

GROUP HOME (GH)

Group Home (GH) – Youth

Service Description

The Group Home (GH) IOS provides 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 of engaging in community-based activities. Group homes offer a less restrictive environment within the out-of-home continuum of care. Group Homes can be utilized as a step-down setting for youth who are transitioning from a higher intensity of service. 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 Homes is 9 to 12 months.

All interventions must be directly related to the goals and objectives established in the care 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 care plan). All treatment plans must be individualized and should focus on transition to a non-treatment setting.

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.

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

- A. Individual, group, and/or family therapy, which is facilitated by an independently licensed clinician;
- 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, 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	
Admission Criteria	<p>All of the following criteria are necessary for admission/treatment:</p> <ul style="list-style-type: none"> A. The youth is between the ages of 12 and 21. Eligibility for services is in place until the youth's 21st birthday. B. The youth presents with symptoms consistent with a DSM 5 diagnosis that interferes with functioning in a family setting and requires out-of-home therapeutic intervention. C. The youth must have intellectual functioning abilities in the moderately impaired range or higher. D. The CSOC Assessment Tool and other relevant information indicate that the youth requires GH IOS; E. The parent/guardian/caregiver (or young adult if age 18 and older) must consent for treatment and actively participate in treatment/discharge planning. <p>*If the youth is diagnosed with a developmental/intellectual disability, he/she must also meet criteria F:</p> <ul style="list-style-type: none"> F. The youth demonstrates symptoms consistent with a co-occurring DSM-5 behavioral health disorder that interferes with his/her ability to adequately function in significant life domains. It is clearly evident that the youth's presenting behaviors indicate a change from their baseline functioning could benefit from the provision of therapeutic behavioral services, which are rehabilitative in quality.
Exclusion Criteria	<p>Any of the following criteria is sufficient for exclusion from this intensity of service:</p> <ul style="list-style-type: none"> A. The youth's parent/guardian/caregiver does not voluntarily consent to and participate in admission/treatment. B. 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. C. The youth currently exhibits high-risk behaviors, which may include suicidal, homicidal, or self-injurious behaviors, acute mood symptoms, or thought disorder which can't be safely managed in a community setting and require a higher intensity of service. D. 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 treatment setting. E. The youth has presenting treatment needs primarily related to Substance Use

	<p>Disorder which may require withdrawal management or medical monitoring The youth’s intellectual/developmental disability includes one of the following:</p> <p>F. If the youth has a sole diagnosis of an Intellectual/Developmental Disability and there are no co-occurring diagnoses, symptoms, or behaviors consistent with a DSM 5 behavioral health diagnosis.</p> <p>G. 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>Continued Stay Criteria</p>	<p>All of the following criteria are necessary for continuing services at this intensity of service:</p> <ol style="list-style-type: none"> 1. 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 to a community-based living environment. 2. The care plan is tailored to the youth’s presenting treatment needs with realistic and specific goals and objectives that include target dates for accomplishment. 3. The youth’s parent/guardian/caregiver 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 progress notes. When DCP&P is the guardian, there is documented evidence of active transition planning. 4. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms. However, some goals of treatment have not yet been achieved; and adjustments in the care plan include strategies for achieving these unmet goals. 5. Collaboration between all CFT members, which may include, but not limited to, CMO, DCP&P, parent/guardian/caregiver, youth, and Treatment Home provider, is clearly documented in the treatment plan. 6. There is documentation of active, individualized transition planning.
<p>OOH Transition Request Criteria</p>	<p>If the CFT is requesting transition to another CSOC out-of-home treatment setting via a care plan, ALL of the additional following criteria must be met:</p> <p>The CSOC Assessment and other relevant information indicate that the youth requires a clinical treatment focus within a different OOH treatment setting. This documentation must include the following:</p> <ol style="list-style-type: none"> 1. Treatment needs that were addressed in current episode of care and any previous episodes of OOH treatment.

	<ol style="list-style-type: none"> 2. Treatment interventions that were successful and/or unsuccessful in current episode of care and any previous episodes of OOH treatment 3. Behaviors/needs that warrant a different OOH intensity of service 4. The youth’s perspective on proposed transition (applicable based on cognitive abilities) 5. Justification as to why another OOH treatment episode is in the youth’s and family’s best interest 6. Barriers for reintegrating the youth to the community at this time. 7. Community reintegration plan for youth
<p>Transition Criteria</p>	<p>Any of the following criteria is sufficient for transition from this intensity of service:</p> <ol style="list-style-type: none"> 1. The youth’s documented care plan goals and objectives for this Intensity of Service have been substantially met. 2. The CSOC Assessment and other relevant information indicate that the youth requires a different clinical treatment focus or lower intensity of service. 3. Consent for treatment is withdrawn by the parent/guardian/caregiver or young adult if age 18 and older. 4. The youth is not making progress toward care plan goals and there is no reasonable expectation of progress at this intensity of service, despite treatment planning changes. 5. A transition 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. 6. For youth who do not appear to meet continued stay criteria for the GH Intensity of Service, there is evidence that active transition planning will be completed within the next 90 day time period.