

Home/Community Services

In-Home Family Stabilization

Description of Services: In-home family stabilization services include short-term, flexible services which have a crisis stabilization focus. The goal is to assist with stabilizing the child/adolescent/family in the home environment in order to prevent psychiatric hospitalizations or out of home placements. It is also used to help a child/adolescent transition back to the home following a hospital stay or other out of home placement.

Services may include counseling, crisis intervention, case management, skill building, mentoring, and/or other non-traditional services. Family stabilization services can be used as an independent level of care or as an adjunct to another level of care.

It is best practice to consider the resiliency and strengths of the child/adolescent and family, the challenges and struggles of the child/adolescent and family, and the ability of the parents to meet the child's/adolescent's needs. In order to achieve lasting positive change, special attention needs to be paid to developing the skills of the parents and supporting the connections between parent and child.

Criteria

Admission Criteria

All of the following criteria are necessary for admission to this level of care:

1. Child's/adolescent's DSM diagnoses can reasonably be expected to respond to home-based therapeutic interventions.
2. Family is willing and able to have therapist(s) in the home, to participate in services, and to learn new information and practice new skills.
3. The family must have the ability to schedule for and be present for these sessions.
4. Outpatient therapy has been tried and determined to be insufficient to address the child's/adolescent's current needs, as evidenced by continued and significant impairment in functioning or safety.
5. The child/adolescent is at imminent risk of hospitalization or out of home placement due to mental health/behavioral issues.

<p>Psychosocial, Cultural, and Linguistic Factors</p>	<p>Psychosocial, cultural, and linguistic factors may influence an individual’s clinical state and need to be considered and addressed to allow for effective treatment in all levels of care.</p> <p>Specifically, for in-home family stabilization services, the following factors should be considered:</p> <ul style="list-style-type: none"> • Flexible scheduling of times and locations, taking into account family’s school, work, and cultural obligations. • The need to educate family members on what in-home crisis stabilization is and why it is being offered. • Cultural and familial norms in allowing cultural outsiders into the home and patterns of politeness and courtesy expected of the visitor and the host. • Rules of communication and decision making within the family (and/or the clan or tribe). • The need to create space and time within the home where distractions are minimized and safety is assured. • Issues regarding privacy and confidentiality (crowded housing, multigenerational living, time and space to discuss adult issues without children present, roommate situations, etc). • Whether any needed psychotropic medications have been prescribed, are being taken as directed, and have stabilized psychiatric symptoms to a degree that allows therapeutic interventions to be utilized effectively.
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<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. Safety-based: A level of violence and/or threat of violence in the home whereby the risk of retaliatory harm to family members would be increased by in-home services. 2. Safety-based: Suicide or other risk of significant harm is imminent, and a higher level of care is necessary. 3. Safety-based: The home environment presents unacceptable levels of risk to staff providing in-home sessions. 4. Parents/caregivers are unwilling or unable to learn about ways to respond appropriately to the child’s needs and/or to participate in therapy despite multiple attempts to address barriers. 5. Child/adolescent is unable to utilize services due to a medical condition and/or insufficient mental health stabilization. 6. The child/adolescent can be safely maintained and effectively treated with a less intensive intervention. 7. The family is already receiving similar services from another provider.
<p>Continuing Stay Criteria</p>	<p>All of the following criteria are necessary for continuing treatment at this level of care:</p> <p><u>Child/Family Considerations</u></p> <ol style="list-style-type: none"> 1. The child’s/adolescent’s condition continues to meet admission criteria at this level of care. 2. Child/adolescent continues to make progress toward treatment goals, which are not yet met or require modification, based on clinical need, as treatment progresses. 3. Unless contraindicated, family members continue to be actively involved in treatment progress. If barriers exist, they are consistently and effectively being addressed.

	<p><u>Provider Considerations</u></p> <ol style="list-style-type: none"> 4. Treatment planning is individualized and appropriate to the individual’s changing condition with realistic and specific goals and objectives stated. 5. Coordination of care with other treatment providers on the team is documented. 6. There is documented, active discharge planning from the beginning of treatment. Flexibility and a gradual, titrated plan of return to less-intensive community treatment options are preferred. Transition planning with other service providers is documented. 7. Consistent with sound clinical practice, services are structured to efficiently and effectively meet treatment goals. <p>Note: If a particular provider is unable to successfully meet the treatment needs of the child/adolescent, efforts will be made to secure another provider in the same or similar level of care.</p>
<p>Discharge Criteria</p>	<p>Any of the following is sufficient for discharge from this level of care:</p> <ol style="list-style-type: none"> 1. The child’s/adolescent’s treatment goals and objectives have been successfully met, and any new goals have been determined to be more appropriately addressed in a different level of care setting. 2. Child/adolescent now meets criteria for more/less intensive level of care. 3. Child/adolescent, family, guardian, and/or custodian are non-participatory with treatment despite attempts to address non-participation barriers, and/or another modality of care is more appropriate for cultural, situational, or other reasons of family member choice.