**2022 Field Comment Period**

# Residential Treatment Services (RTX) Draft Standards Updates

**Purpose:** Residential Treatment Services enable residents to improve functioning and well-being, increase productive and pro-social behavior, and return to a stable living arrangement in the community.

**Definition:** Residential Treatment Services (RTX) provide intensive, structured, and individualized treatment and support as part of a time-limited, interdisciplinary, trauma-informed, and therapeutic 24-hour-a-day intervention. While many individuals can be served in less restrictive community-based settings and will not require an intervention as intensive as residential treatment, services may be needed: (1) when less restrictive programs are unable to address an individual’s risks and needs, or (2) as follow-up to a more intensive residential intervention. The level of intensity and restrictiveness for residential treatment programs is greater than for other group care settings given the treatment needs of residents, but services aim to move individuals toward independence or a stable, less intensive level of care.

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.

Withdrawal management programs provide medication management and monitoring, clinical counseling, and other necessary support and referral services to help individuals safely withdraw from the substance(s) on which they are dependent. Services include, but are not limited to: individual assessment and service planning, medical and non-medical withdrawal management, counseling and education, therapeutic interventions, and linkages with ongoing substance use treatment including medication-assisted treatment when applicable. Programs are available 24 hours a day, seven days per week and are staffed by an interdisciplinary team of qualified professionals. Withdrawal management without transition to ongoing medication-assisted treatment is not recommended for individuals with opioid use disorder.

**Note:** *Organizations that only operate a Crisis Stabilization Unit will complete RTX 1, RTX 2, RTX 3, RTX 4, RTX 5, RTX 6, RTX 8, RTX 9, RTX 10, RTX 13, RTX 16, RTX 17, RTX 18, RTX 20 and have the option to take NAs on practice standards where noted. Organizations will also complete RTX 14 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 6, RTX 8, RTX 9, RTX 10, RTX 11, RTX 16, RTX 17, RTX 18, RTX 20 and have the option to take NAs on practice standards where noted. Organizations will also complete RTX 14 and RTX 15 if applicable.

Organizations that only operate a withdrawal management program will complete RTX 1, RTX 2, RTX 3, RTX 4, RTX 5, RTX 6, RTX 8, RTX 9, RTX 10, RTX 15, RTX 16, RTX 17, RTX 18, RTX 20 and have the option to take NAs on practice standards where noted. Organizations will also complete RTX 14 if applicable.***Note:** *Residential Treatment Services 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.

Organizations that provide adventure-based programming will also complete the Experiential Education Supplement (EES).***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), 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:** *Please see* [*RTX Reference List*](https://coa.my.salesforce.com/sfc/p/300000000aAU/a/500000000AgP/R8DlEx9OKWFQZ01kMw4cSAGBWxQJL.dqueAje5a4Fis) *for the research that informed the development of these standards.***Note:** *For information about changes made in the 2020 Edition, please see the* [*RTX Crosswalk.*](https://coa.my.salesforce.com/sfc/p/300000000aAU/a/1T0000006fNI/K5rG76FKxHWgFrqNjEV_XrLQRG5bYQ4i4tme7frREsk)

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

1. *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;*
2. *adolescents or adults involved with the justice system;*
3. *individuals who are pregnant or parenting;*
4. *children or adolescents who have been victims of human trafficking;*
5. *individuals needing highly structured, intensive treatment for substance use disorders;*
6. *individuals needing specialized and intensive settings for the purposes of clinical assessment; and*
7. *individuals needing psychiatric stabilization.*

**RTX 1: Person-Centered Logic Model**

The organization implements a program logic model that describes how resources and program activities will support the achievement of positive outcomes.

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| --- | --- | --- |
| Self-Study Evidence  | On-Site Evidence  | On-Site Activities  |
|   * See program description completed during intake
* Program logic model that includes a list of outcomes being measured
* Procedures for the use of therapeutic interventions
* Policy for prohibited interventions

   |   * Training curricula that addresses therapeutic interventions
* Documentation of training and/or certification related to therapeutic interventions
 |   * Interviews may include:
* Program director
* Relevant personnel
 |

**RTX 1.01**

A program logic model, or equivalent framework, identifies:

1. needs the program will address;
2. available human, financial, organizational, and community resources (i.e. inputs);
3. program activities intended to bring about desired results;
4. program outputs (i.e. the size and scope of services delivered);
5. desired outcomes (i.e. the changes you expect to see in persons served); and
6. expected long-term impact on the organization, community, and/or system.

**Examples:** *Please see the W.K. Kellogg Foundation Logic Model Development Guide and COA’s PQI Tool Kit for more information on developing and using program logic models.***Examples:** *Information that may be used to inform the development of the program logic model includes, but is not limited to:*

1. *characteristics of the service population;*
2. *needs assessments and periodic reassessments;*
3. *risks assessments conducted for specific interventions; and*
4. *the best available evidence of service effectiveness.*

**RTX 1.02**

The logic model identifies desired outcomes in at least two of the following areas:

1. change in clinical status;
2. change in functional status;
3. health, welfare, and safety;
4. permanency of life situation;
5. quality of life;
6. achievement of individual service goals; and
7. other outcomes as appropriate to the program or service population.

**Interpretation:** *Outcomes data should be disaggregated by race or ethnicity to identify and monitor disparities in service provision or effectiveness.*

**Examples:** *Although some organizations focus primarily on outcomes measured at the time of discharge, others emphasize the importance of tracking the longer-term outcomes that reveal whether the gains achieved during residential treatment are maintained over time. For example, some programs measure outcomes at six months, one year, or even three to five years after discharge. Domains to consider can include, but are not limited to: living situation, social and community connections, engagement in school and/or work, and physical and behavioral health.*

**FP RTX 1.03**

The organization:

1. ensures staff are trained on therapeutic interventions prior to coming in contact with the service population;
2. monitors the use and effectiveness of therapeutic interventions;
3. identifies potential risks associated with therapeutic interventions and takes appropriate steps to minimize risk, when necessary; and
4. discontinues an intervention immediately if it produces adverse side effects or is deemed unacceptable according to prevailing professional standards.

**FP RTX 1.04**

Organization policy prohibits:

1. corporal punishment by personnel and by parenting residents, as applicable;
2. the use of aversive stimuli and/or therapies;
3. interventions that involve withholding nutrition or hydration, or that inflict physical or psychological pain;
4. the use of demeaning, shaming, degrading or bullying language or activities;
5. forced physical exercise to eliminate behaviors;
6. unnecessarily punitive restrictions, including restricting family contact, celebrations, or prescribed treatment interventions as a disciplinary action;
7. unwarranted use of invasive procedures or activities as a disciplinary action;
8. punitive work assignments;
9. punishment by peers; and
10. group punishment or discipline for individual behavior.

**RTX 2: Personnel**

Program personnel have the competency and support needed to provide services and meet the needs of residents and their families.

**Interpretation:** *Competency can be demonstrated through education, training, or experience, including lived experience when applicable. Support can be provided through supervision or other learning activities to improve understanding or skill development in specific areas.*

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| --- | --- | --- |
| Self-Study Evidence  | On-Site Evidence  | On-Site Activities  |
|   * List of program personnel that includes:
* Title
* Name
* Employee, volunteer, or independent contractor
* Degree or other qualifications
* Time in current position
* See organizational chart submitted during application
* Procedures or other documentation relevant to peer/family partner program, if applicable
* Table of contents of training curricula
* Procedures or other documentation relevant to continuity of care and case assignment
 |   * Sample job descriptions from across relevant job categories
* Contract or agreement with agency employing peer/family partners, if applicable
* Documentation tracking staff completion of required trainings and/or competencies
* Training curricula
* Caseload size requirements set by policy, regulation, or contract, when applicable
* Documentation of current caseload size per worker
 |   * Interviews may include:
* Program director
* Relevant personnel
* Review personnel files
 |

**RTX 2.01**

Direct care workers have:

1. a bachelor’s degree or are actively, continuously pursuing the degree;
2. the personal characteristics and experience to collaborate with and provide appropriate support to residents, gain their respect, guide their development, and participate in their overall treatment program;
3. the ability to engage and support residents’ families;
4. the ability to support constructive resident-family contact and resident involvement in community activities;
5. the temperament to work with, and care for, children, youth, adults, or families with special needs, as appropriate; and
6. the ability to work effectively with the treatment team and other internal and external stakeholders.

**Interpretation:** *The elements of the standard will be considered together to assess implementation. Recruitment of staff with demonstrated competence and with appropriate supervision and specialized training – sometimes available through national certification programs – can compensate for a lack of a bachelor’s degree.*

**Note:** *When personnel with lived experience are specifically hired to provide peer or family support, they will be covered by RTX 2.06 instead of this standard.*

**Examples:** *Direct care workers can include, for example: residential counselors, adult care workers, youth care workers, and child care workers. Their responsibilities typically include general supervision of residents, daily support and activities, and crisis prevention and management.*

**RTX 2.02**

Supervisors of direct service personnel are qualified by:

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

**FP RTX 2.03**

A physician or other qualified medical practitioner familiar with the needs of the resident population assumes 24-hour on-call medical oversight to ensure that residents’ health needs are identified and promptly addressed.

**NA** *All residents have private physicians.*

**Interpretation:** *The physician can provide services as an employee, contractor, or through another formal arrangement. There may be more than one physician fulfilling the role.***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.*

**FP RTX 2.04**

A licensed psychiatrist with experience appropriate to the level and intensity of service and the population served is responsible for:

1. developing guidelines for participation in services;
2. providing psychiatric services, as applicable; and
3. providing full-time coverage on an on-call basis 24 hours a day, seven days a week.

**Interpretation:** *The psychiatrist can provide services as an employee, contractor, or through another formal arrangement. 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 implement element (c), and may implement element (b) though a formal referral arrangement on an as-needed basis*.

**Interpretation:** *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 by a physician.*

**RTX 2.05**

Qualified professionals and specialists are available to provide services and support depending on the program model, population served, and specialized care needs.

**Interpretation:** *Qualified professionals and specialists can provide services as employees, contractors, or through another formal arrangement.*

**Examples:** *Qualified professionals and specialists may be needed to provide supports and services related to, for example:*

1. *mental health;*
2. *substance use;*
3. *crisis intervention;*
4. *medicine and dentistry;*
5. *psychological services, such as testing and evaluation;*
6. *prenatal and postnatal care, and the developmental needs of children;*
7. *prenatal and postpartum depression, including screenings and care;*
8. *nursing;*
9. *education and vocational skill development;*
10. *physical and developmental disabilities;*
11. *speech, occupational, and physical therapy;*
12. *recreation and expressive therapy;*
13. *nutrition; and/or*
14. *religion and spirituality.*

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

1. *older adults;*
2. *children and youth with pervasive developmental disorders;*
3. *children and youth who engage in fire setting;*
4. *individuals who exhibit sexually reactive behavior;*
5. *victims of physical, psychological, or sexual abuse;*
6. *LGBTQ population, especially those with needs related to gender identity or transition;*
7. *individuals with eating disorders; and*
8. *individuals who have trouble communicating or being understood without special assistance.*

**RTX 2.06**

When peer or family partners with lived experience provide support to residents or their families, the organization:

1. clearly defines their roles and responsibilities;
2. includes peer or family partners as equal partners on the interdisciplinary treatment team;
3. helps other program personnel understand the position and its purpose at the program;
4. establishes guidelines for recruitment and selection, including how much time must elapse before a prospective peer or family partner is eligible for the role;
5. ensures peer or family partners are trained to perform their roles and responsibilities;
6. provides ongoing support and supervision to address any issues that occur, including to help peer or family partners manage personal triggers that may arise on the job; and
7. facilitates opportunities for peer or family partners to connect and consult with others performing similar roles.

**NA** *The organization does not hire or contract with peer or family partners.*

**Interpretation:** *When peer or family partners are employed by another agency, and that agency is responsible for implementing elements (d), (e), (f), and (g), the organization should provide evidence documenting that arrangement (e.g., a contract).*

**Examples:** *Peer and family partners can play an important role in welcoming, engaging, empowering, supporting, and advocating for residents and families.  When they are viewed and included as full partners who have input into program decisions, peer and family partners can help organizations ensure their culture and practices prioritize the experience and involvement of residents and families.*

**FP RTX 2.07**

There is at least one person on duty at each program site any time the program is in operation that has received first aid and age-appropriate CPR training in the previous two years that included an in-person, hands-on CPR skills assessment conducted by a certified CPR instructor.

**RTX 2.08**

All direct service personnel are trained on, or demonstrate competency in:

1. the principles and practices of resident-guided care;
2. implementing a range of practices that promote a supportive and noncoercive environment and prevent the need for restrictive interventions;
3. assessing needs in crisis situations;
4. understanding special issues regarding age, gender identity, race, substance use and mental health disorders, developmental disabilities, and/or other needs typically presented by the service population;
5. skills and strategies for engaging, partnering with, and supporting residents’ families;
6. understanding the definitions of human trafficking (both labor and sex trafficking) and sexual exploitation, and identifying potential victims;
7. procedures for responding to residents who run away; and
8. interventions for addressing the treatment needs of residents who have experienced trauma.

**RTX 2.09**

Employee workloads support the achievement of positive outcomes for residents and families, and are regularly reviewed.

**Interpretation:**  *The size of case managers’ caseloads may vary depending on the organization’s approach to service delivery, but should generally not exceed 12 residents/families.*

**Examples:** *Factors that may be considered when determining workloads include, but are not limited to:*

1. *the qualifications, competencies, and experience of personnel, including the level of supervision needed;*
2. *characteristics of the population the program is designed to serve;*
3. *case complexity, including the special needs and circumstances of residents and families;*
4. *case status, including progress toward achievement of desired outcomes;*
5. *whether services are provided by multiple professionals or team members;*
6. *the work and time required to accomplish assigned tasks and job responsibilities; and*
7. *service volume.*

**RTX 2.10**

The organization promotes stability and service continuity by:

a. assigning a case manager or worker at intake or early in the contact; and

b. minimizing the number of case managers or workers assigned to the resident and family over the course of their contact with the organization.

**Examples:** *Organizations can strive to promote stability and service continuity by, for example: (1) assigning the same staff to work with both residents and their families, rather than assigning different staff to work with different members of the same family; (2) arranging for staff to transition with residents as they depart residential care, rather than having an entirely different set of staff assist with the move to the community; (3) addressing factors that may contribute to personnel turnover (e.g., ensuring workloads are reasonable and providing appropriate training, supervision, and support); and (4) establishing transition procedures for internal turnover (e.g. limiting reassignment of cases due to promotions or other role changes).*

**RTX 2.11**

The organization prevents and counters the development of secondary traumatic stress by:

1. helping personnel understand how they can be impacted by stress, distress, and trauma;
2. helping personnel develop the skills and behaviors needed to manage and cope with work-related stressors;
3. encouraging respectful collaboration and support among co-workers;
4. examining how the organization’s culture and policies contribute to or prevent the development of secondary traumatic stress;
5. providing reflective supervision; and
6. connecting personnel to treatment services, as needed.

**Examples:** *Regarding element (b), organizations can help personnel develop the skills and behaviors that will enable them to: engage in positive thinking; increase their self-awareness; know their limits and needs; practice self-compassion; establish healthy boundaries; effectively communicate about unrealistic and unspoken expectations; monitor and regulate their emotions and behaviors; identify and manage emotional triggers; have difficult conversations with co-workers and supervisors; practice brain-aware activities to stay regulated; and take time for self-care. Regarding element (d), areas to consider include, but are not limited to: supervision; caseload assignment; scheduling; trainings; crisis response; psychological safety; and healthy and realistic staff expectations and boundaries.*

**Related Standard:** TS 3.03

**RTX 3: Admission**

Individuals who require and will benefit from the residential intervention are accepted into the program and prepared for admission.

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| --- | --- | --- |
| Self-Study Evidence  | On-Site Evidence  | On-Site Activities  |
|   * Eligibility criteria
* Screening, admission, and intake procedures

   |   * Resource and referral list
* Materials describing the organization’s services
* Materials outlining permitted and prohibited items
 |   * Interviews may include:
* Program director
* Relevant personnel
* Residents and their families
* Review case records
 |

**RTX 3.01**

The organization establishes eligibility criteria that:

1. define the population the program is equipped to serve, including age, developmental stage, and range of needs addressed; and
2. specify any exclusion criteria.

**RTX 3.02**

The organization encourages the appropriate use of residential interventions by informing individuals, their families, and referral sources about:

1. the program’s eligibility criteria;
2. what service options and levels of care will be available and when;
3. the scope of services and supports provided, including any special areas of expertise;
4. the goals of the residential intervention, including information on the effectiveness of treatment, when available;
5. opportunities for family participation and support, and community involvement;
6. the importance of connecting individuals to programs that address their risks and needs in the least restrictive environment necessary; and
7. the importance of placing individuals in residential treatment programs close to their families and home communities, to the extent possible.

**Examples:** *Advocating for the availability of needed community services that can provide an alternative to residential treatment, as addressed in GOV 3, can also help to encourage appropriate placements.*

**Related Standard:** *CR 1.04*

**RTX 3.03**

The organization promptly screens prospective residents to:

1. determine whether they meet the program’s eligibility criteria;
2. evaluate whether the services and supports offered match their needs; and
3. provide placement on a waiting list or referral to appropriate resources when individuals cannot be served or cannot be served promptly.

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

**Interpretation:** *When organizations provide services under contract with a “no reject, no eject” provision, the interdisciplinary team should carefully review admission decisions to ensure the organization is prepared to address any special needs or services the resident may require.*

**RTX 3.04**

The organization helps admitted individuals and their families and/or legal guardians prepare for admission by:

a. ensuring they are welcomed and engaged throughout the admission process;

b. providing the information and support they need to integrate into the program; and

c. providing the opportunity for a pre-admission visit, whenever possible.

**Examples:** *Peer and family partners can play an important role in welcoming residents and their families and helping them integrate into the program.*

**RTX 3.05**

The organization describes:

1. personal items residents may bring with them, consistent with a safe, therapeutic setting;
2. items that are discouraged or prohibited; and
3. any safety procedures the program follows, or consequences that can result, when prohibited items are brought to the program site.

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

**Examples:** *Personal items residents may bring with them may include, for example, photos, books, cellphones, computers, or other electronics.*

**FP RTX 3.06**

Prompt, responsive intake practices:

1. gather information necessary to identify critical service needs and/or determine when a more intensive service is necessary;
2. give priority to urgent needs and emergency situations; and
3. support timely initiation of services.

**RTX 4: Assessment**

The organization’s assessment practices ensure prompt and responsive access to appropriate services and supports.

**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.*

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| Self-Study Evidence  | On-Site Evidence  | On-Site Activities  |
|   * Assessment and reassessment procedures
* Copy of assessment tool(s)
 |    |   * Interviews may include:
* Program director
* Relevant personnel
* Residents and their families
* Review case records
 |

**RTX 4.01**

Residents participate in an individualized, trauma-informed, culturally and linguistically responsive assessment that is:

1. completed within established timeframes;
2. conducted by clinical personnel, including a licensed psychiatrist, psychologist, or other qualified mental health professional, as appropriate to the program model and population served;
3. conducted in a standardized manner using an age-appropriate, evidence-based, and validated assessment tool;
4. focused on information pertinent for meeting service requests and objectives;
5. relationship-focused, allowing time to build rapport, answer questions, and acknowledge concerns; and
6. supplemented with information and input provided by the referral source, collaborating providers, family members, and/or others involved with the resident and family, when appropriate.

**FP RTX 4.02**

The comprehensive assessment addresses:

1. individual and family strengths, risks, protective factors, and resilience;
2. behavioral and physical health needs and goals;
3. trauma exposure and related symptoms, including a trauma screen and, when appropriate, a trauma assessment;
4. an evaluation for risk of suicide, self-injury, neglect, exploitation, and violence towards others;
5. community and social support, resources, and helping networks;
6. cultural identity and related practices and traditions;
7. educational and vocational accomplishments, needs, and goals;
8. social skills, recreational activities, hobbies, and special interests;
9. sexual orientation and gender identity;
10. factors that can impact group living success;
11. additional tests and assessments when indicated; and
12. a summary of symptoms and diagnoses.

**Interpretation:** *The* [*Assessment Matrix - Private, Public, Canadian, Network*](https://coa.my.salesforce.com/sfc/p/300000000aAU/a/380000004yvI/WykKRoDmMsDQ_1K6sPlu.QInRhHpAAH.GNhoHPeExZg) *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.***Interpretation:** *Due to the nature of withdrawal management programs, individuals seeking treatment may not have the opportunity to address trauma history and/or recent incidents of trauma during the assessment process.***Interpretation:** *Vulnerable populations, such as people who are lesbian, gay, bisexual, transgender, and questioning (LGBTQ), are at high risk of violence and harassment while in residential placement. The organization should consider these factors to ensure all people are safe and welcomed by staff and residents. When exploring gender identity and sexual orientation personnel should use inclusive language and ask open-ended questions that prompt discussion, help establish rapport, and allow for self-disclosure of gender identity, preferred pronouns, and sexual orientation. Information shared should be used to inform service planning, when appropriate, and should only be included in written plans when explicit consent is given. Names and pronouns identified by the person should always be used.***Interpretation:** *Personnel that conduct assessments should be aware of the indicators of a potential trafficking victim, including, but not limited to:* *evidence of mental, physical, or sexual abuse;* *physical exhaustion;* *working long hours;* *living with employer or many people in confined area;* *unclear family relationships;* *heightened sense of fear or distrust of authority;* *presence of older significant other or pimp;* *loyalty or positive feelings towards an abuser;* *inability or fear of making eye contact;* *chronic running away or homelessness;* *possession of excess amounts of cash or hotel keys; and* *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.*

**Examples:** *Organizations serving young children can tailor the assessment process to meet the age and developmental level of the service population. Assessments may include an evaluation of factors that impact the child’s social and emotional well-being (e.g., family characteristics), an observation of the child’s behavior, and/or a thorough health and developmental history.***Examples:** *Factors that can impact group living success can include:*

1. *possible reciprocal individual and group effects;*
2. *the individual’s ability to adjust to a group;*
3. *safety issues;*
4. *previous placements; and*
5. *trauma history.*

**FP RTX 4.03**

When a resident’s assessment indicates a substance use disorder, the organization 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, and provides:

1. an appropriate level of service and withdrawal management, as necessary; or
2. connection to appropriate services when the program does not serve individuals with substance use disorders.

**RTX 4.04**

In an effort to facilitate successful social and community reintegration following residential care, the assessment:

1. includes attention to the services, supports, and resources currently available in the resident’s home community; and
2. determines whether the services, supports, and resources the resident may need following residential treatment are available or lacking.

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

**Interpretation:** *The organization can collaborate with relevant partners in the home community to obtain this information.*

**Related Standard:** GOV 3.03

**RTX 4.05**

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

1. after significant treatment progress;
2. after a lack of significant treatment progress;
3. after new symptoms are identified;
4. when there is new disclosure of abuse or another traumatic event;
5. when significant behavioral changes are observed;
6. when there are changes to a family situation or parental status;
7. when significant environmental changes occur; or
8. when a resident returns following an episode of running away.

**Note:** *For more information regarding residents that return after an episode of running away, refer to RTX 10.01 and RTX 18.03.*

**RTX 5: Service Planning and Monitoring**

Residents and 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:** *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.*

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| Self-Study Evidence  | On-Site Evidence  | On-Site Activities  |
|   * Service planning and monitoring procedures
 |    |   * Interviews may include:
* Program director
* Relevant personnel
* Residents and their families
* Review case records
 |

**RTX 5.01**

In an effort to support timely initiation of services:

1. an initial service plan is developed within one week of admission;
2. a comprehensive service plan is developed within 30 days of admission; and
3. the process for service planning is expedited when crisis or urgent need is identified.

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

**Note:** *Service planning timeframes for crisis stabilization units are addressed in RTX 13.04.*

**RTX 5.02**

Service plans are developed:

1. with the full participation of the resident;
2. with the full participation of the resident’s family, guardian, and/or legal advocate, when appropriate;
3. with the involvement of supportive people chosen by the resident and family; and
4. in collaboration with other service providers and systems involved with the resident and family.

**Interpretation:** *Level of family involvement in the service planning process may vary based on the population served, program model/design, and the expressed wishes of particular residents. See RTX 6 for more information on expectations for family involvement.*

**Examples:** *Supportive people chosen by residents and families can include, for example: extended family; friends; and community members (e.g., coaches and representatives from cultural or faith-based institutions). Other service providers and systems can include those involved with the resident and family both during and before the residential intervention, for example: health care providers; behavioral health providers; teachers or other school personnel; and representatives from the public agency that referred the resident for services. This team can be involved not only in planning and monitoring residential services, but also in following and supporting the resident over time, including in planning for transition from the program.*

**RTX 5.03**

A comprehensive, individualized, and assessment-based service plan includes:

1. agreed upon goals, desired outcomes, and timeframes for achieving them;
2. a plan for family contact and participation, when appropriate;
3. services and supports to be provided, and by whom, including the specific treatment modalities to be used;
4. the estimated length of treatments and stay;
5. criteria for discharge; and
6. documentation of the resident’s and/or legal guardian’s participation in service planning

**Interpretation:** *Safety concerns for victims of human trafficking often do not end when they are admitted to residential settings. When the resident is a victim of human trafficking 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 to the program site; 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 5.04**

In an effort to ensure the organization is prepared to prevent, de-escalate, and manage crises, service plans for residents with emotional or behavioral challenges identify:

1. strategies to promote ongoing self-care and support self-regulation;
2. triggers that may lead to distress or dysregulation;
3. warning signs that the resident is experiencing distress or dysregulation, and
4. techniques to help the resident remain calm and/or re-gain control when experiencing distress or dysregulation.

**Note:** *See BSM 2.03 for additional expectations regarding the behavior support and management plans that should be developed when organizational policy does not prohibit restrictive behavior management interventions.*

**RTX 5.05**

An interdisciplinary treatment team works in active partnership with residents and families to ensure that all aspects of the resident’s life, including services, supports, and daily living experiences, are integrated and coordinated to support goal achievement.

**Interpretation:** *The service plan should specify how the services, supports, and opportunities addressed throughout the RTX Standards will be coordinated and integrated to address needs and promote the achievement of desired outcomes. For example, participation in movement and arts activities such as running or singing can help to calm the brain, support healing, and increase residents’ capacity to self-regulate and master new skills. Similarly, if residents practice the skills they learn in therapy both in daily life at the program and while engaging with family and the community, they may be better prepared to utilize those skills in a real-life setting after discharge.*

**Examples:** *The organization can encourage effective coordination and integration by including both clinical and direct care workers, as well as peer and family partners, on the interdisciplinary treatment team.*

**Note:** *When some service components are delivered by outside providers, implementation of this standard will overlap with RTX 5.06.*

**RTX 5.06**

Working in active partnership with residents and families, the organization collaborates with other relevant organizations and agencies to:

1. arrange for the delivery of needed services the organization does not provide;
2. promote a coordinated approach to service delivery;
3. ensure that residents and families receive appropriate advocacy support;
4. mediate barriers to services within the service delivery system;
5. identify and develop opportunities for community involvement during residential care; and
6. promote continuity of care and access to all needed services and supports following discharge from residential treatment.

**Interpretation:** *Some standards elements may not be applicable for crisis stabilization units, short-term diagnostic centers, and withdrawal management programs due to length of stay and program design.*

**Examples:** *Relevant organizations and agencies can include, for example: (1) representatives of the public agency that refers residents for service; (2) other professionals providing services to residents while they are in the organization’s care (e.g., schools, speech/language therapists, medical professionals, and legal counsel); (3) other organizations in the surrounding community (e.g., parks and recreation services, libraries, cultural institutions, local businesses, and faith-based institutions); and (4) organizations in the resident’s home community, including both those serving the resident’s family, and those that will provide primary support to the resident following discharge.*

**RTX 5.05**

The interdisciplinary treatment team and resident, and their family when appropriate, review the case at least quarterly to:

a. assess service plan implementation;

b. review progress toward achieving service goals and desired outcomes, as well as factors contributing to or impeding that progress;

c. determine the continuing appropriateness of the agreed upon service goals, and the continuing need for residential treatment; and

d. sign revisions to service goals and plans.

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

**Interpretation:** *Case reviews may occur more frequently depending on residents’ needs and/or anticipated length of stay. Quarterly reviews may not be appropriate in shorter term programs when services are only provided for a few months. In these cases, reviews should be conducted more frequently to confirm progress and the continued appropriateness of the service plan.*

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

**Examples:** *Timeframes for service plan reviews may be adjusted depending upon residents’ needs and the intensity of services provided. For example, service plans may be reviewed more frequently when serving young children or individuals with specialized care needs, or when residents experience changes in their life situations or psychological conditions. Service plans may also be reviewed more frequently to comply with contractual requirements.*

**RTX 6: Family Connections and Involvement**

The organization works with residents and families to maintain an optimal level of family involvement during residential care, and prepare the family to support the resident after discharge.

**Interpretation:** *COA recognizes that involving families can be difficult, especially if the residential program is far from the resident’s home community, or if the organization faces funding constraints that make it challenging to work with families. However, organizations should still strive to involve families and implement the practice standards in this core concept to the extent possible, unless family contact is determined to be inappropriate for a particular resident. When the resident is a minor, families should be actively involved to the maximum extent possible unless contraindicated. If residents are adults who do not want their families involved, RTX 6.02 to 6.09 may not be implemented for those particular individuals. Program type and length of stay can also impact family involvement. For example, due the nature of programs that provide withdrawal management or crisis stabilization, engaging family members in the treatment process may not be possible or appropriate.*

*If family involvement is limited for any reason (whether due to contraindication, the wishes of the resident, or difficulty engaging a particular family), written justification should be included in the case record.*

**Note:** *When the organization provides out-of-home care for children in custody of a public agency, implementation of this standard may overlap with permanency planning as addressed in RTX 7.*

|  |  |  |
| --- | --- | --- |
| Self-Study Evidence  | On-Site Evidence  | On-Site Activities  |
|   * Procedures for facilitating family contact and involvement
 |   * Informational materials provided to residents and family members regarding family contact and their role in services
* Resource and referral list
* Documentation of family involvement in program planning and decision making
 |   * Interviews may include:
* Program director
* Relevant personnel
* Residents and their families
* Review case records
 |

**RTX 6.01**

The organization helps every resident to:

1. understand separation from family or significant others and grieve the loss of family; and
2. express the level/type of family connection they wish to have.

**Interpretation:** *When residents are adults who do not want family involvement, they should receive help to identify friendship/peer support opportunities. When residents are children or youth with limited family involvement, efforts should be made to help them connect with a non-custodial parent and/or other extended family members. As noted in the Glossary, individuals may define their family to include extended family members, significant others, close friends, current or former foster family, adoptive family, and others with an important role in supporting individual or family well-being.***Interpretation:** *In cases where the resident is a victim of human trafficking or trafficking is suspected, the organization should work with the resident to identify individuals with whom they wish to maintain a relationship. Traffickers may pose as a significant other or older relative, or communicate through another individual and utilize visitation to continue the exploitation of the victim. As noted in RTX 5.02, it is also important to be aware that the resident’s parent or caregiver may be the trafficker or complicit in the trafficking. In such cases, determining the appropriate level of involvement should include the input of the child as well as child welfare and law enforcement systems*

**RTX 6.02**

The organization encourages family engagement and participation by:

1. helping personnel develop positive, respectful, and trust-based relationships with family members; and
2. treating family members in a trauma-informed manner.

**Examples:** *Organizations can help to promote the development of positive relationships by establishing policies and procedures that prioritize work with family. For example, organizations can encourage personnel to contact families frequently, and to report positive news and developments rather than only contacting parents when problems arise. Organizations can also train personnel on ways to engage and partner with families, as referenced in RTX 2.08.*

*Some organizations promote the development of positive relationships by hiring Family Partners who have lived experience with residential care and are thus uniquely qualified to offer family members nonjudgmental empathy and support. Including Family Partners on staff can also help organizations foster an overall culture that respects and prioritizes the importance of family.*

**Note:** *Providing an environment conducive to family visits and activities, as addressed in RTX 16, will also encourage family engagement and participation.*

**RTX 6.03**

The organization helps residents maintain relationships with family members by:

1. informing residents and family members of the organization’s procedures regarding family contact;
2. facilitating in-person family contact, both at home and at the facility, as often as possible; and
3. encouraging phone or web-based family contact, as often as possible.

**Interpretation:** *Unless contraindicated by court-order or compelling reasons to limit contact, residents should have the opportunity to spend time with family. Frequent contact will be especially important when the organization serves children and youth, and should include contact with siblings.*

**Examples:** *Recognizing the importance of family contact, some programs serving children and youth encourage phone calls at least once a day, and in-person contact at least once a week. Programs may encourage regular contact by, for example: (1) allowing families to call or come to the program anytime, (2) permitting residents to spend time at home whenever the family wants, (3) arranging for staff to accompany the resident home to provide support and ensure safety, if necessary; and (4) assisting with transportation to and from the facility, as addressed in RTX 6.08. Advocating for youth to be placed close to home, as addressed in RTX 3.02, can also help to preserve family connections.*

**RTX 6.04**

Families are involved in the resident’s care and treatment, to the extent possible and appropriate.

**Examples:** *In addition to formal involvement in admission, assessment, service planning, service delivery, and aftercare planning, families can be actively involved in day-to-day issues and decision making. For example, families of children and youth can: (1) provide input regarding what strategies may or may not work with their child, (2) be kept up-to-date on their child’s daily appointments and activities, and (3) participate in activities such as haircuts or clothing purchases.*

**Note:** *Expectations regarding family involvement in admission, assessment, service planning, and aftercare planning are addressed in RTX 3, 4, 5, and 19.*

**RTX 6.05**

Family members participate in educational and/or therapeutic services that help them develop the skills and strategies needed to:

a. understand and support the resident;

b. strengthen family relationships;

c. improve family functioning; and

d. promote successful reintegration into the family and community following residential care.

**Interpretation:** *When the organization serves victims of sex trafficking, 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.*

**E**

**RTX 6.06**

The organization addresses unmet needs by helping family members:

1. obtain needed community services;
2. connect with formal peer support resources; and
3. develop their informal support networks.

**Interpretation:** *The organization can implement this standard by collaborating with other organizations and agencies, including relevant partners in the home community, to help family members address their unmet needs.*

**Examples**: *Formal peer support may be provided by a Family Partner working with the residential program, or by peer support organizations based in the family’s home community.*

**RTX 6.07**

When the resident and/or others in the family have experienced trauma, the organization helps family members:

1. understand how trauma may impact current functioning;
2. identify, anticipate, and manage responses to trauma reminders; and
3. appropriately support recovery.

**Note:** *See RTX 9.03 for more information regarding the treatment services that should be provided to residents who have experienced trauma. When family members other than the resident have experienced trauma, they may need to be connected to trauma treatment when helped to access needed services as per RTX 6.06.*

**RTX 6.08**

The organization minimizes barriers to family involvement by:

1. providing written information regarding the family’s role in services;
2. including family members in scheduling decisions;
3. allowing participation by phone or video conference;
4. assisting with transportation, both for the family to come to the program and for residents to spend time at home, as needed and to the extent possible;
5. assisting with accommodations and childcare, as needed and to the extent possible; and
6. providing or arranging services for family members in the family’s home and community, to the extent possible and appropriate.

**RTX 6.09**

The organization provides family members with opportunities to be meaningfully engaged in program planning and decision making.

**Examples:** *Organizations may involve family members by, for example: soliciting feedback through surveys or focus groups; providing opportunities for family members to provide feedback on program operations over the course of the resident’s treatment; establishing family advisory councils; including family members on ongoing committees; inviting family members to serve on the governing body; and hiring family members to serve as Family Partners. These opportunities can be extended to families of both current and former residents. Engaging family members in this manner can be beneficial to both family members themselves and the organization as a whole.*

**RTX 7: Child Permanency**

The organization participates in or facilitates permanency planning to promote physical, emotional, and legal permanence for children.

**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, short-term diagnostic center, or withdrawal management program.*

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

In addition, organizations should 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).***Interpretation:** *The permanency planning process for American Indian and Alaska Native children and families must always involve tribal representatives and service providers to ensure compliance with the Indian Child Welfare Act’s placement preferences and support culturally responsive planning that recognizes and incorporates tribal definitions of permanency and tribal perspectives of the best interests of the child into the permanency plan. To facilitate full participation, the organization must ensure that the tribe or local Indian organization receives timely notification of court or administrative case reviews, and is informed of any changes made to the permanency plan.*

**Note:** *Permanency planning often occurs in conjunction with service planning.*

|  |  |  |
| --- | --- | --- |
| Self-Study Evidence  | On-Site Evidence  | On-Site Activities  |
|   * Procedures for permanency planning
* Procedures for finding and engaging kin

   |    |   * Interviews may include:
* Program director
* Relevant personnel
* Residents and their families
* Review case records
 |

**RTX 7.01**

Permanency planning:

1. occurs with families and the team of people that support them, including out-of-home care providers, service providers, and extended family members or other supportive individuals identified by the family, as appropriate;
2. is scheduled at times when appropriate parties can attend; and
3. is child-driven, with children actively involved in every stage of the process as appropriate to their age and developmental level.

**Examples:** *Child-driven permanency planning can include, but is not limited to, involving children in:*

1. *conversations about what permanency means to them;*
2. *the discovery of extended family and other significant adults; and*
3. *the formation of a permanency team that will support their desired outcomes and have an ongoing role in their lives.*

**RTX 7.02**

The organization collaborates with children, parents, and the local child welfare agency to identify, notify, and engage relatives and other close, supportive adults that can be resources or supports for placement and permanency for children of all ages, regardless of whether or not they currently wish to be adopted.

**Examples:** *Procedures for identification of kin may include:*

1. *engaging children and family members in identification;*
2. *conducting a thorough review of the case record;*
3. *using technological resources for family-finding;*
4. *providing notification in family members’ preferred languages; and*
5. *providing notifications in multiple forms, including written form.*

**RTX 7.03**

Concurrent planning is documented and includes:

1. early, preliminary, and reasoned assessment of the potential for reunification, the best interests of the child, and the need for an alternative plan;
2. full disclosure to involved parties of all permanency options, including expectations, implications, available supports, and legal timelines;
3. joining a resource family that is prepared to develop a life-long relationship with the child; and
4. counseling parents about relinquishment and alternative permanency options if needed.

**Interpretation:** *The age of a child should not limit the consideration of all permanency options.*

**RTX 7.04**

Permanency plans document:

1. permanency goals;
2. why goals are in the best interest of children and their well-being;
3. why other permanency options are not appropriate; and
4. how service plans and identified interventions support permanency and child well-being.

**FP RTX 7.05**

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

1. within 60 days of placement a court-determined permanency plan is developed;
2. at least every six months a court or administrative review of progress towards permanency occurs;
3. 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
4. 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.

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

**Interpretation:** *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. Whenever possible, the permanency timeline for parents with substance use disorders should reflect the time needed to receive substance use treatment services and make progress towards recovery. The mental health status and readiness of the child should also be taken into consideration when assessing permanency goals.***Interpretation:** *Regarding element (d), federal law permits American Indian and Alaska Native families to move forward with a customary adoption, without terminating parental rights. Customary adoptions, approved or adjudicated by the tribal court, are arranged through custom and tradition and allow for the transfer of custody while preserving parental rights.

Other circumstances that preclude termination of parental rights when the case involves an American Indian or Alaska Native child include: placement with extended family per ICWA placement preferences; transfer of jurisdiction to the tribal court; insufficient provision of “active efforts” to support reunification; and inability to satisfy the legal requirements for termination of parental rights under ICWA.*

**RTX 7.06**

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

1. involvement in assessment, service planning, and service selection;
2. access to needed services and supports, including both formal and informal community resources;
3. ongoing, constructive, and progressive contact with their children; and
4. reduction of barriers to contact and involvement in the child’s care.

**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 prevent family breakup. Active efforts require affirmative, thorough, timely, and culturally responsive engagement with families to satisfy the case plan by accessing resources and services and partnering with the tribe. Early consultation with the child’s tribe 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, elders, religious figures, or professionals with expertise concerning the given tribe to determine culturally responsive active efforts and identify culturally appropriate services for the family.*

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|    |    |    |

**RTX 8: Service Culture**

A supportive and trauma-informed approach to service promotes engagement, healing, and empowerment.

**Note:** *The design of the physical space can also contribute to the development of a supportive and healing environment, as addressed in RTX 16.*

|  |  |  |
| --- | --- | --- |
| Self-Study Evidence  | On-Site Evidence  | On-Site Activities  |
|   * Sample of activity schedules
* Procedures for involving residents in making decisions about their own care/daily life
 |   * Documentation of resident involvement in program planning and decision making
* See behavior support and management policy submitted in ASE 2
* Behavior support and management procedures (see evidence submitted in BSM 1, if applicable)
 |   * Interviews may include:
* Program director
* Relevant personnel
* Residents
* Review case records
* Observe the program
 |

 **RTX 8.01**

Personnel at all levels develop and maintain positive, caring, supportive, and trust-based relationships with residents.

**Interpretation:** *All personnel, from clinical staff to direct care workers, should aim to develop and maintain positive relationships with residents. Given the amount of time residents and direct care workers spend together, the relationships they form are especially influential.*

**Examples:** *Personnel can support the development of positive relationships by, for example: engaging with residents in a respectful manner; using kind and supportive language; encouraging the development of trust by being consistent and dependable; listening actively to what residents say; checking in with residents to see how they are doing; trying to understand residents’ perspectives; making an effort to truly get to know residents; being sensitive to residents’ cultures, circumstances, and experiences; expressing interest in residents’ interests; providing support when residents need someone to talk to; comforting residents when they are scared or anxious; providing helpful assistance as needed; and incorporating humor into daily interactions. The organization’s approach to behavior support and management, as addressed in RTX 8.06, can also impact relationship development.*

*Some organizations promote the development of positive relationships by hiring Peer Partners who have experienced residential care themselves and are thus uniquely qualified to provide empathetic support to residents. Including Peer Partners on staff can also help organizations foster an overall culture of respect and prioritize a resident-driven approach to service.*

**RTX 8.02**

The organization establishes a daily routine that:

1. a. provides predictability, stability, and structure;

b. is clearly communicated to residents, including advanced posting of schedules for structured and supervised activities; and

c. offers flexibility to support the individualized program and needs of each resident.

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

**RTX 8.03**

Residents are actively engaged in making decisions about all aspects of their individual care and treatment, and have regular opportunities to exercise choice and control in their daily life at the program.

**Interpretation:** *Residents should participate actively in choosing clothing based on their personal preferences, decorating and personalizing their sleeping areas, and planning and preparing meals. Resident participation in these activities may be limited in crisis stabilization units, short-term diagnostic center, and withdrawal management programs due to length of stay and program design.*

**Note:** *Expectations regarding resident engagement in assessment, service planning, and aftercare planning are addressed in RTX 4, 5, and 19.*

**RTX 8.04**

The organization provides residents with meaningful opportunities to influence program policies and practices by:

1. contributing to program planning and decision making;
2. assuming an appropriate level of leadership; and
3. sharing feedback regarding the program environment and operations, including dissatisfaction with aspects of care.

**Interpretation:** *Elements (a) and (b) may not be applicable for crisis stabilization units, short-term diagnostic centers, and withdrawal management programs due to length of stay and program design.*

**Interpretation:** *The organization should have mechanisms in place to receive and respond to resident input. Residents should be informed of how the organization will use their input, and be made aware of any changes that were made in response.*

**Examples:** *Organizations can involve residents by, for example: seeking input during house and/or community meetings; soliciting feedback through satisfaction surveys; establishing resident advisory councils; including residents in staff training and hiring; inviting current residents to play a role in orienting new residents to the program; and hiring former residents to serve as peer partners. Engaging residents in this manner can be beneficial to both residents themselves and the organization as a whole.*

*Residents may have valuable insights regarding many different aspects of service, (e.g., staff, activities, rules, food, sense of safety and support, living environment, and overall experience at the program). For example, residents can contribute to decisions about how to make living areas inviting, comfortable, and reflective of their interests and diversity.*

**RTX 8.05**

Treatment, services, and activities are appropriate for and sensitive to residents’ needs, taking into account:

a. age and developmental level;

b. language;

c. ability;

d. gender and gender identity;

e. culture, race, and ethnicity;

f. religion;

g. socioeconomic status;

h. sexual orientation;

i. past experiences of trauma;

j. social and emotional needs; and

k. strengths and interests.

**Interpretation:** *Residents should have the right to choose whether or not they wish to participate in religious activities that take place at the residential program.*

**Interpretation:** *When planning group activities, the organization should also take into account the characteristics of the group as a whole.*

**RTX 8.06**

The organization’s approach to behavior support and management emphasizes the importance of crisis prevention and focuses on:

1. recognizing the influence of the past on current behaviors and functioning;
2. understanding the root cause, and functional purpose, of challenging behaviors;
3. striving to eliminate coercive and restrictive practices that emphasize compliance over learning and threaten residents’ sense of safety and control;
4. ensuring residents have the support they need to manage their emotions and behavior; and
5. setting consistent limits, but offering flexibility when appropriate and in the resident’s best interest.

**Interpretation:** *Even organizations that permit staff to use restrictive behavior management interventions in emergency situations can reduce the use of restraints by creating an environment where crises are averted and restrictive interventions are therefore unnecessary.*

**Examples**: *This approach may be especially critical when residents have a history of trauma. Staff may be better able to support residents who have experienced trauma if they understand the concept of trauma; recognize that residents’ social, emotional, and behavioral difficulties may be the result of trauma; and are prepared to manage difficult behaviors and trauma reminders.*

**Examples**: *Organizations can ensure residents have the support they need to manage their emotions and behavior by, for example: (1) training personnel to respond with curiosity and empathy when residents are struggling to control their emotions and behavior; (2) encouraging the development of strong, trust-based relationships with staff, as addressed in RTX 8.01; (3) developing individualized plans for emotional and behavioral support that identify triggers, warning signs, and prevention strategies, as addressed in RTX 5.04; (4) ensuring personnel are aware of and prepared to implement plans for emotional/behavioral support; and (5) helping residents develop skills and strategies that facilitate self-regulation and pro-social behavior, as addressed in RTX 9.*

**Examples:** *Regarding element (e), being flexible with codified rules that contradict a resident’s best interest can allow the organization to provide individualized care that is tailored to the resident’s needs. 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.*

**Note:** *When an organization permits staff to use restrictive behavior management interventions as a last resort in crisis situations to prevent imminent harm to the resident or another person, implementation of this standard will overlap with the implementation of the Behavior Support and Management Standards (BSM).*

**RTX 8.07**

Residents are provided with opportunities for peer socialization and are helped to develop healthy relationships with other residents at the program.

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

**RTX 9: Therapeutic and Skill-Building Services**

Residents are helped to develop skills and strategies that will enable them to overcome challenges and live successfully at home and in the community following residential treatment.

|  |  |  |
| --- | --- | --- |
| Self-Study Evidence  | On-Site Evidence  | On-Site Activities  |
|   * Sample of activity schedules
* Procedures for obtaining clearance to participate in athletic activities
 |   * Curricula and/or materials for therapeutic and educational interventions
* Proof of accreditation, licensure, or certification for outside providers operating adventure-based activities, if applicable
 |   * Interviews may include:
* Program director
* Relevant personnel
* Residents
* Review case records
* Observe the program
 |

**RTX 9.01**

Residents participate in: ~~a range of therapeutic and educational interventions,~~

1. treatment for severe emotional disturbance or mental health disorders;
2. individual counseling and education;
3. group counseling and education; and
4. family therapy, unless contraindicated.

**RTX 9.02**

Therapeutic and educational interventions are designed to help residents develop the awareness, skills, and strategies they need to:

a. manage social, emotional, and behavioral challenges;

b. develop and utilize healthy and effective coping and self-regulation strategies; and

c. improve functioning.

**Interpretation:** *The specific areas targeted, and skills developed, will vary based on the needs of the population served.*

**Examples:** *Residents may need help developing skills that can enable them to, for example: communicate effectively, make decisions, resolve conflicts, manage anger, control impulses, and engage in positive social interactions.*

**RTX 9.03**

When residents have experienced trauma, they are engaged in treatment services that are designed to help them:

1. maximize their sense of safety;
2. process the traumatic experience and understand the connection between past experiences and current functioning;
3. identify, anticipate, and manage their responses to trauma reminders; and
4. create and sustain positive attachments to caring individuals.

**Examples:** *A history of trauma can impact a resident’s ability to regulate emotions, control impulses, make decisions, develop positive self-esteem and coping mechanisms, and engage in relationships. Accordingly, it can also impact a resident’s ability to work with staff and meet the expectations of the program. When residents are able to self-regulate they can move from their survival brain to the higher regions of the brain that oversee the skills they are trying to master.*

**Note:** *See RTX 6.07 regarding the importance of also involving family members in supporting the resident’s recovery. See RTX 8 for more information regarding the range of trauma-informed practices that can help to support residents’ sense of safety.*

**RTX 9.04**

Residents have opportunities to participate in activities that support healing, self-regulation, and well-being, including:

1. opportunities to be physically active through sports, fitness, or other types of movement;
2. mindfulness activities;
3. creative arts activities;
4. cultural enrichment activities;
5. time outdoors;
6. religious observances in a faith or spirituality of choice; and
7. free time.

**Interpretation:** *While all residents may not choose to engage in all types of activities, they should have the opportunity to do so.*

**Examples:** *Activities can be offered within the residential program itself and/or within the surrounding community. When activities occur in the community, implementation of this standard may overlap with RTX 12.02.*

**RTX 9.05**

Residents are helped to develop skills that support their ability to advocate for themselves and others, and assume leadership roles.

**RTX 9.06**

Residents are helped to practice new skills and strategies in daily life at the program, including during:

1. informal interactions with peers and staff;
2. structured activities in the residential milieu; and
3. activities and events in the surrounding community.

**RTX 9.07**

In an effort to promote sustained gains following residential treatment, the organization provides support and opportunities that enable residents to:

1. understand how to apply new skills and strategies in real-life home and community settings;
2. practice new skills and strategies during time spent with family and/or other visitors at the program; and
3. practice new skills and strategies during time spent in the resident’s home community.

**RTX 9.08**

The organization supports positive functioning and social and community integration by helping residents develop life skills related to:

1. activities of daily living;
2. promoting and managing health;
3. maintaining personal safety;
4. accessing educational opportunities;
5. obtaining and maintaining employment;
6. accessing community resources and public assistance;
7. obtaining stable housing and managing their households;
8. money management, including budgeting, saving, investing, buying on credit, and debt counseling; and
9. participating in recreational activities, volunteer opportunities, and/or hobbies.

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

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

**FP RTX 9.09**

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

1. a written, signed permission slip from the resident’s legal guardian;
2. a medical records release;
3. a signed document from a qualified medical professional stating that the resident is physically capable of participating; and/or
4. an adult waiver and release of liability.

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

**FP RTX 9.10**

Organizations that purchase services from providers that operate adventure-based activities with a significant degree of risk request proof of accreditation, licensure, or certification with a nationally recognized authority for the activity being conducted, when available.

**NA** *The organization does not purchase services from providers that operate adventure-based activities.*

**Examples:** *Adventure-based activities with a significant degree of risk can include, white water rafting, climbing walls, or ropes courses.*

**RTX 10: Healthcare Services**

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

|  |  |  |
| --- | --- | --- |
| Self-Study Evidence  | On-Site Evidence  | On-Site Activities  |
|   * Initial health screening procedures
* Procedures for the coordination and provision of healthcare and dental examinations and services
* Sample of activity schedules

   |   * Menus for the previous six months
* Health and wellness materials and/or curricula
 |   * Interviews may include:
* Program director
* Relevant personnel
* Residents
* Review case records
 |

**FP RTX 10.01**

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.

**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. 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.

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, local health department, federally-qualified health center, urgent care clinic, community-based health clinic, or telehealth providers.

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 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:** *When a resident returns following a runaway episode, a health screen should be conducted within 24 hours of entry back into care to identify whether the individual was victimized or otherwise hurt or injured while on the run.***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 exceptional circumstances include, but are not limited to:*

1. *weekend placements; and*
2. *when a person 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.*

**Examples:** *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.*

**FP RTX 10.02**

Every resident receives:

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

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

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

**FP RTX 10.03**

The organization provides needed health services directly or by referral, and:

1. retains documentation of the resident’s and family’s known medical history, including immunizations, operations, medications, and medical conditions and illnesses; and
2. provides the information to the resident and/or their legal guardian upon request.

**RTX 10.04**

To promote physical health and development of healthful habits, residents are provided with nutritious meals and snacks, and engaged in adequate exercise.

**Interpretation:** *Special diets should be planned to meet the modified needs of individual residents, as needed.*

**FP RTX 10.05**

To promote their ability to maintain positive health practices, residents receive appropriate support and education regarding:

1. proper nutrition and exercise;
2. personal hygiene;
3. substance use and smoking;
4. sexual development;
5. safe and healthy relationships;
6. family planning and pregnancy options;
7. pregnancy, prenatal care, and effective parenting; and
8. prevention and treatment of diseases, including sexually transmitted infections/diseases and HIV/AIDS.

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

**RTX 10.06**

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

**Examples:** *Specialized health 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. These services may include, for example:*

1. *tobacco cessation programs;*
2. *fetal alcohol syndrome screening;*
3. *speech, language, and occupational therapy;*
4. *prenatal care, well-baby care, and help accessing child and infant health insurance programs;*
5. *gender identity counseling; and*
6. *screening for the onset of or existence of common cancers.*

**RTX 11: Education Services**

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

**NA** *The organization only operates a crisis stabilization unit or withdrawal management program.*

**Interpretation:** *Organizations that do not offer educational services on-site should 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 education plans are integrated into treatment plans and document advocacy for areas of unmet educational need. Education services will vary depending on the population served.*

|  |  |  |
| --- | --- | --- |
| Self-Study Evidence  | On-Site Evidence  | On-Site Activities  |
|   * Procedures for developing and/or integrating education plans
* Procedures for coordinating education services with community-based providers, if applicable
* Employment policy
 |   * Proof of certification, accreditation, or registration, as applicable
 |   * Interviews may include:
* Program director
* Relevant personnel
* Residents
* Review case records
 |

**RTX 11.01**

A comprehensive, coordinated education plan is developed and integrated into the service plan for any resident who has educational goals, or vocational goals that include an educational component.

**Interpretation:** *If the organization does not participate in the development of the education plan it is responsible for integrating each individual’s education plan into their service plan.*

**RTX 11.02**

Residents pursuing educational goals are enrolled in an appropriate education program on-site or in the community that is approved, certified, accredited, registered, or operated by or in conjunction with the local school district.

**RTX 11.03**

The educational program incorporates effective instructional practices, quality curriculum design, and educational tools and supports for diverse learning needs of children and youth.

**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.*

**Examples:** *Children and youth with diverse learning needs can include those who: require support due to a learning disability, are learning English as an additional language, or are intellectually gifted.*

**RTX 11.04**

The organization provides or arranges, as needed:

1. tutoring;
2. preparation for a high school equivalency diploma;
3. college preparation;
4. parent/teacher meetings;
5. vocational or continuing education opportunities; and/or
6. advocacy and support.

**RTX 11.05**

When the organization offers employment or employment-related training to residents, organization policy:

1. ensures residents are matched with jobs and training opportunities that reflect their goals and interests;
2. maximizes resident choice, and does not mandate participation; and
3. prohibits resident exploitation.

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

**RTX 12: Community and Social Connections**

The organization promotes residents’ well-being by helping them cultivate and sustain connections with both their home community and the community in which the residential program is located.

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

|  |  |  |
| --- | --- | --- |
| Self-Study Evidence  | On-Site Evidence  | On-Site Activities  |
|   * Procedures for facilitating community and social connections
 |   * Community resource list
 |   * Interviews may include:
* Program director
* Relevant personnel
* Residents
* Review case records
 |

**RTX 12.01**

Residents have opportunities to spend time in their home communities during residential care.

**RTX 12.02**

Residents have opportunities to participate in a variety of community activities that match their skills and interests, including social, cultural, religious, recreational, educational, vocational, and volunteer activities.

**Examples:** *When residents attend a residential program close to their home community, they can easily participate in activities in that community, and implementation of this standard may overlap with RTX 12.01. If residents attend a program further from home they may primarily participate in activities in the community surrounding the residential facility during their time in care, but can benefit it they are ultimately connected to opportunities closer to the home in which they will reside following discharge. While participation in all normative community activities can be beneficial insofar as it allows residents to explore interests and practice skills in real-life settings, connections in the home community are especially important insofar as they can help support the resident after discharge.*

**RTX 12.03**

Residents are:

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

b actively connected with peer support services appropriate to their request or need for service.

**Interpretation:** *When the organization hires or contracts with peer partners as per RTX 2.06, residents may be connected to peer supports at the program in addition to, or instead of, peer support services in the community.*

*When residents are connected to outside self-help/mutual aid groups, the organization should do more than just provide the time and location for a meeting. Organizations can support residents’ acclimation to a new group by, for example, discussing meeting protocols and what to expect prior to attending, accompanying them to their first meeting, and encouraging them to make connections with peers while at the meeting.*

**Examples:** *“Caring individuals” can include both individuals known to the resident before residential care, and individuals the resident meets through their involvement with the program. Caring individuals already known to the resident may include, for example: friends, classmates, co-workers, and other community members, as well as siblings, cousins, grandparents, extended family members, and former foster parents. Caring individuals the resident may meet through the program may include, for example, mentors and other participants in the community activities addressed in RTX 12.02.*

**Examples:** *Peer support services are provided by individuals who have shared, lived experience and can include, for example: self-help/mutual aid groups, peer-to-peer counseling, peer mentoring or coaching, and other consumer-run services.*

**RTX 13: 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.

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

**Examples:** *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.*

|  |  |  |
| --- | --- | --- |
| Self-Study Evidence  | On-Site Evidence  | On-Site Activities  |
|   * Procedures for delivering crisis stabilization services
* Supervision and scheduling criteria

   |    |   * Interviews may include:
* Program director
* Relevant personnel
* Residents
* Review case records
 |

**RTX 13.01**

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.

**FP RTX 13.02**

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

1. emergency reception;
2. assessment and evaluation;
3. observation and monitoring;
4. crisis counseling;
5. medication management;
6. structured, therapeutic activities;
7. support services and psycho-education for family members; and
8. referrals to specialists and other community-based services, as needed.

**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.*

**Examples:** *Structured, therapeutic activities may be recreational, social, and/or educational in nature in accordance with the resident’s service plan. Organizations can also address these services in RTX 9.*

**RTX 13.03**

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

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

**RTX 13.04**

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 13.05**

The organization engages residents and involved family members in crisis and/or safety planning that:

1. is appropriate to individual needs and centered around individual strengths;
2. identifies individualized warning signs of a crisis; and
3. specifies interventions that may or may not be implemented in order to help the individual de-escalate and promote stabilization.

**Interpretation:** *A safety plan includes a prioritized written list of coping strategies and sources of support that individuals who have been deemed to be at high risk for suicide can use. Individuals can implement these strategies before or during a suicidal crisis. A personalized safety plan and appropriate follow-up can help suicidal individuals cope with suicidal feelings in order to prevent a suicide attempt or possibly death. The safety plan should be developed once it has been determined that no immediate emergency intervention is required. Components of a safety plan can also include: internal coping strategies, socialization strategies for distraction and support, family and social contacts for assistance, professional and agency contacts, and lethal means restriction.***Interpretation:** *The plan can be part of, and reviewed with, the resident’s overall service or treatment plan.*

**RTX 13.06**

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

**FP RTX 13.07**

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

**Note:** *For care ratio requirements, please see RTX 18.01.*

**RTX 14: 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.

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

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

|  |  |  |
| --- | --- | --- |
| Self-Study Evidence  | On-Site Evidence  | On-Site Activities  |
|   * Procedures for referring individuals to services
* Procedures for evaluating educational needs and collaborating with schools
* Table of contents of parenting education curricula
 |   * Community resource and referral list
* Informational materials provided to residents
* Parenting education curricula
 |   * Interviews may include:
* Program director
* Relevant personnel
* Residents, and their children if appropriate
* Review case records
 |

**RTX 14.01**

The organization supports residents’ efforts to care for and nurture their children, and provides or arranges for children to receive services that address, as appropriate:

1. health and medical needs;
2. mental health needs;
3. trauma history;
4. educational needs;
5. social and recreational needs;
6. developmental needs, including any developmental delays;
7. attachment to parents and extended family; and
8. behavioral issues.

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

**Examples:** *Examples of services for younger children can include play groups, counseling, therapeutic services, therapeutic day care, Head Start, and other early childhood programs. Examples of services for older youth can include peer support groups, afterschool programs and tutoring, recreational activities, employment assistance, and substance use education or treatment services, such as tobacco cessation.*

**RTX 14.02**

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

1. inform residents of their children’s educational rights;
2. help residents coordinate educational services with relevant school districts; and
3. assist children and youth to stay current with the curricula.

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

**RTX 14.03**

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 program.*

**FP RTX 14.04**

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

1. pregnancy counseling;
2. prenatal health care;
3. genetic risk identification and counseling services;
4. fetal alcohol syndrome screening;
5. labor and delivery services;
6. postpartum care;
7. mental health care, including information, screening, and treatment for prenatal and postpartum depression;
8. pediatric health care, including well-baby visits and immunizations;
9. peer counseling services; and
10. children’s health insurance programs.

**NA** *The organization does not serve pregnant residents.*

**RTX 14.05**

Pregnant residents are educated about the following prenatal health topics:

1. fetal growth and development;
2. the importance of prenatal care;
3. nutrition and proper weight gain;
4. appropriate exercise;
5. medication use during pregnancy;
6. effects of tobacco and substance use on fetal development;
7. what to expect during labor and delivery; and
8. benefits of breastfeeding.

**NA** *The organization does not serve pregnant residents.*

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

**RTX 14.06**

The organization provides or refers pregnant and parenting residents to parent education classes or workshops that address:

1. basic caregiving routines;
2. child growth and development;
3. meeting children’s social, emotional, and physical health needs;
4. environmental safety and injury prevention;
5. parent-child interactions and bonding;
6. age-appropriate behavioral expectations and appropriate discipline, including alternatives to corporal punishment;
7. family planning; and
8. establishing a functioning support network of family members or caring adults.

**Examples:** *Organizations can tailor how topics are addressed based on residents’ needs. For example, when serving expectant parents or parents of young children, education on environmental safety and injury prevention will typically address topics such as safe practices for sleeping and bathing.*

**RTX 15: Substance Use Services**

The organization provides coordinated substance use prevention, treatment, and recovery services based on residents’ assessed needs and goals.

**NA** *The organization does not provide substance use services.*

**Interpretation:** *Withdrawal management programs should include daily clinical services such as appropriate medical care, therapy, and withdrawal support. A range of therapies (e.g., cognitive, behavioral, medical, and mental health therapies) should be provided to service recipients on an individual or group basis. Services should aim to enhance the service recipient's understanding of addiction, completion of withdrawal management, and referral to an appropriate level of care for substance use treatment. The delivery of services will vary and depends on the assessed needs of service recipients and their treatment progress.*

|  |  |  |
| --- | --- | --- |
| Self-Study Evidence  | On-Site Evidence  | On-Site Activities  |
|   * Procedures for communication/collaboration among team members
* Criteria for determining the level of care
* Procedures for providing withdrawal management services

   |   * Educational materials or other documentation of information provided to persons served upon discharge from withdrawal management services
* MOU(s) with MAT providers, when applicable
 |   * Interviews may include:
* Clinical/Medical director
* Relevant personnel
* Residents
* Review case records
* Observe facility
 |

**FP RTX 15.01**

A qualified team of health professionals, with experience, training, and competence in engaging, diagnosing, and treating persons with substance use disorders provide services, including:

1. administering or reviewing diagnostic, toxicological, and other health related examinations;
2. determining the optimal level and intensity of care, including clinical and community support services;
3. evaluation for psychotropic medications and medication-assisted treatment;
4. prescribing and managing medication, including appropriate management of pharmacotherapy for individuals with co-occurring conditions;
5. review of complicated cases where co-occurring substance use, health, and mental health conditions intersect; and
6. coordinating care with other service providers, including primary care and mental health providers, when appropriate and with the consent of the person served.

**Interpretation:** *Element (c) does not apply to withdrawal management programs.*

**RTX 15.02**

The organization directly provides a comprehensive range of prevention and treatment services, including:

1. individual and group therapy;
2. illness management and psychoeducation interventions;
3. medication education;
4. clinical monitoring and drug screening;
5. coping skills training;
6. relapse prevention;
7. acute care; and
8. support groups and self-help referrals.

**Examples:** *Other prevention and treatment services may include withdrawal management, inpatient care, intensive outpatient care, medical care, psychiatric rehabilitation, and targeted case management services.*

**RTX 15.03**

Therapeutic services help residents develop the knowledge, skills, and supports necessary to:

1. manage mental health and/or substance use disorders;
2. develop and practice prosocial behaviors;
3. cultivate and sustain positive, meaningful relationships with peers, family members, and the community;
4. develop self-efficacy; and
5. promote recovery, resilience, and whole-person wellness.

**Interpretation:** *Recovery is a holistic, self-directed process of change where individuals learn to overcome or manage their diagnosed symptoms and conditions in order to improve overall well-being and achieve optimal health.*

**RTX 15.04**

Qualified personnel determine the need for and appropriate level of withdrawal management for the person using diagnostic criteria according to clinical decision support tools and clinical practice guidelines.

**NA** *The organization does not provide withdrawal management.*

**Note:** *COA does not accredit medically-managed intensive inpatient withdrawal management programs. Medically-managed programs involve 24-hour medically-directed evaluation and withdrawal management and require an appropriately trained and licensed physician to provide and manage all diagnostic and treatment services. Programs are provided in acute inpatient care settings, such as hospitals, and are specifically designed for individuals with symptoms that require primary medical and nursing care services.*

**Examples:** *Organizations can utilize clinical practical guidelines such as the American Society of Addiction Medicine (ASAM) criteria to determine the appropriate level of care.***Examples:** *Residential Withdrawal Management programs reviewed can include programs that are:*

1. *Clinically-Managed: Clinically-managed residential programs, also referred to as non-medical or social detox, emphasize peer and social support. Services are primarily provided by appropriately trained, non-medical personnel.*
2. *Medically-Monitored: In medically-monitored residential/inpatient programs, 24-hour medically-supervised withdrawal management services are provided by an interdisciplinary staff under the direction of a licensed physician.*

**FP RTX 15.05**

Residents receive withdrawal management services provided by a qualified team of appropriately trained and licensed professionals, including:

1. assessment and evaluation;
2. monitoring and stabilization; and
3. engagement with substance use treatment to assist with relapse prevention following the discontinuation of substance use.

**NA** *The organization does not provide withdrawal management.*

**Examples:** *Staffing may vary depending on the intensity of the services offered. For example, organizations providing medically-monitored withdrawal management will typically employ an interdisciplinary staff of nurses, counselors, social workers, addiction specialists and/or other health and technical personnel, whom all work under the supervision of a licensed physician.*

**FP RTX 15.06**

Prior to discharge from withdrawal management services, all individuals receive:

1. education about relapse, overdose, and mortality risk and prevention;
2. information on relevant harm reduction activities; and
3. connection to peer support services appropriate to their request or need for service.

**NA** *The organization does not provide withdrawal management.*

**Interpretation:** *Connections to outside self-help/mutual aid groups should not be limited to providing the time and location for a meeting. Organizations can support the individual’s acclimation to a new group by, for example, discussing meeting protocols and what to expect prior to attending, accompanying them to their first meeting, and encouraging them to make connections with peers while at the meeting.*

**Examples:** *Peer support services can help to promote resiliency and recovery and are provided by individuals who have shared, lived experience. They can include self-help/mutual aid recovery groups, peer-to-peer counseling, peer mentoring or coaching, or other consumer-run services.*

**FP RTX 15.07**

Organizations providing withdrawal management to individuals withdrawing from opioids:

1. counsel individuals on the importance of medication-assisted treatment (MAT) and the risks of relapse, overdose, and death following detoxification without transitioning to maintenance medication;
2. offer MAT following withdrawal management either directly or through linkages with MAT providers;
3. clearly document when clients refuse MAT; and
4. provide a naloxone kit or prescription for any individual who refuses MAT.

**NA** *The organization does not provide withdrawal management.*

**Interpretation:** *Organizations that do not offer medication-assisted treatment should have MOUs with MAT providers to ensure timely initiation of treatment. Studies have shown the risk of relapse increases dramatically following withdrawal without ongoing treatment, with 25% of readmissions occurring within the first 7 days post discharge.*

**FP RTX 15.08**

The organization maintains a supply of opioid overdose reversal medication on-site.

**RTX 16: Residential Facilities**

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

**Interpretation:** *“Homelike” settings are assessed within the context of the organization’s location and environment.*

**Note:***Please see the* [*Facility Observation Checklist*](https://coa.my.salesforce.com/sfc/p/300000000aAU/a/5000000008YJ/DIzEPeE559fVx.reT.wx1vkOE7SPRehuI38iNmKdiAk)*for additional guidance on this standard.*

|  |  |  |
| --- | --- | --- |
| Self-Study Evidence  | On-Site Evidence  | On-Site Activities  |
|    |   * Criteria for making grouping assignments
 |   * Interviews may include:
* Program director
* Relevant personnel
* Residents
* Observe facilities and outdoor area/grounds
 |

**RTX 16.01**

Living quarters consist of separate cottages or units in a residential building that include:

1. a common room, dining and/or kitchen area, and space for indoor recreation;
2. private areas where residents can meet with family and friends; and
3. private facilities for bathing, toileting, and personal hygiene, that are developmentally appropriate.

**RTX 16.02**

Personal accommodations for residents are age and developmentally appropriate and include:

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

**Examples:** *National advocacy standards suggest that single rooms have at least 100 square feet of floor space and rooms housing more than one person have at least 80 square feet per person. Room accommodations may be adjusted as appropriate to the service provided, therapeutic considerations, level of risk, or developmental appropriateness.*

**Examples:** *The Consumer Product Safety Commission (CPSC) provides standards to ensure safety for full-size and non-full size cribs.*

**Note:** *Residents should actively participate in decorating and personalizing their sleeping areas, as addressed in RTX 8.03.*

**RTX 16.03**

The organization promotes living unit compatibility by considering residents’ unique characteristics, needs, and preferences when grouping people together.

**Interpretation:** *Characteristics and needs that should be considered include age, developmental level, service needs, ability to adjust to a group, gender, gender identity, and gender expression. Organizations should have a plan for how they will house transgender and gender non-conforming individuals, who should be given access to sleeping quarters and bathroom facilities based on their preferences and in accordance with applicable federal and state laws.*

**Examples:** *Examples of ways that organizations can promote living unit compatibility and demonstrate consideration for diverse needs include, but are not limited to: respecting the individual’s preferred pronouns; providing gender neutral restrooms where facility structure allows; having residents use restrooms one at a time; allowing for single bedroom models; and providing LGBTQ+ specific units.*

**RTX 16.04**

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

**Examples:** *Allowing families to follow their schedules, routines, and rituals to the greatest extent possible can support family functioning, encourage stability, and minimize stress.*

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

**RTX 16.05**

Facilities meet residents’ needs by providing the space, supplies, and equipment needed to accommodate:

1. individual, small, and large group activities;
2. provision of on-site services, including therapeutic, educational, and medical services as needed;
3. social activities, including accommodations for informal gathering of residents;
4. visits and activities with residents’ families and friends;
5. a variety of recreational and enrichment activities that support well-being;
6. opportunities to be physically active through sports, fitness, and other types of movement;
7. quiet activities, including space specifically designed to encourage comfort, self-soothing, self-reflection, and emotional self-management; and
8. access to the outdoors.
9. ;

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

**Interpretation:** *Playground equipment should meet national safety standards and be appropriate for the number, age, and developmental level of residents.*

**RTX 16.06**

Residential facilities provide:

1. adequate space, supplies, and equipment for food preparation, housekeeping, laundry, maintenance, storage, and administrative support;
2. access to a telephone, computer, and the internet, as permitted, for use by residents and personnel;
3. at least one room suitably furnished for the use of on-duty personnel; and
4. private sleeping accommodations for personnel who sleep at the facility, if applicable.

**RTX 16.07**

The organization creates a calming and healing physical environment by:

a. ensuring the program setting is clean, organized, and maintained in good condition;

b. using furniture, artwork, lighting, and acoustics to make living areas inviting, comfortable, calming, and reflective of residents’ interests and diversity; and

c. designing the program space to minimize disruption and chaos in living quarters, to the extent possible.

**Examples:** *Organizations can minimize disruption and chaos in living quarters by, for example: decreasing the use of overhead paging systems; establishing routes that minimize unnecessary traffic through living areas; and situating access panels for electrical and plumbing systems away from bedrooms.*

**Note:** *Residents can contribute to decisions about how to make living areas inviting, comfortable, and reflective of their interests and diversity, as noted in RTX 8.04.*

**RTX 17: Privacy Provisions**

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

**Related Standards:** CR 1.01

|  |  |  |
| --- | --- | --- |
| Self-Study Evidence  | On-Site Evidence  | On-Site Activities  |
|   * Privacy policy
* Privacy procedures
 |   * Judicial order, law, or contract, as applicable
 |   * Interviews may include:
* Program director
* Relevant personnel
* Residents
* Review case records
* Observe facility
 |

**FP RTX 17.01**

The organization ensures residents’ comfort, dignity, privacy, and safety by:

1. prohibiting the use of surveillance cameras or listening devices in bedrooms;
2. maintaining doors on sleeping areas and bathroom enclosures;
3. providing one- or two-person rooms to residents who need extra sleep, protection from sleep disturbance, or extra privacy for clinical reasons; and
4. requiring employees and residents to knock before entering an individual’s room unless there is an immediate health or safety concern.

**Interpretation:** *When organizations are required to employ alternate practices, documentation must be provided to justify the practice. Documentation may include a judicial order, law, contract, copy of the state's safety plan for a resident, or clear, clinical written justification for a resident.

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

**Note:***Please see the* [*Facility Observation Checklist*](https://coa.my.salesforce.com/sfc/p/300000000aAU/a/5000000008YJ/DIzEPeE559fVx.reT.wx1vkOE7SPRehuI38iNmKdiAk)*for additional guidance on this standard.*

**FP RTX 17.02**

Searches of residents or their property are conducted according to procedures that:

1. are communicated to residents and families;
2. define when there is reasonable cause to conduct a search;
3. minimize the invasiveness of the search;
4. respect residents’ rights, dignity, and self-determination;
5. clarify that only trained and qualified personnel are permitted to conduct searches; and
6. establish a process and timetable for administrative review, including documentation and notification requirements.

**Interpretation:** *Organizations should conduct more invasive searches only when there is reason to do so, and should demonstrate that these searches are: (1) conducted by highly qualified personnel, and (2) accompanied by an increased level of administrative review.*

**FP RTX 17.03**

The organization provides residents and families with a written policy for reviewing mail and electronic communications that respects residents’ privacy and only allows the organization to review mail or electronic communications when a previous incident involving the resident indicates that:

1. the mail/electronic communication 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
2. receipt or sending of unopened mail/electronic communications is contraindicated.

**Interpretation:** *Programs serving individuals with substance use disorders 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.*

**Examples:** *Examples of mail and electronic communications include letters, packages, emails, text messages, and other forms of correspondence via social media and electronic platforms.*

**FP RTX 17.04**

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

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

**RTX 18: Care and Supervision**

The organization provides 24-hour-a-day care and supervision and maintains a safe environment where residents and personnel are protected from harm.

|  |  |  |
| --- | --- | --- |
| Self-Study Evidence  | On-Site Evidence  | On-Site Activities  |
|   * Resident/personnel care and supervision ratios
* Supervision and scheduling criteria
* Procedures for preventing and responding to missing and runaway children

   |   * Resident/personnel care and supervision coverage schedules for the previous six months
* Materials outlining permitted and prohibited items
 |   * Interviews may include:
* Program director
* Relevant personnel
* Residents
* Review case records
* Observe the program
 |

**FP RTX 18.01**

1. The organization ensures appropriate care and supervision by providing: ratios of direct care workers to residents for daytime and overnight hours that are appropriate to the program model, length of treatment, and risks and needs of persons served;
2. a sufficient number of additional personnel on-site that are qualified to respond to emergency/crisis situations and meet the special needs of residents during busy or more stressful periods;
3. an on-call, professional clinical staff member available on a 24-hour basis;
4. rotating after-hours and holiday coverage when needed; and
5. same-gender and cross-gender supervision when indicated by individual treatment needs.

**Interpretation:** *The organization must demonstrate that based on their program model and the population served, their staffing ratios for daytime and overnight coverage are sufficient to protect safety, address potential risks, and meet the clinical, developmental, and age-related needs of residents.*

**Interpretation:**  *The direct care workers supervising residents must be awake at all times unless convincing evidence demonstrates the resident group does not need awake supervision during sleeping hours. Examples of reasons certain homes or programs might not have awake personnel are: care for a long-term, stable population; majority of unit residents are ready to move to a less restrictive setting; low runaway rates; and low rates of night-time incidents. Electronic supervision is not an acceptable alternative to supervision by personnel.*

**Examples:** *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. Additionally, several sources indicate that improved outcomes, including better engagement and retention, are found in substance use treatment programs with low staffing ratios. For example, low staff-to-resident ratios contribute to a high level of service and keeping people involved in rehabilitation for longer periods, which helps individuals reach their recovery goals.*

**FP RTX 18.02**

Services are provided in a safe, secure environment that prohibits weapons and gang activity.

**RTX 18.03**

The organization establishes procedures for preventing and responding to missing and runaway children that address:

1. creating an environment that provides a sense of safety, support, and community;
2. identifying risks or triggers that may indicate likeliness to run away from programs;
3. communication and reporting to relevant staff, authorities, and parents or legal guardians; and
4. welcoming, screening, and debriefing when children return to the program.

**NA** *The organization does not serve children or families with children.*

**RTX 19: Planning for Transition**

The organization works with residents and families to plan for transition and prepare for life after residential treatment.

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

**Interpretation:** *If another organization or agency is responsible for providing aftercare they may play a role in implementing the practices addressed in this section. However, the organization is still expected to partner with them to facilitate effective transition planning and ensure that the standards are implemented.*

|  |  |  |
| --- | --- | --- |
| Self-Study Evidence  | On-Site Evidence  | On-Site Activities  |
|   * Transition planning procedures
* Procedures for assessing independent living skills
* Independent living skills assessment tool
 |   * Information provided to residents who are transitioning from the service system
 |   * Interviews may include:
* Program director
* Relevant personnel
* Residents and their families
* Review case records
 |

**RTX 19.01**

Planning for transition:

1. is a clearly defined process that involves relevant personnel and includes assignment of staff responsibility; and
2. begins at intake.

**Interpretation:** *Implementation of this standard may overlap with RTX 20.01.*

**RTX 19.02**

The organization works with the resident, and their family and supportive others, when appropriate, to develop a plan for transition and aftercare.

**Examples:** *When developing aftercare plans, involving the same team of supportive individuals that participated in service planning can help to support a successful transition from residential care.*

**RTX 19.03**

Individualized aftercare plans are linked to service plans and address strengths and needs in areas that include, as appropriate:

1. living arrangements;
2. family relationships;
3. informal social supports, including peer networks;
4. formal social supports, including mentoring or support available through community volunteers, peer advocates and peer support programs, or other individuals who have made a successful transition;
5. ongoing physical and behavioral healthcare, including needed medical, dental, mental health, and substance use treatment;
6. health insurance;
7. educational and vocational services;
8. employment;
9. finances/income, including public assistance or other income supports when available;
10. cultural, community, and recreational opportunities, activities, and supports;
11. child care;
12. services to which the individual may have access as a result of a disability;
13. transitioning to and navigating adult systems of care, when residents are youth are transitioning to adulthood; and
14. resources to be accessed in case of crisis.

**Interpretation:** *When residents are transitioning to an independent living situation it will be especially important to ensure they have a safe, stable living arrangement, and basic necessities, in place. The organization should help these residents explore the range of housing options available to them and evaluate the risks and benefits of different alternatives. It will also be critical to ensure that this population leaves care with a source of income, affordable health care, access to education and career development opportunities, and strong, consistent relationships with committed, caring individuals.*

**Examples:** *Appropriate living arrangements may vary based on a resident’s age, developmental level, and needs, and may include the full range of living situations, from living at home with family, to foster care, to specialized group homes, to supportive housing, to fully independent living environments.*

**RTX 19.04**

The organization works with resources, services, and supports specified in the aftercare plan to:

1. ensure that residents are admitted to appropriate programs before discharge from residential care, when possible;
2. prepare service providers for the resident’s arrival; and
3. build positive connections to support the resident after discharge.

**Examples:** *Initiating efforts to develop community partnerships early on, as addressed in RTX 4.05 and 5.06, can help the organization promote continuity of care. Similarly, work done to support family and community engagement throughout residential treatment, as addressed in RTX 6 and 12, can help foster the positive connections needed to support residents after discharge.*

**RTX 19.05**

The organization works with residents and families to assess the independent living skills of residents 14 years and older, at regular intervals, using a standardized assessment instrument that includes the following areas:

1. educational and vocational development;
2. interpersonal skills;
3. financial management;
4. household management; and
5. self-care.

**NA** *The organization does not serve* *residents 14 years or older.*

**Interpretation:** *The first assessment should be completed as soon as possible after residents’ 14th birthdays to establish a benchmark for measuring progress in identified areas. Systematic assessment normally reoccurs at six or twelve month intervals.*

**RTX 19.06**

The organization provides residents transitioning to the community, and their families when appropriate, with advance notice of the cessation of any health, financial, or other benefits that may occur at discharge.

**RTX 19.07**

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

1. an identification card or a driver’s license, when the ability to drive is a goal;
2. a social security or social insurance number;
3. a resume, describing work experience and career development;
4. medical records and documentation, including a Medicaid card or other health eligibility documentation;
5. an original copy of the birth certificate;
6. bank account access documents;
7. religious documents and information;
8. documentation of immigration or refugee history and status, when applicable;
9. death certificates if parents are deceased;
10. a life book or a compilation of personal history and photographs, as appropriate;
11. a list of known relatives, with relationships, addresses, telephone numbers, and permissions for contacting involved parties;
12. previous placement information and health facilities used, when appropriate; and
13. educational records, such as high school diploma or general equivalency diploma, and a list of schools attended, when appropriate.

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

**RTX 20: Case Closing and Aftercare**

Case closing is an orderly process, and when possible aftercare is provided to help maintain the gains made during residential care.

|  |  |  |
| --- | --- | --- |
| Self-Study Evidence  | On-Site Evidence  | On-Site Activities  |
|   * Case closing procedures
* Aftercare and follow-up procedures
 |   * Relevant portions of contract with public authority, as applicable
 |   * Interviews may include:
* Program director
* Relevant personnel
* Residents and their families
* Review case records
 |

**RTX 20.01**

Planning for case closing:

1. is clearly defined and includes assignment of staff responsibility;
2. begins at intake; and
3. involves the worker, the resident, a parent or legal guardian, and others, as appropriate to the needs and wishes of the resident.

**RTX 20.02**

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

**RTX 20.03**

If a resident or family has to leave the program unexpectedly, the organization makes every effort to identify other service options and link the resident or family with appropriate services.

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

**RTX 20.04**

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

1. a transition/aftercare plan summary;
2. a list of emergency contacts; and
3. the organization’s contact information.

**RTX 20.05**

The organization helps individuals transition to the services and supports specified in the aftercare plan, and provides support after discharge to help them maintain the gains made during residential treatment.

**NA** *A public authority is responsible for providing transition assistance and follow-up, as specified in a contract.*

**Interpretation:** *When another organization or agency is responsible for providing transition assistance and follow-up, the organization may implement this standard by: (1) documenting that is the case; and (2) demonstrating that it collaborates with that organization or agency to promote service continuity and long-term success.*

**Examples:** *Different organizations may use different strategies to promote service continuity and success. Some organizations may act as a service broker, connecting residents and families to all needed services and supports and intervening on an ongoing basis to ensure service access and monitor progress and well-being. Other organizations may initially provide in-home clinical support, but gradually transition the resident and family to other community-based services and supports. Staff from the residential program will often be more involved at the beginning of the transition, but decrease the frequency and intensity of their contacts as the resident more fully transitions to community-based services and supports.*