

**DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MENTAL HEALTH SERVICES**

**N.J.A.C. 10:37B  
PSYCHIATRIC COMMUNITY RESIDENCES FOR YOUTH**

AUTHORITY  
N.J.S.A. 30:11B-4.

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**SUBCHAPTER 1. GENERAL PROVISIONS**

**10:37B-1.1 Scope and purpose**

(a) The rules in this chapter apply to all licensed psychiatric community residences for youth funded by or under contract with the Division of Mental Health Services.

(b) The purpose of the rules in this chapter is to:

1. Enable licensure and regulation of specialized residences for mentally ill youth;
2. Promote the goal of the residences to provide appropriate mental health services to youth at risk of hospitalization or recently discharged from inpatient care but not ready to return home or reside in a less intensive facility;
3. Promote high quality and effective delivery of funded residential services for youth; and
4. Establish licensure fees.

**10:37B-1.2 Definitions**

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

"Behavior management practice" means the use of a time out quiet room, therapeutic holding technique or point system as part of a comprehensive treatment plan to help the youth develop self-control, to reduce maladaptive behavior or to protect the youth and others from harm.

"Behavior management quiet room" means a room used exclusively for the purpose of keeping the youth apart from all social interaction in order to protect the youth or other persons from the youth's assaultive or destructive behavior.

"CCIS" means the regional Children's Crisis Intervention Service unit established to serve, for a period not exceeding 28 days, youth from the ages of five through 17 who have:

1. Received an initial screening by a designated mental health emergency screening service;
2. A primary psychiatric diagnosis; and
3. An impaired level of personal and social functioning to the extent that inpatient psychiatric crisis intervention and treatment services are necessary.

"Comprehensive treatment plan" means the formulation of goals, objectives and interventions for services based on an assessment which includes treatment, recommendations, and which may include: psychological, medical, developmental, family, educational, social, cultural, environmental, recreational and vocational components.

"Consent" means that a parent having legal responsibility for educational decision making or the adult pupil (that is, a person age 18 through 21 who is not under legal guardianship) has been fully informed of all information relevant to the activity for which the consent is sought, in his or her native language or other mode of communication, understands and agrees in writing to the implementation of this activity, and understands that granting of consent is voluntary and may be revoked at any time.

"Counseling for families" 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 everyday living, such as basic housekeeping, grooming, dressing, maintaining schedules, social and recreational activities.

"Department" means the New Jersey Department of Human Services.

"Division" means Division of Mental Health and Hospitals within the New Jersey Department of Human Services.

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

"Educationally handicapped pupil" means a pupil who has been determined to be eligible for special education and or related services according to N.J.A.C. 6:28-3.5. Classification categories for educationally handicapped pupils include: auditorily handicapped, autistic, chronically ill, communication handicapped, emotionally disturbed, mentally retarded, multiple handicapped, neurologically impaired, perceptually impaired, preschool handicapped, orthopedically handicapped, socially maladjusted, and visually handicapped.

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

"Individualized education program" means a written plan developed at a meeting according to N.J.A.C. 6:28-3.6 which sets forth goals and objectives and describes an integrated sequential program of individually designed educational activities and related services necessary to achieve the stated goals and objectives.

"Parent" means a birth or adoptive parent, legal guardian, or any other person having responsibility for, or custody of, a youth.

"Provider agency" (PA) means a public or private organization which has a mental health contract with the Division and has been licensed by the Division to provide residential services.

"Psychiatric community residence for youth" (residence) means a community residential facility, licensed by the Division in accordance with this chapter, 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 received or may be at risk of inpatient care 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. Residences do not admit any person residing in the State psychiatric hospital for adolescents or the State correctional facilities who has been found not guilty of a crime by reason of insanity or unfit to be tried on a criminal charge. Residences are not considered a health care facility, within the meaning of the "Health Care Facilities Planning Act," P.L. 1971 c.136 (N.J.S.A. 26:2H-1 et seq.) and include, but are not limited to, group homes, supervised apartment living arrangements, family care homes and hostels.

"Referral" means, for educational purposes, making a written request that a child study team meet to determine the need for evaluation according to N.J.A.C. 6:28-3.3.

"School-age pupil" means a person age three through 21 who is or was enrolled in a public school.

"Seriously emotionally disturbed youth", 18 years of age or younger, exhibiting one of the following characteristics:

1. Behavioral, emotional, or social impairment that disrupts the child's or adolescent's academic and developmental progress and may also impact upon family and interpersonal relationships and has impaired functioning that has continued for at least one year, or
2. Has an impairment of short duration and high severity.

"State facility education program" means a program contracted with the Department and funded by the Department's Office of Education for the provision of education services.

"Therapeutic holding technique" means holding a youth so that he or she cannot move all or part of his or her body. This technique does not involve the use of any mechanical devices, such as hand or foot cuffs to restrict the movement of the youth.

"Time out" means removing a youth to an area or room in the residence where there is limited stimulation. This removal should be a therapeutic intervention and a time for the youth to reflect on his or her behavior in order to gain control so he or she can return to the other youth.

"Youth" means a person who is 18 years of age and under.

## SUBCHAPTER 2. LICENSING

### 10:37B-2.1 Initial licensing process

(a) All inquiries related to licensure of psychiatric community residences for youth shall be made to:

New Jersey Department of Human Services  
Office of Licensing, Mental Health Licensing  
PO Box 727  
Trenton, NJ 08625-0727

(b) To become a licensed provider agency (PA), an agency must:

1. Demonstrate the intent and capability to operate a community residence within the provisions of this chapter;
2. Be a mental health provider with a service contract with, or funding from, the Division. Such a service contract shall include provisions for the operation of community residences; and
3. Pay the fee(s) required by N.J.A.C. 10:37B-2.2.

(c) The PA shall comply with this chapter.

(d) The PA shall apply for licensure to the Department. Applications shall indicate the type or types of community residences intended, the specific geographical location in which residences would be located, and the number of residents to be served. Such application shall be made to the Department at the address in (a) above.

### 10:37B-2.2 Licensure fees

(a) The PA shall submit the appropriate fee on an annual basis to the Department at the address listed in N.J.A.C. 10:37B-2.1(a) above. Checks shall be made payable to the "State of New Jersey." No license shall be issued until payment of this fee has been received by the Department. Failure to pay the annual fee applicable to an existing license shall result in revocation of that license

(b) A PA applying for a new license shall submit an application fee of \$575.00. A PA is not required to pay a separate application fee for a program for which it is licensed under N.J.A.C. 10:37-10 on July 1, 2003.

(c) A PA applying for renewed licensure shall submit with its application a licensure renewal fee in accordance with the following schedule:

1. Renewal fee for first psychiatric community residence for youth.. \$575.00
2. Renewal fee for each additional psychiatric community residence for youth \$287.50

### **10:37B-2.3 Licensing of psychiatric community residences for youth programs**

- (a) The Department shall inspect any proposed psychiatric community residence for youth site, utilizing the physical and fire safety standards pursuant to N.J.A.C. 10:128-4.1 and 4.4 through 4.6, and shall review all program operations or descriptions for compliance with the provisions of this chapter.
- (b) The Department shall notify the PA in writing of any violations.
- (c) Once the PA has corrected all violations, the PA shall request a final site inspection and shall submit documents indicating habitability.
- (d) A license shall be issued once intent to comply with all program requirements is demonstrated, inspections are satisfactory, and there is reasonable assurance that the residence shall be operated in the manner required by this subchapter.
- (e) The license shall be issued by the Department.
- (f) The license shall be limited to a specifically identified facility, issued for a period of one year and shall indicate the maximum number of persons to be served within that facility.
- (g) The license shall be available during normal business hours on the agency's premises for review by the Department or any interested members of the public.

### **10:37B-2.4 Provisional license**

- (a) A provisional license may be issued by the Department to a prospective PA which expresses interest in operating a community residence, indicates in writing an intent to comply with the guidelines contained in this chapter and applies to the Department for such provisional licensing. The application shall indicate the type or types of community residences desired, the specific geographical areas in which residences would be located, and the number of residents to be served.
- (b) The Department shall review the application of the prospective PA, assess the fiscal, programmatic, and administrative capabilities of the PA and determine whether a provisional license shall be issued. The PA shall pay the fee(s) required by N.J.A.C. 10:37B-2.2.
- (c) The provisional license shall authorize a PA to secure a facility or facilities in which to provide services.
- (d) A provisional license shall authorize a PA to provide services to residents.
- (e) The provisional license shall be issued for a time period not to exceed six months and may be renewed in six months intervals by the Department if, in its judgment, the PA consistently made good faith efforts to establish the proposed residence(s).

(f) A PA which has been issued a provisional license shall immediately make application for an annual renewable license in accordance with N.J.A.C. 10:39-2.1 when the residence has been secured and services to residents are ready to be initiated.

#### **10:37B-2.5 Applicability of standards**

(a) All PAs which are funded by, or have contracts with, the Division prior to May 2, 1994 and all community residences in operation prior to May 2, 1994, shall be considered approved for licensing and shall not be subject to the initial or provisional licensing process. From May 2, 1994 on, licensure shall be based on the Department's annual inspection.

(b) Those PAs which are not funded by or do not have contracts with the Division on or before May 2, 1994 and those residences established subsequent to May 2, 1994 shall follow the initial licensing process, as required by this chapter, and shall be subject to annual inspections.

#### **10:37B-2.6 Waiver of standards**

(a) Requests for waivers shall be made to the Department in writing with supporting information justifying the request. Waiver requests shall be submitted to the address listed in N.J.A.C. 10:37B-2.1(a).

(b) Waivers of specific standards shall be considered at the discretion of the Department, provided that one or more of the following conditions have been met:

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

#### **10:37B-2.7 License renewal**

(a) The license shall be subject to an annual renewal.

(b) Determination of license renewal shall be based on the annual evaluation conducted by the Department's Office of Licensing, Mental Health Licensing.

(c) The Director of the Office of Licensing, Mental Health Licensing (or designee) shall make the determination of renewal.

(d) In the event that a license expires prior to the determination of renewal, the license shall remain in effect until such a determination is made.

(e) A PA seeking renewal of its license shall pay the fee(s) required by N.J.A.C. 10:37B-2.2. Failure to pay the required fees shall result in denial of the application for license renewal.

### **10:37B-2.8 Monitoring compliance**

(a) The PA shall ensure, through its quality assurance program, that residences meet the program and facilities requirements for licensure set forth in this chapter. Quality assurance visits to ensure health, safety, and welfare standards shall be conducted by the PA quarterly, at a minimum. The Department will audit the process annually.

(b) All PAs and residences shall be evaluated on site for program requirements annually by the Office of Licensing, Mental Health Licensing, and, at the discretion of the Department, as needed.

(c) A formal report of program and facility evaluations, including all deficiencies and violations, shall be provided to the PA by the division.

(d) No later than 40 days after receipt of the report, the PA shall provide written notice to the Department that specific violations have been corrected, and that actions have been taken to abate specific violations noted and that full correction is anticipated within the time frames noted in the report.

(e) For any violations cited by the Department as life-threatening, meaning presenting an imminent threat to the health and safety of residents, the PA shall correct them and remove the threat created by such deficiencies immediately and shall provide written notice, within 48 hours, to the Office of Licensing, Mental Health Licensing that such action has been taken.

(f) If the Department report identifies violations which are not life-threatening, representatives from the Department, as part of their ongoing monitoring responsibilities, shall visit the specified residence or program and provide a report to the Department on progress toward remediation of deficiencies every 60 days until compliance is achieved.

(g) When the PA is cited for a physical violation and the maintenance is the responsibility of another party, there must be documented evidence that the PA has informed the building owner, and his or her agent, of the need to correct any deficiencies. If such deficiencies are not corrected, the PA shall take further action as appropriate.

### **10:37B-2.9 Appeal of the Department's findings**

(a) The PA may appeal findings of the Department, with the exception of life-threatening violations.

(b) The appeal of findings shall be directed to the director of the Office of Licensing, Mental Health Licensing (or designee) within 20 days of the PA's receipt of the written report of findings.

(c) A response to the appeal shall be provided to the PA within 20 days of its receipt.

#### **10:37B-2.10 Administrative sanction**

(a) In the event that the PA does not submit the written notice specified in N.J.A.C. 10:39-3.1(c) by the required date, or if violations have not been abated within time frames specified in the report, the Department shall have the option of suspension of payments to which the PA may be entitled under any agreements with the Division, imposition of a moratorium on admissions to the facility, revocation of the current license to operate the facility, non-renewal of the license to operate the facility, or imposition of other administrative sanction(s) appropriate to the violations cited.

(b) In the event that the Department requires the revocation or non-renewal of the license and the relocation of the residents of the facility, a written order shall be directed to the PA's executive director (or designee) and to the President of the Board of Directors of the agency.

(c) When an order to vacate the premises and the revocation of a license has been issued by the Department, the Department shall work with the PA to ensure proper placement of residents.

#### **10:37B-2.11 Review of administrative sanctions**

Where an administrative sanction exists and the PA denies the basis of the sanction, the PA may apply to the director of the Office of Licensing, Mental Health Licensing (or designee) for a review, which shall be afforded and a decision rendered by the director of the Office of Licensing, Mental Health Licensing (or designee) within five working days of the receipt of the written request for a review.

#### **10:37B-2.12 Administrative hearing of appeal**

If the PA chooses to appeal a decision made pursuant to the provisions of N.J.A.C. 10:37B-2.10, the PA may request an administrative hearing, which shall be conducted pursuant to the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq. and 52:14F-1, and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1.

#### **10:37B-2.13 Emergency situation**

The Department, when it determines that the health, safety or welfare of the residents warrant it, may immediately suspend a PA license, and take the necessary action to ensure the well-being of residents. Any hearing provided in such cases shall be on an expedited basis.

### SUBCHAPTER 3. ADMINISTRATION

#### 10:37B-3.1 Statement of purpose

- (a) The residences shall maintain on file a written statement of purpose that shall identify the following:
1. The residence's philosophy, goals and objectives;
  2. Characteristics of the youth to be served;
  3. Types of treatment services provided to the youth, including those provided directly by the residence and those provided in cooperation with community agencies or outside individuals;
  4. Procedures for implementing those services; and
  5. Criteria for successful completion of the program.
- (b) The residence shall give this statement of purpose to the parents of the youth applying for services, to all staff members and to all persons who request this information.
- (c) The residence shall secure and shall maintain on file a record of a parent or legal guardian and staff members' signatures attesting to their receipt of the statement of purpose.

#### 10:37B-3.2 Management

The residences shall comply with all applicable management standards as promulgated by the Division, in accordance with the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq., and the rules regarding agency rulemaking, N.J.A.C. 1:30.

#### 10:37B-3.3 Rights of youth

- (a) The residence shall prepare a list of youth's rights and shall post it in a prominent location in each residence or give it to the youth and document such in each youth's record. In either case these rights shall be explained to the youth to the extent the youth is capable of understanding them, including by appropriate means to youth whose primary language is not English or who have a communication handicap. At a minimum, the list shall specify the youth's right to:
1. Receive prompt medical treatment;
  2. Have access to an appropriate education;
  3. Live in a safe, clean and healthy environment;
  4. Be free of physical or sexual harassment or abuse or corporal punishment;

5. Attend religious services of their choice;

6. Have unimpeded communication to DYFS in order to report allegations of physical abuse, physical neglect, or sexual abuse; and

7. In the case of youth placed into these residences pursuant to the authority of DYFS, the provisions of N.J.S.A. 9:6B-1 et seq. shall also apply.

(b) The residence shall give this list of youth's rights to a parent or legal guardian of the youth applying for admission, all staff members, and all persons who request this information.

(c) The residence shall secure and maintain on file a record of a parent or legal guardian and staff members' signatures attesting to their receipt of the list of youth's rights.

(d) The residence shall prepare, post, or give to all staff members and youth a written grievance procedure governing how the youth may raise questions about or voice disagreements with and concerns about procedures, care, and specific incidents. The residence shall not take, or threaten to take, retaliatory or disciplinary action of any kind against a youth who uses the grievance procedure or files a grievance. The residence shall provide a procedure to explain the above to youth in a manner in which they can understand their rights.

#### **10:37B-3.4 Information to be provided to parent, legal guardians and staff members**

(a) The residence shall provide and explain to every parent, within five working days of his or her youth's placement, and to every person upon becoming a staff member, including the provision, by appropriate means, to individuals whose primary language is not English or who have a communication handicap, a written document indicating that the residence is required to:

1. Comply with all applicable provisions of this chapter;

2. Retain a current copy of this chapter and make it available for review by parents or legal guardians of resident youth;

3. Make available for review any Department reports reviewing program compliance with this chapter;

4. Indicate how parents or legal guardians may secure a copy of this chapter by contacting the Department of Human Services, Office Licensing, Mental Health Licensing, PO Box 727, Trenton, New Jersey 08625-0727;

5. Afford parents or legal guardians the opportunity and time to review and discuss with the residence director any questions or concerns about policies, requirements, provisions, or alleged violations of this chapter;

6. Advise parents or the legal guardian that if they believe or suspect that the residence is in violation of any provision of this chapter, they may report such alleged violations to the Division;
7. Make available, upon request, for parents' or legal guardian's review, any Inspection Violation and Complaint Reports on the residence, as well as any letters of enforcement or other actions taken against the residence during the previous two-year period;
8. Inform parents or legal guardians that they may request a copy of the residence's or agency's behavior management policy, including policies for searches, as specified in this chapter.
9. Inform parents or legal guardian that the residence or agency is required to provide the youth's parent or legal guardian with copies of the residence's or agency's visitation and communication policies, a copy of the procedure for expressing concern or registering complaints regarding their youth's placement, and a description of its religious policies, including a statement that the youth has a right to practice his or her religion;
10. Indicate through this document that any person who has reasonable cause to believe that a youth residing in the residence has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, or harsh, humiliating, or frightening treatment, or any other kind of youth abuse, neglect or exploitation by any person, whether working at the residence or not, is required by State law to report such allegations to the DYFS Institutional Abuse Investigation Unit, TOLL FREE at 1-800-215-6853, Monday through Friday between 9:00 A.M. and 5:00 P.M. or, at other times, any local DYFS District Office immediately, and indicate that such reports may be made anonymously;
11. Indicate through this document how parents or legal guardians and staff members may secure information about the prevention and reporting of child abuse and neglect by contacting the DYFS District Office;
12. Inform parents or legal guardians that the residence or agency must secure written consent from the youth's parents or guardians before the residence or agency may involve the youth in fund raising, publicity, or audiovisual activities related to the residence or agency; and
13. Inform parents or legal guardian that the residence will develop a visitation schedule for parents or legal guardians and youth, as specified in this chapter.
  - (b) The residence or agency shall comply with the requirements specified in (a) above by:
    1. Securing the parent's or guardian's and staff member's signature on a record attesting to receipt of the document, and maintaining the record on file; or
    2. Documenting in the record the attempts made to secure the parent's or guardian's signature.

### **10:37B-3.5 Community participation**

(a) The residence shall establish policies and procedures that encourage, enhance, and ensure good community relations.

(b) The director of the residence shall ensure that community activities have been scheduled or completed and shall provide updates on community involvement to the governing board on a quarterly basis.

## **SUBCHAPTER 4. PROGRAM REQUIREMENTS**

### **10:37B-4.1 Affiliation agreements**

Each agency operating a residence shall negotiate affiliation agreements with child-serving agencies and providers. This shall include, but not be limited to, CCIS, children's partial care programs, and other inpatient psychiatric facilities approved for referral by the Department.

### **10:37B-4.2 Criteria for admission**

(a) The program shall develop written inclusionary and exclusionary admission criteria.

(b) Except as approved in writing by the Department, in accordance with N.J.A.C. 10:37B-2.5, admission policies of the PA shall restrict admissions to youth who have received acute inpatient care in an inpatient facility and require psychiatric treatment in a community residence setting prior to returning home or placement in a longer term residential facility, or youth who may be at risk for receiving acute inpatient care.

(c) All admission criteria and admissions procedures shall be stated in the affiliation agreements with referral sources.

### **10:37B-4.3 Admission information**

(a) The agency or residence shall develop procedures with the referral source to obtain written information on each youth prior to admission to the program. This will be negotiated as part of the affiliation agreement. Information will include, but not be limited to:

1. The reason for referral to the residence;
2. The reason for admission;
3. The youth's full name, nicknames, if any, gender, date of birth, religion, race, and social security number if available;
4. The name, address, telephone number and relationship to the youth of the person(s) with whom the youth was living at the time of admission;
5. The name, address, and telephone number of father, mother, or foster parent(s), or legal guardian(s), if different from above;
6. The name, address, and telephone number of the case manager of the placing agency or other agencies involved in the case;
7. The name, address, and telephone number of the person to notify in an emergency;

8. The name of siblings, their ages, and gender;
9. Medicaid card and, if applicable, insurance numbers;
10. School(s) attended, grade level, and employer, if any;
11. In those cases where the birth certificate and immunization records are unavailable, documentation that the referral source has requested the same should be forwarded to the residence;
12. Progress summary to include the progress of treatment and stabilization that occurred while the youth was hospitalized or in an intensive psychiatric treatment program; and
13. A discharge plan, to include a review of the circumstances that precipitated prior psychiatric placement or hospitalization, a review of the youth's needs, current health, medical history, current medications, side effects, reason for referring the youth to program, and a contact person.

#### **10:37B-4.5 Admission**

- (a) Upon admission, the PA shall possess such information it determines to be necessary to provide treatment.
- (b) The PA or residence shall obtain consent from a parent or legal guardian for emergency medical and surgical care, semi-annual dental care and annual physical examinations for the youth.
- (c) A release of information from the parent or legal guardian for all agencies having provided services for the youth admitted shall be requested. Subsequent requests for information shall be documented.
- (d) The youth shall be given a secure place to store valuables and shall have explained to him or her house rules, youth's rights, the discipline policy, and the search and seizure policy, if any. Any search and seizure policy employed by the PA shall comply with applicable Federal and State law. The youth shall also be oriented in emergency and evacuation procedures.
- (e) Within 72 hours of admission, a brief assessment--initial service plan shall be completed. This assessment--service plan shall include, at a minimum:
  1. A face-to-face interview by the clinical staff member;
  2. Consideration of the information supplied by the referring agency;
  3. Consideration of needs in the following critical areas: physical health, psychiatric status, family, recreational, social, academic, behavioral, legal and psychological;
  4. Specific needs to be addressed by the initial treatment plan;

5. Goals and strategies that relate to assessed needs, reasons for admission, reasons for discharge, and referral to the residence; and

6. Interventions to be implemented in the first two weeks.

#### **10:37B-4.6 Treatment planning**

(a) The residence shall develop, implement, and maintain on file a written individual master treatment plan for each youth.

(b) The residence shall form a multi-disciplinary treatment team that is responsible for the development of a treatment plan for each youth. Youth shall be allowed to participate in the development of their treatment plan to the extent that their clinical condition permits. The multi-disciplinary treatment team shall include, but not be limited to, the following members:

1. Representatives from the psychiatric community residences programs;
2. Representatives of DYFS;
3. Representatives of youth case management;
4. Representatives from the youth's responsible school district and current school district, if appropriate; and
5. The youth's parents, designated representative or legal guardian, shall be included in the treatment team unless clinically contraindicated and justified in writing.

(c) The residence shall document in the youth's record that the DYFS case manager or other placing agency, the youth's therapist, parents, or legal guardian and the youth's responsible school district and current school district, if appropriate, were invited to participate as members of the treatment team and assist in the development of the treatment plan and all subsequent revisions.

(d) The residence shall develop and implement the master treatment plan within 10 working days following a youth's admission, and review or revise the treatment plan at least every month thereafter.

(e) The master treatment plan and revisions shall be based on a comprehensive assessment that includes the following:

1. A current psychosocial history and update;
2. A psychiatric evaluation that has been completed within the last 60 days;
3. A psychological evaluation, as indicated;
4. A current report card, as available;

5. A current history of immunization;
6. A current youth study team evaluation and individual education plan;
7. A physical and medical evaluation;
8. Information received from prior service providers;
9. A socialization and activity evaluation;
10. Other psychological, social, recreational, vocational and behavioral needs; and
11. Statements that integrate the assessment information to include findings and recommendations.

(f) The master treatment plan shall include the following:

1. Goals based on the assessments;
2. Objectives related to the goals;
3. A description of how the goals and objectives are operationalized, that is, strategies and interventions;
4. Services provided outside the facility to minimally include a listing of such services and the contact person of such services;
5. Signatures of each of the professionals participating in the development of the master treatment plan, the youth, if appropriate, and a parent or legal guardian; and
6. Criteria for discharge or reduction in service.

#### **10:37B-4.7 Treatment services**

(a) The therapeutic program, including the environment, shall be based on a clear written statement of philosophy that reflects the needs of the client population.

(b) The residence shall provide individualized treatment sessions to meet the clinical needs of each youth. Each treatment session shall be documented in the youth's clinical record.

(c) The residence shall possess the capacity to provide individual and group counseling with the intensity and frequency necessary to meet the youth's needs and in conformance with the master treatment plan.

(d) The residence shall provide or arrange for family therapy or family counseling to the youth's family or natural support system as directed by the treatment plan.

(e) The residence shall provide or arrange psychiatric treatment services for all youth to include at a minimum:

1. Routine and emergency psychiatric evaluations;
2. Medication monitoring services; and
3. Psychiatric input and consultation into the clinical component of treatment planning.

(f) The residence shall provide crisis intervention, for example, emergency counseling, on a 24-hour basis within the residence.

(g) The residence shall coordinate and monitor access to other needed services. The agency or residence shall determine the extent to which said services shall be governed by affiliation agreements and negotiate such agreements. Examples of services include: psychological testing, needed vocational services, specialized medical services, and structured recreational activities.

(h) The residence shall have a behavior management program which includes, at a minimum, the following:

1. A manual which defines the goals and objectives of the program and outlines the program. The manual shall include staff and client responsibilities and shall be provided to staff, youths, families, and other caretakers;
2. A behavior management system which addresses the developmental and symptomatic characteristics of the population served;
3. Documentation of the youth's response to the behavior management program and the impact on targeted behaviors; and
4. A behavior management program implemented by trained staff of the residence who can therapeutically intervene with youth. Such staff shall be available to therapeutically intervene with youth.

(i) The residence shall provide or arrange for recreation and assistance in daily living skills services.

(j) Daily routines, activities and schedules shall be based on client needs and specific treatment plan requirements. This shall be reflected in the variety and the timing and pacing of activities and the clarity of their purpose.

(k) The physical environment shall be arranged such that it facilitates treatment, protects individuals, provides privacy, and adequate space, while enabling youth to learn and grow.

(l) Any guidelines and practices for interactions between individuals, staff and clients at the facility shall reflect the philosophy of the program for both routine situations as well as emergency and unusual circumstances. Guidelines for any such interactions shall be fully described in the program's written policies and shall be consistent with daily operations.

#### **10:37B-4.8 Behavior management practices and programs**

(a) Residences that choose to utilize behavior management practices shall develop policies and procedures that assist youth in gaining control of their behavior, protect the youth from self-harm, protect other youth or staff members, and prevent the destruction of property.

(b) The residence shall not utilize behavior management practices and programs as a means of punishment, for the convenience of staff members, or as a substitute for a treatment program.

(c) Prior to the youth's admission, the residence shall:

1. Explain to the parent or legal guardian, the youth, the Divisional youth case manager or other agency working with the youth, the behavior management practice or program that is used within the residence, and the circumstances under which it will be employed;

2. A written copy of said procedures shall be provided to the parent or legal guardian; and

3. The residence shall maintain said procedures on file in the residence or residence's administrative office.

#### **10:37B-4.9 Point system**

(a) Residences that utilize point systems shall:

1. Provide staff a written description of the residence's behavioral management point system;

2. Determine the targeted behaviors to be addressed through the resident's comprehensive treatment plan and review;

3. Document that all treatment team members and the resident have opportunities for input into the determination of the behaviors to be addressed and that such input is given full consideration in decisions;

4. Record target behavior(s) on a format developed by the residence; and

5. Address, at a minimum, the following goals:

- i. Reduction of physically or verbally assaultive behavior or behavior destructive to property, self or others;

- ii. Interpersonal and social skills development;
- iii. Self maintenance and independent functioning; and
- iv. Preparation for discharge.

(b) Residences shall not take earned points away from a resident as a consequence for failure to meet goals or negative behavior(s).

#### **10:37B-4.10 "Time out"**

(a) Residences that utilize "time out" shall:

1. Inform staff members through written policy of the circumstances when "time out" may be utilized as a behavior management practice when a youth exhibits:

- i. Disruptive behavior, including fighting, name calling, and pushing;
- ii. Increased agitation;
- iii. Non-compliant behavior or failure to participate in the program;
- iv. Uncontrollable emotional outbursts such as crying, screaming, and inappropriate laughter; and
- v. A request for "time out."

2. Ensure that the youth being given "time out" is not actively suicidal;

3. Prohibit more than one youth from being given "time out" in the same room or area;

4. Ensure that at least one staff member is responsible to make visual contact with the youth every 10 minutes and is within hearing distance of the youth when the youth is removed from the group;

5. Ensure that the residence does not utilize a closet, bathroom, unfinished basement, unfinished attic or locked room when giving "time out" to a youth from the group;

6. Ensure that the "time out" for a youth does not exceed 30 minutes without written approval by the program director-supervisor;

7. Document each "time out" for a youth in an incident report that reflects the following:

- i. The name of the youth;
- ii. The date and time of day the "time out" occurred;

- iii. The name(s) of all staff members observing the youth;
  - iv. Precipitating factors that lead to the youth needing "time out";
  - v. Other intervention attempted;
  - vi. The time the "time out" ended and where the youth was given the "time out"; and
  - vii. The condition of the youth upon release.
8. Ensure that the youth is reintroduced to the group in a sensitive and non-punitive manner as soon as he or she has gained control; and
9. Ensure that the practice must be reviewed by the staff psychiatrist if the "time out" exceeds more than two hours within a 24 hour period.

#### **10:37B-4.11 Therapeutic holding techniques**

(a) Residences that utilize therapeutic holding techniques with youth shall:

- 1. Ensure that physical restraint is used only to protect a youth from self-harm, or to protect other youth or staff members, or to prevent the destruction of property when the youth fails to respond to other non-restrictive behavior management interventions;
- 2. Ensure that staff members use only therapeutic holding techniques and holds, such as the basket hold or restraining the youth in the prone position. These techniques and holds shall not be utilized if the youth has not received a medical examination that documents that he or she will not be adversely affected;
- 3. Ensure that a youth is released from therapeutic holding technique as soon as he or she has gained control;
- 4. Document each therapeutic holding technique incident in an incident report that reflects the following:
  - i. The name of the youth;
  - ii. The date and time of day the restraint occurred;
  - iii. The name(s) of all staff members involved in the therapeutic holding technique;
  - iv. Precipitating factors that led to the therapeutic holding technique;
  - v. Other prior non-restraint interventions attempted;

- vi. The time the therapeutic holding technique ended;
  - vii. The condition of the youth upon release;
  - viii. A medical review by the nurse or physician if injury to the youth is suspected; and
  - ix. Psychiatric community residence programs utilizing the therapeutic holding behavior management technique shall ensure that the youth is offered post-therapeutic holding technique counseling;
5. Ensure that all therapeutic holding technique incidents are:
- i. Reviewed by a supervisory staff member within one working day after the incident; and
  - ii. If needed, discussed with the staff member involved in the therapeutic holding technique incident within one working day after the incident;
6. Ensure that staff members who are involved in the therapeutic holding technique of a youth receive training in safe techniques for therapeutic holding techniques;
7. Prohibit staff members from utilizing any technique that could likely result in injury to the youth including, but not limited to, the following practices during a therapeutic holding technique:
- i. Pulling a youth's hair;
  - ii. Pinching a youth's skin;
  - iii. Twisting a youth's arm or leg in such a manner that would cause the youth pain;
  - iv. Kneeling or sitting on the chest or back of a youth;
  - v. Placing a choke hold on a youth;
  - vi. Bending back a youth's fingers; and
  - vii. Allowing other youth to assist in the physical restraint; and
8. Ensure that behavior management practices are not used as punishment, discipline or as a convenience to staff.

#### **10:37B-4.12 Mechanical restraints**

The residence shall not utilize mechanical restraints of any type on any youth.

**10:37B-4.13 Behavior management quiet room**

(a) A residence utilizing a behavior management quiet room shall ensure that the room:

1. Is unlocked at all times during its use;
2. Is used for only one youth at a time;
3. Has floor space that provides a minimum of 70 square feet;
4. Has a ceiling height of at least seven feet and six inches;
5. Has durable padded covering secured on the walls at least up to the six-foot level. The covering shall be made of a material that is fire retardant;
6. Provides a minimum of 10 foot candles of light in all areas of the room. All lighting fixtures shall have a protective covering to prevent tampering by a youth;
7. Has a door that is padded and equipped with a safety glass window to provide visibility of the room; and
8. Has adequate ventilation that complies with local and State regulations.

(b) The residence shall establish a written policy regarding the use of the behavior management quiet room for youth. This written policy shall specify:

1. Criteria for the use of this room, including those types of behavior that could result in the youth's need for a behavior management quiet room;
2. Those staff members who are authorized to place a youth in the room;
3. Procedures for ensuring the youth's safety while confined in the room;
4. Procedures for helping the youth re-enter the group, as specified;
5. Time frames governing a youth's time spent in the behavior management quiet room; and
6. Procedures for review of appropriateness of decisions regarding the use of behavior management quiet room. All decisions shall be reviewed by the staff psychiatrist within one working day.

(c) The residence shall ensure that objects such as belts, matches, pens, or other potentially harmful objects are removed from the youth prior to the youth's placement in the behavior management room.

(d) A staff member shall visually observe a youth in such a room at least every 10 minutes to ensure the safety of the youth. However, a staff member shall maintain constant visual contact with any youth considered to be at high risk if left unattended in such a room.

(e) The residence shall ensure that the youth has access to toilet facilities.

(f) The residence shall prohibit the use of a behavior management room for non-violent or non-assaultive offenses or behaviors or for practices such as:

1. To prevent runaways;
2. To seclude a youth who is ill;
3. To punish a youth for stealing, cursing, or failing to cooperate with house rules;
4. For the convenience of staff to facilitate supervision; or
5. To permit a youth to eat his or her meals in such a room.

(g) The residence shall maintain a behavior management log book detailing each use of such a room.

#### **10:37B-4.14 House rules**

(a) The residence shall develop house rules to help the youth develop self-control and conform to acceptable patterns of social behavior.

1. The residence shall put the house rules in writing.
2. The residence rules shall include a rationale for such rules and delineate the consequences for infractions.
3. The residence shall explain its house rule practices individually with each youth at the time the youth is placed in the residence.
4. The residence rules shall be maintained on file in the residence and made available to parents as specified in this manual.
5. The residence rules may be incorporated in the bill of rights for youth.

(b) The residence shall assign responsibility for the discipline, control, and supervision of youth to staff members and shall not delegate that responsibility to other youth.

(c) The residence shall not threaten discipline or administer discipline to a youth for the misbehavior of another youth or group of youth.

(d) The residence shall prohibit the following types of punishment from being used on a youth:

1. Any type of threat of physical hitting or the use of corporal punishment;

2. Forced physical exercise or forcing a youth to take an uncomfortable position;
3. Subjection to verbal abuse, ridicule, humiliation, or other forms of degradation;
4. Deprivation of meals, sleep, mail, clothing appropriate to the season or time of day, or verbal communication;
5. Mechanical or chemical restraint;
6. Assignment of overly strenuous physical work;
7. Exclusion from any essential program or treatment service, such as education or clinical treatment;
8. Refusal of entry to the residence;
9. Temporary suspension and return of a youth from the residence to a parent, relative, foster home, or shelter, unless approved by the placing agency or legal guardian; and
10. Seclusion in a locked room.

## SUBCHAPTER 5. HEALTH AND PHYSICAL ENVIRONMENT

### 10:37B-5.1 Comprehensive health plan for youth

(a) The residence shall prepare and implement a comprehensive health plan to ensure that each youth's medical, dental and other health needs are met adequately and promptly.

1. The residence shall identify a physician or health care organization who will assume responsibility for routine medical care of each youth.
2. The residence shall arrange for emergency, routine and follow-up medical care for each youth.

### 10:37B-5.2 Health care and medical treatment for youth

(a) Within 72 hours after admission, the residence shall ensure that each youth receives a medical examination by a licensed physician, unless the youth had received such a medical examination within 30 calendar days prior to his or her placement. The medical examination shall include, but not be limited to:

1. A measurement of height and weight;
2. A determination of blood pressure;
3. An objective vision screening which uses a Titmus or Snellen test, or equivalent;
4. A hearing screening using an audiometer and, if indicated, tympanometry;
5. A hematocrit or hemoglobin test, if indicated; and
6. A urinalysis, if indicated.

(b) When the residence suspects that a youth is ill or carrying a contagious disease, the youth shall be examined by a physician prior to admission.

(c) When the residence suspects that a youth has been abused or neglected, the residence shall ensure that the youth is examined by a physician immediately upon admission.

(d) The residence shall ensure that eye glasses, orthopedic apparatus or other equipment is available to each youth who requires them.

(e) The residence shall ensure that all youth 13 years of age and under receive a Mantoux test, unless they have had tuberculosis, and ensure follow-up with the physician if test results are positive.

(f) The residence shall ensure that all youth are appropriately immunized.

(g) The residence shall ensure that each youth receives a dental examination within three months following admission and at least semi-annually thereafter.

(h) The residence shall ensure that youth between two and six years of age receive developmental evaluations by a physician or nurse.

### **10:37B-5.3 General medical practices**

(a) The residence shall ensure that any medical, dental, psychological and psychiatric treatment or medication administered to a youth is explained to the youth.

(b) When serious accidents or illnesses occur to a youth, the residence shall take emergency action and notify the parents or legal guardian. The residence shall document these incidents in the youth's record.

(c) When a youth or staff member has a communicable disease, as specified in the table below, the residence shall:

1. Obtain a note from a licensed physician treating the youth or staff member confirming the diagnosis and indicating that there is no risk to the youth or staff member or to others before the youth or staff member participates in group activities; and

2. Isolate the youth or staff member posing a risk to others.

#### **TABLE OF COMMUNICABLE DISEASES**

<b>Respiratory Illnesses</b>	<b>Gastro-intestinal Illnesses</b>	<b>Contact Illnesses</b>
Chicken pox	Giardia lamblia	Impetigo
German measles	Hepatitis A	Lice
Hemophilus influenzae	Salmonella	Scabies
Measles	Shigella	
Meningococcus		
Mumps		
Strep throat		
Tuberculosis		
Whooping cough		

(d) The residence shall contact the New Jersey State Department of Health, the local health department or other appropriate public health authority when the youth or staff member has a reportable disease, in accordance with N.J.A.C. 8:57-1.3.

(e) If a youth or staff tests positive for HIV, the residence will follow universal precautions, as delineated in volume 38, # 5-6, of the Morbidity and Mortality Weekly Report, published by the Centers for Disease Control, Atlanta, GA 30333.

(f) The agency shall adhere to State and Federal guidelines for reporting all illnesses, diseases, and health circumstances as required by the New Jersey Department of Health's rules or other procedures as approved by the New Jersey Department of Health.

#### **10:37B-5.4 Medication other than psychotropic medication**

(a) The residence shall administer prescription medication to a youth only when the medication is authorized by a physician.

(b) The residence shall have written policies and procedures that shall specify which non-prescription medication can or cannot be used and under what circumstances.

(c) The medication in (a) and (b) above shall be administered only after consultation with a physician and in accordance with the recommended dosage, age or weight of the youth.

(d) The residence may permit the dispensing of non-prescription medication other than those listed in (b) above if the youth's physician authorizes it in writing.

(e) The residence shall maintain a medication log book that shall contain the following information:

1. The name of youth receiving medication, whether prescription or non-prescription;
2. The type of medication, dosage, and intervals between dosages;
3. What to do if a dosage is missed;
4. The reason for medication;
5. The date and time medication was administered;
6. Possible side effects of the medication, if any; and
7. The signature and title of the staff member dispensing medication.

(f) The residence shall ensure that the following procedures for storage are followed.

1. The residence shall keep all prescription and non-prescription drugs in a locked cabinet or container, or if required, in a locked box in a refrigerator. The locked container(s) must be kept in a room which can be locked, such as a staff office or nursing station. The residence shall ensure that the keys are adequately safe-guarded and maintained by staff members and are kept out of the reach of the youth.

2. The agency shall develop policies and procedures to assure the safe and timely disposal of outdated stocks and prescriptions.

3. The telephone number of the regional poison control center shall be posted at all medication-dispensing stations and by each telephone.

4. Staff members shall have access to first aid supplies at all times.

**10:37B-5.5 Food and nutrition for youth**

(a) The residence shall ensure that each youth is provided with three nutritious meals daily, either in the residence itself or in the community, as follows:

1. The residence shall make daily snacks available for youth who desire them, unless there is a medical reason not to provide them;

2. The residence shall select, store, prepare and serve food in a sanitary and palatable manner;

3. The residence shall prepare and date menus and keep the menus on file at the residence for a minimum of 90 calendar days;

4. The residence shall provide table service for youth;

5. The residence shall serve meals in a manner that makes mealtime a pleasant social experience; and

6. The residence shall not require a youth to eat against his or her desires, except by order of a physician.

(b) The residence shall ensure that the daily diet for each youth includes a balance of foods, that will assure the maintenance of good health.

1. The residence shall ensure that each meal contains a sufficient amount of food for every youth.

2. The residence shall make available, as necessary, an alternate choice of food for each meal served for youth on special diets or youth who, because of religious beliefs, cannot eat particular foods.

3. The residence shall follow individualized diets and feeding schedules that are submitted to the home by the youth's physician(s) or registered dietician(s).

**10:37B-5.6 Health education and physical care for youth**

(a) The residence shall ensure that youth receive training in personal care, hygiene, and grooming habits.

1. The residence shall discuss the physiological changes experienced during adolescence with youth in the residence.

2. The residence shall instruct youth about sexually responsible behavior, including how to protect themselves from pregnancy and sexually transmitted diseases, including AIDS.

3. The residence shall instruct all youth about the health consequences of smoking tobacco products, smokeless tobacco, alcohol and drug abuse.

(b) The residence shall ensure that youth are provided with the following:

1. Individual towels and washcloths;

2. Soap and toilet tissue; and

3. Hygiene supplies that are age appropriate for their needs, such as toothpaste, mouthwash, deodorant, razors, shaving cream and feminine hygiene articles.

(c) For youth unable to provide for their own personal care and hygiene, the residence shall bathe and groom them and provide other personal hygiene services that are necessary to meet their needs.

(d) The residence shall permit residents to maintain over-the-counter cosmetics, acne preparations, and personal hygiene supplies among their personal possessions, except when contraindicated for clinical, programmatic or behavioral management reasons, and so reflected in the client's record.

(e) The residence shall take measures to ensure that each youth has a personal supply of adequate, clean, well-fitting, and attractive clothing appropriate to his or her age, gender, individual needs, community standards and season.

1. The residence shall ensure that each youth's clothing is kept clean and in good repair and the home may require youth 13 years of age and older to do their own laundry.

2. The residence shall not require youth to wear any article of clothing that would explicitly identify them as a resident of the residence.

## SUBCHAPTER 6. EDUCATION

### **10:37B-6.1 Enrollment of each resident in appropriate education program**

(a) The residence shall ensure that each school-age youth receives an appropriate educational program pursuant to N.J.S.A. 18A:38-25 and N.J.S.A. 18A:7B, and in accordance with N.J.A.C. 6:28 and 6:9.

(b) Within three calendar days following admissions, the residence staff shall enroll the youth in the identified education program.

(c) The residence shall complete the documentation required by the Department's Office of Education for notification of the pupil's admission, in accordance with Appendix A, incorporated herein by reference.

(d) The residence shall develop policies and procedures to ensure that such education records required for admission are available.

(e) Issues regarding the initiation or appropriateness of an educational program for any pupil, which cannot be resolved by the residence and the education program staff, shall be referred immediately to the Department's Office of Education.

### **10:37B-6.2 Coordination with the pupil's educational program**

(a) The residence shall develop and establish written procedures to ensure provisions for the following services:

1. Arranging for the provision of transportation for school age youth to and from their identified education programs;

2. Emergency (such as illness) pick-up of pupils during school hours;

3. Staff coverage during school hours to accommodate pupils remaining in the residence for reasons of illness, suspension, home instruction or other appropriate purposes;

4. Notification of the education program staff of pupil absences prior to the start of the school day;

5. Daily communication with the education program; and

6. Utilization of community resources, such as the local library, recreational, and cultural activities, which support the education of the pupil.

(b) For pupils with an educational disability, the residence shall attend all child study team (CST) conferences regarding the pupil's educational program.

(c) The residence shall immediately notify the supervisor of the education program when a pupil is confined to the residence or hospital by a physician for at least a two-week period of time so that home instruction may be provided by the education program within seven calendar days after eligibility has been established. If instruction is not instituted within such time frames, the residence shall contact the Department's Office of Education.

(d) The residence staff shall cooperate with the CST case manager should the pupil require referral to the CST.

(e) For pupils with an educational disability, a copy of the individualized education program (IEP) shall be maintained with the pupil's treatment plan.

(f) Educational progress notes or report cards shall also be maintained by the residence. Upon receipt of progress notes or report cards, the residence shall review the educational progress notes or report cards with the pupil.

(g) The residence shall arrange a summer recreational or vocational program, as appropriate, for each pupil receiving a 10-month education program.

(h) The residence staff shall invite the education program staff to any meeting whose purpose is to finalize the pupil's discharge plan.

(i) The residence staff shall complete the documentation required by the Department for notification of the pupil's discharge, in accordance with Appendix B, incorporated herein by reference.

## **SUBCHAPTER 7. STAFF REQUIREMENTS**

### **10:37B-7.1 General staff requirements**

- (a) Each residence shall employ sufficient numbers of qualified staff to provide required services.
- (b) Residences shall meet the minimum staffing requirements specified in this section.
- (c) Each residence or group of residences operated by the same PA shall have a program director.
- (d) Each residence shall employ sufficient numbers of professional, direct care workers, paraprofessional workers, nurses, health educators, staff psychiatrists such that the responsibilities listed in this subchapter are only conducted by staff with corresponding minimum qualifications.
- (e) During normal program operation hours, a minimum staff-youth ratio of one staff member for each three youths shall apply when youth are awake and present in the residence. During normal program operation hours, a minimum of two staff members shall be on duty for residences with more than six youth. One additional staff member shall be on duty for each additional group of three residents or a portion thereof.
- (f) The residence shall have at least two staff members on duty during normal sleeping hours.
  - 1. At least one staff member shall be awake;
  - 2. An additional staff member shall be available to provide emergency in-person coverage; and
  - 3. Each residence shall have a written policy and procedure concerning the provision of emergency back-up coverage.
- (g) The residence shall have at least one staff member present in the residence or immediately reachable by telephone when the residence is in operation but the youth are not in the residence on a particular day.

### **10:37B-7.2 Program director-supervisor responsibilities and qualifications**

- (a) The responsibilities of the program director-supervisor shall include, but need not be limited to, the following:
  - 1. Planning, identifying, and developing the residence's programs and goals;
  - 2. Managing and directing the daily operation of the psychiatric community residences for youth programs;
  - 3. Ensuring compliance with accepted standards of care;

4. Ensuring that the residence(s) are serving the target population;
5. Assuring adequate staffing appropriate for an intensive treatment program;
6. Providing direct supervision to clinical staff;
7. Developing and implementing orientation and in-service training programs;
8. Apprising a governing body of all relevant information. This shall include an annual program report and any special reports as requested by the governing body;
9. Being responsible for maintaining information on current laws, regulations, licensure requirements, accreditation requirements and professional standards;
10. Establishing communication systems so that all staff are apprised of pertinent information;
11. Ensuring 24-hour staffing and back up for all needed functions;
12. Ensuring 24-hour emergency and crisis capability; and
13. Performing related duties as needed.

(b) The qualifications of the program director-supervisor shall include the following:

1. An earned master's degree in clinical social work, psychology, or its equivalent; and
2. Three years experience in the provision of youth mental health services, at least one of which has been in a supervisory capacity.

### **10:37B-7.3 Clinical social worker-therapist responsibilities and qualifications**

(a) The responsibilities of the clinical social worker-therapist shall include, but need not be limited to, the following:

1. Providing ongoing clinical case management services;
2. Completing intake assessments on new residents;
3. Gathering and assessing case information from the CCIS;
4. Documenting the social assessments, family assessments and other pertinent case information;
5. Maintaining client records;
6. Attending and participating in treatment team meetings;

7. Assisting in the development of treatment plans;
8. Participating in case conferences;
9. Providing individual and family therapy;
10. Leading or co-leading therapy groups;
11. Developing and, if appropriate, coordinating discharge plans for residents;
12. Providing short term case follow-up after discharge;
13. Providing supervision to direct care paraprofessional staff;
14. Providing input into the evaluation of direct care paraprofessional staff performance;
15. Facilitating necessary service linkages and referrals;
16. Attending case assessment resource teams as needed; and
17. Assisting in the development of staff orientation programs.

(b) The qualifications of clinical social worker and therapist staff shall include, but need not be limited to, the following:

1. An earned master's degree in social work, psychology, counseling, family therapy or other related field;
2. Two years internship (or its equivalent), supervised direct practice internship or field practicum; and
3. One year experience in the provision of youth mental health services.

#### **10:37B-7.4 Direct care paraprofessional responsibilities and qualifications**

(a) Direct care paraprofessional worker duties shall include, but need not be limited to, the following:

1. Providing a caring and supportive environment;
2. Providing direct care services and supervision to residents;
3. Providing assistance and training in activities of daily living;
4. Providing ongoing information to professional staff;

5. Providing input into assessments, case conferences, and treatment planning;
6. Recognizing client behavioral signs indicating potential emergency and take immediate action by reporting to appropriate staff;
7. Providing one-on-one supervision and record client response;
8. Directing and assisting clients in preparing for group activities;
9. Providing social and recreational activities;
10. Performing light household duties;
11. Providing transportation; and
12. Demonstrating an ability to work positively with youth in a group setting.

(b) The qualifications of the direct care worker-paraprofessional shall include, but need not be limited to the possession of a valid driver's license and, the following:

1. A bachelor's degree in social work, psychology or a related field from an accredited college or university; or
2. An associate's degree in social work or a related field from an accredited college or university with one year experience working with youth in a group setting; or
3. A high school or high school equivalency diploma with two years full time experience working with youth in a group setting or demonstrated attributes and experience which enable the direct care paraprofessional to work appropriately with seriously emotionally disturbed youth.

#### **10:37B-7.5 Nurse-health educator responsibilities and qualifications**

(a) The responsibilities of the nurse-health educator shall include, but need not be limited to, the following:

1. Reporting physician's findings of new admission's physical examination to appropriate staff representative;
2. Providing physical examination of client upon request of client or staff, or upon observation of possible client medical problem;
3. Consulting with and advises staff on the dispensing of psychotropic and non-psychotropic medications and possible side effects, under the direction of the medical director or other physician;

4. Reporting to the medical director or physician for direction in the medical care and treatment of any client's medical condition and advises staff accordingly;
5. Providing injections of medication as needed and directed by the medical director or other physician;
6. Preparing and conducting group sessions focusing on health issues; and
7. Providing individual health related guidance as needed under supervision of medical director or physician.

(b) The qualifications for the nurse-health educator shall include the following:

1. A current New Jersey registered nursing license; and
2. One year direct care nursing experience with youth.

**10:37B-7.6 Psychiatrist responsibilities and qualifications**

(a) The responsibilities of the psychiatrist shall include, but need not be limited to, the following:

1. Consulting with the program director regarding contracting with medical staff;
2. As assigned, serving as medical director;
3. Clinically supervising the nurse-health educator;
4. Developing and monitoring implementation of center medical policies and procedures;
5. Providing consultation to community agencies when appropriate;
6. Providing in-service training to center staff in special areas;
7. Providing medical input to current and planned programs;
8. Providing direct client services, such as diagnosis, evaluation, medication management, crisis intervention and therapy when appropriate;
9. Providing psychiatric consultation to all center programs as appropriate;
10. Providing recordkeeping on an accurate and timely basis as required by center and the Department of Health policies and monitor medical staff recordkeeping;
11. Having medical and legal responsibility for the treatment provided to the residence's clients; and
12. Providing input to PA management regarding issues impacting PA medical practice.

(b) The qualifications for the staff psychiatrist shall include the following:

1. A valid New Jersey license to practice medicine; and
2. Five years clinical practice in psychiatry.

#### **10:37B-7.7 Volunteer and student intern requirements**

(a) Residences may use volunteers and student interns to support the activities of regular paid staff members but shall not use volunteers and student interns to substitute for paid staff members.

(b) Residences shall ensure that volunteers and student interns who have contact with youth, parents or legal guardian receive proper training and are supervised by paid staff members. Such training and supervision shall seek to educate and inform the volunteer and intern about any special needs or problems they might encounter while working with youth.

(c) The PA shall have written policies and procedures governing the activities of volunteers and student interns, which shall clearly articulate their roles, responsibilities, and any activity restrictions.

(d) Residences shall require that references be submitted by prospective volunteer and student intern staff.

#### **10:37B-7.8 Staff training and development**

(a) The residence shall develop a training plan and the program director shall ensure that all staff members, upon employment, are trained in all areas appropriate to their responsibilities including, but not limited to, the following:

1. The residence's statement of purpose, as specified;
2. The residence's behavior management policy in these standards;
3. Emergency procedures;
4. Protocols for medication, as specified in these standards;
5. Infection control procedures, as specified in these standards; and
6. The resident's techniques for safe behavior management.

(b) The residence shall ensure that every new staff member is accompanied on his or her duties by an experienced staff member(s) as part of an orientation until the staff member is familiar with daily routines and operations of the residence.

(c) The residence shall document in each staff member's record that all social service and direct care staff members, including full and part time staff members, receive a minimum total of 12 hours of training each year in at least the following areas:

1. The principles of behavior management and crisis intervention;
2. Alcohol and substance abuse;
3. Suicide prevention;
4. Clinical treatment of various diagnoses; and
5. Medication, infection control, cardio-pulmonary resuscitation and first aid.

**APPENDIX A**

**NOTIFICATION OF ADMISSION**

Facility: \_\_\_\_\_ Division: \_\_\_\_\_  
 Pupil's Name: \_\_\_\_\_  
 Date of Admission: \_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Educational Placement: \_\_\_\_\_  
 District of Residence: \_\_\_\_\_  
 District of Residence Contact: \_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_\_

Pupil Records:  
 Date Requested: \_\_\_\_ Date Received: \_\_\_\_ Not Received \_\_\_\_\_  
 Classified Pupil: \_\_\_\_\_ Nonclassified Pupil: \_\_\_\_\_  
 (Grade: \_\_\_\_)  
 Classification: \_\_\_\_\_ Date of Classification: \_\_\_\_\_  
 Date of IEP: \_\_\_\_\_  
 Date of Psychological Evaluation: \_\_\_\_\_  
 Date of Social History: \_\_\_\_\_  
 Date of Learning Evaluation: \_\_\_\_\_  
 Date of Medical Evaluation: \_\_\_\_\_  
 Date of Psychiatric Evaluation: \_\_\_\_\_  
 Date of Neurological Evaluation: \_\_\_\_\_  
 Date of Speech and Language Evaluation: \_\_\_\_\_

Parent/Guardian Status:  
 Is this an adult pupil under his/her own guardianship \_\_\_\_\_?  
 yes/no  
 Does DYFS have custody \_\_\_\_\_ and/or guardianship \_\_\_\_\_?  
 yes/no yes/no

DYFS Caseworker: \_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_\_

Do any court ordered restraints exist which prohibit the parent(s) from contact with the pupil? If yes, explain:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_\_ HOME  
 (\_\_\_\_) \_\_\_\_\_ WORK

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Program Coordinator

Date

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PLEASE FORWARD THIS NOTIFICATION NO LATER THAN 5 CALENDAR DAYS  
FOLLOWING THE PUPIL'S ADMISSION TO:

Mark Gelardo, Ph.D., Manager  
Child Study Services  
Office of Education  
10 Quakerbridge Plaza  
CN 700  
Trenton, NJ 08625

**NOTIFICATION OF DISCHARGE**

Facility: \_\_\_\_\_ Division: \_\_\_\_\_

Pupil's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Reason for Discharge: \_\_\_\_\_

\_\_\_\_\_

Discharged To (Facility): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date Pupil Records Returned: \_\_\_\_\_

Records Returned To: \_\_\_\_\_

Name and Title

School District: \_\_\_\_\_

\_\_\_\_\_

Program Coordinator

Date

\_\_\_\_\_

**PLEASE FORWARD THIS NOTIFICATION NO LATER THAN 5 CALENDAR DAYS  
FOLLOWING THE PUPIL'S DISCHARGE TO:**

Mark Gelardo, Ph.D., Manager  
Child Study Services  
Office of Education  
10 Quakerbridge Plaza  
CN 700  
Trenton, NJ 08625