

CHAPTER 129B
REGIONAL DIAGNOSTIC AND TREATMENT
CENTERS AND COUNTY-BASED
MULTIDISCIPLINARY TEAMS

Authority

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SUBCHAPTER 1. INTRODUCTION AND OVERVIEW

10:129B-1.1 Purpose

(a) The purposes of this chapter are to:

1. Identify who may receive services through a center and how services are accessed;
2. Identify the services provided by each center and the methods of providing evaluations and ongoing medical, psychological, psychiatric, and substance abuse treatment services to clients of each center;

3. Identify the minimum staff a center is mandated by statute to employ;

4. Specify the required minimum credentials of the mandated professional staff providing core services at each center;

5. Specify that all Division case-specific research conducted by a center or by others utilizing information from a center be approved by the Division and identify with whom the results shall be shared;

6. Identify the ability of a center to charge a sliding scale fee for services; and

7. Specify standards for the interactions between each center and the multidisciplinary team in each county where the center provides services and for the way the team functions in the community.

10:129B-1.2 Scope

The provisions of this chapter apply to each child referred to or evaluated by a center and his or her parent, guardian, and family members; the staff, consulting psychiatrists, and governing body of each regional diagnostic and treatment center; each consultant to a center; and each member of a county multidisciplinary team.

10:129B-1.3 Definitions

The words and terms used in this chapter shall have the following meanings unless the context clearly indicates otherwise.

“Case plan” means the team’s identification of the intervention on behalf of a child, indicating who will accomplish these interventions, and within what time frames.

“Core service” means any one of the mandated services that a center shall provide to a child, parent, guardian, or family member whom a center is evaluating for the purpose of diagnosis and treatment of child abuse and neglect. Core services include, but are not limited to:

1. An evaluation for physical or emotional abuse, neglect, and sexual abuse;
2. A medical, psychological, psychiatric, social, and substance abuse assessment;
3. Case consultation and review;
4. Court testimony; and
5. The education and training regarding child abuse and neglect that a center’s professional staff provide to community members and professionals.

“Division” means the Division of Youth and Family Services in the New Jersey Department of Human Services.

"Multidisciplinary team" or "team" means an investigatory and case management team made up of professionals from law enforcement, medicine, child protective services, mental health, and substance abuse identification and treatment, and a core service provider from a regional diagnostic and treatment center. The purpose of a team is to provide case management from initial criminal and civil investigation, through evaluation and treatment, to criminal and civil case disposition.

"Regional diagnostic and treatment center" or "center" means one of four regional diagnostic and treatment centers, as established pursuant to N.J.S.A. 9:6-8.99, to provide for the medical and mental health diagnostic and treatment needs of abused and neglected children in the geographic region in which it is located, through a multidisciplinary approach to child abuse and neglect.

SUBCHAPTER 2. OBTAINING SERVICES FROM THE REGIONAL DIAGNOSTIC AND TREATMENT CENTERS

10:129B-2.1 Eligibility

(a) Any child under age 18 and his or her parents, guardians, and family members may access services of a center without regard to income when:

1. There is a suspicion of child abuse or neglect; and
2. The child is assessed as appropriate for evaluation and services based on the center's intake procedures.

(b) Children, their parents, guardians, and family members secure services through a referral from their community, which includes, but is not limited to, the Division, law enforcement, or a county-based multidisciplinary team.

10:129B-2.2 Services

(a) Each center shall establish intake procedures in order to ensure prompt assessment and recommendations for evaluation and services.

(b) Each center shall provide those core services necessary to conduct a complete evaluation of child abuse and neglect.

(c) Each center shall provide the ongoing services designed to treat the effects of abuse and neglect in one or more of the following ways:

1. With staff employed by a center;
2. By subcontracting with another provider with proper training and credentials equal to those required of center staff in accordance with N.J.A.C. 10:129B-2.4; or

3. By making appropriate referrals to existing programs in the community.

(d) Each center shall serve as a resource for the region by providing training, consultative services, and court testimony.

10:129B-2.3 Minimum staffing

(a) Pursuant to N.J.S.A. 9:6-8.100, each center shall employ, at a minimum, a pediatrician, a consulting psychiatrist, a psychologist, and a social worker to provide core services.

(b) At least one member of the staff shall also have an appropriate professional credential or significant training and experience in the identification and treatment of substance abuse.

(c) A center may employ additional staff to provide services to enhance and supplement the core services.

(d) At least one member of the staff shall act as a liaison with the Division district office and the prosecutor's office in the county where a child, who is undergoing evaluation and treatment, resides.

(e) Each center shall establish a system to provide 24-hour emergency telephone consultation.

10:129B-2.4 Credentials for minimum staff mandated by statute at each center

(a) In accordance with N.J.A.C. 10:129B-2.3, the professionals who comprise the minimum staff mandated by statute and who perform specialized child abuse and neglect examinations, evaluations, and treatment shall be trained to evaluate and treat children who have been abused and neglected, and their families.

(b) The mandated pediatrician on staff at a center shall be licensed by the State of New Jersey Board of Medical Examiners and shall be either a Board Certified or Board Eligible Pediatrician by the American Board of Pediatrics (ABP) or the American Osteopathic Board of Pediatrics (AOBP).

(c) The mandated psychologist on staff at a center shall be licensed by the State of New Jersey Board of Psychological Examiners.

(d) The mandated consulting psychiatrist for a center shall be licensed by the State of New Jersey Board of Medical Examiners as a Medical Doctor or a Doctor of Osteopathy and Board Certified or Board Eligible by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry.

(e) The mandated social worker on staff at a center shall possess a Masters of Social Work degree and shall be licensed by the New Jersey State Board of Social Work Examiners as a Licensed Social Worker or a Licensed Clinical Social Worker.

(f) The mandated professional on staff at a center who provides substance abuse assessments and recommendations for substance abuse treatment shall have an appropriate professional credential or training and experience in the identification and treatment of substance abuse.

10:129B-2.5 Research

(a) Pursuant to N.J.S.A. 9:6-8.101, each center shall be a source of research and training for medical and mental health personnel dedicated to the identification and treatment of child abuse and neglect in the community it serves.

(b) Case-specific research involving Division clients or records shall be approved by the Division pursuant to N.J.S.A. 9:6-8.10(d) to ensure client confidentiality regarding child abuse and neglect, as well as the value of the proposed research and the soundness of the proposed methodology.

(c) Results of research conducted under this section shall be made available to the centers, the New Jersey Task Force on Child Abuse and Neglect, and the Division.

10:129B-2.6 Fees

(a) A center shall provide services either:

1. Free of charge; or

2. A center may charge a sliding scale fee for services provided pursuant to N.J.S.A. 9:6-8.102 in accordance with the Hospital Services Manual provisions for Charity Care, N.J.A.C. 10:52-10 to 13.

(b) No person shall be refused a core service based on the ability to pay.

SUBCHAPTER 3. COUNTY-BASED MULTIDISCIPLINARY TEAMS

10:129B-3.1 Center participation in multidisciplinary teams

(a) Each center shall participate in each county-based multidisciplinary team in the geographical area served. Such participation includes, but is not limited to, the following:

1. Center staff shall refer a case to a multidisciplinary team for review when a case meets the established criteria pursuant to N.J.A.C. 10:129B-3.4;

2. Center staff shall accept a referral from a multidisciplinary team for evaluation;

3. A staff member of a center, who provides core services, shall attend, on a regular basis, meetings of the county multidisciplinary team and perform the following duties:

i. Provide case information pertinent to any evaluation conducted on a child and his or her family;

ii. Provide consultation to the team and recommendations, as needed, on cases under review by the team; and

iii. Provide training and consultation on child abuse and neglect issues to the team, as needed.

10:129B-3.2 Function and composition of a multidisciplinary team

(a) A county-based multidisciplinary team shall provide:

1. Facilitation of the investigation;

2. Management and disposition of cases of criminal child abuse and neglect;

3. Referral services to the regional diagnostic and treatment center;

4. Appropriate referrals to medical and social service agencies;

5. Information regarding the identification and treatment of child abuse and neglect; and

6. Appropriate follow-up care for abused children and their families.

(b) Each team shall have an identified coordinator whose tasks shall include, at a minimum:

1. Convening team meetings; and

2. Scheduling cases for the team to review.

(c) The core multidisciplinary team members in each county shall include, at a minimum, a regional diagnostic and treatment center core services provider, and representatives from the disciplines of law enforcement, child protective services, mental health, substance abuse identification and treatment, and medicine, all of whom have been trained to recognize child abuse and neglect.

(d) The center staff member on the team may also represent one of the required disciplines.

10:129B-3.3 Criteria for a review by a multidisciplinary team

(a) The team shall review a child abuse and neglect case that involves both the Division and Prosecutor's Office when there is a crime of the first and second degree which includes, but is not limited to, one or more of the following:

1. N.J.S.A. 2C:12-1 et seq., Assault; Reckless Endangering; Threats;
2. N.J.S.A. 2C:13-1 et seq., Kidnapping and Related Offenses; Coercion;
3. N.J.S.A. 2C:14-1 et seq., Sexual Offenses; and
4. N.J.S.A. 2C:24-1 et seq., Offenses Against the Family, Children and Incompetents.

(b) The team may review other child abuse and neglect cases suggested by a team member if, based upon an assessment of the specified circumstances, such a review is necessary for more effective prosecution of a case or better coordination of services to a family.

10:129B-3.4 Multidisciplinary team case review

(a) A multidisciplinary team shall review a case throughout the involvement by the Prosecutor's Office in the case.

(b) Each multidisciplinary team shall maintain a system for tracking cases under review by the team from the initial investigation through court disposition.

(c) Each case for review shall be identified and processed through a case plan generated by the team.

(d) The team may invite collateral individuals to participate in all or a portion of a case review when that person or persons may have information or expertise pertinent to the case.

10:129B-3.5 Confidentiality

In addition to center staff and multidisciplinary team members, any person invited to a review on a specific case, in accordance with N.J.A.C. 10:129B-3.6b, is bound by confidentiality pursuant to N.J.S.A. 9:6-8.10a and is not entitled to information not provided for by statute.