

## **Level II Rules and Regulations**

### **RESIDENTIAL TREATMENT FOR CHILDREN OR ADOLESCENTS**

#### **10A NCAC 27G .1301 SCOPE**

- (1) The rules of this Section apply only to a residential treatment facility that provides residential treatment, level II, program type service.
- (2) A residential treatment facility providing residential treatment.
- (3) A residential treatment facility for children and adolescents is a free-standing residential facility which provides a structured living environment within a system of care approach for children or adolescents who have a primary diagnosis of mental illness or emotional disturbance and who may also have other disabilities.
- (4) Services shall be designed to address the functioning level of the child or adolescent and include training in self-control, communication skills, social skills, and recreational skills. Children or adolescents may receive services in a day treatment facility, have a job placement, or attend school.
- (5) Services shall be designed to support the child or adolescent in gaining the skills necessary to return to the natural, or therapeutic home setting.
- (6) The residential treatment facility shall coordinate with other individuals and agencies within the client's system of care.

#### **10A NCAC 27G .1302 STAFF**

- (1) Each facility shall have a director who has a minimum of two years experience in child or adolescent services and who has educational preparation in administration, education, social work, nursing, psychology or a related field.
- (2) At all times, at least one direct care staff member shall be present with every four children or adolescents. If children or adolescents are cared for in separate buildings, the ratios shall apply to each building.
- (3) When two or more clients are in the facility, an emergency on-call staff shall be readily available by telephone or page and able to reach the facility within 30 minutes.
- (4) Psychiatric consultation shall be available as needed for each client.
- (5) Clinical consultation shall be provided by a qualified mental health professional to each facility at least twice a month.

#### **10A NCAC 27G .1303 OPERATIONS**

- (1) Capacity. Each facility shall serve no more than a total of 12 children and adolescents, except as set forth in this Rule.
  1. Any facility licensed as a Residential Treatment Facility in this category on January 4, 1994 and providing services to more than a total of 12 children and adolescents may continue to provide services at no more than the facility's licensed capacity, providing that the capacity does not exceed 24.
  2. Any Child Caring Institution which was licensed by the Division of Social Services on January 4, 1994 may seek licensure as a Residential Treatment Facility as follows:
    - the capacity of each residential unit in the Residential Treatment Facility shall be limited to 12 children and adolescents;
    - each residential unit will be administered, staffed, and located to function separately from all other residential units in the facility; and
    - the overall capacity shall be limited to the current capacity of the institution at the time of licensure as a Residential Treatment Facility.

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3. The two former Child Caring Institutions that were licensed as Residential Treatment Facilities in this category on April 1, 1990 shall be:
  - exempt from the capacity limit of 24;
  - exempt from the provisions in Parts (2)(A) and (B) of this Rule; and
  - limited to the licensed capacity existing on July 1, 1993.
- (2) **Family Involvement.** Family members or other responsible adults shall be involved in development of plans in order to assure a smooth transition to a less restrictive setting.
- (3) **Education.** Children and adolescents residing in a residential treatment facility shall receive appropriate educational services, either through a facility-based school, 'home-based' services, or through a day treatment program. Transition to a public school setting shall be part of the treatment plan.
- (4) **Age Limitation.** If an adolescent has his 18th birthday while receiving treatment in a residential facility, he may continue in the facility for six months or until the end of the state fiscal year, whichever is longer.
- (5) **Clothing.** Each child or adolescent shall have his own clothing and shall have training and help in its selection and care.
- (6) **Personal Belongings.** Each child or adolescent shall be entitled to age-appropriate personal belongings unless such entitlement is counter-indicated in the treatment plan.
- (7) **Hours of Operation.** Each facility shall operate 24 hours per day, at least five days per week, at least 50 weeks per year, excluding legal holidays.

### **10A NCAC 27G .1304 PHYSICAL PLANT**

- (1) The facility shall not be hospital-based.
- (2) Subject to building and fire codes, the facility may be locked to prevent unauthorized entry.

# Level III Rules and Regulations

## RESIDENTIAL TREATMENT STAFF SECURE FOR CHILDREN OR ADOLESCENTS

1. A residential treatment staff secure facility for children is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility.
2. Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section.
3. The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children shall not meet criteria for inpatient psychiatric services.
4. Services shall be designed to:
  - *include individualized supervision and structure of daily living;*
  - *minimize the occurrence of behaviors related to functional deficits;*
  - *ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;*
  - *assist the child in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and*
  - *support the child in gaining the skills needed to step-down to a less intensive treatment setting.*
5. The residential treatment staff secure facility shall coordinate with other individuals and agencies within the system of care.

## REQUIREMENTS OF QUALIFIED PROFESSIONALS

1. Each facility shall utilize at least one direct care staff who meets the requirements of a qualified professional as set forth in 10A NCAC 27G .0104(18). In addition, this qualified professional shall have two years of direct client care experience.
2. For each facility of six beds or more:
  - *the qualified professional specified in Paragraph (a) of this Rule shall perform clinical and administrative responsibilities a minimum of 32 hours each week; and*
  - *70% of the time shall occur when children or adolescents are awake and present in the facility.*

## REQUIREMENTS FOR ASSOCIATE PROFESSIONALS

1. In addition to the qualified professional specified in Rule .1702 of this Section, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional.
2. The governing body responsible for each facility shall develop and implement written policies that specify the responsibilities of its associate professional(s). At a minimum these policies shall address the following:
  - *management of the day to day day-to-day operations of the facility;*
  - *supervision of paraprofessionals regarding responsibilities related to the implementation of each*
  - *child or adolescent's treatment plan; and*
  - *participation in service planning meetings.*

## MINIMUM STAFFING REQUIREMENTS

1. A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times.
2. The minimum number of direct care staff required when children or adolescents are present and awake is as follows:
  - *two direct care staff shall be present for one, two, three or four children;*
  - *three direct care staff shall be present for five, six, seven or eight children*
3. The minimum number of direct care staff during child or adolescent sleep hours is as follows:
  - *two direct care staff shall be present and one shall be awake for one through four children or adolescents;*
  - *two direct care staff shall be present and both shall be awake for five through eight children or adolescents*

# **Level III Rules and Regulations**

## **OPERATIONS**

1. Our facility shall serve no more than a total of 8 children.
2. Family members or other legally responsible persons shall be involved in development of plans in order to assure a smooth transition to a less restrictive setting.
3. The residential treatment staff secure facility shall coordinate with the local education agency to ensure that the child's educational needs are met as identified in the child's education plan and the treatment plan. Most of the children will be able to attend school; for others, the facility will coordinate services across settings such as alternative learning programs, day treatment, or a job placement.
4. Psychiatric consultation shall be available as needed for each child.
5. If an adolescent has his 18th birthday while receiving treatment in the facility, he may remain for six months or until the end of the state fiscal year, whichever is longer.
  - *Each child shall be entitled to age-appropriate personal belongings unless such entitlement is counter-indicated in the treatment plan.*
  - *Each facility shall operate 24 hours per day, seven days per week, and each day of the year.*

## **PERSONS PERMITTED IN THE FACILITY**

Only admitted children, legally responsible persons, staff, other family and friends identified in the treatment plan, and others permitted by the facility director shall be permitted on the premises.