

GROUP HOME

Group Home

Definition

Group Homes provide 24-hour services in licensed facilities. A community-based home is designed for youth with significant behavioral and emotional disturbances but with some capability to engage in community-based activities. Group homes offer a less restrictive environment than a residential treatment center but are more restrictive than day treatment. Comprehensive services include multidisciplinary, multi-modal therapies that fit the needs of the youth (either on site or on a consultative or referral basis). Typically, coordinated treatment services include milieu treatment, individual, group and family counseling, rehabilitation, vocational training and skill building. Residents should be able to go into the community for school, work, and/or outside activities. Community resources are used in a planned, purposeful and therapeutic manner that encourages residents' autonomy as appropriate to their level of functioning and safety and as determined by the ISP/Treatment Plan.

All interventions must be directly related to the goals and objectives established in the ISP/treatment plan. Family/guardian/caregiver involvement from the beginning of treatment is extremely important and, unless contraindicated, should occur monthly (or more frequently as determined in the ISP/treatment plan). 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 youth. All ISP/treatment plans must be individualized and should focus on transition to a lower level of care.

Criteria

Admission/Placement Criteria

- All* of the following criteria are necessary for admission/placement:
1. The youth is between the ages of 5 and 17 (or 18 to 21 if the youth is actively involved with Child Welfare, Child Behavioral Health or Juvenile Justice at the time of his/her 18th birthday). As clinically appropriate, special consideration for admission will be given to children under 5.
 2. The DCBHS Assessment Tool and other relevant information indicate that the youth needs the Group Home level of care.
 3. The youth exhibits behavioral or emotional disturbances that interfere with functioning in a family setting; and he/she may have a DSM-IV diagnosis.
 4. The family situation and functioning levels are such that the youth cannot currently remain with his/her family or be placed in a less restrictive living arrangement.

<p>Psychosocial, Occupational, Cultural and Linguistic Factors</p>	<p><i>These factors may change the risk assessment and should be considered when making level of care placement decisions.</i></p>
<p>Exclusion Criteria</p>	<p>Any of the following criteria is sufficient for exclusion from this level of care:</p> <ol style="list-style-type: none"> 1. The youth's parent/custodian/guardian does not voluntarily consent to admission/treatment and there is no court order requiring such placement. 2. The DCBHS Assessment Tool and other relevant information indicate that the youth can be safely maintained and effectively treated in a less (or more) intensive level of care. 3. The youth exhibits suicidal, homicidal or acute mood symptoms or a thought disorder that requires a more intensive level of care. 4. The youth is unable to perform skills of daily living and requires custodial care and/or interventions that go beyond the capability of this setting; and the individualized wraparound process will not enable the youth to enter this level of care. 5. The youth has medical conditions or impairments that would prevent participation in services and that require daily care that is beyond the capability of this setting. 6. The youth is not stabilized on medications (when medications are needed). 7. The youth is unable to safely participate in age-appropriate community activities for limited periods. 8. The youth can be safely maintained and effectively treated in a less intensive level of care and that level of care is available.
<p>Continued Stay Criteria</p>	<p>All of the following criteria are necessary for continuing services at this level of care:</p> <ol style="list-style-type: none"> 1. The youth/s condition continues to meet admission/placement criteria at this level of care as determined by the ISP/Treatment Plan.

	<ol style="list-style-type: none"> 2. The DCBHS Assessment Tool and other relevant information indicate that the youth continues to need the Group Home level of care. 3. The youth’s treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate. 4. The ISP/treatment plan is individualized and appropriate to the youth’s changing condition with realistic and specific goals and objectives clearly stated. 5. Progress in relation to specific symptoms or impairments is clearly evident and described in objective terms, but goals of treatment have not been achieved and adjustments in the ISP/treatment plan to address lack of progress are evident. 6. Care is rendered in a clinically appropriate manner and focused on the youth’s behavioral and functional outcomes as described in the ISP/discharge plan. 7. All services and treatments are carefully structured to achieve optimum results in a manner consistent with sound clinical practice. 8. When indicated, an appropriate psychopharmacological evaluation has been completed and ongoing treatment is initiated and monitored. 9. The ISP/treatment plan indicates that the parent/guardian/caregiver is actively involved in the youth’s services as required in the ISP/treatment plan. 10. There is documentation of active discharge planning.
<p>Discharge Criteria</p>	<p><i>Any</i> of the following criteria is sufficient for discharge from this level of care:</p> <ol style="list-style-type: none"> 1. The youth no longer meets admission criteria or meets criteria for a more (or less) intensive level of care. 2. The DCBHS Assessment Tool and other relevant information indicate that the youth needs a more (or less) intensive level of care. 3. The youth’s documented ISP/treatment plan goals and objectives have been substantially met.

	<ol style="list-style-type: none"><li data-bbox="609 210 1429 346">4. The youth has been reunified with the parent/custodian/caregiver, transitioned to an alternative permanent placement setting (i.e., foster home, kinship care, adoptive home), or transitioned to living independently.<li data-bbox="609 388 1453 493">5. Consent for treatment is withdrawn by the parent/custodian/guardian and there is no court order requiring such placement.
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