

Intensive Alternative Family Treatment (IAFT)

RRFF IAFT© Basic Components*

- 🌱 1 child per treatment family
- 🌱 Caseload of 8 – 10 families per coordinator
- 🌱 Daily contact (M-F) between treatment parents and staff with behavioral review and training
- 🌱 Weekly face to face contact between parents and staff
- 🌱 Weekly staffing between staff and supervisors
- 🌱 24/7 crisis support
- 🌱 Building of natural supports and/or family of permanence are integrated into weekly treatment activities
- 🌱 Psychiatric oversight (monthly if on meds./quarterly if not on meds)
- 🌱 Respite available 2 days a month for the treatment
- 🌱 Individual and family therapy week

*RRFF stands for Rapid Resource for Families, a statewide network of NC therapeutic foster families

Medical Necessity

The consumer is eligible for this service when:

- 🌱 Medically stable but may need significant intervention to comply with medical treatment.

AND

- 🌱 The recipient's identified needs cannot be met with lower level of Residential Care.

AND

- A. There is an Axis I or II MH/SA diagnosis (as defined by the DSM-IV-TR or its successors).
- B. Between the ages of 6 and 21.
- C. Based on current (within the last 3 months) comprehensive clinical assessment, this service was indicated and enhanced outpatient services (i.e., IIH, MST) have been tried and were ineffective as well as lower level of residential (i.e., TFC, Level III) and/or inpatient have been tried and were ineffective.

- D. The youth has current or recent history of symptoms or behaviors indicating the need for residential intervention as evidenced by a pattern of one or more of the following:
 1. verbal aggression, physical aggression, sexually inappropriate/aggressive behavior; oppositional/defiance; lying; poor social skills, disruptive, manipulative, stealing, tantrums; fighting; court involvement, running away, destructive
 2. poor school performance, teacher conflicts, suspensions, expulsions, truancy
 3. anxiety issues, depressive symptoms, sleep problems
- E. Current (within the last 3 months) psychiatric evaluation.
- F. Current (within the last 12 months) psychological evaluation **AND** IQ of 50 or higher.
- G. A current Sex Offender Specific Evaluation is required for consumers with sexually inappropriate behaviors.
- H. Discharge planning to include expected length of stay and potential transitional plan.

Continued Stay Criteria

The desired outcome or level of functioning has not been restored, improved, or sustained over the frame outlined in the youth's Person Centered Plan

AND

Parent/guardian must be a treatment participant.

One or more of the following:

- A. The recipient has achieved current PCP goals, and additional goals are indicated as evidenced by documented symptoms.
- B. The recipient is making satisfactory progress toward meeting goals and there is documentation that supports the continuation of this service will be effective in addressing the goals outlined in the PCP.
- C. The recipient is making some progress, but the specific interventions in the PCP need to be modified so that greater gains, which are consistent with the recipient's premorbid level of functioning.
- D. The recipient fails to make progress, or demonstrates regression, in meeting goals through the interventions outlined in the PCP. The recipient's diagnosis should be reassessed to identify any unrecognized co-occurring disorders, and interventions or treatment recommendations should be revised based on the findings. This includes consideration of alternative or additional services.