

**BEHAVIORAL ASSISTANCE – CHILD/YOUTH**

**BEHAVIORAL ASSISTANCE**

**Program Description**

Behavioral Assistance are specific, outcome-oriented interventions that are components of an approved, written, detailed plan of care prepared by a licensed clinical behavioral healthcare practitioner. Behavioral Assistance is a dynamic process of intervention and ongoing evaluation resulting in effective modification of a child/youth’s identified behavior(s)

Behavioral Assistance services involve applying positive behavioral principles within the community using culturally based norms to foster behaviors that are rehabilitative and restorative in nature. The intervention should result in sustainable positive behavioral changes that improve functioning, enhance the quality of life and strengthen skills in a variety of life domains including but not limited to:

1. Physical and mental well being;
2. Interpersonal communications and relationships;
3. Socialization behaviors and activities;
4. Behavioral conduct;
5. Adaptive coping strategies and behaviors;

Behavioral Assistance services are face-to-face interventions provided individually or in a group setting with the child/youth and/or his/her family/caregiver(s) that will provide the necessary support to the child/youth to attain the goals of the service plan and/or the Plan of Care. Behavioral Assistance services in a group setting maybe provided to no more than three children and/or the family member(s)/caregiver(s) of up to three children/youth in one session.

A Behavioral Assistance plan is designed to target specific behaviors that are interfering with a child/youth’s functioning and impeding his/her development. This plan is based on a comprehensive behavioral assessment completed by a licensed behavioral healthcare practitioner. Behavioral Assistance Services do not utilize Applied Behavioral Analysis therapeutic techniques.

Behavioral Assistance is delivered as part of a comprehensive treatment plan and does not include mentoring, tutoring, companionship or other similar services. Only youth receiving case management, MRSS, or Out-of-Home services are eligible for Behavioral Assistance.

**Criteria**

The child/youth must meet **All** of the following criteria:

<p><b>Admission Criteria</b></p>	<ol style="list-style-type: none"> <li>1. The child, youth, or young adult is between the ages of 5 and until their 21<sup>st</sup> birthday. Special consideration will be given to children under 5.</li> <li>2. The youth is enrolled in a DCBHS case management entity which could include CMO, YCM, UCM or MRSS.</li> <li>3. The child/youth demonstrates symptoms consistent with a DSM-IV (Axes I-V) diagnosis.</li> <li>4. 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/restorative/rehabilitative services are provided.</li> <li>5. The DCBHS Assessment and other relevant information indicate that behavioral assistance services are needed to facilitate positive behavior changes.</li> <li>6. The need for behavioral assistance services is clearly identified in the ISP/ICP/treatment plan.</li> </ol>
<p><b>Psychosocial, Occupational, Cultural and Linguistic Factors</b></p>	<p><i>These factors may change the risk assessment and should be considered when making level of care decisions</i></p>
<p><b>Exclusion Criteria</b></p>	<p><i>Any of the following criteria is sufficient for exclusion from behavioral assistance services:</i></p> <ol style="list-style-type: none"> <li>A. The DCBHS Assessment and other relevant information indicate that the child/youth does not need behavioral assistance services.</li> <li>B. The child/youth's parent/guardian/custodian does not voluntarily consent to treatment and there is no court order requiring such treatment.</li> <li>C. The request for behavioral assistance services is not a component of an approved, written, detailed plan of care prepared by a licensed behavioral healthcare practitioner.</li> <li>D. The Behavioral symptoms are the result of a medical condition</li> </ol>

	<p>that warrants a medical setting for treatment as determined and documented by the youth’s primary care physician and/or CSA Medical Director.</p> <p>E. The child/youth’s sole diagnosis is Substance Abuse and there are no severe emotional or behavioral disturbances that require behavioral assistance services.</p> <p>F. 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.</p> <p>G. Youth requires specialized therapeutic-behavioral services, ie. Applied Behavioral Analysis, which consist of more than 4 clinical hours a week.</p> <p>H. 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.</p> <p>I. 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.</p>
<p><b>Continued Stay Criteria</b></p>	<p><i>All of the following criteria are necessary for continued behavioral assistance services:</i></p> <ol style="list-style-type: none"> <li>1. The severity of the behavioral and emotional symptoms continues to require behavioral assistance services.</li> <li>2. The DCBHS Assessment and other relevant information indicate that the child/youth continues to need behavioral assistance services.</li> <li>3. Behavioral assistance services continue to be required to support improved functioning and to strengthen skills in a variety of life domains.</li> <li>4. The ISP/ICP/treatment plan is appropriate to the child/youth’s changing condition with realistic and specific objectives that include target dates for accomplishment of the behavioral</li> </ol>

	<p>assistance goals and efforts to transfer to alternative services are documented when indicated.</p> <ol style="list-style-type: none"> <li>5. Progress in relation to specific symptoms or behaviors is clearly evident and can be described in objective terms. However, some behavioral assistance goals of treatment have not yet been achieved; and adjustments in the ISP/ICP/treatment plan are evident to address the lack of progress. 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.</li> <li>6. Behavioral assistance services are tailored to achieve optimal results in a time efficient manner and are consistent with the ISP/ICP/treatment plan and are monitored by a clinical behavioral practitioner.</li> <li>7. The child/youth and the parent/custodian/guardian (when appropriate) participate in treatment to the extent all parties are able.</li> </ol>
<p><b>Discharge Criteria</b></p>	<p><i>Any of the following criteria is sufficient for discharge from behavioral assistance services:</i></p> <ol style="list-style-type: none"> <li>1. The child/youth's ISP/ICP/treatment plan goals and objectives for behavioral assistance services have been met, and the youth appears to have received maximum benefit from service involvement.</li> <li>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.</li> <li>3. The child/youth and/or the parent/guardian/caregiver/custodian withdraw consent for treatment and there is no court order requiring such treatment.</li> <li>4. DCBHS service providers have lost contact with youth and family.</li> </ol>

	<ol style="list-style-type: none"><li>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).</li> <li>6. The child/youth's physical condition necessitates transfer to a medical facility.</li></ol>
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