

## GROUP HOME (GH)

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#### Service Description

The Group Home (GH) IOS provides 24-hour staff supervision and therapeutic services in a community-based out-of-home treatment setting designed for youth who present with behavioral and emotional challenges and are capable of safely engaging in community-based activities. Group Homes offer a less restrictive environment within the out-of-home continuum of care and provide individual, group and family therapy, vocational training, skill building, behavior management, crisis intervention and medication monitoring. Youth served in Group Homes engage in community-based activities such as school, work, and recreational activities. Treatment is individualized and includes parent/guardian/caregiver participation.

#### Criteria

Admission Criteria	<b>All of the following criteria are necessary for admission:</b>  A. The youth is between the ages of 12 and 21. Eligibility for services is in place until the youth's 21st birthday.  B. The youth and parent/guardian/caregiver voluntarily consent to treatment and are agreeable to participating in services.  C. The youth presents with symptoms consistent with a DSM 5 behavioral health diagnosis.  D. The youth has intellectual and adaptive functioning abilities that allows them to function independently as they transition to adulthood.  E. Clinical assessment tools and other relevant information indicate that the youth's presenting treatment needs are consistent with the GH IOS.  <b>*If the youth is diagnosed with a developmental/intellectual disability, they must also meet criteria F:</b>  F. The youth demonstrates symptoms consistent with a co-occurring DSM-5 behavioral health disorder that interferes with their ability to adequately function in significant life domains. It is clearly evident that the youth's presenting behaviors indicate a change from their baseline functioning and could benefit from the provision of therapeutic behavioral services, which are rehabilitative in quality.
Exclusion Criteria	<b>Any of the following criteria is sufficient for exclusion from this intensity of service:</b>  A. The youth and/or parent/guardian/caregiver does not voluntarily consent and is not willing to participate in the admission and treatment.

	<ul style="list-style-type: none"><li>B. Clinical assessments and other relevant clinical information indicate that the youth can be safely maintained and effectively treated in a lower or higher intensity of service.</li><li>C. The youth currently exhibits high-risk behaviors, which may include suicidal or homicidal ideation, self-injurious behaviors, acute mood symptoms, or symptoms of thought disorder which cannot be safely managed in a community setting and requires a higher intensity of service.</li><li>D. The youth has medical conditions or impairments that would prevent participation in services and require daily care that is beyond the capability of this treatment setting.</li><li>E. The youth has presenting treatment needs primarily related to a substance use disorder which may require withdrawal management or medical monitoring.</li><li>F. The youth has a sole diagnosis of autism spectrum disorder or Intellectual/Developmental Disability and there are no co-occurring diagnoses, symptoms, or behaviors consistent with a DSM 5 behavioral health diagnosis.</li><li>G. 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><li>H. The youth is not in agreement with the CFT's plan for out-of-home treatment. There is documented evidence of multiple attempts by the CFT to engage the youth in the plan.</li><li>I. The youth is engaging in a documented recent pattern of violent behavior that compromises the safety of the youth and others in the out of home program.</li></ul>
<b>Continued Stay Criteria</b>	<p><b>All of the following criteria are necessary for continuing services at this intensity of service:</b></p> <ul style="list-style-type: none"><li>A. Clinical assessments and other relevant clinical information indicate that the youth's treatment needs are consistent with GH IOS and that these services continue to be required to support reintegration into a community-based living environment.</li><li>B. The treatment plan is tailored to the youth's presenting treatment needs with realistic and specific goals and objectives that include target dates for accomplishment.</li><li>C. The youth's parent/guardian/caregiver has been actively invested in treatment, as evidenced by regular attendance to treatment team meetings, participation in family therapy, and involvement with transition planning.</li></ul>

	<ul style="list-style-type: none"> <li>D. Clinical progress is evident and can be described in objective terms. However, some goals of treatment have not yet been achieved and adjustments in the treatment plan include strategies for achieving these unmet goals.</li> <li>E. Collaboration between all CFT members, which may include, but not limited to, CMO, DCP&amp;P, parent/guardian/caregiver, youth, and Group Home provider, is clearly documented in the treatment plan.</li> <li>F. There is documentation of active, individualized transition planning.</li> <li>G. The youth is actively participating in treatment, is regularly attending treatment team meetings, and is adhering to program rules and guidelines.</li> </ul>
<b>OOH Transition Request Criteria</b>	<p><b>If the CFT is requesting transition to another CSOC out-of-home treatment setting, ALL of the additional following criteria must be met:</b></p> <p>Clinical assessments and other relevant clinical information indicate that the youth requires a clinical treatment focus within a different OOH treatment setting. This documentation must include the following:</p> <ul style="list-style-type: none"> <li>A. Treatment needs that were addressed in current episode of care and any previous episodes of OOH treatment.</li> <li>B. Treatment interventions that were successful and/or unsuccessful in current episode of care and any previous episodes of OOH treatment.</li> <li>C. Behaviors/needs that warrant a different OOH intensity of service.</li> <li>D. The youth's perspective on proposed transition (applicable based on cognitive abilities).</li> <li>E. Justification as to why another OOH treatment episode is in the youth's best interest.</li> <li>F. Barriers for reintegrating the youth to the community at this time.</li> <li>G. Community reintegration plan for youth.</li> </ul>
<b>Discharge Criteria</b>	<p><b>Any of the following criteria is sufficient for transition from this intensity of service:</b></p> <ul style="list-style-type: none"> <li>A. The youth's documented treatment plan goals and objectives for this Intensity of Service have been substantially met.</li> <li>B. Clinical assessments and other relevant clinical information indicate that the youth requires a higher or lower intensity of service.</li> <li>C. Consent for treatment is withdrawn by the parent/guardian/caregiver or young adult if youth is aged 18 and older.</li> <li>D. The youth is not making progress toward treatment plan goals and there is no reasonable expectation of progress at this intensity of service, despite changes to the treatment plan.</li> </ul>

	<ul style="list-style-type: none"><li>E. A transition 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.</li><li>F. For youth who do not meet continued stay criteria for the GH IOS there is documented evidence that active transition planning will be completed within the next 90-days.</li><li>G. 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.</li><li>H. The youth and parent/guardian/caregiver are competent but not participating in treatment or noncompliant with the treatment program's rules and regulations. The noncompliance is significant enough to negatively impact the overall treatment course and compromises the youth's ability to have a successful, positive response to treatment.</li></ul>
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