

Service Name	THERAPEUTIC GROUP HOME (THGH)
Setting	Home
Facility License	As required by Division of Public Health.
Basic Definition	THGH's deliver an array of clinical, treatment and related services, including psychiatric supports, integration with community resources and skill-building taught within the context of a home-like setting. THGH treatment shall focus on reducing the severity of the behavioral health issues that were identified as the reasons for admission. Most often, targeted behaviors relate directly to the individual's ability to function successfully in the home and school environment (e.g. compliance with reasonable behavioral expectations, safe behavior and appropriate responses to social cues and conflicts).
Service Expectations basic expectations for more detail see Title 471 chapter 32	<ul style="list-style-type: none"> • An Initial Diagnostic Interview (IDI) must be completed prior to the beginning of treatment and functions as the initial treatment plan until a comprehensive treatment plan is developed. • Complete treatment plan within seven days. The treatment plan must be individualized and must include the specific problems, behaviors, or skills to be addressed; clear and realistic goals and objectives; services, strategies, and methods of intervention to be implemented; criteria for achievement; target dates; methods for evaluating the individual's progress; and the responsible professional. • The individual treatment plan is reviewed at least every 14 days or more often as necessary, updated as medically indicated and signed by the supervising practitioner and other treatment team members, including the individual and/or legal guardian being served. • Focus on reducing the behavior and symptoms of the mental health and/or substance use disorder that necessitated the removal of the individual from his or her usual living situation. • Increase developmentally appropriate, normative and pro-social behavior in individuals who are in need of out-of-home treatment. • Transition individuals from therapeutic group homes to home, or community-based living with outpatient treatment. • The THGH must provide 21 hours of active and rehabilitation treatment that will include, but not be limited to: • Three hours of weekly individual psychotherapy, substance use disorder counseling and/or group psychotherapy. • Twice monthly family psychotherapy and/or family substance use disorder counseling. • Psycho-educational groups and individual psycho-educational therapy services may include, but are not limited to: <ul style="list-style-type: none"> ○ Crisis intervention plan and aftercare planning ○ Social skills building ○ Life survival skills ○ Substance use disorder prevention intervention ○ Self-care services ○ Recreational activity ○ Medication education and medication compliance groups ○ Health care issues group (may include nutrition, hygiene and personal wellness) • The program must have formal arrangement for access to: <ul style="list-style-type: none"> ○ Nursing care (24 hours per day) ○ Psychological services ○ Pharmacy services ○ Dietary services

	<ul style="list-style-type: none"> • The THGH is required to coordinate with the individual's community resources, including schools, with the goal of transitioning the individual out of the program to a less restrictive care setting for continued, sometimes intensive, services as soon as possible and appropriate. • The THGH program must incorporate some form of research-based, trauma-informed programming and training.
Length of Service	<ul style="list-style-type: none"> • Length of service is individualized and based on clinical criteria for admission and continuing stay. The duration of the stay varies according to the needs of the individual and the individual's response to the day-to-day treatment intervention.
Staffing	<ul style="list-style-type: none"> • Clinical director (Physician, APRN, Licensed Psychologist, LIMHP). • Therapist: Psychologist, Provisionally Licensed Psychologist, APRN, LIMHP, LMHP, PLMHP, LADC, and PLADC. The clinician(s) providing services for individuals in the treatment program must be operating within their scope of practice and meeting program requirements. • Registered Nurse (RN) or Advanced Practicing Registered Nurse (APRN): Nursing services shall be provided by a RN or APRN licensed by the state in which she or he practices. The nurse shall operate within his or her scope of practice and shall have documented experience and training in the treatment of children and adolescents. • Direct care staff: must be 21 years of age and meet one of the following requirements: <ul style="list-style-type: none"> ○ have a minimum of two years' experience working with children, or ○ two years education in the human service field or a combination of work experience and education with one year of education substituting for one year of experience.
Staffing Ratio	<ul style="list-style-type: none"> • The minimum ratio of therapists/licensed practitioners to individuals served shall be at least 1:12. • Direct care staff minimums at least 1:6 and a 1:8 overnight with a minimum of two staff on duty per day-time shift for an eight bed capacity. This ratio may need to be increased if treatment interventions are delivered outside of the physical location of the program or due to a level of acuity of the individual. • THGH treatment team consists of the individual's family and/or legal guardian, the supervising physician, a licensed mental health professional, the RN and direct care staff.
Hours of Operation	24 hours a day, seven days per week
Desired Individual Outcome	The individual will maintain connections to his or her home or community and have an improved level of functioning in order to live and function in a less restrictive level of care.
Admission guidelines	<ul style="list-style-type: none"> • The individuals' behavioral health condition can only be safely and effectively treated in a 24 hour therapeutic milieu with onsite behavioral health therapy due to significant impairments in home, school and community functioning caused by current mental health symptoms consistent with the DSM (current edition) diagnosis. • Less restrictive community based services have been given a fully adequate trial, and were unsuccessful or, if not attempted, have been considered, but in either situation were determined to be unable to meet the individual's treatment needs and the reasons for that are discussed in the application. The individual doesn't require a more intensive level of care. • The individual doesn't require primary medical or surgical treatment.

	<ul style="list-style-type: none"> • THGH has been prescribed by a psychiatrist or psychologist who has documented that a residential setting is the least restrictive clinically appropriate service that can meet the specifically identified treatment needs of the individual. • THGH is not being used for clinically inappropriate reasons, including as: <ul style="list-style-type: none"> ○ An alternative to incarceration, for preventative detention (e.g. to prevent running away or truancy), or as a means of ensuring community safety in an individual exhibiting primarily delinquent or antisocial behavior. ○ The equivalent of safe housing or permanency placement. ○ An alternative to parents', guardian's or agency's capacity to provide a place of residence for the individual. ○ A treatment intervention, when other less restrictive alternatives are available. • The individual's treatment goals are included in the pre-admission psychiatric or psychological evaluation and include behaviorally defined objectives that require, and can reasonably be achieved within, a THGH setting. • Discharge planning begins upon admission, with concrete plans for the individual to transition back into the community beginning within the first week of admission, with clear action steps and target dates outlined in the treatment plan.
Continued stay guidelines	<ul style="list-style-type: none"> • All of the admission guidelines continue to be met and this is supported by the written clinical documentation. • There is a written, up-to-date discharge plan that: <ul style="list-style-type: none"> ○ Identifies the custodial parent or custodial caregiver at discharge ○ Identifies the school the individual will attend at discharge ○ Includes Individual Education Plan recommendations, if necessary ○ Outlines the aftercare treatment plan (discharge to another residential level of care is not an acceptable discharge goal) ○ Lists barriers to community reintegration, and progress made on resolving these barriers since last review • The individual is demonstrating progress in treatment and/or there is clinical evidence that continued THGH services can reasonably be expected to improve the individual's symptoms, so that THGH services will no longer be necessary. • The active treatment plan includes intensive family interventions, with a recommended frequency of one family therapy session per week, although twice per month is minimally acceptable. Family involvement begins immediately upon admission to THGH. If the minimum requirement cannot be met, the reasons must be reported, and continued efforts to involve family members must also be documented. Under certain circumstances an alternate plan, aimed at enhancing the individual's connections with other family members and/or supportive adults may be an appropriate substitute • Less restrictive treatment options have been considered, but cannot yet meet the individual's treatment needs. There is sufficient current clinical information to show that THGH level of care continues to be the least restrictive level of care that can meet the individual's mental health treatment needs