

Partial Hospitalization

Partial Hospitalization (Child/Youth)

Service Definition

Partial hospitalization is an intensive, nonresidential, therapeutic treatment program that may or may not be hospital-based. The program provides clinical treatment services in a stable environment on a level equal to an inpatient program, but on less than a 24-hour basis. These services are outcome oriented for children and youth experiencing acute symptoms or decompensating clinical conditions that impede their ability to function on a day-to-day basis, and who may be at risk of inpatient care without daily programming. The course of treatment will be based on targeted needs as stipulated in either the ISP (*Individual Service Plan*) for CMO children, an ICP (*Individual Crisis Plan*) or a treatment plan developed by the provider and will indicate specific intervention(s) with target dates for review. Treatment may include therapeutic milieu; nursing, psychiatric evaluation, medication management/education, group/individual/family therapy, supervised clinically appropriate leisure time and/or vocational programming.

Partial hospitalization is used as a time limited response to stabilize acute symptoms. It can be used as a step-down from inpatient services, residential treatment or to stabilize a deteriorating condition and avert hospitalization. Treatment efforts need to focus on 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 the home/community.

Partial Hospital Treatment is separate and distinct from the *Extended Day Treatment Program*, which focuses more on the development or enhancement of an individual's coping skills necessary for daily functioning.

Services may vary from 2 to 6 days per week for up to 6 hours a day and should be coordinated with the child/youth's educational programming. Provision is made for the continuation of the child/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 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.

Criteria

Admission Criteria

All of the following criteria are necessary for admission:

- A. The child/youth is between the ages of 5 and 17 (or 18 to 21 if the youth is actively involved with Child Welfare, Child Behavioral Health or Juvenile Justice at the time of his/her 18th birthday).
Special consideration will be given to children under 5.

	B. The DCBHS Assessment and other relevant information indicate that the child/youth needs the partial hospitalization level of care. C. The child/youth presents symptomatology consistent with a DSM-IV diagnosis and/or a behavioral and emotional disturbance that requires a therapeutic intervention at this level of intensity. D. Child/youth has the capacity and support for regular attendance and the stability necessary for maintenance in the program. E. There is a risk to self or others that is not so serious as to require 24-hour medical/nursing supervision, but does require both structure and supervision for a significant portion of the day and family/community support when away from the partial hospital program. Examples of risk are: an inability to take care of self; mood, thought or behavioral disorder interfering significantly with activities of daily living; suicidal ideation or non-intentional threats; risk-taking or other self-endangering behaviors. F. The child/youth's condition requires a comprehensive, multi-disciplinary, multi-modal course of treatment, including routine psychiatric observation/supervision to effect significant regulation of medication and/or routine nursing observation and behavioral intervention to maximize functioning and minimize risks to self, others and property.
Psychosocial, Occupational, Cultural and Linguistic Factors	<i>These factors may change the risk assessment and should be considered when making level of care decisions</i>
Exclusion Criteria	Any of the following are sufficient for exclusion from this level of care: A. The DCBHS Assessment and other relevant information indicate that the child/youth needs a more (or less) intensive level of care. B. The child/youth is at imminent risk of harm to self or others, or requires a more intensive level of service. C. Meets the criteria for a more (or less) intensive level of care. D. The child/youth and/or parent/guardian/custodian do not voluntarily consent to admission or treatment. E. A sole presenting diagnosis of Substance Abuse or a condition that would interfere with the utilization of the program interventions.

	F. The primary problem is social, economic or legal without a concurrent behavioral or emotional disturbance meeting criteria for this level of care.
Continued Stay Criteria	<i>The following criteria are necessary for continuing treatment at this level of care:</i> A. The DCBHS Assessment and other relevant information indicate that the child/youth continues to need the partial hospitalization level of care. B. Severity of behavioral and emotional disturbance continues to require this level of service. C. Services at this level are required to support reintegration of the child/youth into the community. D. The mode, intensity, and frequency of treatment is reflective of intended ISP/ICP/treatment plan outcomes. E. Treatment planning is appropriate to the child/youth's changing condition with realistic and specific goals including target dates for accomplishment and objectives clearly stated. F. The services are appropriately provided and are agreed upon in the ISP/ICP/treatment plan by the providers, the child/youth and the parent/guardian/caregiver. G. 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. H. Child/youth and parent/guardian/caregiver are participating to the extent all parties are able. I. When clinically necessary, appropriate psychopharmacological intervention has been evaluated, recommended and monitored. J. There is documented evidence of active discharge planning
Discharge Criteria	<i>The following criteria are sufficient for discharge from this level of care:</i>

DCBHS-Policy #008 (K)	Clinical Criteria
	A. The DCBHS Assessment and other relevant information indicate that the child/youth no longer meets criteria for this level of care. B. Child/youth's ISP/ICP/treatment plan and discharge goals for this level of care have been substantially met. C. Consent for treatment is withdrawn by the child/youth and/or parent/guardian/custodian. D. Child/youth meets criteria for a less/more intensive level of care.