

## PARTIAL HOSPITALIZATION

### Partial Hospitalization - Youth

#### Service Description

Partial hospitalization is an intensive, nonresidential, therapeutic treatment program that may or may not be hospital-based. The program provides high intensity clinical treatment services in a community-based setting on a level similar to the intensity of an inpatient treatment program, with a frequency of 2 to 6 days a week, for up to 6 hours on each day. These services are outcome oriented for youth experiencing acute symptoms or exacerbating clinical conditions that impede their ability to function on a day-to-day basis, and who may be at risk of inpatient care without high intensity therapeutic treatment. The course of treatment will be based on targeted needs as stipulated in either the ISP (Individual Service Plan) for youth linked to CMO, an ICP (Individual Crisis Plan) for youth linked to MRSS, or a treatment plan developed by the PHP provider and will indicate specific intervention(s) with target dates for review. Treatment typically includes therapeutic milieu; nursing, psychiatric evaluation, medication management/education, group/individual/family therapy, supervised clinically appropriate leisure time and/or vocational programming. Treatment programming may also address co-occurring treatment needs involving substance use disorders and intellectual, developmental disabilities. Therapeutic nursery treatment programs are also included within the scope of Partial Hospitalization services, for youth between the ages of 3 and 6.

Partial hospitalization is a time-limited response to stabilize acute symptoms. Anticipated length of stay is approximately 3 to 6 months. Partial Hospitalization services can be used as a transition from inpatient treatment or Out- of- Home treatment, or these services may also be utilized to stabilize an acute decline in emotional, behavioral functioning that could potentially have necessitated inpatient psychiatric hospitalization and stabilization or Out of Home Treatment. Treatment efforts need to focus on both the individual's response during program treatment hours, as well as the continuity, and transfer of treatment gains during the individual's non-program hours in home and community settings. If a youth receiving Partial Hospital services develops an acute exacerbation in the acuity of behavioral health symptoms, the Partial Hospital program will provide further evaluation and referral for the youth to receive the necessary level of care. The Partial Hospitalization program has the responsibility to assist the family in getting successfully linked with clinically-appropriate treatment programs.

Therapeutic services should be coordinated with the youth's educational programming. Provision is made for the continuation of the youth's education as stipulated by New Jersey State Law.

The environment at this level of treatment is highly structured, and there should be a minimum staff-to-patient ratio (1:5) sufficient to ensure necessary therapeutic services, professional monitoring, control and protection. Care must be delivered by a multi-disciplinary treatment team that includes a registered nurse, a master's level clinician and a board eligible psychiatrist.

<b>Criteria</b>	
<b>Admission Criteria</b>	<p>All of the following criteria are necessary for admission:</p> <ol style="list-style-type: none"> <li>1. The youth is between the ages of 3 and 21. Special consideration will be given to children under 5. Eligibility for services are in place until the youth's 21st birthday.</li> <li>2. The youth is in need of external high intensity clinical support in order to improve stability in the home and community settings.</li> <li>3. The CSOC Assessment and other relevant information indicate that a comprehensive, integrated program of clinical and psychosocial rehabilitation services is needed to support improved functioning within the home and community.</li> <li>4. The youth presents with symptomology consistent with a DSM 5 diagnosis and/or a behavioral and emotional disturbance that requires a therapeutic intervention higher in intensity than outpatient services.</li> <li>5. The youth has the capacity and support for regular attendance and the stability necessary for maintenance in the program, but does not presently require a secure inpatient treatment setting.</li> <li>6. There is a risk of harm to self or others that requires up to 6 days a week of medical/nursing supervision, and the youth requires both structure and supervision for a significant portion of the day as well as family and community support when away from the partial hospital program. Examples of risk taking behaviors may include: an inability to take care of self; difficulty with mood regulation, a thought or behavioral disorder interfering significantly with activities of daily living; suicidal ideation without a specific intent, plan or action, non-intentional threats of harm, or intentional self-injurious behaviors.</li> <li>7. The youth's condition requires a comprehensive, multi-disciplinary, multi-modal course of treatment, which may include routine psychiatric care, nursing observation, and behavioral intervention, in order to maximize functioning and minimize risks to self, others and/or property.</li> <li>8. The youth's parent/guardian/caregiver provides consent to treatment or there is a court order requiring such treatment.</li> </ol>
<b>Psychosocial, Occupational, Cultural and Linguistic Factors</b>	<p>These factors may change the risk assessment and should be considered when making level of care decisions.</p>
<b>Exclusion Criteria</b>	<p>Any of the following are sufficient for exclusion from this level of care:</p> <ol style="list-style-type: none"> <li>1. The parent/guardian/caregiver for youth under age 18 years old does not</li> </ol>

	<p>voluntarily consent to treatment and there is no court order requiring such treatment.</p> <ol style="list-style-type: none"> <li>2. The CSOC Assessment and other relevant information indicate that the youth’s treatment needs are not consistent with a Partial Hospitalization intensity of service, as they need either a less intensive therapeutic service or a more intensive therapeutic service.</li> <li>3. The behavioral symptoms are primarily the result of a medical condition that warrants a medical setting for treatment.</li> <li>4. The youth has acute needs related to Substance Use Disorder and the primary treatment needs involve medical monitoring and stabilization for substance use.</li> <li>5. The youth has a sole diagnosis of Autism Spectrum Disorder and or Intellectual/ Developmental Disability and there are no co-occurring emotional, behavioral symptoms consistent with a DSM 5 Diagnosis.</li> <li>6. The youth is not a resident of New Jersey. For minors who are under 18 years of age, the legal residency of the parent or legal guardian shall determine the residence of the minor.</li> <li>7. The primary problem is social, economic or legal without a concurrent behavioral or emotional disturbance meeting criteria for this level of care.</li> </ol>
<p><b>Continued Stay Criteria</b></p>	<p><b>All of the following criteria</b> are necessary for continuing treatment at this level of care:</p> <ol style="list-style-type: none"> <li>A. The CSOC Assessment and other relevant information indicate that the youth continues to require the partial hospitalization level of care.</li> <li>B. Severity of behavioral and emotional disturbance continues to require this intensity of service, and services at this intensity of service are required to support and maintain the youth in the community.</li> <li>C. Treatment planning is appropriate to the youth’s changing condition with realistic and specific goals including target dates for accomplishment and objectives are clearly stated in the treatment plan.</li> <li>D. The treatment team, youth, and family have consented to the proposed treatment services, and the consent has been documented in the treatment plan.</li> <li>E. Progress in relation to specific behaviors is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved.</li> <li>F. There is documented evidence that the youth and the parent/guardian/caregiver are actively involved in the youth’s services; and the PHP program has implemented the necessary treatment interventions to maintain the youth and family engagement in treatment.</li> <li>G. When clinically indicated, appropriate psychopharmacological</li> </ol>

	<p>management has been implemented.</p> <p>H. There is documented evidence of active transition planning.</p>
<p><b>Discharge Criteria</b></p>	<p>The following criteria are sufficient for discharge from this level of care:</p> <ul style="list-style-type: none"> <li>A. The CSOC Assessment and other relevant information indicate that the youth’s presenting treatment needs are indicative of a higher intensity of service, a lower intensity of service or a different intensity of service.</li> <li>B. The youth and the family have exhibited improvements in social, emotional, behavioral, and educational functioning for at least three (3) weeks. The therapists and supervisor believe that the caregivers have the knowledge, skills, resources and support needed to handle subsequent problems.</li> <li>C. The youth and family have not benefited from treatment despite documented efforts to engage and there is no reasonable expectation of progress at this level of care.</li> <li>D. Consent for treatment is withdrawn by the youth and/or the parent/guardian/caregiver.</li> </ul>