

PARTIAL CARE**Partial Care (Youth/Young Adult)****Service Definition**

Partial care 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. These services are outcome oriented for youth and young adults 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. Partial care programs provide seriously emotionally disturbed youth/young adults with a highly structured intensive day treatment program.

The course of treatment will be based on targeted needs as stipulated in either the ISP (*Individual Service Plan*) for a youth receiving CMO services or a treatment plan developed by the provider and will indicate specific intervention(s) with target dates for review. Treatment may include individual counseling, group counseling and support, therapeutic activities to address daily living (ADL) skills, recreation and stabilization needs; family support services such as family therapy, family psycho-education, supportive counseling, or parenting skills development; psychiatric assessment and medication management; case coordination; therapeutic milieu activities; and referral, advocacy, and service linkages.

Partial care 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.

Services may vary from 2 to 5 days per week for up to 5 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 master's level clinician and a board eligible psychiatrist.

Criteria	
Admission Criteria	<i>All of the following criteria are necessary for admission:</i>
	<ol style="list-style-type: none">1. The youth/ young adult is under the age of 21. Eligibility for services is in place until the youth's 21st birthday.

	<ol style="list-style-type: none"> 2. The youth/young adult is in need of external clinical and social support in order to remain stable outside of an inpatient or residential environment, or to transition to living in the community from a more restrictive setting. 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 community. 4. The youth/young adult presents with symptomatology consistent with a DSM-IV diagnosis and/or a behavioral and emotional disturbance that requires a therapeutic intervention at this level of intensity. 5. Youth/young adult has the capacity and support for regular attendance and the stability necessary for maintenance in the program. 6. 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. 7. The youth/young adult's condition requires a comprehensive, multi-disciplinary, multi-modal course of treatment, including routine psychiatric observation/supervision to effect significant regulation of medication 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:

	<ol style="list-style-type: none">1. The youth/young adult's parent/guardian/custodian does not voluntarily consent to treatment and there is no court order requiring such treatment.2. The CSOC Assessment and other relevant information indicate that the youth/young adult's treatment needs are not consistent with a Partial Care intensity of service, as they need either a less intensive therapeutic service or a more intensive therapeutic service.3. The Behavioral symptoms are the result of a medical condition that warrants a medical setting for treatment.4. The youth/young adult has a sole diagnosis of Substance Abuse and there are no identified co-occurring emotional or behavioral disturbances, which would benefit from involvement in a Partial Care program.5. The youth/young adult has a sole diagnosis of Autism and there are no co-occurring DSM IV Axis I Diagnoses, or symptoms/ behaviors consistent with a DSM IV Axis I Diagnosis.6. The youth/young adult has a sole diagnosis of Mental Retardation/ Cognitive Impairment and there are no co-occurring DSM IV Axis I Diagnoses, or symptoms/ behaviors consistent with a DSM IV Axis I Diagnosis.7. The youth/young adult 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.8. 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	<p><i>The following criteria are necessary for continuing treatment at this level of care:</i></p> <p>A. The CSOC Assessment and other relevant information indicate that the youth/young adult continues to need the Partial Care level of care.</p>

	<ul style="list-style-type: none"> 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 youth/young adult into the community. D. The mode, intensity, and frequency of treatment are reflective of intended ISP/treatment plan outcomes. E. Treatment planning is appropriate to the youth/young adult'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 youth/young adult 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. Youth/young adult 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	<p><i>The following criteria are sufficient for discharge from this level of care:</i></p> <ul style="list-style-type: none"> A. The CSOC Assessment and other relevant information indicate that the youth/young adult no longer meets criteria for this level of care. B. Youth/young adult's ISP/treatment plan and discharge goals for this level of care have been substantially met. C. Consent for treatment is withdrawn by the youth/young adult and/or parent/guardian/custodian.

	D. Youth/young adult meets criteria for a less/more intensive level of care.
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