

## TREATMENT HOMES

### Treatment Homes (TH)

#### Service Description

Treatment Home (TH) IOS is a time-limited intervention designed for children/youth/young adults who are unable to achieve stability due to persistent behavioral and/or mental health difficulties, however are capable of being maintained in a clinically supported homelike setting with requisite clinical support. This intensity of service is also utilized for children/youth/young adults who are transitioning from a higher intensity of service out-of-home treatment program and who are not clinically ready to return to a non-clinical setting. Services include a minimum of one (1) hour a week of clinical treatment in addition to care management services. Whereabouts and activities are monitored 24-hours a day by the treatment home parents and the treating agency. Children/youth/young adults receive other agency supports as needed. The goal is to treat the child/youth/young adult within a community setting while preparing them for successful reintegration into a non-clinical living environment. In order to qualify for this intensity of service, the Family Team (CFT) must first thoroughly explore and exhaust all possible community based treatment options that could maintain the child/youth/young adult in a non-clinical living environment.

Treatment home parents receive supervision and are supported by agency staff and programs within the treatment home agency. They also receive specialized training in the care of children/youth/young adults who require a consistent environment due to their underlying trauma history. Community resources are used in a planned, purposeful, and therapeutic manner that encourages the child/youth/young adult's autonomy as appropriate to their level of functioning and safety and as indicated in the treatment plan.

Services provided in a treatment home setting must include, but are not limited to, the following:

- A. Care management;
- B. Individual/family therapy, which is provided by a licensed clinician;
- C. Access to psychiatric treatment services including psychiatric diagnostic evaluations and ongoing medication monitoring;
- D. Comprehensive treatment and discharge planning meetings that include all members of the Child Family Team (CFT);
- E. Behavioral supports and interventions
- F. Crisis Stabilization
- G. Time limited IIC/ BA services as part of Treatment Home Stabilization Services

All interventions must be directly related to the goals and objectives established in the child/youth/young adult’s treatment plan. Treatment parents participate as part of the Child Family Team and assure that the child/youth/young adult receives recommended clinical services, medical care, and education. Parent/guardian/caregiver involvement from the beginning of treatment is extremely important, and unless contraindicated, should occur at least once a month (or more frequently as determined by the treatment team). Typical length of stay for this Intensity of Service is 12 to 18 months.

**Criteria**

**Admission Criteria**

***The child/youth/young adult meets ALL of criteria A through L:***

- A. The child/youth/young adult is a resident of New Jersey. For minors under 18 years of age, the legal residency of the parent/guardian/caregiver shall determine the residence of the minor.
- B. The child/youth/young adult is between the ages of 5 and 21. Youth under the age of 11 are provided with more in-depth review. Eligibility for services is in place until the young adult’s 21<sup>st</sup> birthday.
- C. The parent/guardian/caregiver (or young adult if age 18 and older) must consent for treatment.
- D. The child/youth/young adult and family have been linked with a Care Management Organization (CMO).
- E. The CSOC Assessment and other relevant information indicate that the child/youth/young adult requires a Treatment Home (TH) intensity of service and cannot adequately function in a nonclinical living environment with wraparound supports.
- F. The child/youth/young adult presents symptoms consistent with a DSM IV-TR, DSM V diagnosis and requires therapeutic intervention.
- G. The child/youth/young adult must have cognitive functioning abilities in the moderately impaired range or higher, as evidenced by an IQ of 60 or higher. Special considerations will be made for IQ’s between 55 and 60.
- H. The child/youth/young adult has the capacity to function adequately in a family and community environment with the added structure, supervision, and clinical services of a treatment home program.
- I. The child/youth/young adult has the capacity to respond favorably to

	<p>therapeutic interventions in such areas as problem solving, life skills development, and medication adherence such that reintegration into a nonclinical living environment is a realistic goal and is reflected in the discharge plan.</p> <p>J. The child/youth/young adult is able to function with some independence and can participate in age-appropriate, community-based activities for limited periods of time with appropriate supervision, and can attend public school or an alternative community school.</p> <p>K. If the child/youth/young adult has a history of substance use and/or has a history of acute psychiatric symptomology, he/she is stable (service delivery for these specialized needs vary based on contract).</p> <p>L. The child/youth/young adult cannot be safely maintained and/or effectively treated in a non-clinical living environment.</p> <p><b><i>If the child/youth/young adult is diagnosed with a co-occurring Intellectual /Developmental Disability, he/she must also meet criteria M:</i></b></p> <p>M. The child/youth/young adult has a behavioral or psychiatric disorder of mood, affect, thought or impulse control which interferes with her/his ability to adequately function in significant life domains: family, school, social or recreational/vocational activities. The presenting behaviors seem directly correlated with a behavioral or an emotional disorder, independent of the Intellectual/Developmental Disability or substance use, and it is clearly evident that the child/youth/young adult’s presenting behaviors indicate a change from their baseline functioning which could benefit from the provision of therapeutic services, which are rehabilitative in quality.</p>
<p><b>Exclusion Criteria</b></p>	<p><b><i>ANY of the following criteria is sufficient for exclusion from this intensity of service:</i></b></p> <p>A. The parent/guardian/caregiver (or young adult if age 18 and older) does not voluntarily consent to admission or treatment <b>and/or</b> there is no court order requiring out-of-home treatment.</p> <p>B. The child/youth/young adult is unable to safely participate in community activities.</p> <p>C. The child/youth/young adult exhibits suicidal, homicidal, or self-endangering behaviors, acute mood symptoms, or thought disorder</p>

	<p>that requires a higher intensity of service.</p> <ul style="list-style-type: none"> <li>D. The child/youth/young adult’s presenting treatment needs can be appropriately managed in a non-clinical living environment.</li> <li>E. 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 treatment setting.</li> <li>F. The child/youth/young adult has a sole and primary diagnosis of Substance Use Disorder and there are no identified, co-occurring emotional or behavioral disorders, which would potentially benefit from treatment home services.</li> <li>G. If the child/youth/young adult’s Intellectual/Developmental Disability includes one of the following:             <ul style="list-style-type: none"> <li>1. The child/youth/young adult has a sole diagnosis of Autism Spectrum Disorder and there are no co-occurring diagnoses, symptoms, or behaviors consistent with a DSM IV TR/DSM V mental health diagnosis.</li> <li>2. The child/youth/young adult has a sole diagnosis of an Intellectual/Developmental Disability and there are no co-occurring diagnoses, symptoms, or behaviors consistent with a DSM IV TR/DSM V mental health diagnosis.</li> <li>3. The child/youth/young adult has a diagnosis of Autism Spectrum Disorder and an Intellectual/Developmental Disability and there are no co-occurring diagnoses, symptoms, or behaviors consistent with a DSM IV TR/DSM V mental health diagnosis.</li> </ul> </li> <li>H. The child/youth/young adult’s level of cognitive functioning falls below a FSIQ of 60 (special considerations will be made for FSIQ of 55-59) and his/her level of functioning does not allow him/her to benefit from this type of milieu and therapeutic intervention.</li> <li>I. The child/youth/young adult is not a resident of New Jersey. For minors under 18 years of age, the legal residency of the parent/guardian/caregiver shall determine the residence of the minor.</li> </ul>
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<p><b>Continued Stay Criteria</b></p>	<p><b>ALL of the following criteria are necessary for continuing services at this intensity of service:</b></p> <ol style="list-style-type: none"> <li>1. The severity of the psychiatric/behavioral/emotional disturbance continues to meet the criteria for treatment home services and the continued implementation of treatment home services are required to support the reintegration of the child/youth/young adult into a less restrictive environment.</li> <li>2. The CSOC Assessment and other relevant information indicate that the child/youth/young adult continues to require Treatment Home IOS.</li> <li>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.</li> <li>4. The child/youth/young adult’s parent/guardian/caregiver has been actively invested in treatment, as evidenced by regular attendance of treatment team meetings, participation in family therapy, and involvement with transition planning.</li> <li>5. Individualized services and treatment are tailored to achieve optimal results in a time efficient manner and are consistent with sound clinical practice.</li> <li>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.</li> <li>7. When clinically necessary, an appropriate psychopharmacological evaluation has been completed and ongoing treatment is initiated and monitored.</li> <li>8. Collaboration between all Child Family Team (CFT) members, which may include, but not limited to, CMO, DCP&amp;P, parent/guardian/caregiver, child/youth/young adult, and Treatment Home provider, is clearly documented in the treatment plan.</li> <li>9. There is documentation of active, individualized discharge planning.</li> </ol>
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<p><b>Transitional Joint Care Review (TJCR) - Transition Request Criteria</b></p>	<p><b>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:</b></p> <p>The CSOC Assessment and other relevant information indicate that the child/youth/young adult 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"> <li>1. Treatment needs that were addressed in current episode of care and any previous episodes of OOH treatment.</li> <li>2. Treatment interventions that were successful and/or unsuccessful in current episode of care and any previous episodes of OOH treatment.</li> <li>3. Behaviors/needs that warrant a different OOH intensity of service</li> <li>4. The child/youth/young adult’s perspective on proposed transition (applicable based on cognitive abilities)</li> <li>5. Justification as to why another OOH treatment episode is in the best interest of the child/youth/young adult and the family.</li> <li>6. Barriers for the reintegrating the child/youth/young adult to the community at this time.</li> <li>7. Community reintegration plan for child/youth/young adult.</li> </ol>
<p><b>Discharge Criteria</b></p>	<p><b>ANY of the following criteria is sufficient for discharge from this intensity of service:</b></p> <ol style="list-style-type: none"> <li>A. The child/youth/young adult’s documented JCR/treatment plan goals and objectives for this Intensity of Service have been substantially met, and that the child/youth/young adult is prepared to transition to a non-clinical living environment.</li> <li>B. The CSOC Assessment and other relevant information indicate that the child/youth/young adult requires a different clinical treatment focus. The treating agency is responsible for continued care until a more appropriate clinical setting is secured.</li> <li>C. Consent for treatment is withdrawn by the parent/guardian/caregiver, or young adult, if age 18 and older, and there is no court order requiring out-of-home treatment.</li> </ol>

	<ul style="list-style-type: none"><li>D. The child/youth/young adult is not making progress toward JCR/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.</li><li>E. Support systems (which allow the child/youth/young adult to be maintained in a less restrictive intensity of service) have been thoroughly explored and/or secured.</li><li>F. A discharge 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. The CFT and parent/guardian/caregiver will be responsible for assuring that the child/youth/young adult attends these appointments.</li></ul>
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