

INTENSIVE IN-COMMUNITY SERVICES

Intensive In-Community Services (IIC) Child/Youth

Program Definition

Intensive In-Community Service (IIC) is an analytical, focused goal oriented, and needs based clinical intervention that addresses emotional and behavioral challenges of youth with moderate to high needs. It may be provided in a youth's home or in an amenable community location by a licensed behavioral health clinician and is intended to stabilize and support the youth and family in an effort to deter more intensive interventions and to support the youth and family in collaboration with the Child Family Team (CFT) or identified support system. This is a short-term, solution focused intervention that addresses presenting behaviors resulting in the youth and her/his family/care giver/guardian gaining insight and improving function at home and in the community. Youth and families are eligible to receive Intensive In-Community Services if they are receiving Care Management, MRSS services, and as part of the Transitional Planning process from OOH treatment back to the community, through the NJ Children's System of Care.

The IIC Services are intended to be part of a comprehensive plan of care that is driven by the youth and family to address assessed needs. They must be rendered at a time of day and location optimum to the family. The interventions must be contoured to meet the unique needs of the youth, and are reflective of her/his cultural values and norms and utilize the strengths of the youth and family.

The primary objective of the interventions is symptom reduction and individual skill development with the goal of restoring or maintaining the youth's functioning. IIC clinicians may provide youth and their families with an array of interventions such as psycho-education, negotiation and conflict resolution skill training, effective coping skills development, healthy limit-setting, emotional regulation skills development, stress management, self-care, symptom management, problem solving skills, and skill building that enhances self-fulfillment. IIC services incorporate the Nurtured Heart Approach values and principles, and are designed to address a specific treatment need(s) as identified by the Child Family Team. IIC providers are expected to be an integral component of Child Family Teams or identified support system.

Treatment is family-driven and youth-specific. The identified treatment needs are clearly documented in the CFT ISP/ICP/treatment plan, which includes specific therapeutic intervention(s) with benchmarks that achieve goals focusing on the restorative functioning of the youth with the intention of:

- Improving youth and family dynamics and functioning;
- Preventing / reducing the need for higher intensity behavioral health or substance use treatment ;
- Preventing /reducing the need and / or risk for inpatient hospitalization or out of home treatment;
- Preserving a youth's current residence;
- Transitioning youth from out –of –home treatment back into the community

IIC may also address specialized treatment needs relating to co-occurring Substance Use and Behavioral Health as well as Intellectual/Developmental Disability and Behavioral Health challenges. However, youth with specialized needs may require alternative services provided by a specialty Substance Use provider or an IIC provider for youth I/DD challenges. Intensive In-Community Services are short-term with projected time frames of no longer than 3 months. Therapeutic services are typically provided 1 to 2 hours a week. If continued

behavioral health treatment is indicated, the youth and family should be transitioned to community-based supports and services that may include treatment that meets clearly identified needs.

Criteria

<p>Admission Criteria</p>	<p>The youth must meet 1, 2, 3, and 4.</p> <ol style="list-style-type: none"> 1. The youth is between the ages of 5 and 21. Special consideration will be given to children under 5. Eligibility for services is in place until the day before the youth’s 21st birthday. 2. The youth is enrolled in a CSOC care management entity, which could include CMO (Moderate or High) or MRSS. 3. Youth who receive Intensive In-Community Services present with behavioral and emotional symptoms resulting in impaired functioning in at least one life domain, and the youth is in need of external clinical and social support in order to function adequately in a community setting, or to transition to living in the community setting from a higher intensity treatment setting. 4. The youth and family’s current treatment needs exceed that which can be met through routine outpatient services, or other community based interventions.
<p>Psychosocial, Occupational, Cultural and Linguistic Factors</p>	<p>These factors should be considered when making level of care decisions.</p>
<p>Exclusion Criteria</p>	<p>Any of the following criteria is sufficient for exclusion from this level of care:</p> <ol style="list-style-type: none"> 1. The CSOC Assessment and other relevant information indicate that the youth does not need the intensive in-community level of care, as they need either a less intensive therapeutic treatment or a more intensive therapeutic treatment. 2. The youth’s parent/caregiver/ guardian does not voluntarily consent to treatment and there is no court order requiring such treatment. 3. The symptoms are a result of a medical condition that warrants an urgent medical intervention. 4. The youth is not a resident of New Jersey. For minors who are under 18 years of age, the residency of the parent/caregiver/ guardian shall determine the residence of the minor.
<p>Continued Stay Criteria</p>	<p>All of the following criteria are necessary for continuing treatment at this level of care:</p> <ol style="list-style-type: none"> 1. The severity of the behavioral and emotional symptoms continues to require this level of intervention.

	<ol style="list-style-type: none"> 2. The CSOC Assessment and other relevant information indicate that the youth continues to need a comprehensive, integrated program of clinical and psychosocial rehabilitation services to support improved functioning at a less restrictive level of care. 3. The youth’s treatment needs do not require a higher or lower intensity of treatment service. 4. Services at this intensity are required to support reintegration of the youth into the community and/or to maintain the youth’s functioning in the community. 5. The treatment modality, intensity, and frequency of the treatment interventions are consistent with the intended treatment plan outcomes. 6. The treatment plan is appropriate to the youth’s changing condition with realistic and specific goals and objectives that include benchmarks for accomplishment. 7. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms. However, some goals of treatment on the individualized service plan have not yet been achieved; and adjustments in the treatment plan are evident to address the lack of progress and efforts to transfer to alternative services are documented when indicated. 8. Individualized services and treatments are modified to achieve optimal results in a time efficient manner and are consistent with sound clinical practice. The treatment episode is short-term with projected time frames based on clinical need. 9. The youth and the parent/caregiver/guardian (when appropriate) participates in treatment to the extent all parties are able. 10. There is documented evidence of active, individualized transition planning.
<p>Discharge Criteria</p>	<p>Any of the following criteria are necessary for transitioning treatment from this intensity of service to lower intensity wellness maintenance services and supports:</p> <ol style="list-style-type: none"> 1. The severity of the behavioral and emotional symptoms does not continue to require this level of intervention, and either a more intensive or a less intensive intensity of service is indicated, or the youth’s treatment needs could be met with community based resources and supports. 2. The youth is receiving treatment services or scheduled to receive treatment services through another treatment program, which are considered either redundant with IIC services or impeding to the overall therapeutic success of the youth. 3. The parent/guardian/caregiver or young adult, if age 18 and older withdraw consent for treatment.

	<ol style="list-style-type: none">4. Youth and/or the parent/guardian/caregiver are non-participatory in treatment rendering the treatment ineffective, despite multiple, documented attempts to address non-participation issues.5. The youth has not demonstrated documented measurable improvement that has generalized outside of the treatment session for a period of at least 3 months; and there is no reasonable expectation of progress at this intensity of service, despite treatment planning changes.6. Parent/guardian/caregiver or young adult, if age 18 and older, is unreachable for an extended period of time despite documented best efforts to contact or has moved out of state. A youth should be discharged from IIC services if there is no contact with the youth or family within a 2 month time period.
--	---