PSYCHIATRIC COMMUNITY HOME (PCH)

Psychiatric Community Home

Service Description

A Psychiatric Community Home (PCH) provides supervised, licensed, 24-hour care within an intensive treatment program for youth with severe psychiatric symptoms consistent with DSM-5 diagnostic criteria.

Treatment in a PCH should include family involvement. A PCH is appropriate for youth who do not require a psychiatric hospital intensity of service but have had multiple psychiatric hospitalizations within the past 12 month period, or for youth who cannot be safely maintained in their current living arrangement because of the increasing intensity and severity of their presenting emotional/behavioral symptoms. Treatment services are multidisciplinary, multimodal, comprehensive, and individualized to address the unique needs of the youth. Treatment services also utilize evidence-based and trauma-informed practices.

Treatment services include, but are not limited to the following:

A. Individual, group, and family therapy by an independently licensed clinician
B. Psychiatric treatment and medication monitoring services, which include routine and emergency psychiatric evaluations, which are completed by a licensed Psychiatrist and/or Advanced Practice Nurse (APN);
C. Psychiatric consultation, including input into the clinical component of an individualized treatment plan developed by the multidisciplinary treatment team;
D. Crisis intervention;
E. Structured Allied therapies;
F. Educational services;
G. Nursing services and referrals for general and specialized medical services.

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 through the child family team process in the Joint Care Review (JCR)/treatment plan.

Family involvement from the beginning of treatment is extremely important and should, unless contraindicated, continue throughout the treatment episode, as determined by the child and family in conjunction with the treatment team. 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. Treatment planning must be individualized and focused on the development of a sustainable community-based care plan.

<table>
<tr><th colspan="2">Criteria</th></tr>
<tr><td>Admission Criteria</td><td>The youth must meet ALL of criteria A through E:
A. The youth is between the ages of 5 and 21. Eligibility for services is in place until the young adult’s 21st birthday.
B. The youth has been diagnosed with a DSM-5 diagnosis and requires intensive behavioral health therapeutic intervention.
C. The clinical assessment submitted indicates that the youth meets the clinical necessity criteria for the PCH IOS.
D. The parent/guardian/caregiver (or young adult if age 18 and older) must consent for treatment.
E. Youth must be 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.

In addition, the youth meets any ONE of the following acute presenting needs:
F. The youth is a potential danger to self as exemplified by recent or past suicidal ideation or a recent history of self-harm behaviors, however psychiatric hospitalization is not clinically indicated.
G. The youth currently or has a recent history of psychotic symptoms that are disruptive to daily functioning, however, psychiatric hospitalization is not clinically indicated.
H. The youth is unable to adequately function across multiple settings due to impairment from psychiatric symptoms, and he/she requires targeted clinical intervention.
I. The youth is currently taking multiple psychotropic medications that require a high intensity, frequent medication monitoring and psychiatric intervention.
J. The youth has had multiple psychiatric hospitalizations within the past 12-month period. (e.g. 2 inpatient admissions within 6 months or 3 or more hospitalizations within the past 12 months).

For youth who are dually diagnosed with an Intellectual/Developmental Disability (I/DD), 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 are a change from their baseline functioning which could benefit from the provision of rehabilitative, psychiatric, and therapeutic services.</td></tr>
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Exclusion Criteria	<u>**Any**</u> of the following is sufficient for exclusion from this intensity of service: 1. The youth's parent/guardian/caregiver or young adult 18 and older does not voluntarily consent to admission or treatment and/ or there is no court order requiring CSOC OOH treatment. 2. The youth is assessed to be at imminent risk of causing serious harm to self or others, and a higher intensity of service or inpatient psychiatric hospitalization, is indicated. 3. The youth's level of cognitive ability and/or adaptive functioning skills do not allow him/her to benefit from the therapeutic interventions offered at the PCH Intensity of Service. 4. The CSOC Assessment and other relevant information indicate that the youth requires a higher or lower intensity of service. 5. The youth presents with behaviors which are primarily consistent with Disruptive Behavioral Diagnoses or Impulse Control Disorder Diagnoses, specifically in regards to violent or physically aggressive behaviors and meets criteria for a different intensity of service. 6. The youth has medical conditions or physical health impairments that would prevent participation in behavioral health services. The youth may also require daily medical care that is beyond the capability of this treatment program. 7. The youth's primary treatment needs are related to substance use and require acute detoxification/withdrawal management and/or high intensity substance use treatment. 8. A youth with a moderate or higher rating on a fire setting evaluation conducted within the last 12 months or has an active juvenile sex offense treatment need that meet criteria for a different intensity of service. 9. 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.
Continued Stay Criteria	<u>**All**</u> of the following criteria are necessary for continuing treatment at this intensity of service: 1. The submitted clinical documentation clinically justifies 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 youth's changing condition with realistic and specific goals and objectives that are individualized to the youth's clinical presentation and include target dates for accomplishment. 4. The youth's parent/guardian/caregiver has actively participated in treatment, regularly attends treatment team meetings, participates in family therapy, and is actively involved with transition planning. 5. 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. 6. When clinically necessary, appropriate psychopharmacological evaluation has been completed and ongoing monitoring of the medication regimen is indicated. 7. Documentation and evidence of collaboration involving Care Management and the Out-of-Home treatment team is present, reflecting the Child/Family Team process. 8. There is documented evidence of active, individualized transition planning.
Transitional Joint Care Review (TJCR) - Transition Request Criteria	**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:** The CSOC Assessment and other relevant information indicate that the youth requires a different clinical treatment focus within a different OOH treatment setting. This documentation must include the following: 1. Treatment needs that were addressed in current episode of care and any previous episodes of OOH treatment. 2. Treatment interventions that were successful and/or unsuccessful in current episode of care and any previous episodes of OOH treatment 3. Emotional/Behavioral treatment needs that warrant a different OOH intensity of service 4. The child/youth/young adult's and guardian's (if applicable) perspective on proposed transition (applicable based on cognitive abilities) 5. Justification as to why another OOH treatment episode is in the youth and family's best interest 6. Barriers for the reintegrating the youth to the community at this time.

	7. Community reintegration plan for youth
Transition Criteria	Any of the following criteria is sufficient for transition from this intensity of service: 1. The youth's documented treatment plan goals and objectives for this intensity of service have been met. 2. The CSOC Assessment and other relevant information indicate that the youth requires a higher or lower intensity of service. 3. Consent for treatment is withdrawn by the parent/guardian/caregiver or young adult 18 or older and there is no court order requiring CSOC OOH treatment. 4. Support systems, which allow the youth to be maintained in a less restrictive environment, have been thoroughly explored and secured. 5. The youth has been reunified with the parent/guardian/caregiver, transitioned to an alternative permanent living environment (i.e., foster home, kinship care, adoptive home), transitioned to an alternative OOH treatment setting, or transitioned to living independently. 6. The youth 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 suitable 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 transition 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 transition. Care management and/or legal guardian will be responsible for assuring that youth attends these appointments.