

<b>Title: CYF Residential Intervention</b>	<b>Policy #: 19-02</b> <b>Date Issued: 10/30/19</b> <b>Effective Date: 10/30/19</b>
<b>Approval by Commissioner:</b>  <b>Signature: Joan Mikula</b> <span style="float: right;"><b>Date: 10/30/19</b></span>	

## I. PURPOSE

This policy provides guidance and clarification in the implementation of the Department of Mental Health’s (DMH) service authorization regulations, 104 CMR 29.00 with respect to provision of residential intervention for children, youth and young adults (hereafter referred to as: youth).

## II. SCOPE

This Policy is applicable to all service planning activities for youth who meet DMH’s Clinical Criteria for service authorization in accordance with 104 CMR 29.00 and for whom group care or residential school placement may be appropriate.

## III. DEFINITIONS

**Area:** The geographic subdivision within the state that is responsible for providing access to comprehensive mental health services for youth within its boundaries.

**Clinical Criteria:** The diagnostic and functional impairment criteria applied to determinations on applications for service authorization pursuant to DMH regulations 104 CMR 29.04(3).

**Department:** Department of Mental Health (DMH)

**Determination of Need for DMH Services:** For youth who meet DMH’s Clinical Criteria, the determination of whether the youth needs a DMH service, pursuant to DMH regulations 104 CMR 29.04(4).

**LEA:** Local Educational Authority

#### **IV. POLICY STATEMENT**

The Department of Mental Health (DMH) provides services and supports to youth who meet DMH's Clinical Criteria for service authorization after careful assessment of the youth's needs, and a determination of whether the youth's service needs can be met by available DMH services. DMH services are not an entitlement<sup>1</sup>. DMH is a payer of last resort; provision of DMH services is contingent upon a determination that the youth's service needs cannot be met by other sources, providers, or funders.

DMH service authorization is guided by the principle of providing services at the most appropriate level of care in the least restrictive environment in order to enable the youth served to live in their community of choice.

Residential intervention is viewed as a last resort and is used only when a DMH service-authorized youth cannot safely manage in the youth's home environment as a result of behaviors related to the youth's serious emotional disturbance (SED) or serious mental illness (SMI). Residential intervention, like all clinical services, is intended to be for the shortest period of time necessary to restore the youth to a level of functioning that permits the youth to live in a less restrictive environment. This policy is informed by research and by DMH's experience, that short-term residential treatment with family-based aftercare is generally more effective than long-term residential treatment.<sup>2</sup>

Most DMH youth who require residential intervention are successfully served in community based residential settings (such as group living environments or GLEs) which are the least restrictive service and keep youth connected to their home/community which is essential for intervention success. GLEs provide

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<sup>1</sup> "Entitlement" refers to services or benefits to which people are eligible by law, such as Medicaid coverage or Special Education services, and which must be provided regardless of appropriation. DMH services are not an entitlement; the availability of DMH services is limited by the amount of funds appropriated to DMH each year.

<sup>2</sup> James, S., "What Works in Group Care?—A Structured Review of Treatment Models for Group Homes and Residential Care." *Children and Youth Services Review*, 33:308-321 (2011); Leichtman, M., Leichtman, M. L., Barber, C. C. & Neese, D. T., "Effectiveness of Intensive Short-term Residential Treatment with Severely Disturbed Adolescents," *American Journal of Orthopsychiatry*, 71:227(2001)

sufficient structure and support to allow the youth to receive clinical and educational services in appropriate community settings.

Some DMH authorized youth require more intensive clinical or educational services, and are unable to access those services unless they are delivered in highly structured environments providing 24/7 integrated daily care. These settings include:

- Acute psychiatric inpatient treatment or Community-Based Acute Treatment (CBAT) or Intensive Community-Based Acute Treatment (ICBAT), all of which are accessed through medical insurance.
- Youth who require continuing inpatient care or treatment in a secure setting may be referred to DMH's continuing care inpatient service or Intensive Residential Treatment Programs (IRTP) service. IRTPs are Class VII facilities. Admission to IRTPs and inpatient continuing care is by DMH acceptance only and is governed by Massachusetts' psychiatric hospital admission statute, G.L. ch. 123, and DMH regulations at 104 CMR 27.00.
- Residential school placements generally funded as part of the youth's entitlement to special education and related services.

DMH will not fund residential placements in 24/7 residential schools when it is determined that the youth needs such a service to make educational progress, which includes the generalization of skills necessary for safe community living. For DMH service authorized youth who require such placements, DMH may be involved to provide ancillary services within its service system as clinically indicated, and will assist the youth in transitioning back to a community based setting as soon as possible.

DMH will fund the residential portion of a 24/7 residential school placement in extraordinary circumstances; typically in cases where the youth could function in a less restrictive community setting, but where there are no appropriate openings within DMH's group care system. DMH will authorize and fund this service on a short-term basis only. These short-term authorization will be funded only with an emergency exception-based approval, intended to bridge the period of time until the LEA funding source is secured or an opening in a less restrictive setting is available.

## **V. IMPLEMENTATION RESPONSIBILITY**

The DMH Child, Youth, and Family Services Directors are responsible for implementation of this policy in cases within their respective Areas.

The Deputy Commissioner of Child, Youth, and Family Services or designee is responsible for Oversight of implementation of this policy on a statewide basis.

## **VI. REVIEW**

This policy shall be reviewed not less than annually.