



Probation Service Definition

ADMINISTRATIVE OFFICE OF THE COURTS & PROBATION

SERVICE NAME	Partial Hospitalization <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Juvenile
Category	Treatment
Setting	Psychiatric hospital or general hospital with a psychiatric unit; capacity to serve youth on a voluntary basis.
Facility License	Hospital
Service Description	<p>Partial hospitalization is a hospital-based short-term treatment service that is not as intense as acute inpatient hospitalization; it is the next level down in regard to services. The level of intensity is similar to an inpatient services, but it is not a 24-hour level of service. These services include a therapeutic environment, nursing services, psychiatric evaluation, medication management, group, individual and family therapy.</p> <p>Typically, this treatment is for youth who are in acute distress or who have just completed an episode of acute inpatient care, who can function independently and participate in active programming. The youth may not need 24-hour inpatient care but a minimum of six (6) hours of therapeutic services per day. . Partial hospitalization can stand-alone level of care to stabilize a deteriorating condition and avert hospitalization or residential treatment.</p>
Service Expectations	<ul style="list-style-type: none"> • Before admission to the partial hospitalization program, the following medical and psychiatric assessments must be conducted: Initial Diagnostic Interview (IDI), substance use disorder, nursing assessments, laboratory, radiological; physical, neurological exams and other diagnostic tests as necessary • A written initial treatment/recovery plan will be developed by the team (including the youth, their parent/guardian/caregiver, probation/problem solving court staff and other supports as appropriate) integrating individual strengths and needs, stating measurable goals, and including a documented discharge and relapse prevention plan completed within 24 hours of admission • Staff must be available to schedule meetings and sessions at a variety of times in order to support family/other involvement for the youth

	<ul style="list-style-type: none"> • Family members are encouraged to participate in the assessment/treatment of the youth as appropriate and approved by the individual, and their participation or lack of participation is documented in the youth's record • Provide an intensive and comprehensive active treatment program that includes professional psychiatric, medical, surgical, and nursing, social work, psychological, and activity therapies required to carry out an individual treatment plan for each individual and their family • The written individualized treatment plan must be reviewed weekly or as medically necessary by the supervising physician • Discharge planning begins at the time of admission and includes: next appropriate level of care arrangements, scheduled follow-up appointments and assistance for the youth/family to develop community supports and resources. This will also include consultation with community agencies on behalf of the youth/parent, guardian/caregiver • A written safety plan (crisis) plan will be developed and updated as needed throughout the service. The youth, parent, guardian/caregiver must be able to demonstrate they have the knowledge and skills to implement the safety plan • Services may include individual therapy, group therapy, family therapy, medication management and education for diagnosis, treatment and life skills • The need for psychotropic medications is assessed by the physician with ongoing medication management, as needed • Consultation services available, as needed, for general medical, dental, pharmacology, dietary, pastoral, emergency medical, therapeutic activities and laboratory and other diagnostic services, as needed • School, if provided, needs to meet education requirements of a Level III service. School hours are not included in the minimum required treatment hours • Access to community-based rehabilitation/social services that can be used to help the youth transition to the community • Probation/ Problem Solving Court Officer will verify with staff to determine if progress is being made. If progress is not indicated, the staff shall provide a rationale as to what changes will be made to initiate a plan to increase progress • If a youth is gone from the area without permission and does not return or cannot be located within 2 hours, the provider/agency will contact the assigned Probation/problem Solving Court Officer or if occurring after hours, the on-call/after hours contact identified for that youth at admission
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	<ul style="list-style-type: none"> Services must be trauma informed, culturally sensitive, age and developmentally appropriate and incorporate evidence-based practices when appropriate <p>Program plan required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
Service Frequency	<p>Partial Hospitalization may be available 7 days/week with a minimum availability of 5 days/week. A minimum of 6 hours per day of treatment services (full day) A minimum of 3 hours of treatment services per day (half day) a minimum of 5 days per week. Services per the following schedule:</p> <ul style="list-style-type: none"> Individual therapy-minimum of two (1) hour sessions per week Group-minimum daily Family therapy-minimum of one per week Recreation therapy-minimum daily Psycho-educational groups-minimum daily
Length of Service	<p>The typical length of service is 2-4 weeks. Length of stay is variable depending on presenting psychiatric symptoms and diagnosis but considering its time-limited expectations, a period of 14 to 28 days with decreasing attendance hours is typical. The number of days is driven by the clinical necessity for the youth to remain at this level of care.</p>
Staffing	<p>Special Staff Requirements for Psychiatric Hospitals:</p> <ul style="list-style-type: none"> Medical Director (Board or Board-eligible Psychiatrist) Psychiatrist(s) and/or Physicians(s) Advanced Practice Registered Nurse – Nurse Practitioner (APRN-NP) or (RN) with psychiatric experience, specialty RN(s) and APRN-NP(s) (psychiatric experience preferable); 24-hour nursing staff with a least 1 RN per shift LIMHP, LMHP, LADC, LIMHP/LADC, Psychologist Director of Social Work (MSW preferred) Social Worker(s) (at least one social worker, director or otherwise, holding an MSW degree) Direct care: The direct care staff shall meet one of the following requirements: <ul style="list-style-type: none"> A bachelor’s degree or higher in psychology, sociology or related human service field; or Be 21 years of age and have a minimum of two years’ experience working with behavioral health, two years education in the human service field or a combination of work experience and education with one year of education substituting for one year of experience <p>This service requires Criminogenic Continuing Education Hours <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

Staff to Client Ratio	The minimum service staff to youth ratio is 1:3 The minimum therapist to youth ratio is 1:8
Hours of Operation	24 hours/7 days a week
Service Desired Outcomes	<ul style="list-style-type: none"> • Acute psychiatric and/or substance use disorder symptoms are stabilized. The youth no longer meets clinical guidelines for partial hospitalization in a hospital setting. • Sufficient supports are in place and youth can move to a less restrictive environment: <ul style="list-style-type: none"> • The youth has made progress on treatment goals and objectives • The precipitating condition and relapse potential is stabilized such that the youth's condition can be managed without professional external supports and interventions. • The youth has an alternative support systems secured to help them maintain stability in the community
Unit and Rate	See rate sheet