

PSYCHIATRIC COMMUNITY HOME (PCH)**Psychiatric Community Home (PCH) – Child/Youth/Young Adult****Definition**

A Psychiatric Community Home (PCH) provides supervised, licensed, 24-hour care within an intensive treatment program for children/youth/young adults with severe psychiatric disturbances consistent with DSM-IV-TR/DSM V criteria. Treatment in a PCH should include family involvement, where clinically appropriate. {When there is no active family, the DCF case management entities should act as (or develop) a surrogate family and be responsible for their participation in treatment meetings.} A PCH is appropriate for a child/youth/young adult who has received inpatient services and/or who cannot be maintained in his/her current living arrangement with a reasonable degree of safety. Comprehensive services are multidisciplinary, multimodal therapies that fit the needs of the youth and include, but are not limited to, the following:

- A. Individual, group, and family therapy by an independently licensed clinician (or at minimum, must be within two years of clinical licensure);
- B. Psychiatric treatment and medication monitoring services, which include routine and emergency psychiatric evaluations, are completed by a licensed Psychiatrist and/or Advanced Practicing Nurse (APN);
- C. Psychiatric consultation (including input into the clinical component of an individualized treatment plan developed by the multidisciplinary treatment team);
- D. Behavioral management;
- E. Crisis intervention;
- F. Structured Allied therapies;
- G. Education;

Access to other services, including but not limited to, psychological testing, vocational counseling, and medical services is arranged to meet each youth's needs. All interventions must be directly related to the goals and objectives established in the JCR/treatment plan. Parent/custodian/guardian involvement from the beginning of treatment is extremely important and, unless contraindicated, should occur monthly (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 the youth. All ISP/treatment plans must be individualized and should focus on transition to a lower intensity of service. Programs are encouraged to have bilingual capacity.

Criteria	
Admission Criteria	<p>The child/youth/young adult must meet ALL of A, B, C, and D:</p> <ul style="list-style-type: none"> A. The child/youth/young adult has been diagnosed with DSM IV-TR Axis I or DSM V diagnosis and requires intensive therapeutic intervention. B. The child/youth/ young adult is between the ages of 5 and 21. Eligibility for services is in place until the young adult's 21st birthday. C. The CSOC Assessment and other relevant information indicate that the youth meets the clinical requirements for Psychiatric Community Home intensity of service. D. The parent/custodian/guardian and young adults 18 and older must consent for treatment. <p>In addition, the child/youth/young adult meets any ONE of the following acute presenting needs:</p> <ul style="list-style-type: none"> E. The child/youth/young adult is a potential danger to self as exemplified by suicidal ideation without a plan or by being prone to self-harm. F. The child/youth/young adult manifests psychotic symptoms that are disruptive to daily functioning but the youth does not require inpatient hospitalization. G. The child/youth/young adult is unable to adequately function in multiple areas due to psychiatric symptoms and requires targeted clinical intervention. H. The child/youth/young adult manifests poor judgment and lacks problem-solving skills to the extent that he/she might inadvertently place him/herself in life-threatening situations. I. The child/youth/young adult is currently taking multiple psychotropic medications which require a higher level of medication monitoring and psychiatric intervention. J. The child/youth/young adult has had multiple psychiatric hospitalizations within past 12month period. (eg. 2 inpatient admissions within 6 months or 3 or more hospitalizations within the past year).

	<p><i>If the child/youth/young adult is dually diagnosed with a Developmental/Intellectual Disability (IDD), he/she must also meet ALL of criteria L and M:</i></p> <ul style="list-style-type: none"> K. The child/youth/young adult is between the ages of 5 and 21. Eligibility for services is in place until the young adult’s 21st Birthday. L. The child, youth, or young adult with an intellectual and/or developmental disability has been diagnosed with a definitive co-occurring DSM-IV- TR/ DSM V Axis I mental health disorder. When the etiology of the symptoms is unclear (behavioral health vs. developmental disability), clinical documentation describing the youth’s functional capacity within school, home, and community, demonstrates that the youth’s functioning can be improved with the provision of NJ CSOC services. M. The child, youth, or young adult has a behavioral or psychiatric disorder, or symptoms and behaviors consistent with a behavioral or psychiatric disorder, which interfere with her/his ability to adequately function in significant life domains: family, school, social, or recreational/vocational activities. The presenting behaviors are directly correlated with a behavioral or an emotional disorder, independent of the developmental disability, and it is clearly evident that the youth’s presenting behaviors indicate a change from their baseline functioning which could benefit from the provision of rehabilitative, therapeutic services.
<p>Psychosocial, Occupational, Cultural, and Linguistic Factors</p>	<p><i>These factors may change the risk assessment and should be considered when making intensity of service decisions.</i></p>
<p>Exclusion Criteria</p> <p>Articles 8 through 12 reflect general CSOC eligibility criteria.</p>	<p><i>Any of the following is sufficient for exclusion from this intensity of service:</i></p> <ul style="list-style-type: none"> 1. The child/youth/young adult’s parent/custodian/guardian or young adult 18 and older does not voluntarily consent to admission or treatment <i>and/ or</i> there is no court order requiring placement. 2. The child/youth/young adult is at imminent risk of causing serious harm to self or others, and a higher intensity of service or inpatient psychiatric hospitalization, is indicated.

	<ol style="list-style-type: none"> 3. The child/youth/young adult’s level of cognitive ability and/or adaptive functioning does not allow he/she to benefit from the therapeutic interventions offered at the PCH Intensity of Service. 4. The CSOC Assessment and other relevant information indicate that the child/youth/young adult requires a higher or lower intensity of service. 5. The child/youth/young adult’s presenting treatment needs are correlated directly with Disruptive Behavioral Diagnoses, specifically in regards to violent or physically aggressive behaviors. 6. The child/youth/young adult has medical conditions or impairments that would prevent participation in services and that require daily care that is beyond the capability of this setting. The individualized wraparound process will not enable the youth to enter this intensity of service. 7. The child/youth/young adult has a sole or primary diagnosis of Substance Abuse and there is no identified, co-occurring emotional or behavioral disturbances which would potentially benefit from PCH services. 8. A child/youth/young adult with a moderate or higher rating on a fire setting evaluation conducted within the last 12 months or has a Meghan’s Law Classification. 9. The child/ youth/ young adult has a sole diagnosis of Autism with or without an Intellectual Disability and there are no co-occurring symptoms or behaviors consistent with an Axis I DSM IV/ DSM V mental health diagnosis. 10. 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.
<p>Continued Stay Criteria</p>	<p><i>All of the following criteria are necessary for continuing treatment at this level of care:</i></p> <ol style="list-style-type: none"> 1. The severity of the psychiatric/behavioral/emotional disturbance, and the submitted clinical documentation clinically justifying the continued PCH intensity of service. 2. Services at this intensity of service continue to be required to support reintegration of the youth into a less restrictive environment. 3. The JCR/treatment plan is appropriate to the child/youth/young adult’s changing condition with realistic and specific goals and objectives that include target dates for accomplishment.

	<ol style="list-style-type: none"> 4. The child/youth/young adult’s parent/guardian/custodian/ resource has been actively invested in treatment, as evidenced by regular attendance of treatment team meetings, participation in family therapy, and involvement with transition planning. 5. Individualized services and treatments are tailored to achieve optimal results in a time efficient manner and are consistent with sound clinical practice. 6. 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. 7. When clinically necessary, appropriate psychopharmacological evaluation has been completed and ongoing treatment is initiated and monitored. 8. Documentation and evidence of collaboration involving Care management the Residential team , as part of the Child/Family team process. 9. There is documented evidence of active, individualized discharge planning.
<p>Discharge Criteria</p>	<p><i>Any of the following criteria is sufficient for discharge from this intensity of service:</i></p> <ol style="list-style-type: none"> 1. The child/youth/young adult’s documented treatment plan goals and objectives for this intensity of service have been substantially met. 2. The CSOC Assessment and other relevant information indicate that the child/youth/young adult requires a higher or lower intensity of service. 3. Consent for treatment is withdrawn by the parent/custodian/guardian/young adult 18 or older and there is no court order requiring placement. 4. Support systems (which allow the child/youth/young adult to be maintained in a less restrictive environment) have been thoroughly explored and/or secured. 5. The child/youth/young adult 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.

	<ol style="list-style-type: none"> 6. The child/youth/young adult is not making progress toward 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. Before proceeding to transitioning a youth for this reason, the treatment team needs to collaborate with the CSOC SRTU, as per the no eject/ no reject protocol. 7. A discharge plan with follow-up appointments and an appropriate living arrangement is in place; the first follow-up appointment(s) will be arranged by the OOH provider to take place within 10 calendar days of discharge. Care management and/or legal guardian will be responsible for assuring that youth attends these appointments.
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