

PSYCHIATRIC COMMUNITY HOME

For youth with Intellectual/Developmental Disabilities (PCH IDD)

Psychiatric Community Home IDD (PCH IDD)

Service Description

Psychiatric Community Homes Intensity of Service (PCH-IOS) provides all-inclusive comprehensive integrated programming in a 24-hour staff supervised community-based setting that supports youth, presenting with behavioral health challenges and co-occurring Intellectual/Development Disability (IDD) challenges. PCH IDD is for youth who do not require a psychiatric hospital intensity of service and/ or youth who cannot be safely maintained in their current living arrangement because of the increasing intensity and severity of their presenting psychiatric symptoms and behavioral presentation. Youth with physical health needs, who use assistive devices for mobility, and/or require a high level of assistance with activities of daily living will be considered on an individual basis by the treating provider.

PCH-IDD programs are intended to stabilize emotional and/or behavioral challenges using an array of multidisciplinary, multimodal interventions to address co-occurring needs. Services include, but are not limited to, habilitation, behavioral supports, counseling, and psychiatric care designed to promote stabilization to enable transition to a less restrictive environment.

All interventions must be directly related to the goals and objectives established in the JCR/treatment plan. Parent/guardian/caregiver involvement from the beginning of treatment is extremely important and, unless contraindicated, should occur monthly (or more frequently as determined in the JCR/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 the youth. All JCR/treatment plans must be individualized and should focus on transition (transitioning the youth back to the community arrangement, or to a lower intensity of service, whichever is clinically indicated).

Criteria

Admission Criteria

The youth must meet ALL of the following admission criteria:

- A. The youth is a resident of New Jersey. For minors under 18 years of age, the legal residency of the parent or legal guardian shall determine the residence of the minor
- B. The youth presents with symptoms consistent with a DSM-5 behavioral health diagnosis and requires therapeutic intervention.
- C. The youth is between the ages of 9 and 21. Eligibility for services is in place until the young adult's 21st birthday.
- D. The youth has been determined to be eligible for CSOC Functional DD Services or Division of Developmental Disabilities (DDD) services.

	<p>E. The parent/guardian/caregiver and young adults 18 and older must consent for treatment or parental guardianship has been obtained.</p> <p>In addition, the youth must meet at least any one of the following:</p> <p>F. As a result of the youth’s intellectual/developmental disability and cooccurring behavioral health disorder, they are unable to consistently function independently across significant life domains. These challenges may include limitations in selfcare, self-direction, capacity for independent living, and/or economic self-sufficiency. Close supervision, ongoing monitoring, and targeted clinical interventions are indicated to support their daily functioning and development.</p> <p>G. The youth is a potential danger to self as exemplified by suicidal ideation without a plan or by being prone to self-harm.</p> <p>H. The youth manifests psychotic symptoms that are disruptive to daily functioning, but the youth does not require inpatient hospitalization.</p> <p>I. The youth is unable to adequately function in multiple areas due to psychiatric symptoms and requires targeted clinical intervention.</p> <p>J. The youth manifests poor judgment and lacks problem-solving skills to the extent that they might inadvertently place themselves in life-threatening situations.</p> <p>K. The youth is currently taking multiple psychotropic medications which require a higher level of medication monitoring and psychiatric intervention.</p> <p>L. The youth has had multiple psychiatric hospitalizations within past 12-month period.</p>
Exclusion Criteria	<p>Any of the following is sufficient for exclusion from this intensity of service:</p> <p>A. The youth parent/caregiver/guardian does not voluntarily consent to admission or treatment.</p> <p>B. The youth has been determined ineligible for CSOC Functional Services or DDD services.</p> <p>C. The Clinical Assessment and other relevant information indicate that the youth requires a higher or lower intensity of service.</p> <p>D. The presenting treatment needs of the youth are directly correlated with externalizing behaviors including aggressive and/or violent behavior.</p> <p>E. The youth has medical conditions or impairments that would prevent participation in services requiring a daily care beyond the providers’ capacity in this setting.</p> <p>F. The youth has a primary diagnosis requiring specialized treatment (e.g., substance use is primary diagnosis).</p> <p>G. A youth with a moderate or higher rating on a fire setting evaluation conducted within the last 12 months or has a Meghan’s Law Classification.</p>

	<ul style="list-style-type: none"> H. The youth is not a resident of New Jersey. For minors who are under 18 years of age, the legal residency of the parent, legal guardian, or custodian shall determine the residence of the minor. I. The youth is not in agreement with the Child Family Team's (CFT) plan for out of home treatment. There is evidence of multiple attempts by the CFT to engage the youth in the plan. J. The youth is engaging in a recent pattern of violent behavior that compromises the safety of the youth and others in the out of home program.
Continued Stay Criteria	<p>All of the following criteria are necessary for continuing treatment at this level of care:</p> <ul style="list-style-type: none"> A. The severity of the psychiatric/behavioral/emotional disturbance, and the submitted clinical documentation clinically justifying the continued PCH IDD intensity of service. B. Services at this intensity of service continue to be required to support reintegration of the youth into a less restrictive environment. C. The JCR/Care plan is appropriate to the youth changing condition with realistic and specific goals and objectives that include target dates for accomplishment. D. The youth is actively participating in treatment, is regularly attending treatment team meetings, and is adhering to program rules and guidelines. Individualized treatment services that are tailored to achieve optimal results in a time efficient manner and are consistent with sound clinical practice. E. 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 JCR /treatment plan include strategies for achieving these unmet goals. F. When clinically necessary, appropriate psychopharmacological evaluation has been completed and ongoing treatment is initiated and monitored. G. Documentation and evidence of collaboration involving Care Management the Residential team, as part of the Child/Family team process. H. There is documented evidence of active, individualized transition planning.
Transition Criteria	<p>Any of the following criteria is sufficient for discharge from this intensity of service:</p> <ul style="list-style-type: none"> A. The youth documented treatment plan goals and objectives for this intensity of service have been substantially met. B. The Clinical Assessment and other relevant information indicate that the youth require a higher or lower intensity of service. C. Consent for treatment is withdrawn by the parent/custodian/guardian/young adult 18 or older and there is no court order requiring placement. D. Support systems (which allow the youth to be maintained in a less restrictive environment) have been thoroughly explored and/or secured.

	<ul style="list-style-type: none">E. The youth has been reunified with the parent/custodian/caregiver, transitioned to an alternative permanent placement setting (i.e., foster home, kinship care, adoptive home), or transitioned to living independently.F. The youth is not making progress toward treatment goals and there is no reasonable expectation of progress at this intensity of service, despite attempts to modify and revise treatment planning for the benefit of the youth treating agency is responsible for continued care until a more appropriate clinical setting is secured. Before proceeding to transitioning a youth for this reason, the treatment team needs to collaborate with the CSOC Office of Residential Services (ORS).G. The CFT has developed and agreed upon an appropriate transition plan appropriate to the youth's current clinical needs.H. The youth is engaging in a documented recent pattern of violent behavior that is compromising the safety of the youth and others in the out of home program.I. The child/youth and/or the parent/guardian/caregiver are available but not participating in treatment or noncompliant with the treatment program's rules and regulations. The lack of participation or noncompliance is significant enough to negatively impact the overall treatment course and compromises the child/youth's ability to have a successful, positive response to treatment.
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