

## Continuous Treatment Team (CTT)

### Service/Program Definition

*Continuous Treatment Teams (CTT)* are coordinated multidisciplinary teams that provide a range of intensive, integrated mental health case management, treatment, and rehabilitation services to adults, adolescents, and children in a family constellation. CTTs are designed to provide intensive treatment for families with children at risk of placement in a more restrictive level of care. Services can include:

- Crisis intervention
- Counseling
- Skills building
- Therapeutic intervention
- Advocacy
- Educational services
- Medication management
- School-based services

CTT services are flexible, multi-purpose, in-home/community clinical support for parents/caregivers/guardians and children/youth with behavioral and emotional disturbances. The purpose of these interventions is to strengthen the family, to provide family stability and to preserve the family constellation in the community setting. These services are flexible both as to where and when they are provided based on member and family needs.

CTTs require the provision of an array of services delivered to the individual and his/her family by a community-based, mobile, multidisciplinary team of professionals and paraprofessionals. Services are designed to meet the unique needs of each member based on cultural values and individual/family strengths, and be maximally flexible in supporting the individual and his/her parents/guardians/caregivers at the time of day when the services are most needed and when the family may be most receptive to therapeutic intervention and skills training.

<b>Criteria</b>	
<b>Admission Criteria</b>	<p><i>The individual must meet 1 or 2, and 3 to meet criteria for this level of care:</i></p> <ol style="list-style-type: none"> <li>1. The individual demonstrates symptoms consistent with a covered DSM-IV diagnosis that, by history, has required periodic psychiatric hospitalization or residential treatment and/or could potentially require hospitalization or residential treatment.</li> <li>2. The individual is in need of external clinical and social support in order to remain stable outside of an inpatient or residential environment.</li> <li>3. Outpatient services do not sufficiently meet the family's needs.</li> </ol>
<b>Psychosocial, Occupational, Cultural and Linguistic Factors</b>	<p>These factors may change the risk assessment and should be considered when making level of care decisions.</p>

<p><b>Exclusion Criteria</b></p>	<p><i>Any of the following criteria is sufficient for exclusion from this level of care:</i></p> <ol style="list-style-type: none"> <li>1. The individual manifests behavioral and/or psychiatric symptoms that require a more intensive level of care.</li> <li>2. The individual can be safely maintained and effectively treated with less intensive services.</li> <li>3. The symptoms of the individual are the result of a non-covered condition.</li> <li>4. The individual and/or parent/guardian/custodian do not voluntarily consent to treatment and there is no court order requiring such treatment.</li> </ol>
<p><b>Continued Stay Criteria</b></p>	<p><i>All of the following criteria are necessary for continuing treatment at this level of care:</i></p> <ol style="list-style-type: none"> <li>1. The severity of the behavioral and emotional symptoms continues to require this level of intervention.</li> <li>2. The mode, intensity, and frequency of the interventions are consistent with the intended treatment plan outcomes.</li> <li>3. When clinically necessary, appropriate psychopharmacological evaluation has been completed and ongoing treatment is initiated and monitored.</li> <li>4. Individualized services and treatments are tailored to achieve optimal results in a time efficient manner and are consistent with sound clinical practice.</li> <li>5. The individual and the parent/custodian/guardian (when appropriate) participate in treatment to the extent all parties are able.</li> <li>6. There is documented evidence of active, individualized discharge planning. There is a documented active attempt at coordination of care with relevant providers when appropriate.</li> <li>7. All services and treatment are carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice.</li> <li>8. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved or adjustments in the treatment plan to address lack of progress are evident.</li> <li>9. Care is rendered in a clinically appropriate manner and focused on individual's behavioral and functional outcomes as described in the discharge plan.</li> </ol>
<p><b>Discharge Criteria</b></p>	<p><i>Any of the following criteria is sufficient for discharge from this level of care:</i></p> <ol style="list-style-type: none"> <li>1. The individual's treatment plan goals and objectives for this level of care have been met <b>and</b> a discharge plan with follow-up appointments is in place.</li> <li>2. The individual and/or the parent/guardian/custodian withdraw consent for treatment and there is no court order requiring such treatment.</li> <li>3. The individual's physical condition necessitates transfer to a more intensive level of care.</li> <li>4. The individual is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care.</li> </ol>