

## GROUP HOME (GH)

### Group Home (GH) – Youth

#### Service Description

Group Home Services provide 24-hour staff supervision and services in a community-based out-of-home treatment setting that is designed for youth who manifest moderate behavioral and emotional challenges yet are capable in engaging in community-based activities. Group homes offer a less restrictive environment within out-of-home continuum of care. Youth should be able to go into the community for school, work, and/or outside activities. Community resources are utilized in a planned, purposeful, and therapeutic manner that encourages autonomy as appropriate to each youth's level of functioning and safety and as determined by the Child Family Team (CFT). "Group Home services are time-limited and treatment-focused; they are not considered to be a contingency permanency plan. The projected length of stay for youth involved with Group Home Services is 9 to 12 months."

All interventions must be directly related to the goals and objectives established in the Joint Case Review (JCR) treatment plan. Family/guardian/caregiver involvement from the beginning of treatment is extremely important and, unless contraindicated, should occur monthly, at minimum (or more frequently as determined in the ISP/treatment plan). Assessment of school performance is an essential component of treatment planning as is involvement with school personnel to monitor the ongoing impact of treatment and to facilitate constructive ways of working with youth. All treatment plans must be individualized and should focus on transition to a lower intensity of service or return home. Programs are encouraged to have bilingual capacity.

Comprehensive services are multidisciplinary that include, but are not limited to, the following:

- A. Individual, group, and family therapy, which is facilitated by an independently licensed clinician (or, at minimum, must be within two years of clinical licensure and under the supervision of a clinically licensed practitioner);
- B. Vocational training and skill building;
- C. Milieu activities that are designed to engage and encourage the youth's abilities to integrate into the community in preparation for his/her return to own home/community or to an independent living arrangement, as deemed appropriate;
- D. Medication monitoring services, as clinically indicated;
- E. Crisis Intervention;
- F. Behavioral Management;
- G. Comprehensive and collaborative treatment and discharge plan meetings that include all members of the Child Family Team (CFT);

#### Criteria

<p><b>Admission Criteria</b></p>	<p><b>All</b> of the following criteria are necessary for admission/treatment:</p> <ul style="list-style-type: none"> <li>A. The youth presents symptoms consistent with a DSM 5 diagnosis that interferes with functioning in a family setting and requires out-of-home therapeutic intervention.</li> <li>B. Any youth is between the ages of 10 and 21. Eligibility for services is in place until the youth’s 21st birthday.</li> <li>C. The youth must have cognitive functioning abilities in the moderately impaired range or higher, as evidenced by an IQ of 60 or higher. Special considerations will be made for IQ’s between 55-60*.</li> <li>D. The CSOC Assessment Tool and other relevant information indicate that the youth requires GH IOS;</li> <li>E. The family situation and functioning levels are such that the youth cannot currently remain with his/her family or be placed in a less restrictive living arrangement.</li> <li>F. The parent/caregiver/guardian (or young adult if age 18 and older) must consent for treatment and actively participate in treatment/discharge planning.</li> </ul> <p><b>*If the youth is diagnosed with a developmental/intellectual disability, he/she must also meet criteria G:</b></p> <ul style="list-style-type: none"> <li>G. The youth demonstrates symptoms consistent with a co-occurring DSM-5 mental health disorder with interferes with his/her ability to adequately function in significant life domains: family, school, social, or recreational/vocational activities. The presenting behaviors seem directly correlated with a behavioral or an emotional disorder, independent of the intellectual/developmental disability, and it is clearly evident that the youth’s presenting behaviors indicate a change from their baseline functioning with could benefit from the provision of therapeutic behavioral services, which are rehabilitative in quality.</li> </ul>
<p><b>Psychosocial, Occupational, Cultural and Linguistic Factors</b></p>	<p><i>These factors may change the risk assessment and should be considered when making level of care decisions.</i></p>

<p><b>Exclusion Criteria</b></p>	<p><b>Any</b> of the following criteria is sufficient for exclusion from this intensity of</p>
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	<p>service:</p> <ul style="list-style-type: none"> <li>A. The youth’s parent/caregiver/guardian does not voluntarily consent to and participate in admission/treatment <b>and</b> there is no court order requiring such treatment.</li> <li>B. The youth does not present symptoms consistent with a DSM IV or DSM 5 diagnosis and/or does not present as requiring out-of-home therapeutic intervention.</li> <li>C. The CSOC Assessment Tool and other relevant information indicate that the youth can be safely maintained and effectively treated in a lower or higher intensity of service.</li> <li>D. The youth exhibits suicidal, homicidal, or acute mood symptoms or a thought disorder that requires a higher intensity of service and supervision.</li> <li>E. The youth is unable to perform skills of daily living and requires custodial care and/or interventions that go beyond the capability of this setting; and the individualized wraparound process will not enable the youth to enter this level of care.</li> <li>F. The youth has medical conditions or impairments that would prevent participation in services and that require daily care that is beyond the capability of this setting.</li> <li>G. The youth is not stabilized on medications (when applicable).</li> <li>H. The youth is unable to safely participate in age-appropriate community activities for limited periods of time.</li> <li>I. The youth has a sole diagnosis of Substance Use and there are no identified, co-occurring emotional or behavioral disturbances, which would be addressed by this intensity of service.</li> <li>J. The youth’s intellectual/developmental disability includes one of the following:             <ul style="list-style-type: none"> <li>• The youth has a sole diagnosis of Autism and there are no co-occurring DSM 5 diagnoses, symptoms, or behaviors consistent with a DSM 5 diagnosis.</li> <li>• The youth has a sole diagnosis of an Intellectual/Developmental Disability and there are no co-occurring DSM 5 diagnoses, symptoms, or behaviors consistent with a DSM 5 diagnosis.</li> <li>• The youth’s level of functioning falls below a FSIQ of 60 (special</li> </ul> </li> </ul>
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	<p>considerations will be made for FSIQ of 55-59).</p> <p>K. The youth is not a resident of New Jersey. For minors who are under 18 years of age, the legal residency of the parent or legal guardian shall determine the residence of the minor.</p>
<p><b>Continued Stay Criteria</b></p>	<p><b>All</b> of the following criteria are necessary for continuing services at this intensity of service:</p> <ul style="list-style-type: none"> <li>A. The CSOC Assessment Tool and other relevant information indicate that the youth’s treatment needs are consistent with GH IOS and that these services continue to be required to support reintegration into a less restrictive environment.</li> <li>B. The youth’s treatment does not require a higher intensity of service, and a lower intensity of service would not be appropriate.</li> <li>C. The JCR /treatment plan is appropriate to the youth’s changing condition with realistic and specific goals and objectives that include target dates for accomplishment.</li> <li>D. The youth’s parent/caregiver/ guardian has been actively invested in treatment, as evidenced by regular attendance to treatment team meetings, participation in family therapy, and involvement with transition planning. Documentation of family involvement is evident based upon the CFT note.</li> <li>E. Individualized services and treatment are tailored to achieve optimal results in a time efficient manner and are consistent with sound clinical practice.</li> <li>F. Progress in relation to specific symptoms or impairments is clearly evident and described in objective terms. However, some goals of treatment have not been achieved and adjustments in the ISP/treatment plan include strategies for achieving these unmet goals.</li> <li>G. When clinically necessary, an appropriate psychopharmacological evaluation has been completed and ongoing treatment is initiated and monitored.</li> <li>H. There is documentation of active discharge planning.</li> </ul>

<p><b>Transitional Joint Care Review (TJCR)- Transition Request Criteria</b></p>	<p><b>If the Child Family Team (CFT) is requesting transition to a different CSOC out-of-home treatment setting via TJCR, ALL of the additional following criteria must be met:</b></p> <p>The CSOC Assessment and other relevant information indicate that the youth requires a different clinical treatment focus within a different OOH treatment setting. This documentation must include the following:</p> <ul style="list-style-type: none"> <li>i. Treatment needs that were addressed in current episode of care and any previous episodes of OOH treatment.</li> <li>ii. Treatment interventions that were successful and/or unsuccessful in current episode of care and any previous episodes of OOH treatment</li> <li>iii. Behaviors/needs that warrant a different OOH intensity of service</li> <li>iv. The youth’s perspective on proposed transition (applicable based on cognitive abilities)</li> <li>v. Justification as to why another OOH treatment episode is in the youth’s and family’s best interest</li> <li>vi. Barriers for the reintegrating the youth to the community at this time.</li> <li>vii. Community reintegration plan for youth</li> </ul>
<p><b>Discharge Criteria</b></p>	<p><b>Any</b> of the following criteria is sufficient for discharge from this intensity of service:</p> <ul style="list-style-type: none"> <li>1. The youth’s documented JCR/treatment plan goals and objectives for this Intensity of Service have been substantially met.</li> <li>2. The CSOC Assessment and other relevant information indicate that the youth requires a different clinical treatment focus or lower intensity of service.</li> <li>3. Consent for treatment is withdrawn by the parent/custodian/guardian or young adult if age 18 and older, and there is no court order requiring such treatment.</li> <li>4. The youth is not making progress toward JCR/treatment goals and there is no reasonable expectation of progress at this intensity of service, despite treatment planning changes. The treating agency is responsible for continued care until a more appropriate clinical setting is secured.</li> </ul> <p>In addition to the above criteria, the following shall be achieved:</p>

	<ol style="list-style-type: none"><li>5. Support systems (which allow the youth to be maintained in a less restrictive intensity of service) have been thoroughly explored and/or secured.</li><li>6. A discharge plan with follow-up appointments and an appropriate living arrangement is in place; and the first follow-up appointment will take place within 10 calendar days of discharge.</li></ol>
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