



## **CHILD Community Residential Rehabilitation-Host Home**

### **PROGRAM DESCRIPTION**

Community Residential Rehabilitation-Host Home (CRR-HH) provides mental health evaluation and daily treatment, including intensive therapy, to children ages 4 through 18 who have serious emotional and behavioral challenges. The CRR-HH provider trains the host home parent(s) to anticipate and appropriately respond to the child's needs and behaviors. Children receive services from a psychiatrist, social worker, therapist, mental health worker, and nurse according to their individual needs at the host home and, when necessary, at the provider agency. Services are also provided to the child's family of origin to increase their capacity to be a secure resource for their child.

Children appropriate for CRR-HH level of care may exhibit behaviors such as aggression, opposition, violent and/or assaultive behaviors, hyperactivity, impulsivity, and enuresis/encopresis. Symptoms exhibited may include anxiety, phobic behaviors, provocative interaction, and chronic reactive depression. They may have histories of physical and sexual abuse, neglect, and other traumatic experiences. This level of care may be provided to children with or without DHS involvement, and can be utilized as a step-down from RTF level of care. CRR-HH is designed to be a short-term intervention to assist the youth in returning to an identified natural support in the community.

Services provided in CRR-HH level of care should include:

- Weekly individual therapy, provided by a master's prepared clinician
- Psychiatric evaluation and medication management by a psychiatrist
- Referral, advocacy, and collateral support
- Visitation, parenting classes, counseling, and service coordination for the child's family of origin
- Crisis intervention services
- Education/ vocation liaison
- Recreational activities
- Independent living skills development

### **MEDICAL NECESSITY CRITERIA (OMHSAS-approved)**

#### **Admission Criteria**

All of the following criteria must be met for admission to CRR Host Home:

- I. A Comprehensive Biopsychosocial Evaluation must be completed by a psychiatrist or a licensed psychologist prior to admission;  
AND
  - a. The evaluation identifies strengths of the child, family, community, and natural resources  
AND
  - b. The evaluation documents DSM V Diagnosis;

AND

- c. The evaluation indicates that, due to severe mental/emotional illness and/or a behavioral disorder, structured environment is necessary for the child/adolescent to support his/her efforts to meet basic needs, utilize appropriate judgment, coping skills and comply with treatment.

AND

- d. The evaluation indicates that CRR Host Home is the most appropriate and least restrictive level of care to meet the mental health needs of the child;

AND

- II. The child/adolescent is under the age of 21;

AND

- III. The safety risk to self and others is manageable in the community;

AND

- IV. The child needs services and support in order to function in the community;

AND

- V. The parent/guardian and child are involved in the treatment planning process and agreeable to participate in CRR Host Home treatment and there is an identified discharge resource;

OR

- VI. Attempts to involve the parent/guardian and child were made and the reasons for non-involvement are clearly documented;

AND

- VII. A less restrictive treatment setting has been provided and/or has been considered, or the child is being discharged from a higher level of care and needs treatment in a CRR Host Home to obtain or sustain gains or to prevent further deterioration of symptoms. The child's behavior cannot be safely maintained in a lower level of care;

AND

- VIII. The ISPT recommends CRR Host Home as the least restrictive and most clinically appropriate service for the child;

AND

- IX. The ISPT develops realistic and achievable treatment goals and discharge criteria for the child/adolescent and family;

AND

- X. The ISPT includes caregiver(s) and representatives from all involved systems.

### **Continued Stay Criteria**

The following criteria must be met for continued stay in CRR Host Home:

#### **I. DIAGNOSTIC EVALUATION AND DOCUMENTATION**

- A. The initial Comprehensive Biopsychosocial Evaluation and diagnosis is updated and revised as a result of a face to-face diagnostic examination by the appropriate treating psychiatrist or psychologist;

AND

- B. Less restrictive treatment environments have been considered in consultation with the Interagency Service Planning Team;

AND

- C. There is the clinically determined likelihood of substantial benefit as a result of continued active intervention in the CRR Host Home setting, without which there is great risk of a recurrence of symptoms;  
AND
- D. Any other clinical reasons supporting the rejection of other alternative services in favor of continuing CRR Host Home;  
AND
- E. CRR Host Home service is prescribed by the diagnosing psychiatrist/psychologist, indicating and documenting that this is the least restrictive, appropriate service to meet the mental health needs of the child, and the discharge implementation plan.

II. SEVERITY OF SYMPTOMS

- A. Severity of illness indicators and updated treatment plan support the likelihood that: substantial benefit is expected as a result of continued active intervention in a CRR Host Home setting, without which there is great risk of a recurrence of symptoms; OR severity is such that treatment cannot be safely delivered at a lesser level of care;  
AND
- B. The treatment team review recommends continued stay, documenting the need for the child's further improvement, with the corresponding modifications in both treatment plan and the discharge goals;  
AND
- C. Although child is making progress toward goals in the expected treatment process, further progress must occur before transition to a lesser level of care is advisable. The necessary changes must be identified in an updated treatment plan, and the treatment team review, in conjunction with an interagency team, must recommend continued stay;  
OR
- D. The symptoms or behaviors that required admission continue with sufficient acuity that a less intensive level of care would be insufficient to stabilize the child's condition;  
OR
- E. Appearance of new symptoms meeting admission criteria.

**Discharge Criteria**

The Following criteria must be met for discharge from CRR Host Home:

- I. The child no longer meets criteria as defined by Admission and Continued Stay Criteria and improvement will not be compromised with treatment at a lower level of care.  
AND
- II. No further benefit will be derived from continued stay in CRR Host Home.