

## BEHAVIORAL ASSISTANCE – YOUTH

### Behavioral Assistance

#### Program Description

Behavioral Assistance is comprised of specific, outcome-oriented interventions that are components of an approved, written, detailed plan of care prepared by a licensed clinical behavioral healthcare practitioner. Behavioral Assistance providers address specific target behaviors.

Behavioral Assistance services help the family and youth to develop and practice healthy and positive coping strategies and techniques. The intervention focuses on addressing target behaviors and improving overall emotional, behavioral regulation abilities. Youth who respond positively to Behavioral Assistance Services should exhibit sustainable positive behavioral changes that reflect improved daily functioning, enhance the quality of life and strengthen skills in a variety of life domains including but not limited to:

1. Physical and emotional well-being;
2. Interpersonal communications and relationships;
3. Socialization behaviors and activities;
4. Behavioral conduct;
5. Healthy coping strategies and behaviors;

Behavioral Assistance services are face-to-face interventions provided individually that will provide the necessary support to the youth to attain the goals of the service plan and/or the Plan of Care. In order to have sustainable treatment gains, the Behavioral Assistant should be modeling effective coping strategies and techniques to the caregivers.

Behavioral Assistance services are delivered as part of a comprehensive treatment plan and do not include mentoring, tutoring, companionship, or other similar services. Only youth receiving care management or MRSS, services are eligible for Behavioral Assistance. Behavioral Assistance services are short term services and have projected time frames of 3 months, mirrored from Intensive In-Community Services.

#### Criteria

##### Admission Criteria

The youth must meet **all** of the following criteria:

1. The youth is between the ages of 5 and 21 years of age. Special consideration will be given to children under 5. Eligibility for services is in place until the child’s 21st Birthday.
2. The youth is enrolled in a CSOC care management entity, which could include CMO or MRSS.
3. The youth is reported to have a diagnosable behavioral health disorder, or

	<p>symptoms and behaviors consistent with a DSM 5 diagnosis.</p> <ol style="list-style-type: none"> <li>4. The youth presents 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.</li> <li>5. The clinical information presented on the service plan request indicates that behavioral assistance services are indicated to facilitate positive behavior changes.</li> </ol>
<b>Psychosocial, Occupational, Cultural and Linguistic Factors</b>	<i>These factors may change the risk assessment and should be considered when making level of care decisions</i>
<b>Exclusion Criteria</b>	<p><b>Any</b> of the following criteria is sufficient for exclusion from behavioral assistance services:</p> <ol style="list-style-type: none"> <li>1. The youth’s parent/guardian/caregiver does not voluntarily consent to treatment and there is no court order requiring such treatment.</li> <li>2. The request for behavioral assistance services is not a component of an approved, written, detailed plan of care prepared by a CSOC Care Management entity.</li> <li>3. The symptoms are a result of a medical condition that warrants an urgent medical intervention.</li> <li>4. 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.</li> </ol>
<b>Continued Stay Criteria</b>	<p><b>All</b> of the following criteria are necessary for continued behavioral assistance services:</p> <ol style="list-style-type: none"> <li>1. The severity of the behavioral and emotional symptoms continues to require behavioral assistance services.</li> <li>2. The clinical information presented indicates that the youth continues to need behavioral assistance services.</li> <li>3. Behavioral assistance services continue to be required to support improved emotional, behavioral functioning and to strengthen coping skills.</li> <li>4. The ISP/ICP/JCR treatment plan is appropriate to the youth’s changing condition with realistic and specific objectives that include target dates for accomplishment of the behavioral assistance goals and efforts to transfer</li> </ol>

	<p>to alternative services are documented when indicated.</p> <ol style="list-style-type: none"> <li>5. Progress in relation to specific symptoms or behaviors is clearly evident and can be described in objective terms. However, some behavioral assistance goals of treatment have not yet been achieved; and changes in the plan of care are evident to address the lack of progress. Maximum treatment episode is expected to be within 3 months.</li> <li>6. The youth and the parent/guardian/caregiver participate in treatment to the extent that is clinically indicated and appropriate.</li> </ol>
<p><b>Discharge Criteria</b></p>	<p>Any of the following criteria is sufficient for discharge from behavioral assistance services:</p> <ol style="list-style-type: none"> <li>1. The youth’s plan of care goals and objectives for behavioral assistance services has been substantially met.</li> <li>2. The clinical information presented indicates that the youth requires a different clinical treatment focus or another intervention.</li> <li>3. The family has demonstrated that the identified strengths of the caregiver and youth can be sustained in the community with services and supports.</li> <li>4. The parent/guardian/caregiver or young adult, if age 18 and older, withdraws consent for treatment.</li> <li>5. 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.</li> <li>6. Youth has not demonstrated measurable improvement toward treatment goals that has generalized outside of the treatment sessions, after a treatment period of 3 months.</li> <li>7. 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 Behavioral Assistance services if there is no contact with the youth or family within a 3 month time period.</li> </ol>