

CHAPTER 191**CHILDREN'S PARTIAL CARE PROGRAMS****Authority**

N.J.S.A. 30:1-12, 30:9A-10 and 30:9A-21.

Source and Effective Date

R.2007 d.37, effective December 27, 2006.
See: 38 N.J.R. 2566(a), 39 N.J.R. 450(b).

Chapter Expiration Date

In accordance with N.J.S.A. 52:14B-5.1b, Chapter 191, Children's Partial Care Programs, expires on December 27, 2013. See: 43 N.J.R. 1203(a).

Chapter Historical Note

Chapter 191, Children's Partial Care Programs, Subchapter 1, Children's Partial Care Program Standards, was recodified from Chapter 37, Community Mental Health Services Act, Subchapter 12, Children's Partial Care Programs by R.2007 d.37, effective February 5, 2007. See: Source and Effective Date. See, also, section annotations.

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SUBCHAPTER 1. CHILDREN'S PARTIAL CARE PROGRAM STANDARDS**10:191-1.1 Purpose, scope and goals**

(a) Children's partial care programs provide seriously emotionally disturbed youth with a highly structured intensive day treatment program. Such programs are typically located in, but need not necessarily be limited to, a community-based mental health setting or hospital-based setting.

(b) Program goals include:

1. Prevention of psychiatric hospitalization of youth at risk of psychiatric hospitalization;
2. Prevention of re-hospitalization of youth who have been psychiatrically hospitalized; and
3. Provision of a transition for psychiatrically hospitalized youth from the hospital back into the community.

(c) Agencies operating children's partial care programs shall strive to maximize each youth's potential for learning, growth, and emotional stability within the family or natural support system. Agencies operating children's partial care programs shall respect the rights and dignity of all youth. Partial care programs shall:

1. Respect the rights and dignity of youth and family members and when appropriate preserve the family unit;
2. Foster community living by teaching skills and improving functioning;
3. Help each youth to realize their own potential for learning;
4. Foster healthy interdependence;
5. Help clients develop and use social support systems;
6. Help clients and their family members or legal guardians learn to manage the client's illness in order to prevent relapse, re-hospitalization, or placement in a restrictive environment;
7. Empower clients and families to actively participate in treatment and programming and to determine personal and program goals;
8. Affirm clients' strengths and abilities; and
9. Encourage and support clients' and families' efforts to help each other.

(d) A provider agency operating a children's partial care program shall comply with the provisions of this chapter and N.J.A.C. 10:190.

(e) No children's partial care program shall operate unless it has secured a license from the Department of Children and Families as a children's partial care program, or is licensed by the Department of Health and Senior Services as a health care facility.

Recodified from N.J.A.C. 10:37-12.1 and amended by R.2007 d.37, effective February 5, 2007.

See: 38 N.J.R. 2566(a), 39 N.J.R. 450(b).

Added (d) and (e).

10:191-1.2 Definitions

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

"Children's crisis intervention services" or "CCIS" means an acute care inpatient unit located in a hospital or free-standing facility established to serve children and adolescents from the ages of five through 17 who have:

1. Received an initial screening by a designated mental health emergency or screening service;
2. A primary psychiatric diagnosis; and

3. A level of personal and social functioning impairment to the extent that inpatient psychiatric crisis intervention and treatment services are necessary.

“Children’s partial care program” means a day treatment program offering structured activities including activities for daily living, recreation, and socialization activities and other mental health services based upon the needs of the youth.

“Comprehensive treatment plan” means the formulation of service and treatment goals, objectives and interventions based on an assessment which shall include psychological, medical, developmental, recreational and vocational components.

“Counseling” means the use of therapeutic methodologies which enable families to resolve problems or temporary stress of situations which they have encountered.

“Daily living skills” means the activities which enable a youth to perform functions for every day living, such as basic housekeeping, grooming, dressing, maintaining schedules, social and recreational activities.

“Department” means the New Jersey Department of Children and Families.

“Group counseling” means the use of group processes and supports to develop in individuals the capacity to overcome specific personal problems or problem conditions.

“Level I standards” means those standards, as specified in this chapter, with which a children’s partial care program must be in full compliance in order to be granted or to continue to receive a Department license. Level I standards are those standards which relate most directly to client rights, safety, and staffing. With specific reference to children’s partial care programs, Level I standards are staffing requirements at N.J.A.C. 10:191-1.11(a) and staffing responsibilities at N.J.A.C. 10:191-1.12(b), (d), (f) and (h).

“Level II standards” means all licensing standards, as specified in this chapter, not designated as Level I.

“License” means a Department document which provides the provider agency with the authority to operate a children’s partial care program.

“Seriously emotionally disturbed” means a child or adolescent exhibiting one or more of the following characteristics: behavioral, emotional, or social impairment that disrupts the child’s or adolescent’s academic or developmental progress and may also impact upon family or interpersonal relationship. This disturbance shall have also impaired functioning for at least one year or the youth has an impairment of short duration and high severity and is under 18 years of age.

“Youth” means children under 18 years of age.

Recodified from N.J.A.C. 10:37-12.2 and amended by R.2007 d.37, effective February 5, 2007.
See: 38 N.J.R. 2566(a), 39 N.J.R. 450(b).

In the introductory paragraph, substituted “chapter” for “subchapter” and a colon for a period at the end; deleted definitions “Division” and “DYFS”; in definition “Department”, substituted “Children and Families” for “Human Services”; and added definitions “Level I standards”, “Level II standards”, and “License”.

10:191-1.3 Population to be served

(a) Agencies operating children’s partial care programs shall serve youth with serious emotional disturbances. First priority for admission shall be youth who are diagnosed as seriously emotionally disturbed and meet one or both of the following criteria:

1. Currently residing in or having previously resided in a Children’s Crisis Intervention Services (CCIS) unit, a psychiatric community residence for children, a private hospital, or other out-of-home placement; and/or
2. By reason of serious emotional disturbances, presently at risk of extended out-of-home placement.

(b) Youth diagnosed as seriously emotionally disturbed who do not meet the criteria in (a)1 or 2 above may be admitted provided that all youth referred who meet the criteria are given first priority for admission. However, the agency must have written procedures which prioritize admission to those youth who meet the criteria in (a)1 or 2 above.

Recodified from N.J.A.C. 10:37-12.3 and amended by R.2007 d.37, effective February 5, 2007.

See: 38 N.J.R. 2566(a), 39 N.J.R. 450(b).

In (a)1, deleted “Arthur Brisbane Child Treatment Center,” and deleted “program” following “children”.

10:191-1.4 Program services

(a) Agencies operating children’s partial care programs shall provide a comprehensive range of services to address the individual needs of the youth. These programs shall be available daily five days per week, with additional planned activities during evenings or weekend hours or both, as needed.

1. These services shall be available for all youth and provided to the extent required by individual service plan. The capacity to provide or arrange for partial care services shall be documented, and evidence of the actual provision of such services shall be documented in the clinical record. Services shall include, but need not be limited to, the following:

- i. Individual and group counseling and support;
- ii. Therapeutic activities to address daily living (ADL) skills, recreation and socialization needs;
- iii. Medication management;
- iv. Family support services such as: family therapy, family psycho-education, family supportive counseling, or parenting skills development;
- v. Psychiatric assessment;