

## Child and Adolescent Level of Care Indicators Commonwealth of Massachusetts, Department of Mental Health

| <i>Indicators</i>     | Level Of Care Indicators for Secure Continuing Care INPATIENT  | Level Of Care Indicators for Secure Continuing Care IRTP/CIRT  |
|-----------------------|--|--|
| COMMITTABILITY        | Children/adolescents admitted to a Continuing Care Inpatient facility must meet the Commonwealth's statute for psychiatric commitment pursuant to M.G.L. c. 123 ss. 7&8.   | <p><b>IRTP:</b> Adolescents admitted to IRTPs must meet the Commonwealth's statute for psychiatric commitment pursuant to M.G.L. c. 123 ss. 7&amp;8.</p> <p><b>CIRT:</b> Children are admitted to CIRTs on a voluntary basis and should <i>not</i> meet the Commonwealth's statute for psychiatric commitment pursuant to M.G.L. c. 123 ss. 7&amp;8.</p> |
| IMPULSE MANAGEMENT    | Not demonstrating behavioral control. Frequent episodes of harm to self or others.   | Demonstrating some behavioral control. Infrequent episodes of harm of self or others.  |
| LEVEL OF MEDICAL CARE | Needs 24-hour nursing and psychiatrist-directed medical care to: lead biopsychosocial treatment, titrate complex pharmacotherapy regimes, manage concurrent medical problems and authorize containment interventions and privileges.     | Needs daily on-site nursing care and weekly on-site psychiatric care to administer and titrate medications and monitor medical conditions. Biopsychosocial treatment is organized by the Treatment Team. Medical staff oversight of restraint interventions is required in IRTPs, but not in CIRTs.  |
| DIAGNOSTIC PROCESS    | Major diagnostic and treatment questions remain. Additional diagnostic evaluation or consultation is needed.   | Principal diagnostic picture and treatment needs are substantially clear. Secondary diagnostic evaluation or consultation may be needed.   |
| MEDICATION            | New medication trials may need to be initiated or a complete "medication holiday" may be necessary before new medication trials are begun. Psychopharmacologic stability has typically not been established.                             | Medication regimen is substantially established but may need continued titration. Medication trials may also be needed.  |
| RESTRAINT             | May require frequent chemical, mechanical or physical restraint to contain unsafe behavior.  | <p>May need intermittent chemical, mechanical or physical restraint to contain unsafe behavior.</p> <p><b>NOTE: CIRTs do not use chemical restraint.</b></p>   |
| BEHAVIOR MANAGEMENT   | May need frequent time-out, 1:1 support and a carefully developed behavior management plan. Has limited ability to re-integrate easily into the treatment milieu and participate in group activities without considerable staff support. | May need occasional time-out, 1:1 support and a carefully developed behavior management plan. Able to integrate into the milieu and participate in most group activities.  |
| ENVIRONMENT OF CARE   | <p>Requires a locked environment with enhanced safety features to prevent harm to self/others and elopement.</p> <p><b>NOTE: Inpatient facilities are locked.</b></p>  | <p>Requires a secure environment with safety features to prevent harm to self/others and elopement.</p> <p><b>NOTE: IRTPs are locked. CIRTs are staff-secure.</b></p>  |
| MILIEU                | Variable ability to tolerate the milieu or peer contact. Frequently unable to participate in therapeutic modalities/activities without considerable staff support.   | Uses the milieu, interacts with peers, responds to structure and able to participate in most therapeutic modalities/activities with infrequent additional staff support.   |