INTENSIVE IN-COMMUNITY SERVICES

Intensive In Community Services (IIC) Child/Youth

Program Definition

Intensive In-Community Services are flexible, multi-purpose, in-home/community clinical support for parents/caregivers/guardians and children/youth with behavioral and emotional disturbances who are receiving case management, MRSS, or Out-of-Home services. The purpose of these interventions is to strengthen the family, to provide family stability and to preserve the family constellation in the community setting. These services are flexible both as to where and when they are provided based on the family's needs. They may be provided as a component of the Mobile Response Stabilization System. This family-driven treatment is based on targeted needs as identified in the ISP/ICP/treatment plan. The ISP/ICP/treatment plan also includes specific intervention(s) with target dates for accomplishment of goals that focus on the restorative functioning of the child/youth with the intention of:

Stabilizing the child/youth's behavior(s) that led to the crisis,
Preventing/reducing the need for inpatient hospitalization,
Preventing the movement of the child/youth's residence,
Preventing the need for out-of-home living arrangements.

The services provided will also facilitate a child/youth's transition from an intensive treatment setting back to his/her community. They are designed to be time limited in nature with the objective of helping the youth and family transition to longer term community based mental health services which are congruent with their treatment needs when needed. Interventions will be delivered with the goal of diminishing the intensity of treatment over time. The following are some of the possible interventions that may be implemented.

A. Individual and family therapy
B. Clinical consultation/evaluation
C. Child/youth behavioral management
D. Family counseling/psychoeducation
E. Allied Therapies
F. Behavioral Assistance

Intensive In-Community Programs require the provision of an array of services delivered to the child/youth and his/her family by a community-based, mobile, multidisciplinary team of professionals and paraprofessionals. Services are designed to be maximally flexible in supporting the child/youth and his/her parents/guardians/caregivers at the time of day when the services are most needed and when the family may be most receptive to therapeutic intervention and skills training.
Services are designed to meet the unique needs of the child/youth, based on his/her cultural values and norms and to use the strengths of the family in the treatment process. Services may be provided through agencies or individual practitioners at home or in the community (including the school).
Intensive In-Community Services encompass a broad array of interventions ranging from clinical therapy to behavioral assistance. Services may include assistance with addressing basic needs as well as a comprehensive integrated program of clinical rehabilitation services to support improved behavioral, social, educational and vocational functioning. In general, this program will provide children/youth and

their families with services such as psychoeducation, negotiation and conflict resolution skill training, effective coping skills, healthy limit-setting, stress management, self-care, budgeting, symptom/medication management, and developing or building on skills that would enhance self-fulfillment, education and potential employability. Services are less structured and more flexible than intensive outpatient program services

Criteria	
Admission Criteria	The child/youth must meet **1, 2, 3 AND 4** and at least **ONE** from 5 **through 8.**
1.	1. The child/youth/ young adult is between the ages of 5 and until their 21st birthday. Special consideration will be given to children under 5. 2. The youth is enrolled in a DCBHS case management entity which could include CMO, YCM, UCM, or MRSS. 3. The child/youth is in need of external clinical and social support in order to remain stable outside of an inpatient or residential environment, or to transition to living in the community from a more restrictive setting. 4. The DCBHS Assessment and other relevant information indicate that a comprehensive, integrated program of clinical and psychosocial rehabilitation services is needed to support improved functioning at a less restrictive level of care. The child/youth meets any **ONE** of the following: 5. The child/youth demonstrates symptoms consistent with a DSM-IV (Axes I-V) diagnosis that, by history, has required periodic psychiatric hospitalization or residential treatment and/or could potentially require hospitalization or residential treatment. 6. The child/youth has a behavioral or emotional disorder that interferes with her/his ability to maintain family, school, social or work responsibilities unless clinical/social/restorative/rehabilitative services are provided. 7. The child/youth has stabilized during an acute hospital, residential and/or crisis intervention, but would benefit from transitional or stabilization services in the community in order to reintegrate. 8. The individual and family's treatment needs exceed that which

	can be met through routine outpatient services.
Psychosocial, Occupational, Cultural and Linguistic Factors	*These factors may change the risk assessment and should be considered when making level of care decisions*
Exclusion Criteria	***Any** of the following criteria is sufficient for exclusion from this level of care:* 1. The DCBHS Assessment and other relevant information indicate that the child/youth does not need the intensive in-community level of care, as they need either a less intensive therapeutic service or a more intensive therapeutic service. 2. The child/youth's parent/guardian/custodian does not voluntarily consent to treatment and there is no court order requiring such treatment. 3. The Behavioral symptoms are the result of a medical condition that warrants a medical setting for treatment, as determined and documented by the youth's primary care physician and/or CSA Medical Director. 4. The child/youth has a sole diagnosis is Substance Abuse and there are no identified, co-occurring emotional or behavioral disturbances, which would potentially benefit from Intensive In-community services. 5. The child/youth has a sole diagnosis of Autism and there are no co-occurring DSM IV Axis I Diagnoses, or symptoms/ behaviors consistent with a DSM IV Axis I Diagnosis. 6. Youth requires specialized therapeutic services, ie. Applied Behavioral Analysis, which consist of more than 4 clinical hours a week; trauma focused Cognitive Behavioral Therapy 7. The child/ youth has a sole diagnosis of Mental Retardation/ Cognitive Impairment and there are no co-occurring DSM IV Axis I Diagnoses, or symptoms/ behaviors consistent with a DSM IV Axis I Diagnosis.

	8. The youth is not a resident of New Jersey. For minors who are under 18 years of age, the residency of the parent or legal guardian shall determine the residence of the minor.
Continued Stay Criteria	*All of the following criteria are necessary for continuing treatment at this level of care:* 1. The severity of the behavioral and emotional symptoms continues to require this level of intervention. 2. The DCBHS Assessment and other relevant information indicate that the child/youth continues to need a comprehensive, integrated program of clinical and psychosocial rehabilitation services to support improved functioning at a less restrictive level of care. 3. The child/youth's treatment does not require a more intensive level of care and no less intensive level of care would be appropriate. 4. Services at this level of care are required to support reintegration of the child/youth into the community and/or to maintain the child/youth in the community while awaiting placement and/or to improve his/her functioning in order to reduce unnecessary utilization of more intensive treatment alternatives. 5. The mode, intensity, and frequency of the interventions are consistent with the intended ISP/ICP/treatment plan outcomes. 6. The ISP/ICP/treatment plan is appropriate to the child/youth's changing condition with realistic and specific goals and objectives that include target dates for accomplishment. 7. 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 ISP/ICP/treatment plan are evident to address the lack of progress and efforts to transfer to alternative services are documented when indicated. 8. Individualized services and treatments are modified to achieve

	optimal results in a time efficient manner and are consistent with sound clinical practice. Maximum treatment episode is expected to be within a 12 month time frame, 6 months for YCM-involved youth and 12 months for CMO-involved youth. 9. The child/youth and the parent/custodian/guardian (when appropriate) participate in treatment to the extent all parties are able. 10. There is documented evidence of active, individualized discharge planning.
Discharge Criteria	*All of the following criteria are necessary for continuing treatment at this level of care:* 1. The severity of the behavioral and emotional symptoms does not continue to require this level of intervention, and either a more intensive or a less intensive intensity of service is indicated. 2. Few of the overarching goals have been met. Despite consistent and repeated efforts by the therapists and supervisor to overcome the barriers to further success, the treatment has reached a point of diminishing returns for the additional time invested. That is, the youth and family have not benefited from treatment despite documented efforts to engage and there is no reasonable expectation of progress at this level of care. 3. Consent for treatment is withdrawn by the parent/guardian/custodian. 4. DCBHS service providers have lost contact with youth and family. 5. Assessment findings reveal exclusionary criteria warranting referral to non-DCBHS services such as Division of Developmental disabilities (DDD) or Division of Addiction Services (DAS).