

CHAPTER 37H
YOUTH CASE MANAGEMENT SERVICES

Authority

N.J.S.A. 30:9A-1 et seq., specifically 30:9A-10.

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In accordance with N.J.S.A. 52:14B-5.1c, Chapter 37H, Youth Case Management Services, expires on December 2, 2008. See: 40 N.J.R. 3913(a).

Chapter Historical Note

Chapter 37H, Youth Case Management Services, was adopted as R.1998 d.92, effective February 17, 1998. See: 29 N.J.R. 294(a), 30 N.J.R. 710(a).

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SUBCHAPTER 1. GENERAL PROVISIONS

10:37H-1.1 Purpose and scope

The rules in this chapter govern the provision of case management services by provider agencies funded by the Division of Mental Health Services to serve youth under 18 years of age, to assure that such services are delivered to youth and their families in an efficient and effective manner. Youth case management services are off-site community-based services intended to assist youth and their families in identifying, accessing and receiving appropriate mental health services. Youth case management services are directed toward those youth who are seriously emotionally disturbed and are either at high risk of serious decompensation, in need

of an array of mental health services, unresponsive to more traditional community-based clinical interventions, in need of extensive service coordination or expected to be returning to a community setting from a residential setting.

10:37H-1.2 Definitions

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

“Advocacy” means the ongoing process of assisting the youth in receiving all benefits to which he or she is entitled by working toward the removal of barriers to receiving needed services.

“Assessment” means the process throughout the entire length of YCM service of identifying and reviewing the youth’s strengths, deficits and needs based upon input from the youth’s family, significant others and professionals.

“Children’s crisis intervention services” (CCIS) means a regional community-based acute care inpatient psychiatric service, located within a general hospital, with an average length of stay not to exceed 30 days, with an approved certificate of need from the Department of Health and Senior Services, and designated by the Commissioner of Human Services, in accordance with N.J.A.C. 8:33R.

“Commissioner” means the Commissioner of the Department of Human Services.

“Comprehensive assessment” means a document which addresses the problem areas, service needs, strengths, weaknesses and motivation of the youth and family representative(s). The comprehensive assessment is used to develop the service plan and is updated periodically based upon the availability of the client.

“Department” means the New Jersey Department of Human Services.

“Division” means Division of Mental Health Services within the New Jersey Department of Human Services.

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

“Provider agency” (PA) means a public or private organization which has a contract with the Division to provide YCM services.

“Psychiatric community residence for youth” (residence) means a community residential facility licensed by the Division, in accordance with N.J.A.C. 10:37B, which provides food, shelter, and personal guidance on a 24-hour basis under such supervision as required to not more than 15 mentally ill youth who require assistance. These residences are funded by or contracted with the Division for youth who have been

hospitalized or may be at risk of hospitalization in an inpatient facility and who may benefit from psychiatric treatment within a community residence setting so as to avert more intensive treatment or to facilitate their return home or placement in a longer term residential facility.

“Risk assessment” means an assessment that concludes with the assignment of a risk category.

“Risk category” means the three levels of YCM services based upon assessed risk of hospitalization, functional level, and willingness or ability to access needed services. The risk categories are:

1. High risk/intensive services;
2. At risk/supportive services; and
3. Low risk/maintenance services.

“Service coordination” means communication among multiple service providers regarding services offered to the youth and the utilization of the communicated information to assist in the development of youth service plans.

“Service plan” means the formulation of goals, objectives, treatment recommendations and interventions for services based on the comprehensive assessment.

“Seriously emotionally disturbed” means exhibiting one or more of the following characteristics:

1. Behavioral, emotional, and social impairment that disrupts the youth’s academic and developmental progress and may also impact upon family and interpersonal relationship; or
2. Impaired functioning that has either continued for at least one year or has been of short duration and high severity.

“Service linkage” means the referral to and enrollment with other appropriate service providers.

“State psychiatric hospital” means an intermediate and long-term psychiatric hospital program operated by the State to serve youth 11 and older who require ongoing intensive psychiatric treatment in a restrictive hospital setting.

“Youth” means persons under 18 years of age.

“Youth case management” (YCM) means the provision of off-site community based services which assist youth and their families in accessing and receiving needed services. These services include service assessment, service brokering, providing service linkages, advocacy and case monitoring.

10:37H-1.3 General requirements for provider agencies

(a) Provider agencies shall comply with the provisions of this chapter and with the provisions of N.J.A.C. 10:37.

(b) The provider agency shall maintain on file a written statement of purpose for the Youth Case Management program that shall reflect the following:

1. The program’s philosophy, goals and objectives;
2. Characteristics of the youth to be served;
3. Types of services provided to the youth; and
4. Procedures for implementing those services.

(c) The provider agency shall have written and implemented policies and procedures which support the concept of offsite community-based service provision and outreach to youth and their families.

(d) The provider agency shall strive to maximize each youth’s potential for learning, growth, and emotional stability within the family or natural support system by:

1. Respecting the rights and dignity of youth and family members;
2. Helping youth and family members or legal guardians learn to manage the youth’s illness in order to prevent a relapse, rehospitalization, or placement in a more restrictive environment;
3. Empowering youth and their families to actively participate in treatment and programming in order to determine personal and program goals;
4. Helping youth and their families develop and use social support systems;
5. Advocating for youths on their behalf; and
6. Affirming each youth’s strengths and abilities.

(e) Each Youth Case Management program shall give the provider agency’s statement of purpose to the youth, parents or legal guardians applying for services and to staff members.

(f) The provider agency shall maintain a record of the parent’s or legal guardian’s receipt of the statement of purpose.

10:37H-1.4 Management

(a) The PA shall comply with all applicable general provisions for Division funded community mental health agencies at N.J.A.C. 10:37 and all applicable management and governing body provisions at N.J.A.C. 10:37D.

(b) Each PA shall provide verification of employee qualifications and staff credentials and maintain the information on file.

10:37H-1.5 Waiver

(a) Requests for a waiver of any provision of this chapter shall be made to the Division in writing, with supporting information justifying the requests.

(b) Waivers of specific provisions shall be considered and granted by the Division, provided that one or more of the following conditions have been met:

1. Strict enforcement of the provision would result in unreasonable hardship on the clients;
2. The waiver is in accordance with the particular needs of a youth but does not adversely affect the health, safety, welfare or rights of the youth; or
3. There is clear clinical or programmatic justification for such a waiver that will enhance a PA's effectiveness or efficiency without an adverse effect on any youth's health, safety, welfare or rights.

SUBCHAPTER 2. PROGRAM OPERATION

10:37H-2.1 Quality assurance

(a) The PA shall have written policies and procedures to monitor the YCM services provided and describe how these are integrated with the overall agency quality assurance plan.

(b) The PA shall negotiate written agreements with child-serving agencies and providers including, but not limited to, CCIS units, outpatient service providers, children's partial care programs, and Arthur Brisbane Child Treatment Center (ABCTC).

(c) As part of negotiated affiliation agreements, the PA shall develop written policies and procedures with referral sources in order to assist in the obtaining of written information on each youth prior to admission to the YCM program.

(d) The PA shall develop written policies in order to ensure coordination of services with other service delivery systems, such as CCIS units, children's mental health agencies, child welfare agencies, and case assessment resource teams (CARTS).

10:37H-2.2 Population to be served

(a) YCM shall serve youth who are under 18 years of age and diagnosed as seriously emotionally disturbed and meeting at least one of the following criteria:

1. Be at high risk of serious decompensation, defined as loss of the ability to maintain adequate social or emotional functioning, within the community or natural setting;
2. Be in need of an array of mental health services;
3. Have been unresponsive to traditional community based clinical interventions;
4. Require extensive service coordination and linkages; or
5. Be anticipated to be returning to a community setting.

(b) Admissions to YCM shall be limited to youth in the following priority order:

1. Youth discharged from a CCIS or State psychiatric hospital;
2. Youth discharged from an intermediate care psychiatric unit; and
3. Youth residing in a psychiatric community residence for youth.

(c) The PA shall submit a written request to the Division for its approval to serve individual youth who are not part of the criteria in (a) and (b) above. This request shall include assurances that the aforementioned population to be served has been served prior to serving other youth.

10:37H-2.3 Services to be provided

(a) The PA shall provide a comprehensive range of community based services that address the needs of youth and their families, have off-site service provision capability and coordinate the services provided. Such services shall include the following, when clinically appropriate:

1. Service assessment;
2. Crisis intervention;
3. Service facilitation and linkage;
4. Service coordination;
5. Service monitoring;
6. Motivational services;
7. Service plan development and implementation;
8. Case conference participation; and
9. Case and systems advocacy.

(b) The PA shall develop written policies and procedures which prepare and link youth to adult services when appropriate.

(c) The PA shall develop written procedures which justify the need for service provision to persons 18 years of age or older. Such services shall be time limited and so documented in the treatment plan.

10:37H-2.4 Admissions

(a) The PA shall develop written admissions procedures which shall include the following:

1. Admission criteria, both inclusionary and exclusionary, that reflect the characteristics of the population to be served;
2. Referral procedures which identify service area restrictions and scheduling of intake interviews;
3. Procedures for obtaining initial clinical information;

4. Procedures for obtaining an authorized consent for treatment;

5. Procedures which call for documentation of the parents, or legal guardian's refusal of services; and

6. Procedures for notifying applicants and referral sources of admissions decisions, the rationale for such decisions and any information related to service initiation.

(b) The PA shall develop written policies and procedures that will assist in the gathering of initial clinical information from the referral source. Such information shall be placed in the clinical record within two working days of contact with the referral source and shall include, but need not be limited to, the following:

1. The youth's name, address, telephone number, race, sex;
2. The name(s) of the youth's parent(s) or legal guardian(s);
3. The referral date, referral source and reason for referral;
4. Child welfare agency involvement, if any;
5. A brief treatment history;
6. A medication history;
7. The name(s) of prescribing physician(s);
8. A diagnosis; and
9. Other relevant information.

10:37H-2.5 Intake

(a) The PA shall develop procedures for initial contacts with the youth and family.

(b) The PA shall ensure that face-to-face contact with the youth and family occurs within seven working days of receipt of referral. In the event a face-to-face contact does not occur, the YCM program shall document attempts made to contact the youth, parent or the legal guardian in the clinical record.

(c) When establishing the initial contact, the youth case manager will provide the following information to the youth and family:

1. An introduction;
2. The mission and purpose of the agency;
3. An explanation of why the YCM program is involved with the family;
4. A description of services; and
5. Scheduling of a face-to-face appointment.

(d) The PA shall develop policies and procedures to ensure that intake information is received from both the youth and the family. Such information shall be used to develop the comprehensive assessment. Intake information shall include, but need not be limited to, the following:

1. Current involvement with other agencies;
2. Treatment history; that is, prior hospitalization and use of mental health services;
3. Family dynamics, such as living conditions, family support system and employment;
4. Legal history and current legal situation, if applicable;
5. School history;
6. Social and behavioral history;
7. Risk factors such as recent suicide attempts;
8. Chronic medical problems;
9. Mental status; and
10. Youth's placement history, such as residential or foster care placements.

(e) The PA shall develop written policies and procedures which ensure that a written comprehensive assessment is developed. The written comprehensive assessment shall be completed within 10 working days of the youth's admission into the YCM program. The written comprehensive assessment shall include, but not be limited to, the following:

1. Intake information;
2. Assessment of youth's and family's problem areas and service needs;
3. Assessment of family's and youth's strengths and weaknesses;
4. Client's motivation;
5. Treatment recommendations; and
6. Interventions.

10:37H-2.6 Records

(a) The PA shall maintain individual records in an up-to-date organized manner. The records shall contain all relevant client information and shall be maintained to preserve confidentiality. The records shall contain the following:

1. Intake information;
2. A comprehensive assessment;
3. A service plan;
4. All progress notes;
5. A signed release of information;

6. Written indication that client's rights were discussed and, if available, a copy was distributed; and

7. A discharge summary, when appropriate.

(b) YCM services shall be related to the youth's needs and shall be documented and stated through clear goals, objectives and interventions.

10:37H-2.7 Progress notes

(a) Progress notes shall reflect the youth's course of treatment, as well as progress toward discharge, as follows:

1. A summary of services shall be documented for each face-to-face contact;
2. Progress notes shall make reference to the service plan and reflect youth's status, interventions provided, youth's response to interventions, and change in service provision;
3. Progress notes shall reflect any significant event that impacts on the youth's status or service provision;
4. Progress notes shall reflect collateral contacts and communication with persons other than the youth which impact on the youth's status or service provision; and
5. Progress notes shall be properly authenticated with a signature, title and date at the end of each entry.

(b) Progress notes shall be maintained in the clinical record.

10:37H-2.8 Service plan

(a) The PA shall develop service plans based on the written comprehensive assessment. The service plan shall be completed and initiated within 14 working days of the youth's admission into the program.

(b) The service plan shall include, but not be limited to, the following:

1. Identification of problem areas and service needs;
2. Identification of short term and long term goals and measurable objectives;
3. Time frames for reaching short term and long goals and objectives;
4. A summary of the youth's and family's strengths, problems to be addressed, interventions to be utilized in treatment, and recommended frequency of case management activities;
5. Identification of staff person or other parties responsible for implementation of services and interventions; and
6. Criteria which address stated goals and measurable objectives to be achieved for successful discharge.

(c) Signatures shall indicate that the service plan was reviewed by appropriate treatment team members, the client and parent or legal guardian. Any attempts made to have the youth sign the service plan, unless clinically contraindicated, shall be so documented in the clinical records.

10:37H-2.9 Discharge

(a) The PA shall develop written procedures for discharge.

1. Such procedures shall be based on the PA's established discharge criteria.
2. The discharge summary shall include:
 - i. The presenting problem;
 - ii. Reasons for termination;
 - iii. The start and termination date of services;
 - iv. The course of treatment and interventions;
 - v. Discharge medication;
 - vi. Assessment of youth's continuing needs;
 - vii. Availability of resources; and
 - viii. Recommendations.

(b) Procedures shall ensure that all discharge decisions are reviewed by the appropriate staff.

(c) The PA shall ensure that the youth, parent(s), primary family representative(s) or legal guardian are included in the development of the discharge plan and shall document attempts made to include the youth and family in the development of the discharge plan.

(d) The discharge summary shall be included in the clinical record.

10:37H-2.10 Staffing

(a) The PA shall have a written description of the staffing pattern and the roles and responsibilities of YCM staff.

(b) The PA shall have an individual who functions in the capacity of youth case management supervisor and meets the qualifications of a youth case management supervisor.

(c) At a minimum, the youth case manager shall have a bachelor's degree and two years post degree work experience in the provision of mental health or related services, or a master's degree in social work, psychology, family counseling, or a related field, with clinical training.

(d) The responsibilities of the youth case manager shall include the following:

1. Assessing the youth's and family's problem areas, service needs, resources, motivation, level of functioning, mental status, risk category, daily living skills, social skills,

education, family functioning and history of mental health treatment;

2. Assessing the need for crisis intervention;
3. Assessing the service needs of youth hospitalized in CCIS units of the State psychiatric hospital;
4. Coordinating service planning with appropriate staff at CCIS units and the State psychiatric hospital;
5. Monitoring service needs of youth discharged to the community from CCIS units and the State psychiatric hospital;
6. Providing service linkages;
7. Developing and implementing plans that motivate youths and their families to comply with treatment recommendations;
8. Ensuring that service plans are developed and implemented;
9. Facilitating access to mental health services as clinically appropriate, maintaining clinical records including explanations of case outcomes; and

10. Participating in case conferences such as treatment team meetings, case assessment resource teams, school conferences.

(e) At a minimum, the YCM program supervisor shall have a master's degree in social work, psychology, family counseling or related field with clinical training and two years post degree work experience in the provision of mental health or related services.

(f) The function of the YCM program supervisor shall be to ensure the following:

1. That the overall daily management of the program is maintained;
2. That the YCM program is serving the target population;
3. Appropriate staff availability during regularly scheduled working hours;
4. That supervision of YCM staff is provided;
5. Completion of affiliation agreements with other mental health, social and health service systems;
6. Participation of YCM program in local mental health, health and human services planning activities; and
7. That clinical records are maintained.