



OFFICE OF BEHAVIORAL HEALTH MENTAL HEALTH RESIDENTIAL TREATMENT TEAM MEETING GUIDE

Background:

Office Of Behavioral Health (OBH) has established that a Residential Treatment Team Meeting (RTTM) be held when a residential provider has concerns about admitting an individual into their program. A person cannot be declined until the meeting has been held and the recommendations have been established.

The residential provider is responsible for inviting treatment team members and OBH to participate in the meetings. These meetings can be face to face or via conference call. Treatment team members may include consumer, Service Coordinator (SC), Community Treatment Team (CTT), Justice Related Services (JRS), Extended Acute Units (TRU, CRU, RTFA and EAC), and Community Integration Team (CIT). Members of this team can weigh in on key matters that may assist with the outcome and lead to an admission or decline.

There may be other types of meetings regarding the individual, but the RTTM is designed specifically to discuss the concerns and what supports can be put in place for the residential provider to supervise the individual while living in the program. The RTTM is to be used only for the purpose of reporting concerns or outcomes for admission. It is expected that a decision to admit or decline the person at the time of the meeting.

Instructions:

1. The residential provider has 2 business days from the interview to request a residential treatment team meeting (RTTM) (Done in the portal)
2. From the placement outcome tab (Tour/Interview) Select the scheduled interview/tour date.
3. From the placement outcome tab (Outcome tab) select from the drop down, **residential treatment team needed.**
4. From the Referral Notes section: List the concerns and reason for RTTM
5. The Residential provider will start the process of scheduling the RTTM. It is expected that a meeting will take place within 3 business days of the request.
6. From Placement Outcomes, select **Outcome of Residential Treatment Team Meeting.**
7. It is expected that a decision to admit the person or decline the person will be made at the end of the meeting and the outcome be entered in the portal within one business day.
8. The completed RTTM meeting guide must be submitted to OBH within one business day of the RTTM and sent to obh-centralizedreferrals@alleghenycounty.us
9. If the person is being declined, provide a brief description in the portal.
10. If the person is being admitted, enter the anticipated move in date.

To Note: The RTTM is a part of the residential best practices and should not deter from obtaining admission documentation and moving forward with the process.



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Applicant Name: _____ Date: _____

Proposed Program _____ Housing Level : _____

Diagnosis: _____ ADL score: _____

RTTM facilitator: _____

Facilitator Phone# _____ Facilitator email address _____

Attendance:

Representative's Title (Choose from drop-down menu)	Representative's Name
Choose An Item	
Choose An Item	
Choose An Item	
Choose An Item	
Choose An Item	
Choose An Item	
Choose An Item	

REASON FOR RTTM:

- | | |
|---|---|
| <input type="checkbox"/> Arson History | <input type="checkbox"/> Megan's Law |
| <input type="checkbox"/> Assault History | <input type="checkbox"/> Serious Physical health concerns/Mobility Issues |
| <input type="checkbox"/> Questionable diagnosis | <input type="checkbox"/> Questionable skill level/wrong housing level |
| <input type="checkbox"/> Other Please Specify: | |

Provide a brief description of why the checked item(s) is a concern to the residential provider:



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RECOMMENDATION/OUTCOME:

What is needed for the residential provider to support the individual while living in the program?

What is the alternative plan for the individual if the individual is not admitted into this program?

If accepted, what influenced the decision?

If declined, explain why and what influenced the decision?

Outcome of RTTM ☐ Accepted ☐ Declined Anticipated move in date: _____

It is expected that this decision be made at time of the RTTM.