;
d. the ability to support constructive resident-family visitation and resident involvement in community activities;
e. the ability to provide services in a culturally and linguistically competent manner;
f. the temperament to work with and care for children, youth, adults, or families with special needs, as appropriate;
g. the ability to work effectively with the treatment team and other internal

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and external stakeholders;
h. up-to-date certification in first aid and CPR; and
i. adequate and continuous ongoing training and supervision.

Related: TS 1, TS 2

Interpretation: *Competency can be demonstrated through education, training, or experience. The elements of the standard will be considered together to assess implementation. Recruitment of staff with demonstrated competence in elements (b), (c), and (d), and with appropriate supervision and specialized training - sometimes available through national certification programs - can compensate for a lack of a bachelor's degree.*

Interpretation: *Experience per element (c) can include lived experience as residential programs can have peer support specialists, youth advocates, mentors, and/or family advocates on staff.*

(FP) RTX 22.02

Depending on the residents' needs, qualified professionals and specialists provide services and support related to the following:

a. mental health;
b. substance use;
c. crisis intervention;
d. medicine and dentistry;
e. prenatal and postnatal care, and the developmental needs of children;
f. prenatal and postpartum depression screenings and care;
g. nursing;
h. education and vocational skill development;
i. physical and developmental disabilities;
j. speech, occupational and physical therapy;
k. recreation and expressive therapy;
l. nutrition; and/or
m. religion and spirituality.

RTX 22.03

Direct service personnel demonstrate experience or receive training and education on:

a. engagement with residents, including building trust and establishing rapport;
b. partnering and engaging with families and significant others;

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c. accessing culturally-relevant community services;
d. recognizing trauma and coping mechanisms, and providing trauma-informed care;
e. the definitions of human trafficking (both labor and sex trafficking) and sexual exploitation, and identifying potential victims;
f. protocols for responding to residents who run away;
g. interventions for addressing the acute needs of victims of trauma; and
h. collaborating with local law enforcement.

Related: ASE 6.06

Interpretation: *In relation to element (d), direct service personnel should be trained to recognize and respond therapeutically to manifestations of trauma, such as mood instability, acting out behaviors, and hyper-vigilance.*

RTX 22.04

Personnel who conduct assessments are qualified by training, skill, and experience and are able to recognize individuals and families with special needs.

(FP) RTX 22.05

A licensed psychiatrist with experience appropriate to the level and intensity of service and the population served assumes responsibility for the psychiatric elements of the program, develops guidelines for participation, and provides full-time coverage on an on-call basis.

Interpretation: *A psychiatrist with the required qualifications assumes psychiatric responsibility for residents and provides service on a full-time basis as an employee, contractor, or through another formal arrangement, such as an on-call arrangement which ensures coverage 24 hours a day, seven days a week. There may be more than one psychiatrist fulfilling the duties outlined. Residential treatment programs whose primary service is residential substance use treatment are not required to have full-time psychiatric coverage but may provide psychiatric services though a formal referral arrangement on an as-needed basis. Certification in child psychiatry is not applicable to programs serving adults only.*

Note: *In situations where a psychiatrist is not available to assume psychiatric responsibility for residents, the organization can receive a rating of 2 if they have an advanced practice registered nurse (APRN) supervised*

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by a physician.

RTX 22.06

A psychologist with appropriate credentials and experience is available to provide testing and psychological services, as necessary.

RTX 22.07

Supervisors of direct personnel are qualified by:

a. an advanced degree in social work or a comparable human service field and two years of relevant experience; or
b. a bachelor's degree in social work or a comparable human service field and four or more years of relevant experience.

Related: TS 3

RTX 22.08

Supervisors demonstrate a commitment to providing structure and support to direct staff to:

a. address and reduce stress, anxiety, secondary traumatic stress, and vicarious trauma;
b. create an atmosphere of problem-solving and learning;
c. build and maintain morale;
d. reinforce the organizational values and clinical practices in family-based treatment;
e. provide constructive ways to approach difficult situations with clients; and
f. facilitate regular feedback, growth opportunities, and a structure for ongoing communication and collaboration.

Interpretation: *Supervision is an important determinant of child and family outcomes, organizational culture, and staff retention.*

Research Note: *Secondary traumatic stress (STS) - distress that results from being exposed to the traumatic stories of others - and vicarious trauma (VT) - internal changes in the perception of self due to chronic exposure to traumatic material - have a significant impact on direct care workers and supervisors. STS has been linked to increased absenteeism among employees, high staff turnover, and decreased compliance with*

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organizational requirements. The impact of VT can exceed organizational function and negatively influence an individual's sense of trust, safety, control, and esteem.

In order to promote workforce well-being, organizations should implement policies that address and help prevent stress-related problems. Strategies to reduce the adverse effects of STS and VT include: helping staff identify and manage the difficulties associated with their respective positions; promoting self-care and well-being through policies and communications with personnel; offering positive coping skills and stress management training; and providing adequate supervision and staff coverage.

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