

Specialty Services

For Youth with Intellectual/Developmental Disabilities (SPEC IDD)

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Service Description

Specialty Intensity of Service/Intellectual/Developmental Disabilities (SPEC IDD) provides care within a community-based out-of-home treatment setting for youth who manifest significant emotional and/or behavioral challenges which require specialized clinical intervention. Specialty Services are uniquely tailored to needs in a manner extending beyond the usual expectations of individualized care. Specific behaviors that may qualify for specialty treatment services include extreme aggression/assault, fire setting, problematic sexual behavior, and animal cruelty. The purpose of SPEC IDD IOS is to engage the youth in addressing clearly identified behavioral health challenges and to stabilize symptomology in preparing the youth for a less restrictive environment. Treatment practices include trauma-informed care, which focuses on the individual's safety and well-being through engagement and an emphasis on de-escalation techniques.

All care plans must be individualized and should focus on transitioning the youth home or to a non-clinical setting whenever possible. Length of stay is individualized based youth needs. The length of stay will be based on individual treatment needs and closely monitored by CSOC's Contracted Systems Administrator (CSA) via the Joint Care Review (JCR) process. Specialty services are available statewide and are managed on a no eject/no reject basis. Services are all-inclusive.

Criteria

Admission Criteria

All of the following criteria are necessary for admission:

1. The youth is between the ages of 5 and 21. Eligibility for services is in place until the young adult's 21st birthday.
2. The youth has been deemed eligible for CSOC Functional or Division of Developmental Disabilities (DDD) services.
3. The youth presents with symptoms consistent with a DSM-5 behavioral health disorder and co-occurring IDD challenges and requires intensive out-of-home therapeutic intervention.
4. The youth requires 24-hour supervision due to emotional and/or behavioral challenges in the home and/or community to such extent that the youth has been (or is) not able to safely function in a regular community, home, or school activities due to significant symptoms and/or behaviors.

	<p>5. The parent/guardian/caregiver (or young adult if age 18 and older) must consent for treatment or guardianship has been obtained.</p> <p>6. 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.</p> <p>In addition, the youth must meet at least any ONE of the following:</p> <p>7. The youth has a history or pattern of fire setting behaviors, with the most recent fire setting incident occurring in the past two (2) year period. A fire setting evaluation with documented risk level must be completed within 12 months of the referral for out-of-home treatment, and the youth's risk to re-engage in fire setting behaviors must be moderate or higher.</p> <p>8. The youth has a history or pattern of assaultive behaviors as evidenced by a significant assaultive behavior which has occurred within the past twelve (12) month period, either with or without a weapon. The assaultive behavior resulted in a medical injury that required the need for medical treatment for either the victim or the youth; there may or may not be legal charges related to the assaultive behavior.</p> <p>9. The youth has a pattern of problematic sexual behavior which may or may not have resulted in legal charges, with the most recent incident occurring within the past two (2) year period. A psychosexual evaluation with documented risk level must be completed within 12 months of the referral for out-of-home treatment, and the youth's risk to re-engage in problematic sexual behavior must be moderate or higher. Youth may be Tier I or II under Megan's Law.</p> <p>10. The youth has history or pattern of aggressive or cruel behaviors directed towards animals. The most recent incident of animal cruelty behavior must be within twelve (12) months of the referral for out-of-home treatment.</p> <p>11. The youth meets DSM-5 criteria for Trauma and Stress Related Disorders, including Post Traumatic Stress Disorder (PTSD) and Reactive Attachment Disorder as evidenced by trauma victimization, which may include, but not limited to, physical, sexual, or emotional abuse, natural disaster, domestic violence, violent crime victimization, or profound neglect. Behaviors may be an externalization of the impact of trauma on the youth. The youth's presenting behaviors require intensive supervision and specialized clinical interventions that cannot be provided at a higher or lower intensity of service.</p>
Exclusionary Criteria	Any of the following is sufficient for exclusion from this intensity of service:

	<ol style="list-style-type: none"> 1. The parent/caregiver/guardian (or young adult if age 18 and older) does not voluntarily consent to admission or treatment and/or there is no court order requiring such treatment. 2. The youth has been determined ineligible for CSOC Functional Services or DDD services. 3. The youth is not 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. 4. CSOC Assessment Tools and other relevant clinical information indicate that the youth requires a different intensity of service. 5. The youth is at imminent risk of causing serious harm to self or others, and inpatient psychiatric hospitalization is indicated. 6. The youth's symptomology of trauma and/or other clinical needs can be adequately maintained and effectively treated at a lower intensity of service or may require a different clinical focus based on clinical review. 7. The youth is a Tier III under Megan's Law. 8. The youth is diagnosed with a medical condition that would prevent participation in services and that require daily care that is beyond the capability of this setting. 9. The youth is diagnosed with a substance use disorder that requires specialized substance use treatment intervention. 10. The youth is not in agreement with the Child Family Team's (CFT) plan for out of home treatment despite multiple attempts by the CFT to engage the youth in the plan. 11. 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 setting.
Continued Stay Criteria	<p>All of the following criteria are necessary for continuing treatment at this intensity of service:</p> <ol style="list-style-type: none"> 1. The severity of the youth's psychiatric/behavioral/emotional challenges continue to meet the criteria for this intensity of service. 2. The CSOC Assessment and other relevant information indicate that the youth continues to require this intensity of service.

	<ol style="list-style-type: none"> 3. Specialty services continue to be required to support reintegration of the youth into a less restrictive environment. 4. The care plan is appropriate to the youth's changing condition with realistic and specific goals and objectives that include target dates for accomplishment. 5. Unless contraindicated, the youth's parent/guardian/caregiver has been actively invested in treatment, as evidenced by regular attendance of treatment team meetings, active participation in family therapy, on-site visitation/therapeutic leave, and involvement with transition planning. 6. Individualized services and treatment are tailored to achieve optimal results in a time efficient manner and are consistent with sound clinical practice. 7. Progress in relation to specific symptoms or impairments is clear 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. 8. When clinically necessary, an appropriate psychopharmacological evaluation has been completed and ongoing treatment is initiated and monitored. 9. Collaboration between all Child Family Team (CFT) members, which may include, but not limited to, CMO, DCP&P, parent/legal guardian, youth, and treating provider is clearly document in the care plan. 10. There is documented evidence of active, individualized transition planning. 11. The youth is actively participating in treatment, is regularly attending treatment team meetings, and is adhering to program rules and guidelines.
Transitional Joint Care Review (TJCR) - Transition Request Criteria	<p>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:</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> <ol style="list-style-type: none"> 1. Treatment needs that were addressed in current episode of care and any previous episodes of OOH treatment. 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 and family's perspective on proposed transition and the position of the Child Family Team.

	<ol style="list-style-type: none"> 5. Justification as to why another OOH treatment episode is in the youth's and family's best interest. 6. Barriers for the reintegrating the youth to the community at this time. 7. Community reintegration plan for youth.
Transition Criteria	<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. After making adjustments to the youth's care plan to include alternate strategies for achieving unmet goals, the youth's ability to acquire, retain, improve, and/or generalize the behavioral and adaptive skills plateaus and there is no reasonable expectation of progress at this intensity of service. 3. Consent for treatment is withdrawn by the parent/caregiver/guardian or young adult if age 18 and older. 4. Support systems, which allow the youth to be maintained in a less restrictive intensity of service, have been secured and established. 5. A transition plan with follow-up appointments and an appropriate living arrangement is in place. The first follow-up appointment will take place within ten calendar days of transition. The CFT and parent/guardian/caregiver will be responsible for assuring that the youth attend these appointments. 6. The youth is engaging in a documented pattern of violent behavior that is compromising the safety of the youth and others in the out of home program. 7. The youth and/or 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 the youth's ability to have a successful, positive response to treatment.